

FAQS

ON THE **UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING** ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NCDs)

19–20 SEPTEMBER, 2011, NEW YORK



WHAT IS A UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING?

The UN General Assembly (UNGA) is the main decision-making body of the UN, representing all 192 Member States. The UNGA frequently resolves to stage high-level meetings to increase awareness and reach common ground among heads of state on important global issues for the good of all people of the world.

On 13 May 2010, the UNGA decided unanimously to “convene a High-Level Meeting (HLM) of the General Assembly on the prevention and control of Non-communicable diseases.” This step was taken after consideration of the global health, socio-economic and development impacts of the four main types of NCDs:

CARDIOVASCULAR DISEASES, CANCER, CHRONIC RESPIRATORY DISEASES AND DIABETES.

These diseases, along with obesity, share common risk factors:

TOBACCO USE, HARMFUL USE OF ALCOHOL, PHYSICAL INACTIVITY, AND POOR DIET.

The Caribbean countries (CARICOM) proposed the resolution calling for the HLM. This is only the second time the UN has called such a high-level meeting on a health issue, the first being the 2001 special session on the HIV/AIDS epidemic.

The subsequent “modalities resolution” of the UNGA, passed on 13 December 2010, stated that the HLM would be held on 19–20 September 2011 in New York. This resolution outlines the consultative and preparatory processes leading up to, and the structure of, the HLM.

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2 WHY IS A HIGH-LEVEL MEETING NEEDED?

NCDs are one of the greatest social and economic development challenges facing us in the 21st Century. In almost all countries, and by any measure, heart disease, strokes, cancers, diabetes, obesity and chronic respiratory diseases now account for the largest share of premature deaths (before 70 years of age) and contribute significantly to poverty and inequity. This merits a concerted and coordinated policy response. They dominate healthcare needs in most countries, as a result of population aging, and social and economic and cultural changes in countries associated with globalization, rapid urbanization, nutritional transition, and other related developments. Failure to reduce the impact of NCDs will cause a lot of unnecessary deaths, bankrupt some countries, reduce productivity and make it difficult to attain the health-related Millennium Development Goals (MDGs) by 2015.

Because of the multi-factorial nature of NCDs and their risk factors, an all-of-society approach is needed, involving health and other sectors; government alone cannot do it. The HLM is the mechanism to convene all sectors, under the leadership of heads of government, to address the prevention and control of NCDs worldwide, with a particular focus on developmental and social and economic impacts. The HLM is expected to accelerate global momentum and deepen international commitment for implementing the Global Strategy for the Prevention and Control of NCDs and its related 2008–2013 Action Plan.

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THE SUMMIT IS THE “OPPORTUNITY OF THE CENTURY” FOR HEALTH.

It could stop more than 30 million people worldwide from dying prematurely, reduce suffering, slow the upward cost spiral in health, and increase productivity.

The outcome document should point the way on how to:

- Prioritize NCDs and the promotion of health in national plans and on the global agenda to adequately address the health, socioeconomic and developmental impacts of NCDs;
- Secure commitment from heads of state and government for a coordinated global response to these diseases and their risk factors, with measurable goals and targets;
- Promote public policies to protect people and the planet where they live;
- Mobilize new financial and other resources to prevent NCDs and promote health;
- Strengthen health systems so they can more efficiently meet the demands of NCDs and other health needs, including communicable diseases, and child and maternal care;
- Greatly increase information, education and communication with and between people, families and all of society;
- Create an all-of-society response to support the above, with participation by the public and private sectors and civil society; and
- Establish global goals, targets and indicators and a system for monitoring, evaluation and accountability.

KEY FACTS ON NCDs:

- More than 36 million people die every year from NCDs, or 63% of all global deaths, (approx 3.9 million deaths in the Americas). Approximately one-quarter, or over 9 million of these deaths are among people under age 60 and are regarded as premature deaths that could be avoided.

