CONCEPT NOTE

ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting
"Addressing noncommunicable diseases and injuries: major challenges to sustainable development in the 21st century"
(Hosted in Doha by the Government of Qatar, 10-11 May 2009)

1. Background

1.1 The 2005 United Nations General Assembly's High-Level Plenary Meeting entitled *"World Summit"* (New York, 14-15 September 2005) mandated the United Nations Economic and Social Council (ECOSOC) to convene an Annual Ministerial Review (AMR) as part of the Council's High-Level Segment with the objective of assessing progress made on the United Nations Development Agenda, including the Millennium Development Goals. This year's Review will be held between 6-9 July 2009 at the Palais des Nations in Geneva and will focus on the theme: "*Implementing the internationally agreed goals and commitments in regard to global public health*". This AMR provides an opportunity to:

- Assess the state of implementation of the United Nations Development Agenda;
- Explore key challenges in achieving international goals and commitments in the area of global public health;
- Consider recommendations and proposals for action, including new initiatives.

1.2 Regional meetings are key preparatory activities leading to the AMR. Three confirmed regional consultations will take place in 2009 as follows:

- South Asia Regional Ministerial Meeting on *"Financing strategies for health care"* (Colombo, Sri Lanka, 16-18 March 2009);
- Asia-Pacific Regional Ministerial Meeting on *"Promoting health literacy"* (Beijing, China, 29-30 April 2009);
- Western Asia Regional Ministerial Meeting on *"Addressing noncommunicable diseases and injuries: major challenges to sustainable development in the 21st century"* (Doha, Qatar, 10-11 May 2009).

A proposed fourth meeting to focus on HIV/AIDS is likely to be held at the beginning of June in the Latin America and Caribbean region. A possible fifth preparatory regional meeting to focus on e-health is being considered to take place in the African region.

1.3 These regional reviews are envisaged to facilitate cooperation and stimulate action as follows:

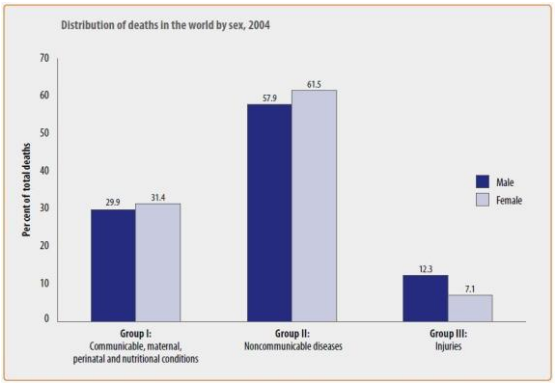
- Exchange of views. The multi-stakeholder format brings together a broad cross-section of representatives (from national and local government, regional organizations, UN system, NGOs, foundations, academia and private sector companies) from the region and beyond to engage in robust and constructive dialogue on key development issues.
- Review of regional development. The programme encourages an assessment of progress towards the internationally agreed development goals by the region as a whole, as well as the examination of disparities within the region.
- Sharing of best practices. Presentations showcasing successful initiatives to meet development challenges facilitate exchange of best practices and are highlighted in the meeting documentation for wider dissemination.

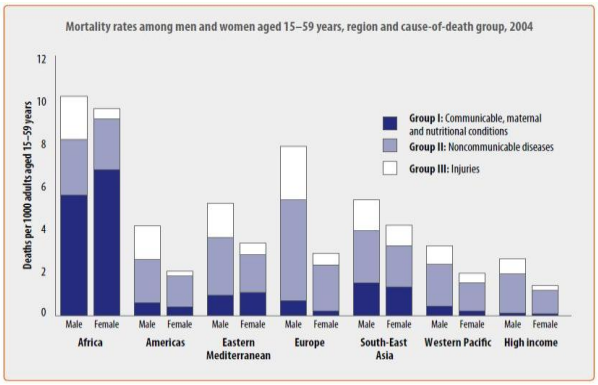
- Generation of action-oriented recommendations. Participants identify various follow-up actions to be undertaken by the relevant stakeholders within the region to promote attainment of the development goals, such as strengthening regional cooperation and creating new partnership initiatives.
- Reflection of regional perspectives in AMR. Published and presented to ECOSOC at the High-level Segment for the Council's consideration, the report of the meeting captures the top priorities, challenges and successes of the region, a key contribution to the AMR.

1.4 This concept note covers the scope and purpose of the Western Asia Regional Ministerial Meeting to be held in Doha, Qatar, between 10-11 May 2009, which has selected to focus on the theme *"Addressing noncommunicable diseases and injuries: major challenges to sustainable development in the 21st century"*. Two separate background papers will be made available prior to the Meeting, addressing the links between poverty, development and noncommunicable diseases and injuries, respectively.

