



THE PRESIDENT  
OF THE  
GENERAL ASSEMBLY

28 June 2011

Excellency,

Pursuant to operative paragraph 10 of resolution 65/238 of 24 December 2010 entitled “Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases”, I convened, on 16 June 2011, an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia, to provide an input to the preparatory process for the High-level Meeting.

I am pleased to enclose herewith an advanced unedited summary of the informal interactive civil society hearing. In accordance with operative paragraph 11 of resolution 65/238, the summary will be issued as a document of the Assembly prior to the High-level Meeting.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in black ink, appearing to read 'Deiss'.

Joseph Deiss

All Permanent Representatives and  
Permanent Observers to the United Nations  
New York

# **Summary of the informal interactive hearing with representatives of non-governmental organizations, civil society organizations, academia and the private sector, to provide an input to preparatory process of the 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases**

## **Advanced unedited version**

### **Introduction**

1. Pursuant to paragraph 10 of General Assembly resolution 65/238, an informal interactive civil society hearing was held on 16 June 2011 at United Nations Headquarters. Presided over by the President of the General Assembly, the hearing aimed to provide an input to the preparatory process of the 2011 High-level Meeting on the Prevention and Control of Non-Communicable Diseases, including negotiations by Member States of an outcome document for the High-level Meeting.
2. Planned with the support of the Civil Society Task Force convened by the President of the General Assembly for purposes of preparing for the 2011 High-level Meeting, the hearing included an opening session, followed by three thematic roundtables. Each moderated roundtable included opening comments by individual panellists, comments from designated participants and a moderated discussion involving all participants.<sup>1</sup>
3. More than 250 civil society representatives participated in the hearing, including more than 50 individuals who either participated as panellists or made statements from the floor. This report summarizes key findings of the hearing, including summaries of each session. The report is also informed by the findings of an online consultation undertaken prior to the interactive hearing, to canvass the views of non-governmental organizations, civil society organizations, academia and the private sector that were unable to attend the hearing in person. The purpose of the summary is to provide Member States with a resource in their consultations on the outcome document for the High-level Meeting.

### **Opening session**

4. Welcoming participants to the interactive hearing, the President of the General Assembly emphasized the need for a global response to the challenge of non-communicable diseases (NCDs). NCD prevention and control should not be seen as competing with other development and health priorities, and solutions must be integrated with existing initiatives. The interactive hearing is an important input into the preparation for the forthcoming High-level Meeting on non-communicable diseases.
5. The Deputy Secretary-General noted that NCDs are a threat to societal well-being, taking their greatest toll in developing countries. This is an issue that the United Nations is taking very seriously to ensure there is a global response to the broader social and economic impact of NCDs. Praising the work and commitment of those present at the hearing, who are at the frontline of the fight against NCDs, she encouraged them to learn from and link with those working on other key health development issues – HIV/AIDS, and maternal and child health.

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<sup>1</sup> For background papers prepared for the hearing please see <http://www.un.org/en/ga/president/65/issues/ncdiseases.shtml> and [http://www.who.int/nmh/events/2011/informal\\_hearing/en/index.html](http://www.who.int/nmh/events/2011/informal_hearing/en/index.html)

6. The World Health Organization's Assistant Director-General for Noncommunicable Diseases and Mental Health cited key evidence on the scale, distribution and impact of the global NCD epidemic. Reviewing the key achievements of the past decade, he noted the important role that civil society had played in progress to date. He also referred to the outcomes of regional consultations and other meetings conducted over the past eight months to provide input into the preparations for the High-level Meeting.
7. The Director-General of the King Hussein Cancer Foundation, Princess Dina Mired of Jordan, emphasized the need for everybody to be unified in their efforts to get NCDs on the global agenda and receive the attention they deserve. She outlined the development of her own organization as an example of what it is possible to achieve in the developing world. Success will depend on the development of strategic partnerships, ensuring there are explicit and measurable targets, and governments providing the necessary political leadership.

