

Draft outcome document of the High-level Meeting on the prevention and control of non-communicable diseases

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 19 to 20 September 2011 to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries; (based on A/65/238 - op.2)
2. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate an effective response; (A/65/238 - pp3)
3. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases; (A/65/238 - pp. 4)
4. Recall the right of everyone to the enjoyment of the highest attainable standards of physical and mental health and recognize that this right cannot be achieved without greater measures at global and national levels to prevent and control NCDs; (ICESCR + Moscow Declaration - pp.2)
5. Recall the relevant mandates of the UN General Assembly, in particular A/64/265 and A/65/238, and reaffirm previous commitments for the prevention and control of non-communicable diseases made through the:
 - Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted by the World Health Assembly in 2000;
 - Plan of Implementation adopted by the World Summit on Sustainable Development in September 2002;
 - WHO Framework Convention on Tobacco Control, adopted by the World Health Assembly in 2003;
 - Global Strategy on Diet, Physical Activity and Health, endorsed by the World Health Assembly in 2004;
 - Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, and its six objectives, adopted by the World Health Assembly 2008;
 - Global Strategy to Reduce the Harmful Use of Alcohol, adopted by the World Health Assembly in 2010;
6. Recall also the Ministerial Declaration adopted at the 2009 high-level segment of the United Nations Economic and Social Council, which called for urgent action to implement the global strategy for the prevention and control of non-communicable

diseases and its related action plan; (ECOSOC Ministerial Declaration, 2009 High-level Segment)

7. Welcome the outcome of the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and WHO from 28 to 29 April 2011 in Moscow; (resolution WHA64.12)
8. Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the declaration of the Heads of State and Government of the Caribbean Community, entitled “Uniting to stop the epidemic of chronic non-communicable diseases”, adopted in September 2007; the Libreville Declaration on Health and Environment in Africa, adopted in August 2008; the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009; the outcome declaration of the Fifth Summit of the Americas adopted in June 2009; and the Parma Declaration adopted by the Member States of the European Region of WHO in March 2010; (based on A/64/265, pp 8-10)
9. Take note also with appreciation of the outcomes of the regional multisectoral consultations which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238: (a) Islamic Republic of Iran for Member States in the WHO Eastern Mediterranean Region (Tehran, 24 and 25 October 2010); (b) Norway for Member States in the WHO European Region (Oslo, 24 and 25 November 2010); (c) Fiji for Member States in the Pacific islands sub-region of the WHO Western Pacific Region (Nadi, 3-5 February 2011); (d) Mexico for Member States in the WHO Region of the Americas (Mexico City, 24 and 25 February 2011); (e) Indonesia for Member States in the WHO South-East Asia Region (Jakarta, 1-4 March 2011); and (f) Republic of Korea for Member States in the Western Asian sub-region of the WHO Western Pacific Region (Seoul, 17 and 18 March 2011). We also note the outcomes of the regional consultation for Member States of the WHO African Region (Brazzaville, 4-6 April 2011), which was hosted by the WHO Regional Office for Africa;
10. Acknowledge the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership role in promoting global action against non-communicable diseases; (based on A/64/265 - op 16)
11. Acknowledge further the role of other relevant UN agencies, development banks and other international organizations in addressing NCDs in a coordinated manner; (based on Moscow Declaration)

A rising epidemic and its socio-economic and developmental impacts

12. Note with profound concern that in 2008, 36 million people died from non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including 9.1 million before the age of 60, and that

- nearly 80 per cent of these deaths occurred in developing countries; (SG's report, para.3)
13. Note further that other NCDs, such as mental health disorders, contribute also significantly to the global disease burden; (based on Moscow Declaration).
 14. Acknowledge with concern that NCDs are rising rapidly and are projected to cause almost three quarters as many deaths as communicable, maternal, perinatal and nutritional diseases by 2020 and to exceed them as the most common causes of death by 2030, when total NCD deaths are projected to rise to 52 million; (SG's report, para. 3-4).
 15. Recognize that poverty, globalization of trade and marketing, rapid urbanization and population ageing and other social determinants are among the principal contributing factors to the spread of NCDs, which is fueled furthermore by the persistent increase in NCD risk factors, namely tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol, particularly in low-and middle-income countries; (SG's report, para. 3-4)
 16. Note with concern that all people, rich and poor, without distinction as to age, gender and race, are affected by the non-communicable disease epidemic, and further that the poorest and most vulnerable populations in developing countries are the most affected and that women are the most vulnerable; (WHA63.15, pp 21)
 17. Note also with concern that maternal and child health is intricately linked with NCDs, specifically as prenatal under-nutrition and low birth rate create a predisposition to high blood pressure, heart disease and diabetes later in life;
 18. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, threatens the achievement of internationally agreed development goals, and may increase the level of malnutrition and reverse the achievement of MDG 1 and the health-related MDGs and the progress made in the past two decades; (based on WHA64.14, pp 2; WHA/A61/8, p 1; A/64/265, pp 17; and WHA63.15, pp 21)
 19. Acknowledge also the existence of significant inequities in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries as well as within countries; (Moscow declaration - PP3)
 20. Note with grave concern the vicious circle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs, posing a threat to public health and economic and social development;
 21. Note also the evidence linking lack of education and other social inequities to NCDs and their risk factors; (SG's report, para. 22)
 22. Express concern that health systems, particularly in developing countries, may not be able to respond effectively and equitably to the health-care needs of people with non-

