



HIGH-LEVEL REGIONAL
CONSULTATION OF THE AMERICAS
**AGAINST NCDs
AND OBESITY**

Report

Discussion Document



**Organización
Mundial de la Salud**



**Organización
Panamericana
de la Salud**
Oficina Regional de la
Organización Mundial de la Salud



**GOBIERNO
FEDERAL**
SALUD





HIGH-LEVEL REGIONAL CONSULTATION OF THE AMERICAS AGAINST NCDs AND OBESITY

contents

Speech by the President of Mexico	4
Speech by the Director-General of the WHO	8
Speech by the Secretary of Health of Mexico	10
High-level Regional Consultation of the Americas against NCDs and Obesity	13
● Summary Report	14
Introduction and Background	14
Purpose	14
Objectives	15
Expected Results	15
Dynamics of the Consultation	16
Inaugural Ceremony	17
Panel 1. Social determinants of NCDs and obesity and their impact on public policies and global development (open session)	18
Panel 2. Experiences in the Americas regarding interventions for the prevention, control and treatment of NCDs and obesity (open session)	23
Panel 3. Expectations and strategies for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases (closed session)	27
Conclusions	32
● Ministerial Declaration	33

A light blue silhouette of Mexico is positioned in the upper left background. To its right is a decorative graphic consisting of several overlapping, curved, teardrop-like shapes in shades of blue, green, and orange, flowing from the top right towards the center.

Speech by the President of Mexico

On behalf of the people and the government of Mexico, I would like to extend to you the warmest welcome to our country and thank you very much for your visit. And, of course, congratulate you for participating in this high-level meeting to share information, reflections and experiences in order to overcome the challenges that are presented to us by obesity and non-communicable chronic diseases.

Nearly 2 years ago, when the A H1N1 influenza appeared, roughly at this time of year, we demonstrated that countries can act together, under the leadership of the World Health Organization, to confront the great challenges that threaten humanity.

Today, the peoples are facing another public health challenge at the international level, and that is why we are here together—the problem of obesity and non-communicable chronic diseases, which prompts us to unite our efforts once again.

In many countries, as in the case of Mexico, we are moving through an epidemiological transition. We are moving from contagious diseases to diseases related with an urban and sedentary lifestyle.

I am very concerned, for example, that countries that have not yet left behind diseases associated with underdevelopment and poverty—such as malnutrition, malaria, poliomyelitis and dengue—also have the diseases of the developed world, which are precisely what brings us together today. It is a double challenge which has to be approached globally.

This type of diseases constitutes a global challenge. The epidemiological transition is characterized by an increase in the development of diseases involving the heart, liver, joint problems, and diabetes mellitus, among others.

In fact, heart disease and diabetes are currently the first and second cause of mortality in Mexico. These illnesses have common causes and patterns. For example, it is very clear in Mexico that roughly 90% of diabetes cases are attributable to overweight and obesity.

We know that this is a reality to which we cannot close our eyes. Unhealthy habits of the population, changes in nutrition, lack of physical activity, smoking, alcoholism, drug dependence, among others, are some of today's greatest challenges for public health and unleash many of the current non-communicable chronic diseases.

First of all: Both being overweight as well as obesity double or triple the risk of chronic disease, such as arterial hypertension. This fact, by itself, is a powerful argument for intervening in the matter.

Secondly: The lifestyles that cause these illnesses constitute a noticeable loss in the quality of life of the population which, in the short-term, prevents people from enjoying the public spaces available to them, limits their human relations, and sabotages healthy habits.

In the long-term, the situation is not encouraging. The quality of life of patients with chronic degenerative diseases condemns them to be dependent on uncomfortable medical treatments and periodic control tests, a routine that prevents them from living a full life.

Thirdly: The sustainability of any health system is at risk, not only those of developing countries, but rather, it is in fact financially non-viable for any health system to allow obesity and non-communicable chronic diseases to continue to increase exponentially.

No health system can maintain adequate treatment and health care for generalized illnesses related to cardiovascular diseases, or cancer, or diabetes. The need to maintain and pay for hemodialysis—ongoing treatments—is simply unattainable, no matter how wealthy a society is.

We calculate that persons who develop diseases related to overweight and obesity, once these diseases manifest themselves, can be sick for roughly 15 years, and the costs of their treatment represents an economic burden for any system.

The estimated cost in Mexico is \$3.5 billion dollars per year. If nothing were done, it could reach more than \$6.5 billion dollars by the end of this decade, and future costs are actually incalculable; because, you can imagine, that Mexico's population has an average age of 27 years. When this population ages, it will be accompanied by these diseases and our system will not be able to pay.

Fourthly: On a smaller scale, its impact on the productive life of the country is not insignificant, because there are indirect costs on productivity attributed to overweight and obesity. Currently, we estimate the indirect cost on productivity to be \$2 billion dollars per year, and will be \$6 billion dollars by the end of the decade.

In Mexico, we have made an enormous effort to provide health care to Mexican families, to facilitate their access to health. To give you some figures, in the year 2000, only 44 million Mexicans had access to a public health system through the social security system.

Today, those with access to a health system—Social Security, ISSSTE or Seguro Popular—amount to 93 million Mexicans. And we are committed to achieving, before this government's term ends, in 2012, universal health coverage: physicians, medicines, and treatment for any person who needs it.

We have had to make an enormous effort to achieve this. For example, in four years we have built more than 1,100 new hospitals or clinics and we have renovated or expanded another 1,500 clinics or hospitals across the country.

In four years we have quadrupled the budget for the Seguro Popular, for example; nonetheless, we know that the biggest challenges, financially speaking, are yet to come, precisely because of obesity, excess weight, and the diseases associated with the urban habits of modern society.

This is, in Mexico and throughout the world, a serious health problem, perhaps the greatest health challenge for the future.

What is happening in Mexico is serious. In the past 30 years, for example, the percentage of people who are overweight or obese has tripled in Mexico. It is calculated that 70% of Mexican adults have excess weight and this problem has disturbingly extended to children between 5 and 11 years of age.

Today, roughly 4.5 million children in Mexico are obese or overweight. Unfortunately, among the OECD countries, Mexico is ranked fourth in childhood obesity, and a large part of this problem is due to the type of products, the type of foods our children consume. In schools, for example, public or private, children have become accustomed to buying potato chips, which they drink together with heavily sugared soda.

These are eating habits that they reproduce in their own homes while watching television or playing video games. These are the factors that have forcefully triggered the childhood obesity problem.

Therefore, last year, the federal government and business organizations signed the National Agreement for Nutritional Health, a strategy against excess weight and obesity.

And, among other actions, we have proposed to improve the supply and access to foods and drinks that are healthy, as well as to promote regular physical activity.

For example, we established public regulations, after a very intense process of discussion and negotiation, with which we are changing the type of foods sold to children in schools. We have withdrawn all sodas from elementary schools, and in middle schools we only allow drinks that do not contain sugar.

Fried foods have also been substituted in schools for baked foods, which has resulted in a substantial gain in the nutritional quality of children's diets.

We have determined rules for the amount of calories from fats that foods can have. For example, in schools we only allow portions to have less than 40% of calories from fat. We have done several things and we are doing others.

As part of the National Agreement for Nutritional Health, we have opened 66 medical units specializing in chronic diseases. These have around 300 nutritionists and 300 physical activators who support the population in adopting healthy lifestyle habits. This is recent and we want to expand it throughout the country.

We are trying to massively implement a 5-step program through the Secretary of Health. This project, which is operating daily and being disseminated across the country, establishes five basic actions for good health.

Step one. Move. We are recommending that people exercise daily, for half an hour.

Step 2. Drink water.

Step 3. Eat fruits and vegetables.

Step 4. Measure yourself to monitor your personal evolution.