2. The global and regional magnitude of NCDs and injuries

2.1 Since 1950, the world has experienced unprecedented epidemiologic changes that define the modern era. The conditions that kill and disable most people in developing countries have fundamentally changed over the last three decades. Noncommunicable diseases (NCDs), in particular cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, account for 60 per cent of all deaths globally and when taken together with injuries, are responsible for about 70 per cent of deaths globally, with 80 per cent of these deaths occurring in low- and middle-income countries. About of half of the deaths caused by NCDs are considered to be premature.

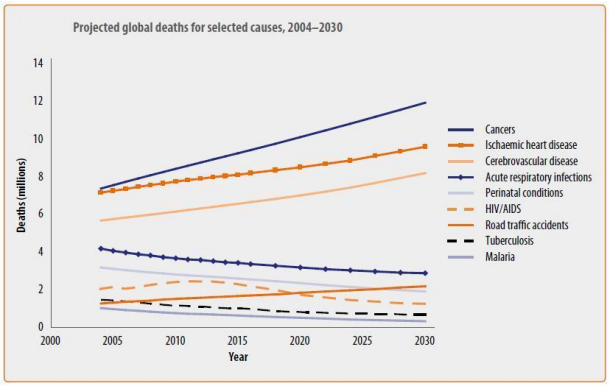




(Source: WHO The Global Burden of Disease: 2004 Update, Figures 3 and 8)

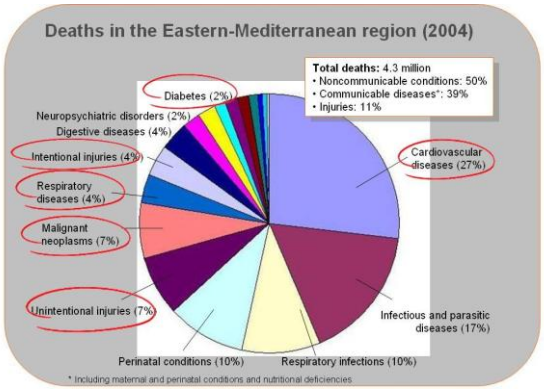
2.2 Cardiovascular disease alone is responsible for more premature deaths than HIV, malaria, and tuberculosis combined. The same is true of injury-related deaths. The major killers have thus shifted to cardiovascular disease, cancer, diabetes and chronic respiratory diseases among adults and injuries among 15-24 year olds. Increasing trends in the four main shared modifiable risk factors for NCDs (i.e. tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol) are driving this growth in the burden of disease.

2.3 The magnitude of these conditions continues to increase rapidly. WHO projects that global deaths from NCDs and injuries will increase significantly during the next 20 years, while deaths from communicable diseases will decline.



(Source: WHO The Global Burden of Disease: 2004 Update, Figure 16, page 25)

2.4 In the Eastern Mediterranean Region of WHO, NCDs and injuries accounted for 50 per cent and 11 percent of all deaths in 2005, respectively. In particular, UNESCWA Member States have very high rates of cardiovascular disease (27 per cent of all deaths in the region) and injuries (11 percent). Furthermore, six of the ten countries with the highest prevalence of diabetes in the world are from the region. If no action is taken, WHO forecasts that 25 million people will die from NCDs in the region between 2006-2015.



(Source: WHO Global Burden of Disease: 2004 Update, Statistics, www.who.int/healthinfo/global_burden_disease/en/index.html)

2.5 Although not included in the Millennium Development Goals (MDGs), the magnitude and growth of the four major NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) and their four shared modifiable risk factors (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol) have a major socio-economic impact in low- and middle income countries and may also derail international efforts at poverty reduction. NCDs are closely related to chronic poverty and contribute to poverty and are affecting poor and disadvantaged populations in low- and middle-income countries disproportionately. The costs of treatment of chronic NCDs can be impoverishing for people and families in the lowest income groups, and behaviours associated with risk factors, such as tobacco use, weigh heavily on family incomes.

2.6 In addition, the consequences of the current financial crisis and soaring food prices in low- and middle-income countries, where the average household spends up to 80% of disposable income on food, are that healthy foods, like fruits and vegetables, are the first things to drop out of the diet. The result is more consumption of less expensive foods

high in fat and sugar and low in essential nutrients. While widespread undernutrition persist in a large number of low- and middle-income countries, obesity is also fast emerging as a problem. Underweight children and overweight adults are now often found in the same households. Recent research also suggests that the origins of obesity and NCDs start very early in life, and that maternal malnutrition or low birth weight may program a child to be more prone to adulthood obesity. This -- along with increased availability and affordability of unhealthy foods and more sedentary lifestyles in the UNESCWA Member States -- helps to explain why many countries in the region that had high levels of low birth weight and early undernutrition are now experiencing an epidemic of NCDs.