communicable diseases, and that the lack of health care capacity and social protection systems in lower and middle income countries means that NCDs are more likely to cause people to become sick and die at earlier ages; (based on SG's report-executive summary, para 6).

23. Note with grave concern that for millions of people throughout the world, particularly in developing countries, NCDs and their risk factors are leading to a loss of household income and productivity loss from unhealthy behaviours, poor physical capacity, long term treatment and high cost of health care, making NCDs a root cause of extreme poverty and hunger, which has a direct impact on the achievement of the MDGs;
24. Recognize that non-communicable diseases are a threat to the economies of many Member States, leading to increasing inequalities between countries and populations, thereby threatening the achievement of the internationally agreed development goals, including the Millennium Development Goals; (A/64/265 - pp 17)
25. Express deep concern at the negative impact to the prevention and control of NCDs posed by the current and emerging global, interrelated challenges, in particular: the global financial and economic crisis, the food crisis and continuing food insecurity, and climate change. In this regard, we emphasize the need for urgent and collective efforts to address those negative impacts;

Responding to the epidemic: a “whole-of-government” and a “whole-of-society” effort.

26. Recognize that most of the premature deaths from non-communicable diseases can be prevented, including in the poorest countries, with commitment, effective implementation and collective action by all Member States and other relevant stakeholders at national, regional and global levels, using national health policies and broader development frameworks and approaches that have proved to be effective, with strengthened institutions at all levels, increased allocation and mobilization of resources for non-communicable diseases, increased technical support to developing countries for the development of national policy frameworks, providing guidance to implementing or strengthening nationwide action to reduce risk factors for non-communicable diseases, and implementing the recommendations contained in the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases; (based on WHA61.14; and WHA61/8, p20c and 25a)
27. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases – namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health; (based on WHA/A61/8, p2, endorsed by WHA61.14)
28. Recognize further that national policies in sectors other than health have a major bearing on the risk factors for non-communicable diseases, and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical

production than by making changes in health policy alone; (WHA/A61/8, p14, endorsed by WHA61.14)

29. Acknowledge the important role to be played by civil society, academia, industry, the private sector and other stakeholders;
30. Recognize that the impacts of NCDs can be largely prevented with an approach that incorporates cost-effective population-wide and health care interventions, so-called public health “best buys”, to address risk factors and primary health care measures to treat those who have or are at high risk of contracting NCDs;
31. Acknowledge that resources devoted to combating the epidemic, both at the national and international levels are not commensurate with the magnitude of the problem;
32. Recognize the fundamental importance of strengthening national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation, and increased regional and international cooperation;
33. Acknowledge the causes and underlying environmental, social and economic determinants and risk factors of NCDs and the need to put forward a health-in-all policies approach to address these comprehensively and decisively in an effort to effectively control NCDs in the future;

Non-communicable diseases can be significantly reduced and prevented, with millions of lives saved and untold suffering avoided. We therefore solemnly commit to:

Strengthen national policies and health systems

34. Establish and strengthen national policies and plans for the prevention and control of non-communicable diseases, and notably strengthen national health systems by addressing gaps in all six health system components: finance, governance, health workforce, health information, essential medicines and technologies and service delivery: (SG’s report, para 59)
 - a. Provide adequate and sustained resources through domestic, bilateral and multilateral channels, including innovative financing mechanisms;
 - b. Improve the coordination, coherence and effectiveness of health governance for NCDs at all levels;
 - c. Promote the training of health workers with a view to ensuring adequate deployment and retention of a skilled health workforce within countries and regions, in line with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;