- NCDs deepen social and economic inequalities as they have a greater impact on poor, less-educated people and members of certain ethnic groups as well as women.
- Obesity in the Americas is the highest in the world and emerging as a serious problem in children and adolescents.
- More people die from heart diseases and strokes in the poorest developing countries than in high-income countries.
- Poor households in low- and lower-middle income countries smoke the most.
- NCDs place great strains on household budgets in all countries where insurance coverage is insufficient. In poorer countries, treatment of someone with an NCD can absorb the bulk of a household's income, depriving families of money needed for food, education and shelter.
- NCDs are among the leading causes of death in women in developing and high-income countries.
- NCDs threaten the sustainability of many countries' health systems that are overstretched, under-resourced and in need of structural and policy reform. In many countries, health systems are also designed to deal with short-term conditions rather than long-term follow-up and preventive care, which are needed even more with aging populations.
- There are strong links between some chronic diseases and infectious disease, eg., diabetes and tuberculosis, hepatitis B and HIV and cancer. The two diseases must be addressed in a complementary fashion by health financing and delivery of services.
- NCDs are linked to many other global agendas, particularly poverty reduction, agriculture, food security, education, finance and trade, climate change, and transport and urban planning.
- Cost-effective interventions are available, feasible, and can be implemented in various resource levels.

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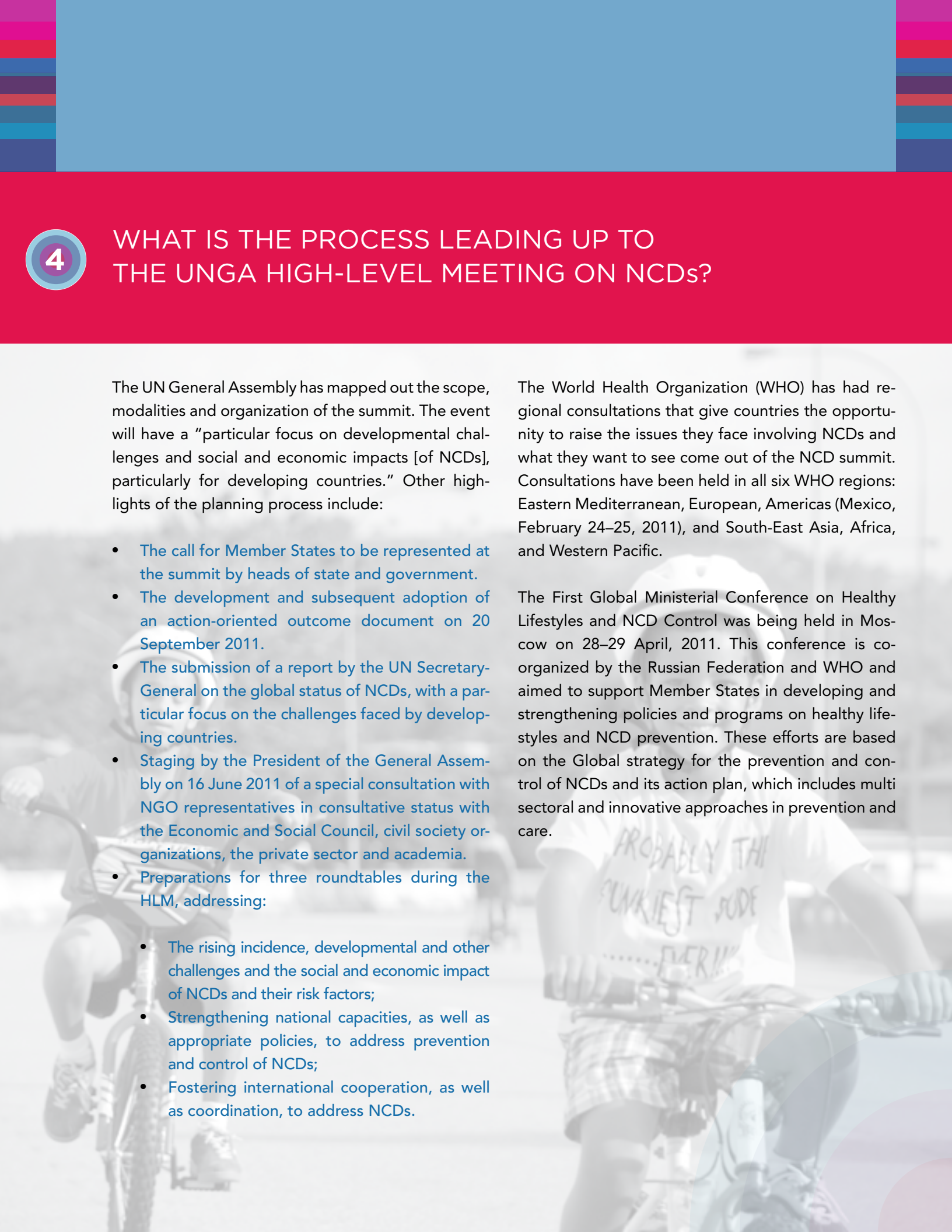
WHAT IS THE PROCESS LEADING UP TO THE UNGA HIGH-LEVEL MEETING ON NCDs?