### **Roundtable 1: The scale of the challenge**

8. The first roundtable addressed the health, social and economic scale of the NCD challenge. There is a fundamental right to good health that is being undermined by the globalization of NCD risk factors and an insufficient action to date. Thus, a human rights-based approach to NCD prevention and control is warranted. The global response to NCDs needs to address the developmental and political aspects of the drivers of the main NCDs, and this will require collective action – no individual country is able to deal with the problem alone. Much greater progress can and must be made in preventing and controlling the NCD epidemic to prevent unnecessary suffering and premature deaths.
9. Speakers emphasized the need for urgent national and global action as NCDs are increasingly frustrating social and economic development. Some countries already suffer the 'double burden' of communicable and non-communicable diseases as well as under- and over-nutrition, sometimes in the same household. Health systems in all countries will not be able to cope with the projected burden of NCDs and governments need to be clear that the cost of intervening is much less than the cost of inaction. The economic burden of NCDs is already substantial and will become staggering over the next two decades. Economic policy makers need to better understand that NCDs pose a significant economic threat as they can be expensive to treat, require long-term management and undermine the labour contribution to production. There is also a substantial opportunity cost as the money spent on treating preventable diseases could be spent on other priorities.
10. Speakers stressed that the economic impact of NCDs is felt disproportionately among the poor and many individuals and families are already tipped into poverty by these diseases; thus NCDs are also a social justice issue. This will only worsen if NCDs are not prioritized in countries' health and development plans. Health systems strengthening must address the need for social insurance to reduce the potential for 'catastrophic' expenditure by individuals who suffer from an NCD.
11. Given the complexity of the factors driving the NCD epidemic, speakers underscored the need for a response that is 'whole-of-government', multisectoral and spans the life-course. Both prevention and control are essential, and there is much that can be done by more systematically applying existing knowledge. There are highly cost-effective population and individual interventions for the four main NCD key risk factors – tobacco use, poor diet,

inadequate physical activity and harmful use of alcohol – and these should be prioritized. Focusing on the 'best buys' should not be at the expense of the broader range of approaches that is needed to effectively reduce the impact of these risk factors. Speakers noted that this includes the need to consider the broader social, environmental and economic determinants of health, which strongly shape health-related choices and decisions made by communities, families and individuals. Likewise, the cultural, religious and social context should be considered in implementing effective interventions.

12. Many speakers highlighted the need for a response that is integrated – not competing – with existing initiatives, improving health systems for all conditions regardless of their origin. There is great potential for synergy with existing health development priorities, including those in the MDGs. The important role of health professionals in both prevention and control was highlighted by speakers. A holistic approach is required that addresses the needs of people and doesn't treat diseases in isolation. In this sense, other non-communicable conditions such as mental health and substance abuse and oral health disorders should be considered in the health system response to NCDs.
13. The leadership role of governments was highlighted, which should include a commitment to developing and implementing a national NCD action plan and committing to 'health in all policies'. It was repeatedly emphasized that all key stakeholders need to be involved in the response, but it was noted that clarity of roles is essential to ensure that potential conflicts of interest are appropriately managed and it was proposed that frameworks be developed to assist countries to do so. It was noted that there are some industrial influences that are in conflict with not just health and social goals but also the goals of other industry and private sector actors; all stakeholders have an interest in dealing with these negative influences.
14. Speakers agreed on the need for ongoing and improved surveillance of NCDs, their risk factors and outcomes. This will be needed to monitor progress, guide policy decisions and research priorities, and provide information on the effectiveness of different interventions. There was strong endorsement of the need for a clear monitoring and accountability framework as part of the global response to NCDs, with measurable indicators that countries can report against.
15. Finally, it was noted that success is possible, and there are many examples of significant and rapid progress in addressing NCDs. Now is the time to scale up collective action on NCDs, and the opportunity must not be lost to avoid the growing negative social and economic consequences of the NCD epidemic.