And Step 5. Share this discipline with family and friends.

With these actions, the public sector and society are acting to protect the health of the inhabitants of Mexico. In some governmental agencies, such as the Secretary of Health, work is even suspended for half an hour and all personnel go out to walk and exercise. We want to set an example to the population about the things that can be done.

The fight against obesity and non-communicable chronic diseases for our nations must be a daily fight and a determined and shared fight.

This meeting has been a very fruitful forum for cooperation, solidarity and understanding. It is necessary to awaken global awareness about the importance of closing ranks in the fight against obesity and non-communicable chronic diseases.

What is dramatic about this is that it requires changing patterns of behavior, and even the culture of our populations. It is an enormous task, one we have to do together.

If for any of us it may be difficult to lose weight, it is incredibly complex for an entire nation to lose weight, and if not to lose weight, at least to become accustomed to better eating practices. This speaks to us of the difficulty that is before us.

We have to raise awareness—which is the first step—about the seriousness of the problem, and the importance of finding its solution. Therefore, in addition to what medical science can provide us and how it can guide us, we need to teach our societies—businesses, legislators, unions, and of course schools—about the importance of improving the quality of life of our men, women and children.

We have to reach parents and warn them about the serious danger their children face if they are not instructed about improving their eating and lifestyle habits.

I am fully confident that the frank exchange of lessons and ideas will help us to build an international community united by the opportunities for well-being and progress. We have to massively promote better nutrition and more physical activity.

I congratulate the World Health Organization, this Regional Consultation, and the distinguished Ministers of Health who are present, for taking this fundamental step for our countries.

Lic. Felipe Calderón Hinojosa



Speech by the Director-General of the WHO

Excellencies, honourable ministers, distinguished delegates, ladies and gentlemen,

I thank the government of Mexico for hosting this event.

Your countries have shown great courage and determination in addressing the lifestyle-related factors that are driving the rise of these diseases.

You have looked at strategies and interventions and reached agreement on some ways forward. The September high-level meeting on noncommunicable diseases is an opportunity that the health sector must seize.

It must be a wake-up call, but not for public health. We are already wide awake.

We know the epidemiology, the global trends, and what the shift from affluent societies to poor and disadvantaged populations means in terms of human and economic wreckage. This is my first point.

My second point is that chronic diseases are no longer just a medical or a public health problem. They are a development problem, and they are a political problem. The pressure not to make the right decisions will be enormous.

Some will question the need for policy change. They will argue that individual choices are responsible for the rise of cardiovascular disease, diabetes, and cancer. People choose to smoke, to consume too much alcohol, to eat junk food, to sit in front of TV sets and computer screens.

In this logic, the responsibility for the world's 43 million pre-school children who are obese or overweight rests with bad parents. No, it is not bad parents. It is bad policies.

More and more people are living in societies that allow the sale of tobacco products and the seductive marketing of foods and beverages that are cheap, convenient, tasty, filling, and very bad for health.

More and more people are living in crowded urban areas with no playgrounds, no bicycle paths, no jogging lanes, and no fitness centres, of course.

Developing countries are soft targets, easy markets. Many lack even the most rudimentary regulatory capacity to address irresponsible marketing and control the products offered to consumers.

The health sector, acting alone, cannot turn off the tap. The measures needed for primary prevention on an adequate population-wide scale lie beyond the direct control of ministries of health. Making a difference will largely depend on action taken by non-health sectors.

My third point is that the challenge of managing these diseases in resource-constrained settings has been almost totally neglected.

In many wealthy nations, deaths from cardiovascular disease and cancer have declined, thanks largely to the success of anti-tobacco campaigns.

Credit must also go to the powerful interventions that are now available, including measures for screening and early detection, and medicines for reducing blood pressure, lowering cholesterol levels, and controlling blood sugar. Bypass surgery, organ transplantation, chemotherapy, and radiotherapy add to the arsenal.

But these interventions are beyond the reach of the poor. Health systems lack the staff, the medicines, the money, the screening and early detection services, and service models for the delivery of chronic care. Thirty developing countries, half of them in Africa, do not have a single radiotherapy machine.

Ladies and gentlemen,

I will close with a few words of advice.

Make primary prevention a top priority. For example, keep pushing for full implementation of the WHO Framework Convention on Tobacco Control.

Use evidence and economic arguments, as you have done, to shape policies at the highest possible level of government and in the international systems.

Continue to make the strengthening of health systems a top priority. Primary health care provides the best model for comprehensive services, from prevention, screening, and early detection, to long-term care that engages communities.

Engage civil society. Civil society can be an especially powerful ally in shaping public views and holding industry accountable for its behaviour.

Engage the private sector. Industry needs to collaborate in making healthy food choices the easy choices and in making medications and other interventions accessible and affordable.

Look at yourselves as leaders. The Latin American “Ciclovías” initiative for promoting physical activity is being copied around the world.

Above all, stand firm, as you have been doing throughout the Americas, and stay loud.

Thank you

Dr. Margaret Chan



Speech by the Secretary of Health of Mexico

Good afternoon friends from the different countries in America.

In the year 2007, 28 million of the deaths caused by non-communicable diseases occurred in low- and middle-income countries, representing 80% of the global mortality burden. In that same year, it was estimated that the total deaths in the Americas were 5.1 million, of which 3.9 million, that is 76%, were related to all types of non-communicable diseases, and 60% were related to cardiovascular and respiratory disease, cancer and diabetes.

The increasing impact of the direct costs of non-communicable diseases on health systems must be taken into account, as well as the impoverishment of affected homes, and losses in productivity, which have a negative impact on development, with an economic impact during the first 10 years.

This important Regional Consultation about how we should act to confront non-communicable chronic diseases and obesity has allowed for discussion of the most relevant issues on these matters, with the purpose of establishing a strategic position as a region that reflects the different needs of such a complex area, such as the Americas, for the High-Level Meeting of the United Nations General Assembly next September.

The conclusions and consensus of the first Panel indicate that social determinants should be considered to create a comprehensive and multisectoral strategy that has the real ability to affect this global public health problem and can contribute to the improvement of the social and economic conditions of the population, particularly of persons in vulnerable situations; hence it is necessary to raise the discussion about the design, financing, and sustainability of policies to the highest level of influence.

Therefore, strategies and interventions based on scientific evidence and supported by a cost-effectiveness approach should be implemented.

The promotion of the surveillance and evaluation of the interventions to guarantee the quality, accessibility and availability of the health services provided is also required.

The objective of the second Panel was to acknowledge and share the lessons and experiences learned from the diverse environments, as well as the active participation of the private sector and civil society in the development of joint actions.

The relevance of this topic is crucial because it is a fact that when dealing with public health problems, their attention is not only the concern of health ministers or governments; they imply co-responsible actions by all sectors—public, social and private—with specific commitments to make an impact on the risk factors and the determinants associated with these diseases, through innovative approaches that are supported by evidence.

The third panel contributed to defining the elements that the region of the Americas has to conduct as a joint and solid position for September.

We have a variety of instruments and programs that define the National Agenda for Global Action, by which, with the support of the World Health Organization, the region has promoted and coordinated diverse initiatives to strengthen social services for the prevention and control of these diseases, to expand national and local capacities and to reorient public policies, as well as to generate information and manage knowledge regarding this issue, and create multisectoral alliances.

With this consultation, we ratify our commitment to strengthen and reorient policies and programs for the prevention and control of non-communicable diseases through actions related to the social determinants of health and the behavioral risk factors for non-communicable diseases, and to prioritize cost-effective interventions that have the greatest impact, according to scientific evidence, and, above all, the incorporation of intercultural and community approaches.

The discussions made it clear that our countries face a challenge in caring for the population living in vulnerable situations, which is the most prone to develop these diseases.