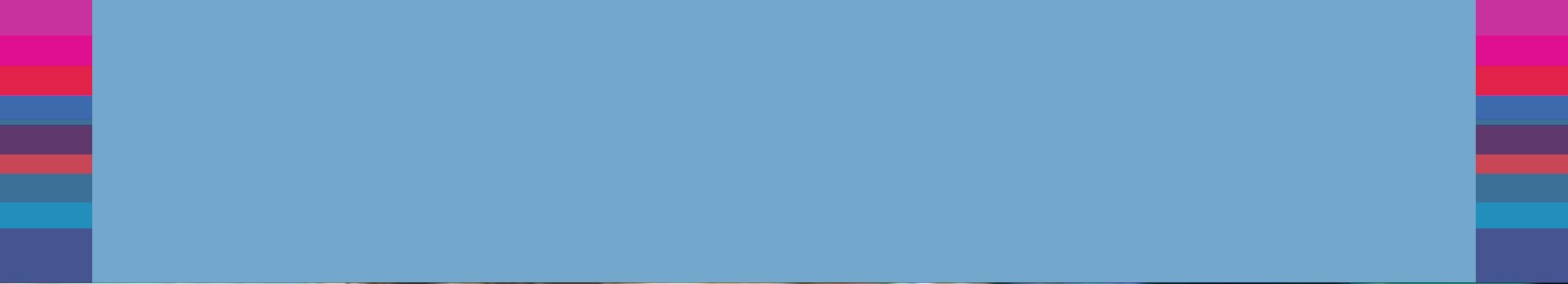
The UN General Assembly has mapped out the scope, modalities and organization of the summit. The event will have a “particular focus on developmental challenges and social and economic impacts [of NCDs], particularly for developing countries.” Other highlights of the planning process include:

- The call for Member States to be represented at the summit by heads of state and government.
- The development and subsequent adoption of an action-oriented outcome document on 20 September 2011.
- The submission of a report by the UN Secretary-General on the global status of NCDs, with a particular focus on the challenges faced by developing countries.
- Staging by the President of the General Assembly on 16 June 2011 of a special consultation with NGO representatives in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia.
- Preparations for three roundtables during the HLM, addressing:
 - The rising incidence, developmental and other challenges and the social and economic impact of NCDs and their risk factors;
 - Strengthening national capacities, as well as appropriate policies, to address prevention and control of NCDs;
 - Fostering international cooperation, as well as coordination, to address NCDs.

The World Health Organization (WHO) has had regional consultations that give countries the opportunity to raise the issues they face involving NCDs and what they want to see come out of the NCD summit. Consultations have been held in all six WHO regions: Eastern Mediterranean, European, Americas (Mexico, February 24–25, 2011), and South-East Asia, Africa, and Western Pacific.

The First Global Ministerial Conference on Healthy Lifestyles and NCD Control was being held in Moscow on 28–29 April, 2011. This conference is co-organized by the Russian Federation and WHO and aimed to support Member States in developing and strengthening policies and programs on healthy lifestyles and NCD prevention. These efforts are based on the Global strategy for the prevention and control of NCDs and its action plan, which includes multi sectoral and innovative approaches in prevention and care.





“This is a slow-motion catastrophe, as most of these diseases develop slowly. But unhealthy lifestyles that fuel the epidemic are spreading with a stunning speed and sweep”.

Margaret Chan, Director World Health Organization





WHAT IS PAHO/WHO'S ROLE IN THE BUILD-UP TO THE NCDs SUMMIT?

