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REPORT ON THE UNITED NATIONS HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Background

1. Spurred by the leadership of CARICOM, and recognizing the tremendous burden posed by noncommunicable diseases (NCDs) on communities and economies around the world and the pressing need for concerted global action, the United Nations will hold a high-level meeting on the prevention and control of NCDs (UN-HLM) on 19-20 September 2011 (Resolutions A/Res/64/265 and A/Res/65/238). The focus is on the development challenges and social and economic impact of the four major NCDs (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) and their risk factors: tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity, particularly for developing countries.
2. During the UN-HLM, there will be an opening, plenary, and closing session, as well as three roundtables on:
 - (a) the rising incidence, development and other challenges, and socioeconomic impact of NCDs and their main risk factors;
 - (b) strengthening national capacities, as well as appropriate policies, to address prevention and control of NCDs; and
 - (c) fostering international cooperation, as well as coordination, to address NCDs.
3. The UN-HLM will lead to an “action-oriented outcome document”, identifying the global commitments for multisectoral action to prevent and control NCDs. A zero draft of the outcome document was issued on 24 June 2011 for consultation with Member States.

4. Pursuant to Resolution A/Res/65/238 on the modalities for the UN-HLM on NCDs:

- (a) Regional consultations were convened by Member States, in collaboration with WHO. In the Americas, the High-level Regional Consultation of the Americas against NCDs and Obesity was held in Mexico City, 24-25 February 2011, in which 31 countries were represented by ministers and vice ministers of health and experts, and representatives from international and regional organizations attended. It led to the Ministerial Declaration for Prevention and Control of Noncommunicable Diseases.
- (b) The UN Secretary General submitted his report (A/66/83) on the prevention and control of noncommunicable diseases on 19 May, urging immediate action to save future generations from the health and socioeconomic harm of NCDs.
- (c) The UN Informal Interactive Civil Society Hearing was held in New York City on 16 June 2011. Several civil society groups and a few patient organizations from the Americas participated, and a report from the President of the General Assembly will become a UN document.

5. Side events on NCDs were held on the margins of the UN meetings, including PAHO co-sponsored events, during the 55th session of the Commission on the Status of Women (25 February 2011), the 44th session of the Commission on Population and Development of UN Economic and Social Council (13 April 2011), and the Permanent Forum on Indigenous Issues (23 May 2011), as well as one on the lessons learned from other Summit processes, which was held on 15 June 2011, the day before the UN informal hearings with civil society.

6. These preparations for the UN-HLM were recently reviewed during the 64th World Health Assembly, and Resolution WHA64.11 on Preparations for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases was adopted by the Member States. This informational report to the PAHO Directing Council describes the Regional perspectives on the status of the preparations for the UN-HLM on NCDs and its expected outcomes.

Introduction

7. Early in the process, the Pan American Sanitary Bureau (PASB) prepared a roadmap of events and processes that would contribute to well-informed and well-prepared delegations to the UN-HLM from our Region. Implementation of this process was monitored through the PAHO Working Group on NCDs, chaired by the Director and supported by two working groups, with representation across the Organization, including PAHO/WHO Representatives from country offices and the PAHO team/unit in the WHO Office at the UN. This facilitated an Organization-wide approach, reflecting the full

spectrum of NCD issues; not only disease management, risk factor prevention, and the social determinants of health, but also the equity, gender equality, and primary health care-based approaches to NCDs. The NCD technical working group produced a PAHO Technical Document on NCD prevention and control that was provided to the PAHO/WHO Representatives to make it available to the Ministries of Health and related organizations. The working groups produced other technical documents, gathered intelligence, encouraged senior health authorities to address this issue, and undertook communications activities. A series of 15 events were identified in the roadmap and used as strategic opportunities to engage health officials as part of the preparatory process. This was accomplished in close collaboration with WHO-Geneva and involved a WHO-wide planning meeting with all regional offices, held 3-4 February 2011 and hosted by PAHO in Washington, D.C.

8. At the *global level*, the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control was held in Moscow from 28 to 29 April 2011. Twenty-two countries from the Americas participated in this meeting, which resulted in the 'Moscow Declaration'. Just prior to this meeting the Global Forum on NCDs was convened by WHO as the multi-sectoral forum for collaboration on NCDs, recognizing that all sectors need to work together to meet the NCD challenge. *Global* civil society groups, primarily the NCD Alliance and the Lancet NCD Action Group, have been very active in targeted advocacy throughout the global preparations, supported by well-defined positions and "asks."