In order to accomplish this, we need the best mechanisms for monitoring and evaluating the progress and impact of our actions in specific population groups; hence, the need to obtain resources through international assistance and technical cooperation for the region, as well as to pursue the inclusion of these diseases in the Millennium Development Goals.

We recognize the valuable contribution of the participants, which has allowed us to take an in-depth look at the challenges and opportunities that we face in confronting non-communicable chronic diseases.

We greatly appreciate the presence of Dr. Margaret Chan, whose leadership at the World Health Organization has been decisive in confronting emergent health problems and defining health strategies with a priority focus and according to local needs and capacities.

President Felipe Calderón:

Your firm commitment to the health of all Mexicans has achieved the inclusion of the public, social and private sectors in the matter that brings us here today, and reaffirms the will of the Mexican State to move toward a more just, equitable and healthy Mexico, one in which everyone, truly, can live better.

Thank you.

Dr. José Ángel Córdova Villalobos



HIGH-LEVEL REGIONAL CONSULTATION OF THE AMERICAS AGAINST NCDs AND OBESITY

- SUMMARY REPORT
- MINISTERIAL DECLARATION

Introduction and Background

The Ministers of Health from the Region of the Americas gathered in the High-level Regional Consultation of the Americas against Chronic Noncommunicable Diseases (NCDs) and Obesity in Mexico City on February 24 and 25, 2011. The outcome of this Regional Consultation, with the participation of Health Ministers, experts and technicians from the Americas, represents an opportunity to ensure that the positioning of the Americas will contribute to the discussions during the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases that will be held in September 2011. The Regional Consultation was co-sponsored by the Mexican Health Ministry and the Pan American Health Organization (PAHO) /World Health Organization (WHO).

Purpose

- Contributing to define the positioning of the Americas in preparation for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, as well as setting the bases for a long-term intersectoral strategy.
- Listening to the different problems countries in the region face in relation with NCDs and obesity and discovering solution strategies that have been implemented.
- Promoting mechanisms for the exchange of information and collaboration among countries in the Americas in order to generate innovative actions regarding the social determinants of chronic noncommunicable diseases (NCDs) and obesity.



Objectives

- Highlight the importance of focusing on the social determinants of NCDs and obesity in public policies and plans by government.
- Analyze the importance of achieving universal access to health services and medicines to treat and prevent NCDs.
- Review the experiences in the Americas regarding effective interventions for prevention, control, and appropriate health services for the management of NCDs and obesity.

Expected Results

- The Mexico Declaration, which will contain elements on the position of the Americas supporting the participation of Heads of State and Government in the discussions during the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases that will be held in September 2011.
- Issuing a report on the meeting.



Dynamics of the Consultation

According to the objectives, the topics of the Regional Consultation were distributed into three panels. Each panel included a series of questions to guide the discussion. At the end of the panels, country representatives reviewed and agreed on the contents of the Ministerial Declaration for the Prevention and Control of Chronic Noncommunicable Diseases. The panels were designed so as to allow the countries, non-governmental organizations (NGOs) and international agencies to share their experiences and learn on the various ways to address NCDs. The panels were the following:

Panel 1

Social determinants of NCDs and obesity and their impact on public policies and global development

- How can operative public policy interventions be formulated to address the social determinants of NCDs and obesity in the countries of the Region?
- What are the challenges facing the governments in the implementation of the Pan American Health Organization's Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases?
- What is the economic impact of NCDs and obesity and how does economic analysis contribute to define and incorporate health care into public policies addressing the determinants of NCDs and obesity?

Panel 2

Experiences in the Americas regarding interventions for the prevention, control and treatment of NCDs and obesity

- What lessons have been learned on the prevention, control and management of NCDs and obesity in the Americas? What successful experiences have reoriented healthcare services?
- What are the experiences and the lessons learned regarding the creation of urban environments, work centers, schools, leisure facilities, accessibility options, and others, aimed at the goal of preventing new cases and complications of NCDs?
- What innovative approaches could be considered in order to involve the private sector and the civil society in the development of joint actions and the strengthening of evidence-based policies?

Panel 3

Expectations and strategies for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases

- What are the goals, expectations and mechanisms to influence on the potential results of the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases?
- What are the areas of opportunity to incorporate health care in public policies, in order for Heads of State and Government to build a consistent policy aimed at reinforcing the protective determinants and reducing risk factors for NCDs?
- What challenges arise from NCDs regarding care for vulnerable population groups?

- What requirements should be reinforced so that Health Ministries can monitor and assess the progress and impact of interventions against the NCDs epidemics and thus support the regulatory function?
- How to increase significantly the resources from international assistance and technical cooperation for addressing NCDs in the Region? How should international agencies strengthen national capacities to implement policies regarding NCDs?
- How to ensure that NCDs are included among the Millennium Development Goals in the future?

Inaugural Ceremony

The Regional Consultation was inaugurated by the Mexican Health Minister, doctor Jose Angel Cordova-Villalobos. He was accompanied by doctor Socorro Gross-Galiano, Assistant Director of the Pan American Sanitary Bureau, which is the Secretariat of the Pan American Health Organization (PAHO); doctor Mauricio Hernandez, México's Under-secretary for Prevention and Health Promotion; doctor Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health of the World Health Organization (WHO); doctor David McQueen, Associate Director for Global Health Promotion of the Centers for Disease Control and Prevention (CDC); and doctor Armando Barriguete, head of Mexico's National Council for the Prevention and Control of Chronic Diseases (CONACRO).

More than 100 participants from the following countries attended the meeting: Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Brazil, Canada, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Panama, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, the United States of America, and Uruguay. The following institutions were also represented: the Centers for Disease Control and Prevention (CDC), the Inter-American Development Bank (IDB), the World Bank, the World Economic Forum, MERCOSUR, the Andean Health Agency (ORAS), the Council of Central American Health Ministers (COMISCA), the World Heart Foundation, the Physical Activity Network of the Americas (PAN/RAFA), the Latin American Association of Schools of Public Health (ALAESF), the Caribbean Diabetes Foundation, and the Union for International Cancer Control (UICC), among others.

This summary of the main results from the Regional Consultation will serve as input in preparation for the UN General Assembly High-level Meeting.



Panel 1

Social determinants of NCDs and obesity and their impact on public policies and global development (open session)

During this panel on the social determinants of NCDs and obesity and their impact on public policies and global development, a regional discussion was held on the approach to social determinants and NCDs, as well as a debate on the economic impact of these diseases and their link to poverty and socioeconomic development in countries of the Region, including individuals, families, and society as a whole. Participants in the debate concluded that NCDs pose challenges for the implementation of both WHO and PAHO Global and Regional Strategy and Plan of Action, since not all countries behave equally, and there are differing levels of development within the Region, among sub-regions, and even within individual countries.

Chronic noncommunicable diseases should be addressed through a multisectoral, multidisciplinary approach in which society participates as a whole, including the public, private and academic sectors, civil society, professional associations, patients and the general public. Worldwide human and economic costs of NCDs have not been fully quantified; however, based on the available information, these diseases are very costly. Thus, the approach must consider that, unless actions are taken to prevent and control NCDs and their risk factors, the development of countries in the Region could be in jeopardy. Consequently, this public health problem should be given a comprehensive multisectoral response in which it is possible to recognize: 1) the areas of support promoting the agenda for socioeconomic development; 2) how to involve those partners with the capacity and the resources to act and modify the social determinants of NCDs; and 3) the resources to provide access to healthcare services and to address risk factors and their causes. It is undeniable that the health sector should lead these efforts, but activities should extend to other sectors and keep in mind the shared responsibility of all of society.