PAHO/WHO is providing technical support for preparations of the high-level meeting, including organizing regional consultations of Member States to secure their contributions for the landmark meeting. A key role of WHO is to provide the evidence base of health impacts and effective interventions, to inform decisions about NCD prevention and control.

In the Americas, the Pan American Health Organization is implementing a Regional Strategy for prevention and control of NCDs. PAHO is helping countries in their preparations (e.g., evidence, advocacy, communications, planning, and as a convener with other sectors, including the rest of the UN system). Specific actions include support to CARICOM and SICA, an obesity forum in Aruba, a regional consultation in Mexico, a "Wellness Week," and to support the Caribbean with a cell phone texting campaign on healthy lifestyle and the UN Summit.

In the lead-up to the NCDs summit, WHO will also be issuing its Global Status Report on NCDs, which will be the foundation of the call to action on NCDs, providing the latest evidence, trends and issues concerning the epidemic that will guide global and national leaders in tackling this great health and developmental threat. PAHO is developing a publication on regional success stories in NCD prevention and control.

Recognizing that governments cannot face this challenge alone, in the Americas region, PAHO is establishing the Partners Forum for Action on Chronic Diseases, which brings together governments, civil society and business to take joint action to prevent and control chronic diseases and to promote health.

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WHAT IS THE ROLE OF CIVIL SOCIETY IN THE NCDs SUMMIT?

Civil society and nongovernmental organizations, including those under the umbrella of the NCD Alliance, are playing an integral role in the build-up to, and the organization of the NCDs summit. The importance of civil society is seen and felt at many levels. On the international stage, the expertise, influence and advocacy offered by NGOs have been critical factors in making the case on NCDs and the need for such a summit. At the regional and country levels, thousands of NGOs work to prevent people from developing NCDs; provide treatment and care for those who do suffer from such a disease; and advocate for people living with NCDs.

A representative of civil society will be chosen from NGOs to deliver an opening statement at the formal plenary meetings of the summit on September 19. NGOs similarly have been key participants in WHO regional consultations held to date to prepare for the summit. The UNGA is also encouraging Member States to include civil society representatives in their delegations to the summit.

Civil society representatives are also expected to participate in the three thematic roundtables being held during the NCDs summit on September 19 and 20, 2011.

In the Americas, PAHO has supported the formation of civil society alliances in the Caribbean (www.healthy-caribbean.org) and in Latin America (www.coalicion-latinoamericasaludable.org), and is acting as a catalyst between all sectors.

The Healthy Caribbean Coalition is running an innovative texting campaign, and the Healthy Latin American Coalition has produced a declaration and has rapidly expanded to more than 100 NGOs. PAHO is also actively engaging faith-based organizations.



