



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

14 October 2010

Excellency,

I have the honour to refer to General Assembly resolution 64/265 adopted on 13 May 2010 by the sixty-fourth session of the General Assembly under its agenda item 114 on the "Follow-up to the outcome of the Millennium Summit".

You will recall that the General Assembly decided to, inter alia, "convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases". It also decided "to hold consultations on the scope, modalities, format and organization of the high-level meeting on the prevention and control of non-communicable diseases, with a view to concluding consultations, preferably before the end of 2010".

In accordance with the above-mentioned resolution, I have the honour to inform you that I have appointed H.E. Mr. Raymond Wolfe, Permanent Representative of Jamaica, and H.E. Ms. Sylvie Lucas, Permanent Representative of Luxembourg, to serve as Co-Facilitators and to lead these consultations.

I would like to thank Ambassador Wolfe and Ambassador Lucas for accepting this responsibility and trust that you will extend your full cooperation and support to them.

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

A handwritten signature in black ink, appearing to read "Deiss", written in a cursive style.

Joseph Deiss
President of the General Assembly

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



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

21 January 2011

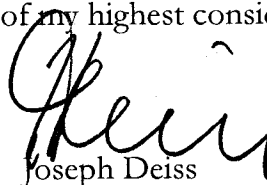
Excellency,

On 24 December 2010, the General Assembly adopted resolution A/RES/65/238 (currently available as document A/65/L.50) entitled "Scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases". In this resolution, the General Assembly requested "the President of the General Assembly to produce a draft text in consultation with Member States based on their inputs, as well as inputs from the preparatory process and evidence-based inputs, where relevant, and convene informal consultations at an appropriate date in order to enable sufficient consideration and agreement by Member States prior to the high-level meeting".

In accordance with the above resolution, I have the honour to inform you that I have reappointed H.E. Mr. Raymond Wolfe, Permanent Representative of Jamaica, and H.E. Ms. Sylvie Lucas, Permanent Representative of Luxembourg, to serve as Co-Facilitators and to lead these consultations.

I would like to thank Ambassador Wolfe and Ambassador Lucas for accepting this responsibility and trust that you will extend your full cooperation and support to them.

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


Joseph Deiss

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



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

11 March 2011

Excellency,

On 24 December 2010, the General Assembly adopted resolution A/RES/65/238 entitled “Scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases”.

In this resolution the General Assembly requested “the President of the General Assembly to organize, no later than June 2011 and in consultation with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia”. I have the honour to inform you that this hearing will take place on 16 June 2011.

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

A handwritten signature in black ink, appearing to read 'Deiss', written in a cursive style.

Joseph Deiss

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



**First Global Ministerial Conference
on Healthy Lifestyles and Noncommunicable Disease Control
Moscow, 28-29 April 2011**

**MOSCOW DECLARATION
PREAMBLE**

We, the participants in the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease (NCDs) Control, gathered in Moscow on 28-29 April 2011.

I.

Express appreciation for the leading role of the World Health Organization and the Government of the Russian Federation in the preparation and holding of the Ministerial Conference.

II.

Recognize that the right of everyone to the enjoyment of the highest attainable standards of physical and mental health cannot be achieved without greater measures at global and national levels to prevent and control NCDs.

III.

Acknowledge the existence of significant inequities in the burden of NCDs and in access to NCD prevention and control, both between countries, as well as within countries.

IV.

Note that policies that address the behavioural, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented to ensure the most effective responses to these diseases, while increasing the quality of life and health equity.

V.

Emphasize that prevention and control of NCDs requires leadership at all levels, and a wide range of multi-level, multi-sectoral measures aimed at the full spectrum of NCD determinants (from individual-level to structural) to create the necessary conditions for leading healthy lives. This includes promoting and supporting healthy lifestyles and choices, relevant legislation and policies; preventing and detecting disease at the earliest possible moment to minimize suffering and reduce costs; and providing patients with the best possible integrated health care throughout the life cycle including empowerment, rehabilitation and palliation.

VI.

Recognize that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are caused not only by biomedical factors, but also caused or strongly influenced by behavioural, environmental, social and economic factors.



VII.

Affirm our commitment to addressing the challenges posed by NCDs, including, as appropriate, strengthened and reoriented policies and programmes that emphasize multi-sectoral action on the behavioural, environmental, social and economic factors.

VIII.

Express our belief that NCDs should be considered in partnerships for health; that they should be integrated into health and other sectors' planning and programming in a coordinated manner, particularly in low- and middle income countries; that they should be part of the global research agenda and that the impact and sustainability of approaches to prevent and control NCDs will be enhanced through health systems strengthening and strategic coordination with existing global health programs.