The design of policies for agriculture, urban development, transportation, eating habits (e.g., the restriction of fat, sugar and salt intake), education in schools, marketing of food products, as well as alcohol and tobacco consumption, are all topics requiring the participation of the full government and society in general.

Regarding the Region of the Americas, the frameworks for addressing NCDs are the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases and the PAHO Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health, whose main lines of action are:



1. Public policy and advocacy
2. Epidemiologic surveillance
3. Health promotion and disease prevention, and
4. Integrated management of chronic diseases and risk factors.

The challenges facing the implementation of these frameworks include:

- The scale and complexity of the problem, reaching beyond the healthcare sector
- Political recognition and technical solutions
- The need for clearer goals and objectives linked to each country's agenda for development
- Developing and strengthening the capacities of all sectors (human resources, statistical data, healthcare services and social protection, essential medicines, and so forth)
- The budget allocated to health promotion and disease prevention in relation to other expenses
- The need for a multisectoral response
- The interests of the tobacco, alcohol, and food industries
- The role of international organizations (bilateral or multilateral, NGOs, civil society) in addressing NCDs
- The inclusion of NCDs in the agendas for development of countries and international agencies
- The fact that NCDs are not included among the Millennium Development Goals (MDG); consideration should be given to including the unmet goals in the development of post-MDG strategies
- Increasing the participation of civil society in "moral indignation" related to "preventable deaths" due to NCDs
- The need to invest in innovative technologies and to use non-traditional media, with support from social networks

"We must make the prevention and control of NCDs and improvement of maternal health top priorities of the development agenda. Both are part of the agenda for strengthening health systems and revitalizing health care."

Dr Margaret Chan
Director-General
World Health Organization

Addressing NCDs is a complex issue that affects the life cycle of individuals; its solution has to be seen from a multilevel perspective, within a model of human development that takes into account the global, regional, national, and local scenes.

Situation of NCDs and risk factors

In order to develop adequate strategies and place this issue as a priority in the agendas for social, economic and political development of Heads of Government, it is necessary to have a diagnosis on the problem's size from the healthcare, economic and social points of view. It is estimated that in our Region there are approximately 250 million people with NCDs. At the global and national levels, NCDs are the leading cause of death for both sexes; specifically, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes account for more than 3,050,000 deaths, representing 60% of total deaths and 80% of deaths due to any type of chronic disease. In the sub-region of Central America, chronic renal failure (a complication of NCDs) is the leading cause of hospital deaths. The compound



Cause of death all ages, 2005 (WHO)	Estimated deaths by cause (global)	Estimated deaths by cause (the Americas)
Cardiovascular disease	17 528 000	1 500 000
Cancer	7 586 000	1 000 000
Chronic respiratory disease	4 067 000	332 000
HIV/AIDS	2 830 000	37 120
Tuberculosis	1 607 000	25 000
Diabetes	1 125 000	239 000
Malaria	883 000	1 000

burden of HIV/AIDS, tuberculosis and malaria represents barely 1.2% of all deaths occurred in 2005 in the Region of the Americas, and yet these diseases receive a considerably larger amount of resources.

In the Region of the Americas, an estimated 34% of NCDs deaths are considered premature (i.e., occurring before age 70), with a range of approximately 38% among men and 29% among women. This is more evident in middle- and low-income countries, where middle-aged adults develop these diseases at a younger age, leading to even more premature deaths by comparison to high-income countries. Whereas the combined numbers of infectious diseases and road traffic accidents are expected to show a decreasing trend in the next 20 years, deaths due to chronic diseases show a significant increasing trend. Furthermore, it is estimated that there are 145 million smokers and 139 million obese people; this latter figure is growing, and is projected to reach over 280 million obese people by the year 2015. Information on prevalence of NCDs is faulty, and thus the importance of strengthening the information and surveillance systems, so it is possible to collect information on NCDs and their risk factors in order to support investment in policies and programs.

An estimated 3 million deaths could be prevented in the next 10 years by the implementation of strategies aiming at a 20% reduction in smoking, 15% reduction in salt intake, 60% increase in the coverage of patients with NCDs, and the promotion of healthier workplaces, schools and environments.

Social determinants, poverty and NCDs

Noncommunicable diseases are present in society and are closely linked to poverty. Their treatment imposes a significant financial burden on people; NCDs are a cause of labor absenteeism, loss of income, and family expenses, with the ensuing decrease in personal resources. They also lead to low productivity, a higher risk of disability and



premature death. Some studies in the Region have found that 78% of what is paid for medications is not planned for in the family budget and is out of the reach of vulnerable population groups, all of which contributes to catastrophic health expenditures, exacerbates poverty and increases health inequities.

Quality of life is related to risk factors for NCDs. Therefore, the fight against NCDs involves being aware of the determinants and the causes' causes, since people's lifestyles have an influence on their health. Thus, poor people develop NCDs and die prematurely because of them.

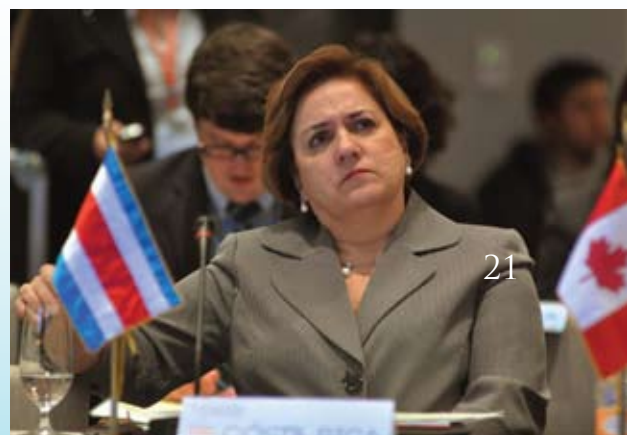
Economic cost and evidence

Since the prevalence and mortality of NCDs show an increasing trend unless something is done to stop them, their economic impact on countries is very costly. According to the 2010 World Economic Forum Report: A Global Risk Network Report, NCDs have a substantial economic effect, and this has been further complicated by the global economic crisis that has reduced the resources allocated to address them. It is estimated that NCDs could reduce Latin America's GDP by 2% a year (WHO).

According to the OECD Report: Obesity and the Economics of Prevention, it is estimated that somewhere between 1% and 3% of the health expenditures in the majority of OECD countries are spent on obesity, and in some countries like the United States of America, this cost may reach between 5% and 10%. Certain countries, like Brazil and Canada, estimate that the cost of the package for obesity prevention ranges between US\$ 0.50 and US\$ 3.50 per capita, respectively. This same study found out that obese people, particularly women, have an 18% lower income than non-obese people.

The estimate cost for healthcare systems and countries' economies is not known. However, and since these diseases are the main causes of illness and death in the countries of the Region, it is necessary to estimate the resources currently needed to face them. For example, it is estimated that renal dialysis services are available in 83% of countries in the Region; however, an estimate 40% of the population has to pay out-of-pocket an average US\$ 99 per session, or US\$ 15,500 a year.

There is evidence of the benefits stemming from interventions for disease prevention and health promotion, such as regulating the price of products like tobacco, which involves raising taxes to at least 75% of its cost, regulating food sales, regulating the advertising of food to children, and others proven effective. In conclusion, pricing policies and regulations seem to work best in emerging economies. However, it is important to perform studies on health costs and their impact on the social and economic development of countries, in order to have compelling evidence that allows governments to increase the budgets for addressing NCDs and their risk factors.



Actions in preparation for the UN High-level Meeting

All the work previous to the UN General Assembly High-level Meeting should focus on the “four diseases”, i.e., cancer, chronic respiratory diseases, diabetes and cardiovascular diseases, and the “four risk factors”, i.e. tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, since they are associated to a high burden of disease and economic cost for countries. Some of their complications, such as the treatment for chronic renal failure, are also quite common and expensive.