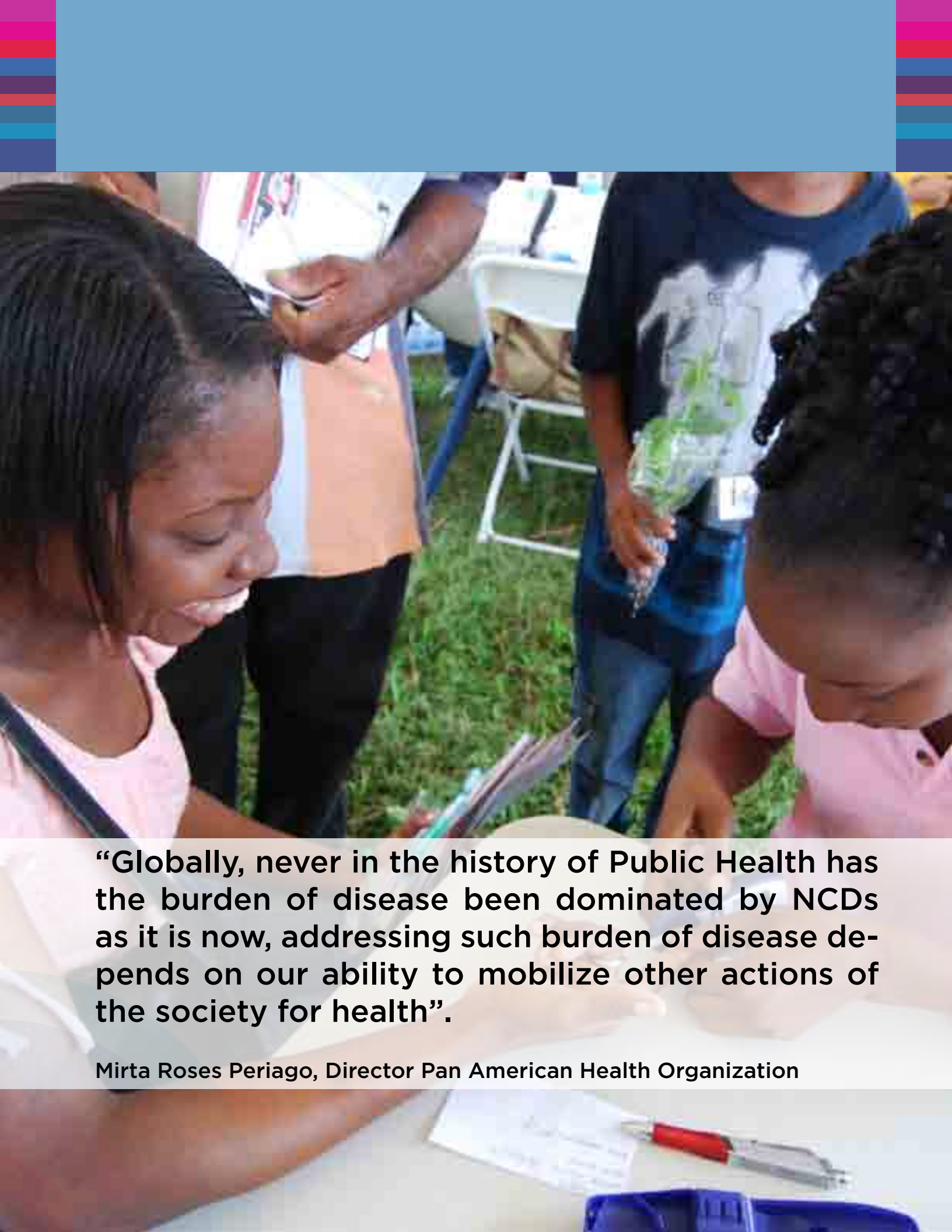
WHAT IS THE ROLE OF THE PRIVATE SECTOR IN THE NCDs SUMMIT?

The private sector can clearly play a crucial role in the fight against NCDs. Many industries have business opportunities in promoting health and preventing NCDs, from promoting the consumption of fruits and vegetables to encouraging the use of bicycles. All employers can implement healthy workplace policies that protect against NCDs and promote health. Food companies can cut back on salt, trans fats and sugar, be more responsible in marketing products to children; and can provide accurate information on their products. Governments and pharmaceutical companies can work closely to make medicines more affordable and accessible. Almost all industries can help reduce pollution and promote healthy lifestyles. Media and communications companies can help inform and empower people for healthy living. Insurance companies can offer incentives for non-smokers, etc.

The World Economic Forum, which engages business, political, academic and other leaders of society to shape global, regional and industry agendas, paid particular attention to the issue of NCDs at its annual Davos event this year.

Private sector representatives are engaging with the UN system, via meetings and through the NCDnet collaboration hosted by WHO and the Partners Forum hosted by PAHO. The private sector is also expected to participate in the three thematic roundtables being held during the NCDs summit on September 19 and 20, 2011.

“Governments and pharmaceutical companies can work closely to make medicines more affordable and accessible.”



“Globally, never in the history of Public Health has the burden of disease been dominated by NCDs as it is now, addressing such burden of disease depends on our ability to mobilize other actions of the society for health”.

Mirta Roses Periago, Director Pan American Health Organization

Evidence shows clearly that low-cost solutions exist to reduce the exposure of individuals and populations in developing countries to common modifiable risk factors (mainly tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol), to strengthen health care for people with NCDs, and to map the emerging epidemic of NCDs, and that these are excellent economic investments. Such measures can be implemented in various resource levels, and the greatest impact can be achieved through creation of healthy public policies and reorientation of health system services.

For action on NCDs to succeed, a whole-of-society approach is needed that requires all sectors, including health, finance, foreign affairs, education, agriculture, planning and others to work together to reduce the causes and risks associated with NCDs, as well as to promote interventions to prevent and control them.