2.7 Similarly, injuries have an important impact on development: at the societal level, as caring for injured survivors and those with long-term disability is inherently costly. Also, at the household level, the disproportionate impact of injury on the 5-44 year old population has a devastating impact on families' risk of being tipped into poverty.

2.8 Heart disease, stroke and diabetes alone are estimated to reduce GDP between 1 to 5 per cent in low- and middle-income countries experiencing rapid economic growth. The cost of road crashes to developing countries is estimated to be twice the amount of all incoming Official Development Assistance (ODA). If left unaddressed, an estimated $84 billion of economic production will be lost between 2006 and 2015 in 23 low- and middle-income countries due to lost or diminished labour supply from premature deaths caused by heart disease, stroke, and diabetes alone.

2.9 Workable solutions are within reach and require the active involvement of ministries beyond the health sector. As NCDs and injuries are largely preventable, the number of premature deaths can be potentially greatly reduced through cost-effective public policy initiatives and community-based interventions. Among the most cost-effective are tobacco taxes, salt reduction, and introducing support for lifestyle changes within and outside health services. Strengthening health systems to respond effectively and equitably to the health-care needs of people who are already faced with NCDs and injuries is also critical. Indeed, there is strong evidence of cost-effective primary care interventions, such as blood pressure treatment, good management of diabetes, secondary prevention of cardiovascular diseases, and making essential drugs available.

3. Addressing common modifiable risk factors for NCDs

3.1 Interventions aimed at reducing the four main shared modifiable risk factors for NCDs provide the highest return on investments. Prevention efforts addressing tobacco use, unhealthy diets, physical inactivity and injuries are, therefore, excellent socio-economic investments.

3.2 Tobacco use is the number one cause of preventable premature death and its use is rising in low- and middle-income countries. More than one billion people worldwide currently smoke tobacco and tobacco use currently kills more than five million people each year. Adult smokers lose an average of 14 years of life due to smoking. In the last 30 years, while smoking prevalence among adult males has declined from 50% to 30% in high-income countries, it rose from 34% to 50% in low- and middle-income countries. More than 80% of all current smokers live in low- and middle-income countries. To this end, the WHO Framework Convention on Tobacco Control (WHO FCTC) is one of the most successful treaties in the United Nations System with, to date, 164 Parties to the Convention (as of 20 February 2009). Implementing the

Convention not only reduces the burden of disease, but can also raise tax revenue and improve mechanisms for health financing. At a household level, it frees up to 25% of funds among poor families for improved nutrition and investments in education.

3.3 Through effective tobacco control policies and programmes coupled with other preventive strategies including healthy diets and physical activity interventions, one third of the seven million cases of cancer deaths that occur every year can be prevented. With balanced health system strengthening investments, another one third of cancers can be cured, if detected early and treated effectively.

3.4 With community-based lifestyle interventions and individual action, improving diet and physical activity and reducing weight can prevent type 2 diabetes among those at high risk in a very short space of time and can reduce the incidence between 30% and 60%.

3.5 Multi-stakeholder efforts to reduce salt in processed foods and in the diets of the population can help avert deaths from cerebrovascular and hypertensive diseases in the region. Evidence shows that the current high salt intake, both in low- and middle-income countries, as well as high-income countries, is a major cause of increased blood pressure and, thereby, of strokes, heart attacks, and heart failure world wide. The WHO Global Strategy on Diet, Physical Activity and Health calls for limiting salt (sodium) consumption from all sources and ensuring that salt is iodized.

4. Integrating the care of NCDs into primary care

4.1 Most health systems in low- and middle-income countries are straining under a double burden: growing numbers of people with NCDs and injuries, often coupled with persisting communicable diseases. Essential medicines for NCD treatment are often not available and when available, not affordable. Health care costs are escalating beyond the coping capacity of most health care systems.

4.2 Hypertension (commonly referred to as high blood pressure) can now be treated at modest cost in nearly all countries. This treatment can cut 25% of strokes, heart and and kidney disease and the very high costs of hospitalization and care associated with these diseases. Hypertension is a silent condition that damages without causing symptoms. Early detection is thus critical. In low- and middle-income countries, less than half of people living with high blood pressure know they have hypertension and only 20-40% of them receive treatment. The challenge is to detect hypertension early at primary care in order to prevent its lethal complications.

4.3 Evidence indicates that, for patients at high risk of heart attack or stroke, including those who have already suffered a heart attack (myocardial infarction), a once-a-day polypill that combines generic aspirin, blood-pressure and cholesterol drugs sharply reduces the risk of heart attack and stroke, potentially offering an inexpensive way to save millions of lives.

4.4 To be cost-effective, the solutions need to be mainstreamed into development programmes, including national health development plans and overall health system strengthening with a special focus on universal coverage of primary health care.