- d. Strengthen health information systems, including through disaggregation of data to facilitate timely intervention for vulnerable groups such as the poor, women, children and indigenous peoples, as well as the establishment of appropriate research and surveillance programmes to track disease, risk factor prevalence, morbidity and mortality and policy and programme implementation of NCDs;
 - e. Pursue a gender-based approach founded on accurate gender disaggregated data in an effort to understand the critical differences in risks of morbidity and mortality from NCD;
 - f. Give greater priority to treating chronic diseases and improving the accessibility of medicines to treat them; provide sustainable access to medicines including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, efficient procurement and distribution of medicines in countries, establish viable financing options and promote the use of generic medicines. Subsidies should be established to help the poorest segments of the population; (based on SG's report, para 61)
 - g. Encourage the development of new medical treatments and technology. Necessary policies regarding research and development, intellectual property and other areas can be modelled after successes that improved access to new medicines for HIV/AIDS and tuberculosis; (based on SG's report, para 61)
 - h. Improve access to affordable, good-quality, effective medicines and diagnostics, including through the use of TRIPS flexibilities;
 - i. Protect and develop the cultural heritage and traditional knowledge of indigenous peoples and protection of their traditional medicine to maintain their health practices, including conservation of medicinal plants, animals and minerals.
35. Pursue a comprehensive approach to the strengthening of health systems which is based upon primary health care that delivers effective services for prevention and treatment of NCDs and infectious diseases;
36. Implement sustained primary health care measures, including prioritized packages of low-cost, high impact essential interventions, along with palliative, long-term care; (SG's report – executive summary p.3, b)
37. Consider essential health care for NCDs as part of health and development initiatives;

Reduce risk factors

38. Implement cost-effective population-wide interventions, including through regulatory and legislative actions, for NCD risk factors, such as tobacco use, unhealthy diet, lack of physical activity and abuse of alcohol. Possible public health “best buys” could include tobacco and alcohol control measures; reducing salt and sugar intake; replacing trans-fats in foods with polyunsaturated fats, promoting public awareness about diet and physical activity, and delivering hepatitis B vaccinations; (SG's report, executive summary, para 9)

39. Implement international agreements and strategies to reduce risk factors, including the Framework Convention on Tobacco Control (FCTC), the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol; (SG's report, para 68 f)
40. Encourage countries which have not yet done so to ratify the Framework Convention on Tobacco Control;
41. Develop multi-sectoral public policies that create equitable health promoting environments that enable individuals, families and communities to make healthy choices and lead healthy lives;
42. Develop appropriate action plans to promote health literacy and awareness as important factors in ensuring significant health outcomes, in particular for prevention and control of NCDs;
43. Call upon the private sector to:
 - a. Ensure responsible and accountable marketing and advertising, especially to children; (SG's report, para 69 c)
 - b. Ensure that foods needed for a healthy diet are accessible, including reformulating products to provide healthier options; (SG's report, para 69 d)
 - c. Promote healthy behaviours among workers, including occupational safety through good corporate practices, workplace wellness programmes and insurance plans; (SG's report, para 69 a)

International cooperation, including collaborative partnerships

44. Strengthen international cooperation in the area of the prevention and control of NCDs, inter alia, through exchange of best practices in the areas of health systems strengthening, access to medicines, training of health personnel, transfer of technology and production of affordable, safe, effective and good-quality medicine;
45. Increase and strengthen national, regional and international partnerships, including North-South, South-South, triangular partnerships, in the prevention and control of NCDs to promote an enabling environment to facilitate healthy lifestyles and choices;
46. Mobilize additional resources and support innovative approaches to financing essential NCD health care interventions within primary health care; (SG's report, para 68 h)
47. Strengthen international support for the full and effective implementation of Framework Convention on Tobacco Control (FCTC), the Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol and other relevant international strategies to address NCDs; (Moscow Declaration)

48. Call upon UN agencies, funds and programmes to actively engage in global and regional initiatives to address the health and socioeconomic impacts of NCDs; (based on SG's report, para 71 c)
49. Integrate cost-effective interventions into the development agenda and related investment programmes, including poverty reduction initiatives, in low-and middle income countries; (based on SG's report, para 71 a)
50. Engage non-health actors and key stakeholders, including the private sector and civil society, in collaborative partnerships to promote health care and reduce NCD risk factors, including through building community capacity in promoting healthy diets and lifestyles; (based on SG's report, para 70 b)
51. Foster partnerships between government and civil society to fill gaps in the provision of prevention and treatment services, in particular during humanitarian and emergency situations;

Research and development

52. Increase national and international investments in NCD related research and development, including biomedical operations, robust prevention and treatment tools, diagnostics, cultural and behavioural research and traditional medicines to improve prevention and treatment programs in a sustainable and cost-effective manner;
53. Promote the use of ICT to improve reporting and surveillance systems and to disseminate low cost interventions and other best practices;

Monitoring and evaluation

54. Build on existing efforts and develop, with the support of UN agencies, funds and programmes and international organizations, a global set of indicators to monitor NCDs and their determinants, to assess the capacity of countries to address them and to evaluate progress made at the national, regional and global levels, while avoiding duplication and building on existing indicators and reporting requirements under strategies and agreements;
55. Consider the establishment of standardized national targets to assess the progress made in addressing non-communicable diseases; (SG's report, para 68 c).

Follow-up

56. Request the Secretary-General to provide an annual report on progress achieved in realizing the commitments made in this Outcome document.