OVERALL NCD CONTROL: The 2008-2013 Action Plan of the Global Strategy for the Prevention and Control of Non-communicable Diseases provides international development partners, as well as those in government and civil society, with steps on how to address the rapidly increasing health and economic development impact of NCDs in low- and middle-income countries. The PAHO Regional Strategy and Plan of Action details the steps for the Americas Region.

TOBACCO CONTROL: Implementation by countries of the anti-tobacco measures laid out in the WHO Framework Convention on Tobacco Control can greatly reduce the exposure of populations to tobacco, which

kills up to half of its approximately one billion users, more than 80% of whom live in low- and middle-income countries. Such measures include implementation of tax and price policies on tobacco products to reduce consumption and prohibitions or restrictions on the sale to and importation by international travelers of tax- and duty-free tobacco products. Non-pricing measures include protecting people from exposure to tobacco smoke; regulating tobacco product contents, disclosures and packaging; and promoting public awareness and education campaigns on the health risks associated with tobacco.

DIET AND PHYSICAL ACTIVITY: The WHO Global Strategy on Diet, Physical Activity and Health aims to promote and protect health by enabling communities to reduce disease and death rates related to unhealthy diet and physical inactivity. These actions support the United Nations Millennium Development Goals and have immense potential for public health gains worldwide. Physical inactivity is responsible for 6% of global deaths. Some 43 million pre-school children worldwide are obese or overweight.

CONTROLLING HARMFUL ALCOHOL USE: The WHO Global Strategy to Reduce the Harmful Use of Alcohol offers measures and identifies priority areas of action to protect people from harmful alcohol use, which kills 2.5 million people through a range of causes, including NCDs. Taxation on alcohol products can limit consumption and in turn reduce the NCD burden. Action is also important to target drinking patterns, such as binge-drinking, which has a high impact on coronary heart disease.



WHAT ARE SOME OF THE KEY STEPS ALREADY TAKEN THAT RESULTED IN THE CALL FOR A UN SUMMIT DEDICATED TO NCDs?

Research, evidence on the terrible impact of NCDs, development of guidance to prevent and control these diseases, and intensive advocacy have helped move the global agenda on NCDs forward to where it is today.

Key milestones to date have been the 2007 declaration of the Heads of State and Government of the Caribbean Community, "Uniting to stop the epidemic of chronic non-communicable diseases" http://www.caricom.org/jsp/communications/meetings_statements/declaration_port_of_spain_chronic_ncds.jsp, and the 2009 statement of the Commonwealth Heads of Government on action to combat NCDs.

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KEY DOCUMENTS AND WEBSITES

May 2010 NCDs resolution:

http://www.who.int/nmh/events/2011/UN_resolution_prevention_control_ncds.pdf

Dec 2010 modalities resolution:

http://www.un.org/ga/search/view_doc.asp?symbol=A/65/L.50&Lang=E

2008-2013 Action Plan of the Global Strategy for the Prevention and Control of Non-communicable Diseases:

<http://www.who.int/nmh/publications/9789241597418/en/index.html>

FCTC:

<http://www.who.int/fctc/en/index.html>

Global Strategy on Diet, Physical Activity and Health:

http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

Global Strategy to Reduce the Harmful Use of Alcohol:

http://www.who.int/substance_abuse/msbalcstrategy.pdf

UN General Assembly:

<http://www.un.org/en/ga/president/65/issues/ncdiseases.shtml>

World Health Organization HQ:

http://www.who.int/nmh/events/2011/ncd_Summit/en/index.html

WHO office for the Africa region:

<http://www.afro.who.int/en/clusters-a-programmes/dpc/non-communicable-diseases-managementndm.html>

WHO office for the Americas region:

http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1199&Itemid=852

WHO office for the Eastern Mediterranean region:

<http://www.emro.who.int/ncd/>

WHO office for the European region:

<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/what-are-noncommunicable-diseases>

WHO office for South-East Asian region:

<http://www.searo.who.int/en/Section1174/Section1459.htm>

WHO office for the Western Pacific region:

<http://www.wpro.who.int/sites/ncd/main.htm>

NCD Alliance:

<http://www.ncdalliance.org/>

World Economic Forum:

<http://www.weforum.org/issues/chronic-diseases/index.html>