5. Challenges and opportunities to address injuries

5.1 There are a wide range of proven strategies for lowering the rates of death and disability from injury. These involve the spectrum of injury control, including surveillance and data systems (to better understand the extent and nature of the problem and to be able to monitor trends), injury and violence prevention, and strengthening of trauma care (including prehospital, acute hospital care, and longer term rehabilitation).

5.2 Many of the methods for lowering injury rates are extremely cost-effective, in particular vehicle speed reduction through improved enforcement and traffic calming infrastructure, strengthening of pre-hospital care through training of community-based paramedics and village lay-first responders, community ambulances, and basic surgical care (including care of injuries) at district hospital.

6. Multi-stakeholder approaches to meet the challenges of NCDs and injuries

6.1 Yet addressing NCDs and injuries is not just about generating knowledge and articulating evidence-based policy options aimed at promoting interventions to reduce the four risk factors and to reorient and strengthen health systems. Equally important is the establishment of high-level national multisectoral mechanisms for planning and implementing national policies with effective involvement of sectors outside health, as well as the establishment of a high-quality surveillance and monitoring system that should provide reliable population-based mortality statistics and standardized data on NCDs and injuries, key risk factors and behavioural patterns.

6.2 Despite the enormously negative impact of NCDs and injuries on socio-economic development, less than 1% of Official Development Assistance (ODA) is provided to provide technical support to low- and middle-income countries to establish and strengthen national policies and plans for the prevention and control of NCDs and injuries. Bilateral ODA policies are unfortunately slow in recognizing that low- and middle-income countries increasingly face a serious problem with NCDs and injuries, although there are some promising developments.

6.3 A large number of philanthropic organizations in the region have started to address NCDs and injuries through infrastructure development and setting-based approaches in schools and community centres.

7. Call to action: New initiatives to address NCDs and injuries

7.1 Recognizing the major challenges that NCDs and injuries pose to the lives and health of millions of people and to global development in the 21st century, the World Health Assembly endorsed in May 2000, the Global Strategy for the Prevention and Control of Noncommunicable Diseases, which outlines three main objectives:

- **to map the emerging epidemics** of noncommunicable diseases and to analyse their social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations;
- **to reduce the level of exposure** of individuals and populations to the **common risk factors** for noncommunicable diseases, namely tobacco consumption, unhealthy diet and physical inactivity, and their determinants;

- to **strengthen health care** for people with noncommunicable diseases with priority given to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

7.2 More recently, in May 2008, the World Health Assembly passed resolution WHA61.14 endorsing the **Global Noncommunicable Disease Action Plan**, calling upon Member States, the WHO Secretariat and international partners to take action to implement the following six objectives between 2008-2013:

- Integrate NCD prevention into the development agenda, and into policies across all government departments;
- Establish/strengthen national policies and programmes;
- Reduce/prevent risk factors;
- Prioritize research on prevention and health care;
- Strengthen partnerships;
- Monitor NCD trends and assess progress at country level.

7.3 To accelerate the implementation of the NCD Action Plan 2008-2013, Member States and WHO are currently developing the following strategies and packages:

- A package of essential cost-effective interventions to for primary health care, which will enable health systems in low- and middle-income countries to respond more effectively and equitable to the needs of people with NCDs;
- A package of six cost-effective policy interventions for tobacco control in low- and middle-income countries, which builds on the measures for reducing demand contained in the WHO Framework Convention for Tobacco Control;
- A set of recommendations on marketing of foods and nonalcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars or salt;
- A prioritized research agenda for NCDs, which will generate knowledge and help to translate knowledge into action in low- and middle-income countries;
- A Global NCD Partners' Council and Regional NCD Partners Forum Meetings to build and coordinate results-oriented collaborative efforts to encourage the active involvement of key stakeholders, to mobilize resources and to catalyze change at global and national levels.

7.4 World Health Assembly Resolutions "Implementing the Recommendations of the World report on violence and health" (2003), "Road Safety and Health" (2004) and "Health systems: emergency-care systems" (2007) call upon governments to take specific actions to address injuries, including establishing a core of trauma and emergency-care services.

7.5 It is critical for regional leaders to work together to speed up the process to include NCDs and injuries in discussions on development, building on the Global NCD Action Plan endorsed in May 2008.

7.6 The international public health advocacy in this area must be driven by one key idea: NCDs and injuries are closely linked to global socio-economic development. These diseases and their risk factors are closely related to poverty and contribute to poverty; they should , therefore, no longer be excluded from global discussions on development. If the high mortality and heavy burden of disease experienced by low- and middle-income countries are to be tackled comprehensively, global development initiatives must take into

account the prevention and control of NCDs and injuries. Instruments such as the MDGs provide opportunities for synergy, as do strategies for poverty alleviation.

7.7 The Global NCD Action Plan calls on Member States and International Partners to raise the priority accorded to NCDs and injuries in development work at global and national levels.