9. The *regional events*, in addition to the Mexico regional consultation on NCDs, included:

- (a) The inaugural meeting of the Healthy Latin American Coalition (Buenos Aires, 3-4 March), supported by PAHO/WHO, with NGO representatives from over 15 countries, which led to the Latin American Declaration on the Health Emergency due to Noncommunicable Diseases (NCDs). This development parallels the formation of the Healthy Caribbean Coalition in 2008. There are now more than 100 national civil society groups in the Healthy Latin American Coalition.
- (b) The Pan American Conference on Obesity, with Special Attention to Childhood Obesity (Aruba 8-11 June 2011) with 22 countries represented by government officials, scientists, and experts, which led to a 'Call for Action on Obesity.'
- (c) The Regional Consultation on Social Determinants of Health (Costa Rica 8 August, 2011), which included a panel discussion on the linkages between NCDs and the social determinants of health, primary health care, sustainable development, and health promotion/health in all policies.

- (d) The ongoing “Get the Message” texting campaign, spearheaded by the Healthy Caribbean Coalition, which is mobilizing the civil society response in support of the UN-HLM and provides health messages.
- (e) The Global Health Council, which featured NCDs at its annual conference, produced position papers on NCDs and coordinated a response with various international NGO, academic and private sector organizations through its roundtable network.

10. At the *subregional* level, the Caribbean was at the forefront of the advocacy for the UN-HLM, following the Declaration of Port-of-Spain Declaration on NCDs (2007), and the issue continues to be followed closely by the CARICOM Heads of Government. In the *Andean* Region, the Ministers of Health discussed NCDs during the REMSAA meetings, which led to resolutions on NCD prevention and control (REMSAA XXIV/5, October 2010) and the prioritization of NCD surveillance (REMSAA XXXII/465, April 2011). Ministers of Health from South America issued the UNASUR resolution (resolution 03/2011) calling for the strengthening of intersectoral policies on NCDs. In Central America, the XXXIV COMISCA issued a declaration to strengthen the subregional response to NCDs (Declaratory of Antigua [Guatemala], June 2011), which was endorsed by the XXVIII meeting of Presidents of the Integration System of Central America (SICA) at their Summit on 22 July in San Salvador.

11. At the *national level*, many countries have seized the opportunity to develop and implement NCD-related plans and programs. In addition, many countries, including Argentina, Brazil Canada, Mexico, the United States and Peru, have established *national* interagency commissions to prepare for the UN-HLM. Brazil, as part of BRICS¹, contributed to the BRICS Health Ministers’ Meeting-Beijing Declaration (July 2011) committing to collectively exploring ways to implement the agreements of the UN-HLM.

Analysis

12. With NCDs constituting the leading cause of premature mortality in the Region, with an estimated 3.9 million deaths, as well as the leading cause of avoidable health costs, NCD prevention and control is a public health priority for every country in the Americas. This is demonstrated by the declarations and resolutions from our Region, as well as the report submitted to the 2010 Directing Council (CD50/INF/6) on progress in implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health. In fact, in 2010 27 countries in the Region reported having made program-related investments in NCDs. The global and regional preparatory meetings for the UN-HLM have helped to reaffirm political and technical commitments to NCDs in this Region and

¹ The acronym BRICS stands for Brazil, Russia, India, China, and South Africa.

to identify the critical and high-priority policies, health service, and community interventions needed to accelerate reductions in NCD risk factors, incidence, and mortality, especially avoidable NCD deaths. In addition to the four diseases and four risk factors considered by the UN-HLM on NCDs, the Region also considers co-morbidities such as obesity, especially childhood obesity, mental health, and chronic renal failure, as well as environmental and occupational risk factors.

13. The regional position on NCD prevention and control is well-described in the Mexico Ministerial Declaration for Prevention and Control of Noncommunicable Diseases. It identifies:

- (a) a multisectoral response with regard to healthy public policies and enabling environments for obesity prevention, tobacco control, physical activity, healthy diet, and alcohol use;
- (b) access to comprehensive and cost-effective care for NCDs, including increased access to affordable, safe, effective, and high-quality medicines;
- (c) surveillance, communication, and collaborative partnerships.