Having the above as framework, it is important to define clear objectives and goals, in order to provide Heads of State and Government with useful information for the discussions during the Meeting (e.g., increasing physical activity, universal access to health care, healthier schools, workplaces, and cities, and risk stratification). Furthermore, the goal should not only be oriented at the High-level Meeting, but should propose what will be done afterwards. This issue should be included in the ministerial agenda for the upcoming G8 Summit in the United States, the G20 Summit in Mexico, the meeting of the World Health Organization Commission on Social Determinants of Health and other high-level meetings.

As for the actions undertaken by the healthcare sector, these should focus on the need to widen and strengthen the capacities for the prevention and control of NCDs, including better surveillance and monitoring, reorienting healthcare services, increasing the investment in health promotion and prevention of NCDs, as well as interventions to promote universal coverage, access and quality of healthcare services.

In order to exert an influence on the interventions related to the social determinants of NCDs, it is essential to work jointly with bilateral or multilateral cooperation agencies involved in NCDs, such as FAO, the International Labor Organization (ILO), ECOSOC, Women in the UN, UNICEF, the United Nations World Food Programme (WFP), the Canadian International Development Agency (CIDA), the United States Agency for International Development (USAID), and the Spanish Agency for International Development Cooperation (AECID), among others, as well as other partners.

It is important to establish technical and political work groups that promote the subject, in order to: 1) provide information regarding the necessary interventions before, during and after the High-level Meeting; 2) develop communication campaigns to spread information about NCDs among healthcare providers and the general public; to raise awareness about the need for a global response, using other media and resources such as social networks, telephone, soap operas or music, so as to attract the attention of various social groups toward healthy lifestyles; to encourage Ministers of Foreign Affairs, Agriculture, Education, Finance, Economy, Sports and other public figures with a well-know leadership to implement actions for health promotion and prevention of NCDs, as well as cost-effective interventions; and 3) to design the required interventions.



Panel 2

Experiences in the Americas regarding interventions for the prevention, control and treatment of NCDs and obesity (open session)

During this Panel, participating countries agreed on the fact that they are developing programs targeted at communities and population groups intended to attain significant changes in lifestyles. The experiences and lessons learned regarding the control and prevention of NCDs that were shared during the meeting are examples of how Health Ministries are addressing the issue. There was also agreement on the fact that there is still a long way to go to achieve the full participation of other sectors. The said experiences can be summarized in five categories.

1. Critical importance of leadership at the highest possible level

In order to bring about permanent and consistent change, it is necessary to gain support from the highest possible level, like the one that Presidents can provide, to make progress in areas such as the necessary healthcare reforms to address NCDs. Besides, it is important to realize that leadership should not only come from the government but also from civil society, so each one can do their part in the design and implementation of strategies for the prevention and control of NCDs. Each person must have a leading role in assuming the responsibility of his or her self-care, in order to achieve a permanent switch to a healthy lifestyle.*

2. Impact of policy changes

The implementation of policies for the prevention and control of NCDs requires partnership with all sectors of society, specifically the legislative sector, so it is possible to prioritize such topics as planning, design or update, policy approval, as well as the allocation of funds for their implementation. Policymaking is one of the most important mechanisms to support the process of prevention, control, and changes in lifestyles.

* During the meeting, the follow up of regional agreements included in the Declaration was sought after through the promotion of the development of policies and the support of environments and community initiatives that foster basic preventative measures. These include integrating physical activity in all aspects of daily life, drinking plain water, following a healthy diet, reducing the effects of harmful alcohol consumption and eliminating exposure to cigarette smoke, among others. In order to achieve this, a group of technical experts from the region came together on February 24th during the Ministerial Meeting to work on effective interventions regarding four health promotion actions: physical activity, drinking water, salt reduction, and eating fruits and vegetables. The group was established as a network of experts to continue with the timely design of public policies, strategies and interventions related to these actions at the regional level.



In designing public policies, besides advocacy, it is important to involve the public sector from other relevant Ministries (i.e., agriculture, social programs against poverty, education, and so forth) responsible for addressing risk factors. To achieve success, agreements have to be made with other sectors and stakeholders, such as labor unions, states or provinces, municipalities, and local groups. This process has to be planned and organized to prevent confusion as to the part that each one will play.

Considering all the above, it will be possible to incorporate the clinical care of individuals in a framework of equity and universal access to health care; to reorient healthcare services and guide the necessary reforms; to establish preventive measures for the population, such as screening for diabetes or hypertension; to strengthen policies for tobacco control and alcohol use at the community level; and to enact regulations protecting children from junk food advertising.

During the meeting, several examples were presented of how countries are working in the prevention and control of NCDs, such as the “Let’s move” initiative in the United States of America, focusing on the prevention of overweight and obesity in children, with support from several partnerships. Barbados, Brazil, Canada, México, Panama, and Uruguay have proceeded down the legislative pathway to design policies in accordance with the Framework Agreement for Tobacco Control. For example, Uruguay was the first country in the Region to establish 100% smoke-free environments, set high taxes for the sale of cigarettes, encourage treatment for tobacco depen-

dence, and use pictogram warnings on cigarette packages. All these actions have led to 400 less heart attacks per year in Uruguay (i.e., a 17% decrease in deaths by this cause), and 76% of young people intend to quit smoking. Strategies to address health risk factors in the United States of America go from the least to the most impact. Countries such as Costa Rica, Peru, Puerto Rico and the United States have introduced policies and strategies restricting the use of trans fat. Panama expects that vaccination against human papillomavirus (HPV) will reduce the burden of cervical cancer. Several countries, such as Argentina, Brazil,

“In most developing countries, it is the poorest people that have the highest exposure to risk factors leading to NCDs, and that are at risk of dying prematurely from non-communicable diseases because of inadequate health care services for poor people with NCDs.”

Dr. Ala Alwan

Colombia, and Paraguay, have implemented specific actions to promote physical activity.

Country delegates pointed out that policy implementation should be based on WHO and PAHO recommendations, with the organized participation of civil society. Policies and strategies should be evidence-based and offer a comprehensive approach to chronic diseases and their risk factors.



3. Wide involvement of partners and stakeholders to advance in the approach to the social determinants of health

Without partnerships and the support from stakeholders in other sectors of society, it will be difficult to adopt strategies that will help in advancing the agenda of the social determinants of health for the prevention and control of NCDs. Such partnerships should be multisectoral and encourage collaboration among the public, private and academic sectors, civil society, non-governmental agencies, and the general public. For instance, representatives from all countries agreed that partnership between healthcare and education provides a great opportunity for the former to provide information, so that curricula and educational contents in schools include such topics as healthier eating and physical activity, as well as for communicating through the social networks. Healthier environments should be encouraged, both for physical activity as well as for environmental protection; furthermore, a new citizenship should arise, with different values promoting healthy lifestyles. The cultural identity of all countries should be protected or rescued, so that the issue of NCDs is addressed in accordance to the cultural and ethnic diversity, and respecting the individual's rights in each country and its regions. Civil society should be organized and supported by the people's participation in citizen committees, parents' associations in schools, youth associations, labor unions, and so forth, in order to solve the problem in a collective fashion; otherwise, public policies may fail.

Group work might make for slow progress, but achievements are more durable, because individuals, communities and society as a whole are empowered. Participation of civil society also makes it possible to: 1) promote and support advocacy, so the media encourage healthier lifestyles; 2) strengthen the networks, coalitions and strategic partnerships to implement strategies for the prevention and control of NCDs; 3) act as a watchdog by monitoring and assessing the strategies from the standpoint of civil society through parallel reports (so-called "shadow" reports), to contrast the actual situation with the ideal one. An example mentioned is the "Caribbean Wellness Day", celebrated in most Caribbean countries, which involves activities focusing on protective factors against NCDs. Partnerships should be established with the food industry, especially regarding the production, labeling, and marketing of their products, and particularly those aimed at children or so-called "non-nutritious foods", as in Canada and the European Union. In addition, some countries like Argentina, Canada, Mexico, and the United States mentioned specific actions aimed at reducing sodium content in food.



