

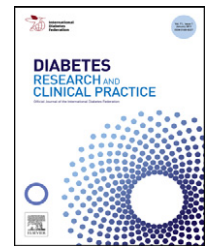


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Influencing the future of the global diabetes and NCD response

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With just 25 days until the first ever UN High-Level Summit on Non-Communicable Diseases (NCDs), the global diabetes and NCD community are uniting around the priority issues that together represent the vision for success. On 23rd June the governments drafting the Outcomes Document for the Summit issued the first or 'Zero draft'. That draft is the subject of intense negotiations by UN member states and all eyes are now trained on the negotiations in full swing in New York. The content and language in the Zero Draft has been picked over by analysts, and a real sense of urgency has grown among civil society as the deadline for negotiations looms ever closer. September and its much anticipated outcomes are now just around the corner.

The Zero Draft was drafted by the two co-facilitator countries, Jamaica and Luxembourg, drawing from the wealth of the preparatory processes for the Summit including the WHO/UNDESA Regional Consultations, informal consultations such as the recent online consultation and Civil Society Hearing, as well as the evidence-based inputs of the WHO Global Status Report on NCDs and the Secretary General's Report on NCDs. With the pressure on to finalise the Outcomes Document by the end of July, negotiations will be a fast-moving iterative process and we expect the language to be revised frequently. For this reason, an effective and coordinated NCD civil society movement has never been so important if we are to make a meaningful impact on the crucial details of negotiations. Thanks to the reputation, credibility and influential partnerships IDF and the NCD Alliance have built up over the last year, we are in an ideal position to fulfil this role.

At the New York end we are supporting UN Missions with specific language recommendations for Outcomes Document negotiations when requested, at the country-level we are leveraging our army of member associations and supportive NGOs to influence country positions with our priority recommendations and at the local level we are effectively raising awareness of the Summit and creating a sense of outrage for the neglect to date of the NCD epidemic. At this point, the broad expertise and reach of the NCD Alliance is demonstrating its value. The Alliance is unique in bringing together a broad coalition from different disease perspectives, NCD risk factors and professions behind a common advocacy platform.

Our advocacy is currently focused on the key areas where the Zero Draft should be strengthened. Having closely analysed the document, IDF and the NCD Alliance have identified a set of priority recommendations drawn from our Proposed Outcomes Document [1]. We have also crafted suggested language on these issues to strengthen the Zero Draft and have shared these widely with civil society and Member States. The language recommended by the NCD Alliance draws heavily on language previously agreed by Member States in official consultations for the Summit, as well as NCD-related Resolutions and Declarations such as UN Resolution 61/225 for diabetes.

First and foremost, the NCD Alliance is calling for the inclusion of time-bound targets in the Outcomes Document. This omission is a critical weakness of the Zero Draft, and one that we ask civil society to unite around and encourage Member States to rectify. As the global response to HIV/AIDS has shown clearly over the last decade, bold, specific and measurable targets and timetables (both short and mid-term) create a shared vision between Member States and civil society, driving global and national follow-up action, and catalysing more effective use of resources. During this next critical month we will be repeating the wise words of WHO

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Director General Margaret Chan who stated earlier this year, “Without global goals or targets, this is not going to fly – what gets measured gets done”.

Secondly, high-level political leadership complemented by strong multi-sectoral partnerships has been consistently identified by Member States during the Summit preparatory process as essential to the global and national NCD response. The NCD Alliance has been championing this call advocating for high-level cross-sectoral partnerships at the UN level, as well as leadership at the national level in the form of a coordinated NCD authority, plan and monitoring system, and a ‘whole of government’ approach. While aspects of the leadership agenda are covered in the Zero Draft, we cannot emphasise how critical it is that governments take firm and coordinated leadership if we are to defeat the NCD epidemic. We believe we need to scope a new type of highly transparent ‘triple P’ partnerships – public/private/people to work together under a coordinating government umbrella body. Governments cannot fix it alone and the private sector and NGOs, who currently provide much of the NCD care in many contexts, are an essential part of the solution. Therefore, drawing from the recent HIV/AIDS 2011 Declaration, the NCD Alliance is requesting a new heading, ‘Leadership’, under commitments to capture and synthesize these critical points.

Thirdly, we are concerned with the narrow interpretation of NCD prevention. This predominantly focuses on the key NCD risk factors, which are critical but fail to address the broader societal drivers of NCDs. We know that unhealthy diet and sedentary lifestyles associated with obesity are driving a large part of the NCD epidemic and that these go beyond issues of individual choice. We have seen radical transformations in the way that people live, travel, eat and play in most parts of the rich world and emerging nations in just one or two generations. An unhealthy globalised lifestyle is spreading in the name of progress and modernity. The purpose of such a High-Level Summit is for world leaders to gather and take stock of a major global problem with terrifying future trajectories and address the really big questions and drivers. We do not expect that in September world leaders will find solutions but we expect them to put in place structures and processes to do so, including addressing the environmental and social determinants that make it hard for people to make healthy choices. Furthermore, the Summit is the time to take stock on implementation of the Framework Convention on Tobacco Control (FCTC) and commit to accelerating implementation with specific time-bound targets. The final Outcomes Document needs to be stronger than the Zero Draft in this area and be specific on tobacco taxation which is both a means of deterring smoking and raising revenue to address NCDs.