## **Roundtable 2: National and local solutions**

16. The second roundtable examined effective ways to address the NCD epidemic. Much is known about effective interventions at both the population and individual levels to both prevent and control NCDs.<sup>2</sup> These include tobacco control as set out in the Framework Convention on Tobacco Control; reducing the sugar, salt, trans-fats and saturated fats content of processed food; improved diets; increased physical activity; effective policies and programmes to reduce the harmful use of alcohol; and providing low-cost high-quality essential medicines and technologies.

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<sup>2</sup> For example, chapters four and five of the WHO Global Status Report on noncommunicable diseases 2010 summarize the 'best buys' in NCD prevention and control [http://www.who.int/nmh/publications/ncd\\_report2010/en/index.html](http://www.who.int/nmh/publications/ncd_report2010/en/index.html)

17. There is little contention about the evidence for the most cost-effective interventions, and the challenge is thus primarily one of ensuring their proper implementation. It was agreed that NCDs are a societal problem, so a range of government departments and societal actors need to be involved in the response. An effective mechanism to achieve this should be a priority for every country. There is an important role for civil society and civil society should be given a formal role in both the development and implementation of each country's response.
18. Speakers highlighted that premature deaths from NCDs are largely preventable, and prevention is central to a more effective NCD response at both national and global levels. Many primary and secondary preventive interventions are highly cost-effective and there are existing tools to support their implementation, including agreed international codes, strategies and Conventions.
19. Full implementation of the World Health Organization Framework Convention on Tobacco Control (FCTC) was cited by many speakers as being a top priority for action, due to the domination of tobacco-related premature deaths across the NCDs – currently six million per year. The FCTC is now widely ratified by both developing and developed countries, but more can and should be done to support its full implementation in developing countries.
20. NCD prevention and control should be grounded in a life-course approach, given the fetal and early childhood origins of some NCDs. Children are an important focus for interventions, with the growing impact of risk factors such as obesity on children and adolescents and the opportunity afforded to reach them through schools. Likewise, women are an important target for interventions as child bearers and, frequently, as the 'gatekeepers' for food, physical activity and health services for families. Speakers also emphasized the importance of prevention and effective treatment across the life-course, including into older age where much of the burden of diseases falls.
21. Speakers agreed on the need for an effective health system, which has benefits for all areas of health not just NCDs. Primary care is the key healthcare setting for cost-effective NCD prevention and control. An important learning from HIV/AIDS is the need for better integration of prevention and treatment services across disease areas – so-called 'horizontal' and 'diagonal' approaches. In support of this, one participant proposed '15 by 15' – namely that by 2015, 15% of funding in all 'vertical' programs should be earmarked for strengthening 'horizontal' health systems activities. In low-income countries, such approaches should also address the endemic NCDs that affect the so-called 'bottom billion', for example sickle cell anemia and rheumatic heart disease, as well as palliative care.
22. Speakers referred to the roles that civil society organizations can play in NCD prevention and control. There is a significant opportunity to use information and communication technologies to promote health awareness and increase empowerment of individuals and communities to reduce their exposure to NCD risk factors and supporting self care.
23. Many speakers emphasized that access to essential medicines and technologies for prevention and treatment of NCDs is critical. The cost of the essential medicines is low, and these should be included in readily available 'packages' of essential care; this will require increasing manufacturing capacity of essential drugs to ensure quick access to high quality generic pharmaceuticals. The specific need for better access to adequate pain relief, especially morphine, as part of palliative care was raised by several speakers. It was noted that late presentation is all too common in developing countries, partly because of a lack of universal social insurance, as well as lack of awareness; both need to be addressed to avoid

unnecessary suffering and premature deaths. Patient and 'survivor' groups should be engaged in policy and implementation and can play a significant role in influencing the public, politicians and the media with their stories.

