

ADDRESSING EUROPEAN CONCERNS ABOUT THE NCD SUMMIT

“This Summit does not concern Europe”

- A number of EU states voted to hold the Summit (i.e. co-sponsored NCD Summit Resolution A/64/265 in the UN May 2010): UK, France, Germany, Ireland, Malta, Portugal, Belgium, Spain, Luxembourg, Slovenia, Greece, Cyprus, Finland, Hungary, Italy, Bulgaria. You asked for it and therefore have a responsibility to ensure the Summit delivers the outcomes your government intended.
- The NCD Summit is about all countries since NCDs are at serious levels everywhere. It is not a Summit solely focused on outcomes for low and middle income countries (LMCs). Issues such as obesity are global and require global visioning e.g. on food systems globally.
- *Need to back with examples on European and national level prevalence of specific diseases, costs and costs of solutions. Need also to quote the domestic issues that will engage specific countries e.g. harmful use of alcohol.*

“EU bilateral donor countries don't want to attend at high level if they risk being asked to foot the bill for NCDs in LMCs”

- Europe/country X have been thought leaders in NCDs and have good practice to share. The Summit is an opportunity for Europe and heads of EU member states to showcase good practice on NCDs and risk factors.
- EU bilateral donor countries have also been thought leaders in international development and eradicating global poverty and social injustice. Since 80% of NCD cases are now in LMCs the EU and bilateral donors must engage with NCDs as a development/poverty issue.

“There is no new aid money for LMCs”

- Resources are essential for the prevention and control of NCDs **BUT** the NCD Alliance is not asking for major new resources. We are asking governments first to invest in NCD prevention and early diagnosis/treatment to save higher costs later.
- We are also asking all governments (including LMCs) to raise domestic resources e.g. via tobacco taxes to invest in NCDs.
- We are asking bilateral donors and the EU to integrate NCDs into existing initiatives because it is cost effective. The same person is likely to have multiple conditions. It is a bad investment to save a man's life in an LMC by treating his AIDS only to have him die from a related cancer.

“We don't want a new UN agency/vertical programme for NCDs”

- The NCD Alliance is asking for NCDs to be integrated into health systems and financing. We do **NOT** support the establishment of a new UN agency for NCDs or a new Global Fund.

“NCDs will distract attention from achieving the MDGs by 2015”

- We fully support continuing the focus on the Millennium Development Goals (MDGs) until 2015 and beyond until those targets are met. NCDs are not in opposition to the MDGs.
- The growing NCD burden in LMCs is undermining achievement of the MDGs e.g. diabetes is driving up TB numbers in LMCs, and AIDS is driving cancer in Africa particularly. The two agendas are complementary.

“We already have enough targets and don't want any more to report on”

- In 2001 the UN held a similar Summit on HIV/AIDS which marked the turning point for that disease. Action oriented targets were the key to success of that Summit because they focused action and led to better coordination of resources.
- We need a similar Outcomes Document from the NCD Summit which includes a limited number of specific targets. That will support all countries to drive clear follow up action. Without a clear global plan of action for NCDs we risk wasting the once in a generation opportunity posed by this Summit.
- The global numbers and costs are staggering i.e. over 300 million people now with diabetes, a similar number with asthma, and more with cardiovascular disease. NCDs are already depressing economic growth in specific countries and this will worsen if not addressed. Europe cannot isolate itself from the impact of NCDs.

We need leadership now from Europe.