Fourthly, while there are many strong commitments under the health systems and treatment section, more emphasis needs to be placed upon the primary care level and care across the life-course, including preventative, curative, palliative and rehabilitative services. Furthermore, when reference is made to essential medicines, they should also specify ‘technologies’ since for diabetes and other NCDs diagnosis and monitoring technologies are critical to addressing NCDs. Undetected, untreated and poorly controlled NCDs remains a major issue in many low- and middle-income countries, with an estimated 80% of diabetes cases going undiagnosed in Africa [2]. In most

cases, the diagnosis is made when the person is admitted to the clinic with a life-threatening or disabling complication, resulting in catastrophic costs and high healthcare expenditure. Diagnostic and monitoring technologies and supplies for diabetes can be unaffordable even where medicines are available at no or low cost. It is therefore critical that the Outcomes Document has specific commitments for both medicines and technologies. Furthermore, we ask civil society to unite around the call for ‘universal access’ to NCD prevention, treatment and care, as the HIV/AIDS community has done so effectively. This is essentially a human rights issue – access to treatment is a right, not a privilege. It is a travesty that insulin was discovered 90 years ago and yet the life expectancy for a child with type 1 diabetes in Africa is between 7 months and 7 years, compared to 60 years in Western Europe [3]. We must use the opportunity of the Summit to secure commitments to ensure that people everywhere, rich and poor, receive the care and support they need.

Fifthly, international cooperation. Framing NCD prevention and control as a global development issue was an important precursor to the decision to hold the UN High-Level Summit. In UN Resolution A/64/265, Member States committed to “undertake concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by NCDs”, and “consider integrating indicators to monitor the magnitude, the trend and socio-economic impact of NCDs into the Millennium Development Goals monitoring system”. While the Zero Draft acknowledges the links between NCDs such as diabetes and the achievement of the Millennium Development Goals (MDGs) and mentions linking NCDs to existing development initiatives, in our view it does not go far enough in its language and commitments for the integration of NCDs into the future development agenda. The NCD Alliance is not calling for NCDs to be integrated into the current MDGs before their 2015 end date but we strongly recommend that NCDs be included in the future internationally agreed development goals that come after the MDGs.

Addressing NCD prevention and early diagnosis is a sound investment for any government. It is essential that the Summit results in commitments to mobilise predictable and sustainable resources to enable this investment. The Zero Draft refers to innovative financing mechanisms which need to be made more explicit. Official Development Assistance (ODA) is another source of funding for low-income countries. Currently, around US\$22 billion international funding is spent annually on health in low- and middle-income countries, yet while NCDs form 60% of the burden of disease only 3% is spent on these diseases [4]. International donors are spending money to eradicate TB without addressing diabetes, while TB is probably driving 15% of new diabetes cases in countries like India [5]. Lives are being saved from AIDS only to have those same people die needlessly from untreated cancer and diabetes related to AIDS or its treatment. That is a very poor investment and it means that international funders are not listening to low-income partner governments when they articulate their need for support on NCDs. We recommend adding a reference to the Paris Declaration on Aid Effectiveness to ensure donor countries listen as they said they would and align aid to national priorities.

And finally, follow-up and accountability. The Summit is the beginning not the end, it is the first step to a global solution. National and international accountability will be required to assess progress and ensure commitments are being honoured in the post-Summit world. We do not find this reflected strongly enough within the Zero Draft which is “requesting the Secretary General to provide an annual report on progress achieved in realising the commitments made in the Outcomes Document”. Implementation of Summit agreements will require a strong international accountability mechanism, involving cross-sector representation, an element of independent review and regular reporting to the UN General Assembly through the UN Secretary General. This is something the NCD Alliance has been recommending, building on the good practice example of the Accountability and Information Commission for Women and Children’s Health. The NCD Alliance is also calling for the consideration of interim reviews at strategic dates, such as 2013 to feed into the MDG Review Meeting and a comprehensive review of progress in 2015.

With just one month to influence the Final Outcomes Document for the NCD Summit, we must ensure that all stakeholders are aware of the process and make their voices heard. Negotiations on the Outcomes Document will peak before the end of July and then pick up again in September

after the summer break. The final Document should form the framework for a global plan to address NCDs that we can all support and be part of. There have only been 28 such Summits in the history of the UN. We will not get another opportunity. IDF is determined to get the result we need for diabetes.

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