24. Speakers noted that governments need to set the pace for change and utilize their power to ensure appropriate regulation to achieve public health goals. This may require regulation at both national and international levels to address significant health threats such as the obesity epidemic, for example to support the effective implementation of standards on marketing of unhealthy foods to children and agreed targets for salt reduction. Children and the public should be protected from commercial marketing that encourages unhealthy actions and exposed to educational messages in schools and in their communities that encourage healthy action. The use of social media to deliver such messages needs to be greatly expanded. The role of physical activity was raised by a number of speakers. The benefits of physical activity are wider than NCD prevention and national and local policies should create an environment that encourages and supports people to be physically active.
25. Regarding the resources required to prevent and control NCDs, speakers noted that the majority of funding for health comes from within countries, and States need to mobilize their own resources. Health needs to be a higher priority for government spending, and NCDs a higher priority in health spending – this is the only way that funding will be sustainable in the long term. Likewise, current spending on NCD prevention and control needs to be carefully scrutinized to ensure the best possible value for money. NCD prevention and control should also be considered in decisions about ODA for health, in particular through integration with existing health development priorities. In addition, innovative funding mechanisms will need to be explored.
26. Many speakers emphasized that one important source of funding for NCD prevention and control is through increasing taxation of tobacco products. Tobacco taxation is also irrefutably one of the most effective ways to decrease tobacco consumption, particularly among young people, and is fundamental to an effective tobacco control programme.
27. Speakers endorsed the need to build capacity and capability to address NCDs among health professionals. This will require concerted efforts to revised training curricula, dealing with 'brain drain' of trained professionals from low income to higher income countries, and greatly strengthening research capacity in developing countries to monitor trends and evaluate interventions.

### **Roundtable 3: What is needed to enhance global cooperation?**

28. The final roundtable examined ways to scale up action at the global level to collectively address NCD prevention and control. The full range of stakeholders, including all those present at the debate, was identified as been essential to a more effective response. It is vital to carefully examine previous international experiences to draw out the key lessons. The value of international instruments such as the FCTC was emphasized, and it was noted that other such instruments may be needed in the future to support effective international action.
29. Speakers provided specific examples of enabling mechanisms to support global cooperation, including a 'clearing house' function to facilitate knowledge sharing, a global forum, and bilateral and multilateral partnerships to support technology and knowledge transfer.

30. The need for appropriate monitoring and accountability was reiterated, noting that accountability is a national responsibility that can be supported by appropriate international monitoring.
31. It was acknowledged that the funding environment is currently challenging, but there is much that can be done with existing funding. At the national level, there are opportunities to generate or 'free up' resources, for example through taxation of tobacco, alcohol and foods high in fat or sugar, and reprioritizing spending on ineffective and expensive health care interventions. Reducing donor 'silos' will help to ensure that health development occurs in a much more integrated way that will benefit NCDs as well as other priority areas. There is a need to expand the donor base, and opportunities to do so through linking with other related issues such as climate change.
32. International federations of NGOs, private sector and other organizations have a useful role to play in promoting global cooperation. Representatives of the research-based pharmaceutical industry and the food and non-alcoholic beverage industries outlined pledges they have made to contribute to NCD prevention and control. There is potential to expand new partnerships, for example with the sporting goods industries to promote physical activity. The private sector can bring a range of capabilities to support NCD prevention and control, for example its global reach, and experience with global brands and global marketing campaigns.
33. With respect to NGOs, speakers identified the value of greater collaboration, which has been realized over the past two years. This has greatly enhanced their ability to mobilize resources, advocate and generate social and political momentum. This collaboration will need to be further developed to support and monitor the implementation of the outcome document that is to be adopted in September.

### **Closing session**

34. Sir George Alleyne, Director Emeritus of the Pan American Health Organization, summarized many of the key points canvassed during the day's discussions. He noted a strong degree of coherence in the day's discussion and agreement on the need to act urgently, while acknowledging the different views within and between the different stakeholder groups on some key issues. Underscoring the need to use proven tools and the value of strong partnerships within the UN and across broader society, Sir George urged all stakeholders to work together for the global public good of reduced suffering and early deaths from NCDs. He echoed the comments of many speakers on the need to integrate NCD prevention and control with action on other key health priorities, notably HIV/AIDS and maternal and child health.
35. In concluding, Sir George Alleyne exhorted participants to increase their efforts to stimulate political action on NCDs. Civil Society has the resources and passion to overcome the apparent inertia and it must use its unique ability to 'agitate' for change. The wider public needs to be informed of the size of the problem and of the consequences of inaction. He emphasized that the High-level Meeting is an important milestone but that sustained action will be needed beyond September.
36. In closing, the President of the General Assembly emphasized that, as with other key health and development issues, all stakeholders need to act collectively to address the global challenge of non-communicable diseases. He noted that the global community can act

decisively and effectively on important global health issues, and we must learn from these prior experiences. It is in our common interest to act now.