4. Assessment, monitoring and surveillance

It is important to measure and set goals in order to assess and monitor the progress of efforts for the prevention and control of NCDs. In order to measure and set goals, it is necessary to strengthen and improve the systems for assessment, monitoring and surveillance of NCDs. “Healthy People 2020” in the United States of America is an example of this process of assessment, monitoring and surveillance of health problems. Strengthening surveillance, monitoring and the search for scientific evidence makes it possible to reorient the programs and to build solid arguments, in order for Health Ministries to be able to support their budget requests to Ministries of Economics and Heads of State.

It is necessary to invest in assessment in order to avoid useless expenses. Some actions intended to control hypertension, for example, include reducing sodium content in commercial foods, as well as a campaign in restaurants to reduce the amount of salt in their foods. Some countries in the Region have set the goal to reduce sodium consumption by up to 25% over the next five years, and this can only be achieved through a joint effort with the food industry. This might be done through data bases showing where industry is now and where it will be in the future.

5. Sending a message on prevention of NCDs from an early age and throughout the life cycle

It is important to consider reinforcing the information communication strategies, to provide information to the general public. Such communication strategies may use text messages or social networks such as Facebook, Twitter or YouTube.



Panel 3

Expectations and strategies for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases (closed session)

Panel 3 addressed topics related to the objectives, expectations, and strategies for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, to be held in September 2011 in New York City. In this respect, one of the central issues in the Panel was considering the fact that, in order for the results of the Regional Consultation to have a real influence in the United Nations High-level Meeting, it is necessary to make specific proposals on how to deal with chronic noncommunicable diseases (NCDs), with particular focus on cardiovascular diseases, cancers, chronic respiratory diseases and diabetes (and emphasizing the importance of chronic renal failure as a complication of these and the leading cause of hospital deaths in Central America), and pointing at the key sectors or stakeholders to implement adequate strategies.

Thus, at the beginning of the Panel, it was stated how important it is for all countries to be aware of the challenges that NCDs pose for global development, as well as their economic and social impacts, and particularly for developing nations. This is why issuing a consensus document by the Americas that contains our main concerns, needs, and expectations will make it possible to adopt a well-defined position, with a positive influence during the UN High-level Meeting.

Countries must identify specific objectives in preparation for the UN High-level Meeting, in order to have greater possibilities to influence its development, so as to ensure that the text of the final resolution reflects the needs and concerns of all Regions and avoids addressing only general aspects. Specifically, opportunities should be sought to incorporate aspects related to prevention and control of NCDs in the global agenda.

During the Consultation, there was a wide recognition of the political relevance of the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, as it is considered proof of the support that the UN has given to addressing the issue of NCDs, given its mandate to deal with matters that have a social and economic impact on countries, especially developing ones. However, it was



agreed that the said High-level Meeting is not the end of the road, but the beginning of a process that will have to expand and lead to the adoption of strategies for the prevention of NCDs and their linking to the Millennium Development Goals. Consequently, there should be a commitment to keep on attracting the attention of the international community and to give an effective follow-up.

The importance of involving the regional economic commissions in regional consultations and actions was pointed out, given the need to consider the economic impact of NCDs and the challenge they pose to economic and social development. Some countries stated that NCDs represent an obstacle to development, and that knowing their causes entails the responsibility to face them.

The activities of technical cooperation for the prevention and control of NCDs must be an aspect to develop, strengthen and even reassess in light of these diseases, and so is the role of members of the international community, as well as the linking to other issues in the agenda of the United Nations. A repetitive topic was the need to involve the various levels of government, civil society, the agricultural, economic, finance and transportation sectors, among others, and of course the private sector. Another aspect that should also be taken into account in future actions is financial assistance and negotiation with donors.

The recognition that this subject implies a common problem for all countries in the Region, with severe economic impacts and a rising trend, also made it possible to identify strategies and actions to confront NCDs. Participants also acknowledged that, through the exchange of experiences in public policies and specific actions, it is possible to strengthen the capacities of countries in the Region, with support from international organisms and regional cooperation mechanisms, especially related to health care.

Part of acknowledging this situation is considering that NCDs are not merely a health care problem, but a difficult and complex topic involving different factors and actors in a dynamic social, economic, cultural and political context, whose management requires a collaborative, coordinated, multisectoral, interinstitutional, and multilevel work that should be addressed with comprehensive public policies and long-term strategies, formulated from a biopsychosocial standpoint that takes into account the social determinants of health and their impact on global development.

The Region shares very similar challenges in terms of prevention and control of NCDs and, although progress has been made by countries and at the sub-regional level, there is still much work to be done at all levels.

"Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion."

Mr. Ban Ki-Moon
United Nations Secretary-General



Consequently, it is necessary to acknowledge and share achievements at a national and sub-regional level. This is the case of advances in the collaboration with the civil society, efforts to improve the population's awareness of these diseases, and actions tending towards healthier lifestyles.

Sub-regional work should take into consideration specific features; for instance, particular attention was paid to Middle America, where renal disease represents a heavy burden for the healthcare sector. The challenge posed by the high costs of medicines was also pointed at.

Even though the approach to NCDs is not the exclusive responsibility of the healthcare sector, there are conditions for it to take advantage in the leadership and guidance in order to advance public policies that promote the protective determinants and reduce risk factors. The challenge is to extend this view to Heads of State and Government, so they participate in the High-level Meeting and commit to comprehensive, effective and measurable policies.

Part of the general requirements is the need for surveillance systems that provide useful information for decision taking and data on risk factor trends. The priority of monitoring actions to assess the interventions was also mentioned in a general way.

During the discussion on NCDs and their relation to the Millennium Development Goals (MDG), all evidence seems to indicate they are closely related. However, whereas some countries are more inclined to include NCDs among the MDG, others favor a strengthening of the links between them, specifically considering those actions focused on reducing poverty. A common position in this respect was that specific goals are necessary for all parties to commit to. Doubtlessly, this point will be under debate from now until the New York High-level Meeting, because there are diverse positions regarding this topic throughout the Regions.

As for health care services, it was pointed out that efforts towards their integration should continue, so as to offer affordable interventions, instead of creating separate systems. Training of human resources is considered a fundamental aspect in this context. The issue of quality and sustainability of services, in view of the effect that a longer life expectancy and NCDs will have upon them, highlights the importance of addressing this topic during the High-level Meeting.

Countries pointed out that research is a fundamental element of future work, providing verifiable information that makes it possible to negotiate and generate consensus within countries.

On several occasions, it was stated that outcome measurement is a topic that should be fundamental in the proposals, and that efforts should be made so that all actions carried out by non-governmental entities may be verifiable.



The two points of the Declaration that led to the greatest controversy and lack of consensus during the meeting are stated below:

- Promote access to comprehensive and cost-effective prevention, treatment and care through the integrated management of NCDs, INCLUDING INTERALIA, increased access to affordable, safe, effective, and high-quality medicines.