14. It also calls for the inclusion of gender, intercultural and community perspectives in NCD policies, programs, and services. The subregional declarations reflect similar themes and are consistent with the regional position. In addition, the civil society ‘‘asks’’ are consistent with the regional position, and have identified five priority interventions: tobacco control, salt reduction, improved diets and physical activity, reduction in hazardous alcohol intake, and essential medicines and technologies.

15. The Mexico Declaration and the declarations from other regional consultations have served as inputs to the outcome document. As such, the outcome document (at the time of this report) acknowledges the significant inequities in the burden of NCDs and access to NCD prevention and control and the need for urgent and collective efforts, calling for health gains to be achieved by influencing public policies in sectors such as trade, taxation, education, agriculture, urban development, food, and pharmaceutical manufacturing, and not only in health policy and health system changes. The commitments are in the areas of:

- (a) Responding to the epidemic with a ‘‘whole of society’’ approach.
- (b) Strengthening national health systems based on primary health care for NCDs by addressing the components of finance, governance, health workforce, health information, essential medicines and technologies and service delivery, and pursuing a gender-based approach.
- (c) Reducing risk factors through cost-effective population-wide interventions, including regulatory and legislative action that includes tobacco and alcohol

control; the reduction of salt and sugar intake; the replacement of trans-fats in foods, and raising public awareness about diet and physical activity.

- (d) International cooperation, including collaborative partnerships for the full and effective implementation of the Action Plan for the Global Strategy for the Prevention and Control of NCDs, and the Framework Convention on Tobacco Control.
- (e) Research and development to increase investments in NCD-related work.
- (f) Monitoring and evaluation, using existing frameworks to monitor the impact of NCD interventions.
- (g) Follow-up to include an annual report from the UN Secretary-General on progress in the commitments from the UN-HLM.

16. There are, however, outstanding issues that have not yet been adequately addressed in the outcome document and that may constitute stumbling blocks for the commitments: (a) a defined set of short- and long-term goals and specific targets against which commitments can be made and governments' progress measured; (b) lack of information on the cost of interventions, cost studies, and economic analyses to inform public policies, including the financial impact and linkages to development; (c) funds for implementation; (d) issues in connection with TRIPS (Trade Related Intellectual Property Rights), including access to medicines, vaccines, and issues related to patents and pharmaceutical regulations; (e) regulations on foods and beverages, including marketing to children; (f) the stewardship role of health, along with the lifecourse and settings approach, and interventions to address the social gradients of NCDs; (g) the issue of having a partnership for action on NCDs.

17. Despite this, the UN-HLM is expected to result in significantly increased action at the subnational, national, and international levels as a result of greater awareness of the development implications of NCDs, and greater understanding of the available cost-effective interventions feasible for all resource settings. It can also be expected to lead to international solidarity with respect to policies in support of national plans, including those on universal access to services and essential medicines, and increased engagement by international partners and commitment to increase financial and technical support to assist countries with specific NCD plans.

18. PASB is committed to continue providing technical cooperation to Member States through the CARMEN network of chronic disease managers and other related networks and fostering multisectoral collaboration and partnerships, principally through the multistakeholder Pan American Forum for Action on Chronic Diseases, as they follow up on the agreements of the UN-HLM. This is particularly to implement the regional resolutions on NCD prevention and control in the areas of tobacco control, urban health, alcohol, diet and physical activity, and integrated chronic disease prevention and control.

PASB will also continue to advocate for the integration of NCD issues in related global and regional forums, notably the World Conference on Social Determinants, the Earth Summit on sustainable development, the 8th Global Conference on Health Promotion: Health in All Policies, the G8/G20, among others.

19. PASB is also leading the Wellness Week initiative (16-21 September) at the time of the UN-HLM to raise the awareness about the importance of the built and natural environments and socioeconomic conditions to modify NCD risk factors and promote health. In this launch year for Wellness Week, activities will be directed mainly to the delegates attending the UN-HLM in New York City, as this city has implemented key activities that are an example of health promoting policies. Wellness Week is also being promoted at the regional level to spur a regional social movement for NCD prevention and wellness that will also link to the established Caribbean Wellness Day.

Action by the Directing Council

20. The Directing Council is requested to take note of this informational report and, in light of the UN-HLM on NCDs, propose a renewal of the *Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health* (2006, CD47.R9), including regional goals, targets and indicators, to present to the 2012 Directing Council.

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