37. Thanking all those who participated in the hearing, the President noted his optimism that the High-level Meeting and the subsequent response will make a real difference to the global NCD epidemic. This optimism had been strengthened by quality of the discussion and range of ideas canvassed during the hearing and the obvious energy and sense of purpose from all stakeholder groups.

### **Principal conclusions**

38. The key conclusions of the hearing include the following:

- a) Countries should move urgently to prevent and control NCDs to alleviate the significant social, economic and health impact these diseases are having, which is now compromising development gains. The last decade has seen some progress at the global level in NCD prevention and control and it is clear that concerted action and leadership by governments can result in significant and rapid progress. However, efforts need to be greatly scaled up to avert unsustainable increases in the costs of treating NCDs, which no country can afford.
- b) There is a strong consensus that NCDs are a development issue and urgently need to be afforded greater priority in national health and development plans, and a higher priority in government funding decision. NCDs also need to be incorporated into the global development agenda in ways that complement rather than compete with existing health development priorities, and innovative funding mechanisms need to be rapidly identified and implemented.
- c) The complex drivers of NCDs require multi-stakeholder action, and countries should put in place a mechanism to engage all the sectors needed for an effective response. Governments should 'set the pace' of the response and must show political courage and leadership.
- d) Addressing the key risk factors for NCDs will require involvement of government, communities, civil society, non-government organizations, academia and the private sector. It is important that potential conflicts of interest are appropriately managed so that effective action is not compromised.
- e) NCDs disproportionately affect the poor at global and, in many cases, national levels and lead to 'catastrophic' expenditure that forces people below the poverty line. Universal social insurance schemes are essential to avoid this and their implementation should be a priority, with attendant benefits for health care that go beyond just NCDs.
- f) Countries should prioritize the implementation of the most cost-effective population and individual level interventions to prevent NCDs, some of which are in fact cost saving, to ensure they are getting the best value for money from existing expenditure. These interventions should be the priority for new spending on NCD prevention and control.
- g) A renewed commitment to full implementation of the FCTC is essential to prevent a huge burden of suffering and many millions of premature deaths among working age people. Countries should honour their commitment not just to full implementation nationally, but to international cooperation to support low-income countries to implement the FCTC.



- h) Countries should continue to strengthen NCD surveillance and monitoring to inform and guide NCD policy and action at both national and international levels.
- i) The health system response to NCDs must be fully integrated with programmes that address other key health issues, to ensure that services are delivered around the needs of the people who use them. Access to high-quality and affordable essential medicines is an essential component, and the implantation of programmes to deliver them effectively in low resource settings.
- j) The outcome document for the High-level Meeting must have clear objectives and measurable indicators, supported by a monitoring and evaluation function, to support national accountability for scaling up NCD prevention and control. Civil society organizations should play a role in independently monitoring and reporting on progress.
- k) It is essential the Heads of State and Government attend the High-level Meeting, to ensure that there is the high-level political commitment to scale up NCD prevention and control.
- l) Countries should consider including NGOs on their delegations to the High-level Meeting, as they can bring technical expertise, can help to mobilize political support, and will be essential actors in implementing the agreed outcomes of the High-level Meeting.
- m) Health workers are key to an effective national response to NCDs, but many are not trained to prevent, detect and manage NCDs. Training curricula should be reviewed to ensure that health workers receive relevant training in both NCD prevention and control.
- n) Governments should look to tobacco taxation as a key way of raising revenue to prevent and control NCDs – in addition, this is a highly effective way to reduce smoking rates, particularly among young people.