During the conference, the attendees recognized that universal access—both to essential medicines and to different technologies—is a highly important matter for the countries of the region, as it is through this action that a considerable amount of premature deaths could be prevented and the inequities between and within countries could be substantially reduced. Likewise, it was mentioned that the World Health Organization defines essential medicines as medicines that should ideally be available universally (at all times, in adequate quantities and with appropriate pharmaceutical measures), as these are the medicines that countries require to address the needs of the majority of the population. Also, it was noted that in the context of non-communicable chronic diseases the necessary elements for the treatment and effective care of these pathologies are available. It is accepted that the combination of lifestyle changes together with access to low cost medicines as a strategy to treat type 2 diabetes considerably reduces the incidence of complications and improves the quality of life of those people living with diabetes. Furthermore, many oncologic pathologies can already be treated with generic medicines. This also applies to liver cancer as well as cervical cancer, which could be effectively prevented by guaranteeing better access to appropriate vaccinations. During the discussion, the importance was recognized of supporting countries in order to facilitate their access to essential medicines and affordable medical technology through strategies that improve their access to generic products and improve the acquisition, efficiency and management of the supply of medicines.

This issue was heavily discussed due to the variety of positions and reflections that exist regarding this matter. In this respect, the delegations of the United States and Canada considered it practical to include both access to and transference of technology in the same point, stressing the latter. Joining these two topics did not mean, in the view of these delegations, that access to medicines was being given less importance.

On the other hand, countries like Brazil and Colombia defended the importance of access to medicines, underscoring the need that this matter be addressed separately from any other, given its relevance. These countries also stressed that uniting several objectives in the same paragraph diminished the importance of having an international commitment to access to medicines, which is a priority and an indispensable aspect of the Declaration. After a long discussion, the paragraph of the Declaration was completed, emphasizing the phrase: “including, among others, the increase in access to medicines.”

The issue of access to medicines has been widely discussed at the international level. It has been analyzed from different perspectives, such as social justice, the right to health, commercial aspects, and intellectual property rights and, therefore, it presents a divergence of interests and can complicate reaching a consensus.

- Considering the increasing impact of the costs of non-communicable diseases on health systems, including the high cost of the negative impact of NCDs such as chronic renal disease in the Central American region, the impoverishment of affected households, as well as the loss of productivity that has a negative impact on development; and recalling that the World Economic Forum Global Risk Reports (2009 and 2010) identified non-communicable diseases as a global threat to both the developing and the developed worlds, with a potential economic impact equal to the global impact of the fiscal crisis over the next ten years;

There was an important discussion about the relevance of including terminal nephropathy (TN) as a nosological entity together with the four entities (cardiovascular disease, cancer, chronic pulmonary disease and diabetes). During the discussion, the importance of a regional phenomenon observed in Central America, and especially in El Salvador, was emphasized. In the last two decades, this country has experienced a considerable increase in TN, which has resulted in this country having the highest rates of morbidity and mortality in Latin America. Likewise, it was noted that local statistics from El Salvador reveal that TN is one of the most common diagnosis for patient discharge from hospitals. Furthermore, among the TN cases that occur in this country, two groups can be clearly distinguished, one is related with type 2 diabetes and other known risk factors, while the other mostly affects men. The usual risk factors associated with TN are not identified in this last group. TN is the principal cause of medical consultations.

This matter was controversial because the delegation of Guatemala repeatedly insisted that it was indispensable to include chronic renal disease in the group of priority diseases, given its high cost and negative impact. This delegation argued that chronic renal disease represented a high economic impact for the region of Central America, and considered it necessary to point this out in an emphatic manner. Other delegations and experts did not agree to include this disease due to technical as well as contextual situations. Finally, it was agreed that chronic renal disease would be incorporated, nonetheless it was highlighted that the problem presents itself especially in the Central American region, which can be observed in the wording of this point.



Conclusions

The High-level Regional Consultation of the Americas against NCDs and Obesity, with particular attention to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and taking into account the burden of chronic renal failure in Central American countries, managed to gather 31 countries from the Region of the Americas, represented by Health Ministers, Vice-ministers and experts, as well as international and regional organisms involved in the subject, in order to help define the position of the Americas for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases, to be held in September 2011 in New York City.

Thanks to the outstanding participation of the attendants, and to the support from the Pan American Health Organization and the World Health Organization in defining this event, the Regional Consultation of the Americas was successfully carried out, and its goals and objectives were attained.

The development of the Meeting made it possible to address the three proposed thematic axes, focusing on:

1. Social determinants of NCDs and obesity and their impact on public policies and global development
2. Experiences in the Americas regarding interventions for the prevention, control and treatment of NCDs and obesity, and
3. Expectations and strategies for the UN General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases

Considering the proposed topics, and acknowledging that NCDs pose a formidable challenge at the global level, participants agreed that the expectations that will be taken to the UN General Assembly High-level Meeting on this issue start off by raising awareness in Heads of State and Government of the ravages that NCDs are causing and the importance to influence the said High-level Meeting from a regional perspective, by putting forward the Region's needs, concerns and challenges in a consensus and cooperative fashion.

It was proposed to create a technical group that would follow up the agreements in the Declaration as well as formulate the proposal in terms of indicators and goals supporting the work of the High-level Meeting.

The Regional Consultation ended up with the approval of a Ministerial Declaration underscoring the need for concerted action and a coordinated response at the national, sub-regional, regional and global levels in order to address NCDs, acknowledging their socioeconomic impact that undermines the achievement of the Millennium Development Goals, reaffirming the resolutions and decisions adopted at the global and regional levels, and committing to actively participate in reducing the risk factors and promoting preventive actions, encouraging collaborative efforts and supporting the exchange of information and communication regarding policies and practices related to NCDs.

Prevention and Control of Non-Communicable Diseases and Obesity

Gathered in Mexico City on the occasion of the High-Level Regional Consultation of the Americas against NCDs and Obesity, We, the Ministers of Health of the Americas and their Representatives:

Noting with concern that non-communicable diseases are the leading cause of mortality, premature mortality and disability, comprising an epidemic in the Americas;

Underscoring the need for concerted action and a coordinated response at the national, sub-regional, regional and global levels in order to adequately address the developmental and other challenges posed by non-communicable diseases, in particular the four most prominent non-communicable diseases, namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes;

Considering that in 2007, 28 million deaths caused by non-communicable diseases occurred in low and middle income countries, representing 80% of the global burden of non-communicable diseases mortality; and that in the same year the estimated total deaths in the Americas was 5.1 million, of which 3.9 million (76%) were related to all non-communicable diseases, and 60% were due to cardiovascular diseases, cancer, chronic respiratory diseases and diabetes;

Concerned about rising levels of obesity in the Americas, that affected approximately 139 million people in 2005 (25% of adults) and are projected to grow rapidly to 289 million by 2015 (39%); and deeply concerned about rising rates of obesity in children. Noting that obesity is associated with higher health costs and reduced productivity, and is a strong risk for diabetes, cardio-vascular diseases, cancers and disability. Recognizing that it has complex causes rooted in social determinants, such as poverty, less education, unhealthy diets and physical inactivity, and starting as early as during pregnancy and infancy;

Noting that the most prominent non-communicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, an unhealthy diet, physical inactivity and environmental carcinogens, being aware that these risk factors have economic, social, gender, political, behavioral and environmental determinants, and in this regard stressing the need for a multisectoral response to combat non-communicable diseases;

Considering the increasing impact of the direct costs of non-communicable diseases on health systems, including the high cost of the negative impact of NCDs such as chronic renal disease in the Central American Region, the impoverishment of households affected, as well as the loss of productivity that has negative impact on the development; and recalling that the World Economic Forum Global Risk Reports (2009 and 2010) identified non-commu-

nicable diseases as a global risk in both the developing and developed worlds, with a potential economic impact equal to the impact of the global fiscal crisis over the next ten years;

Expressing profound concern that non communicable diseases and their socio-economic impacts are undermining the efforts which the international community is otherwise exerting for achieving internationally agreed development goals including Millennium Development Goals;

Noting the call to consider integrating indicators to monitor the magnitude, the trend and the socio-economic impact of non-communicable diseases into the Millennium Development Goals monitoring system;

Reaffirming the resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases; as well as the commitment of Member States on the implementation of the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases; the World Health Organization Framework Convention on Tobacco Control; the Global Strategy on Diet, Physical Activity and Health; and the World Health Organization global strategies to reduce the harmful use of alcohol;

Remembering the findings of the World Health Organization Commission on Social Determinants of Health reports, stressing the need of involving all sectors of society including the whole government, civil society and local communities, business and international organizations;

Reaffirming further the resolutions adopted by the Pan-American Health Organization on the prevention and control of non-communicable diseases: CSP26.R15, Public Health Response to Chronic Diseases; CD42/9, Cardiovascular Disease, especially Hypertension; CD47/17, Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health; CD47/18, Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-20015; CD48/10, Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control;

Recalling the resolution of the United Nations General Assembly 64/265, of 13 May 2010 that convenes a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases; and the United Nations General Assembly resolution 65/238 on the scope, modalities, format and organization of the said high-level meeting;

Taking note with appreciation the declaration of the Heads of State and Government of the Caribbean Community entitled, “Declaration of Port-of-Spain: Uniting to stop the epidemic of chronic non-communicable diseases”, adopted in September 2007;

Taking note with appreciation also the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009;

Also taking note of the initiative of the Russian Federation, in collaboration with the World Health Organization, to host the Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow in April 2011;

The Ministers of Health and their Representatives:

Recognize that the enjoyment of the highest attainable standard of physical and mental health is still a distant goal; and remain fully convinced that the burdens of non-communicable diseases can be reduced by comprehensive and integrated preventative and control strategies;

Agreed the problem of obesity, especially childhood obesity must be addressed particularly to identify its specific causes. We commit to facilitate the participation of sectors such as education, agriculture, commerce, media, food industry, local governments and others, along with health authorities, in order to mitigate and prevent obesogenic environments and to contribute to the prevention of overweight and obesity. Further as per WHA63.14 we agreed to take necessary measures in a stepwise or comprehensive approach to implement the recommendations on the marketing of food and non alcoholic beverages to children, while taking into account existing legislation and policies as appropriate;

Promote recognition of the rising incidence of non-communicable diseases on the national as well the international development agenda, and to encourage international development partners to raise the level of priority accorded to non communicable diseases in their development cooperation programs;

Further recommend participation by Heads of State and Government in the high-level meeting of the General Assembly in September 2011, on the prevention and control of non-communicable diseases;

Call on the World Health Organization to propose to the member States targets for its Action Plan on prevention and control of non-communicable diseases against which countries' progress will be measured, oriented to their future inclusion in the MDGs.

Promote the development of policies, enabling environments and supporting community initiatives, to enhance basic preventive measures such as: the inclusion of physical activity into all aspects of daily life, drinking plain water, healthy diet, eliminating exposure to tobacco smoke and mitigating the effects of the harmful use of alcohol. Reaffirm also our commitment to implementing the World Health Organization Framework Convention on Tobacco Control and encouraging ratification in the case of States that have not yet done so;

Reaffirm our commitment to strengthen and / or reorient the policies and programs for prevention and control of non-communicable diseases through: action on the social determinants of health and behavioral risk factors for non-communicable diseases; prioritization of cost-effective interventions that have the greatest impact according to scientific evidence; the inclusion of gender, intercultural and community perspectives;

Provide leadership in promoting active participation of all sectors of government and civil society in implementing measures to reduce risk factors and promote preventive actions related to non-communicable diseases; as well as exercise leadership to promote the development of standards and regulatory actions as appropriate, on the supply and advertising of food, transport and mobility systems, social, urban, work and school environments to promote the reduction of risk factors on the population;

Promote collaborative efforts and partnerships among key multisectoral stakeholders in the public and private sectors, including from non-governmental organizations, and health-related sectors such as education, agriculture, communications, industry, finance, public works, trade, transportation, urban planning, environment, sport, and parks and recreation in order to advance the non-communicable disease and obesity agendas, and to encourage stakeholder involvement in the development of policies and programs;

Promote access to comprehensive and cost-effective, prevention, treatment and care for integrated management of NCDs, INCLUDING INTERALIA, increased access to affordable, safe, effective and high-quality medicines.

Aware that surveillance is key to effective combating non-communicable diseases, we commit to strengthening national health information systems as appropriate and the monitoring of non-communicable diseases and related risk factors;

Support and facilitate information sharing and communication on policies and practices related to non-communicable diseases and their risk factors and social determinants, through existing regional entities, frameworks and mechanisms;

Signed in Mexico City, on February 25th 2011, in English and Spanish, both texts being equally authentic.

Signing Delegations to the Declaration

ARGENTINA

Eduardo Bustos Villar
Secretary of Health Determinants and
Sanitary Relations

ARUBA

Monique Kuiperi
Assistant to the Minister of Health and
Sports

BARBADOS

Donville O'Neil Inniss
Minister of Health

BELIZE

Pablo Saul Marin
Minister of Health

BRAZIL

Jarbas Barbosa da Silva
Secretary of Health Surveillance

CANADA

Sarah Lawley
Director of the International Public
Health Division

COLOMBIA

Beatriz Londoño Soto
Vice Minister of Health and Wellness

COSTA RICA

Ana Cecilia Morice Trejos
Vice Minister of Health

CUBA

Luis Estruch Rancaño
Vice Minister of Health

ECUADOR

Juan Martín Moreira
Director of Control and Improvement of
Public Health

EL SALVADOR

María Isabel Rodríguez
Minister of Health

UNITED STATES OF AMERICA

Howard K. Koh
Undersecretary of Health

GRENADA

Ann Peters
Assistant to the Ministry of Health

GUATEMALA

Eduardo Alberto Palacios Cacacho
National Coordinator of NTD and Can-
cer Programs

JAMAICA

Eva Lewis Fuller
Director of Health Promotion and
Protection

MEXICO

José Ángel Córdova Villalobos
Secretary of Health

NICARAGUA

Guillermo González González
Assistant to the President of the National
Health System
Carlos José Cuadra Ramos
Director of Specialized Services

PANAMA

Julio Santamaría
Vice Minister of Health

PARAGUAY

Esperanza Martínez de Portillo
Minister of Health

PERU

Oscar Ugarte Ubilluz
Minister of Public Health

PUERTO RICO

Lorenzo González
Secretary of the Department of Health

SAINT LUCIA

Keith Raymond Rufus Mondesir
Minister of Health, Wellness, Family
Matters, Human Services, and Gender
Relations

SAINT VINCENT AND THE GRENADINES

Cecil McKie
Minister of Health, Wellness and Envi-
ronment

SURINAME

Waldo Celsius Waterberg
Minister of Health

TRINIDAD AND TOBAGO

Therése Baptiste-Cornelis
Minister of Health

URUGUAY

Jorge Enrique Venegas Ramírez
Vice Minister of Public Health

SPAIN

Juan Manuel Ballesteros Arribas
Coordinator of Strategy for Nutrition,
Physical Activity, and Obesity Prevention

CARICOM (Caribbean Community)

Noel Gordon Sinclair
Permanent Observer of CARICOM to the
United Nations

COMISCA (Council of Ministers of Health of Central America)

Rolando Hernández
Executive Secretary

Attending Delegations whose signatures are pending

ANTIGUA AND BARBUDA

Willmoth Stafford Daniel
Minister of Health, Social Transforma-
tion, and Consumption

BAHAMAS

Merceline Dahl Regis
Chief Medical Officer

HONDURAS

Arturo Bendaña Pinel
Secretary of Health

SAINT CHRISTOPHER AND NEVIS

Marcella Althea Liburd
Minister of Health, Community and
Development, and Gender Issues