RATIONALE FOR ACTION

1. NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of preventable morbidity and disability, and currently cause over 60% of global deaths, 80% of which occur in developing countries. By 2030, NCDs are estimated to contribute to 75% of global deaths.
2. In addition, other NCDs such as mental disorders also significantly contribute to the global disease burden.
3. NCDs have substantial negative impacts on human development and may impede progress towards the Millennium Development Goals (MDGs).
4. NCDs now impact significantly on all levels of health services, health care costs, and the health workforce, as well as national productivity in both emerging and established economies.
5. Worldwide, NCDs are important causes of premature death, striking hard among the most vulnerable and poorest populations. Globally they impact on the lives of billions of people and can have devastating financial impacts that impoverish individuals and their families, especially in low- and middle-income countries.
6. NCDs can affect women and men differently, hence prevention and control of NCDs should take gender into account.
7. Many countries are now facing extraordinary challenges from the double burden of disease: communicable diseases and noncommunicable diseases. This requires adapting health systems and health policies, and a shift from disease-centred to people-centred approaches and population health measures. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Strengthening health systems in this way results in improved capacity to respond to a range of diseases and conditions.



8. Evidence-based and cost-effective interventions exist to prevent and control NCDs at global, regional, national and local levels. These interventions could have profound health, social, and economic benefits throughout the world.
9. Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable in low-income countries and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol.
10. Particular attention should be paid to the promotion of healthy diets (low consumption of saturated fats, trans fats, salt and sugar, and high consumption of fruits and vegetables) physical activity in all aspects of daily living.
11. Effective NCD prevention and control require leadership and concerted “whole of government” action at all levels (national, sub-national and local) and across a number of sectors, such as health, education, energy, agriculture, sports, transport and urban planning, environment, labour, industry and trade, finance and economic development.
12. Effective NCD prevention and control require the active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community.

COMMITMENT TO ACTION

We, therefore, commit to act by:

At the Whole of Government level:

1. Developing multi-sectoral public policies that create equitable health promoting environments that enable individuals, families and communities to make healthy choices and lead healthy lives;
2. Strengthening policy coherence to maximize positive and minimize negative impacts on NCD risk factors and the burden resulting from policies of other sectors;
3. Giving priority to NCD prevention and control according to need, ensuring complementarity with other health objectives and mainstreaming multi-sectoral policies to strengthen the engagement of other sectors;
4. Engaging civil society to harness its particular capacities for NCD prevention and control;
5. Engaging the private sector in order to strengthen its contribution to NCD prevention and control according to international and national NCD priorities;
6. Developing and strengthening the ability of health systems to coordinate, implement, monitor and evaluate national and sub-national strategies and programmes on NCDs;



7. Implementing population-wide health promotion and disease prevention strategies, complemented by individual interventions, according to national priorities. These should be equitable and sustainable and take into account gender, cultural and community perspectives in order to reduce health inequities;
8. Implementing cost-effective policies, such as fiscal policies, regulations and other measures to reduce common risk factors such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol;
9. Accelerating implementation by States Parties of the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC) and encouraging other countries to ratify the Convention;
10. Implementing effective policies for NCD prevention and control at national and global levels, including those relevant to achieving the goals of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health;
11. Promoting recognition of the rising incidence and burden of NCDs on national as well as international development agendas, and encouraging countries and international development partners to consider the level of priority accorded to NCDs.

At Ministry of Health level:

1. Strengthening health information systems to monitor the evolving burden of NCDs, their risk factors, their determinants and the impact and effectiveness of health promotion, prevention and control policies and other interventions;
2. According to national priorities, strengthening public health systems at the country level to scale up evidence-based health promotion and NCD prevention strategies and actions;
3. Integrating NCD-related services into primary health care services through health systems strengthening, according to capacities and priorities;.
4. Promoting access to comprehensive and cost-effective prevention, treatment and care for integrated management of NCDs, including access to affordable, safe, effective and high quality medicines based on needs and resource assessments;
5. According to country-led prioritization, ensuring the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with NCDs, protect those at high risk of developing them and reduce risk across populations.



6. Promoting, translating and disseminating research to identify the causes of NCDs, effective approaches for NCD prevention and control, and strategies appropriate to distinct cultural and health care settings.

At the International level:

1. Calling upon the World Health Organization, as the lead UN specialized agency for health, and all other relevant UN system agencies, development banks, and other key international organizations to work together in a coordinated manner to address NCDs;
2. Working through WHO in consultation with other multilateral organizations, international nongovernmental organizations, the private sector and civil society stakeholders to strengthen normative guidance, pool technical expertise, coordinate policy to achieve the best possible results and capitalize on synergies among existing global health initiatives.
3. Strengthening international support for the full and effective implementation of the WHO FCTC, the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Strategy on Diet, Physical Activity and Health and other relevant international strategies to address NCDs.
4. Investigating all possible means to identify and mobilize the necessary financial, human and technical resources in ways that do not undermine other health objectives.
5. Supporting the WHO in developing a comprehensive global monitoring framework on NCDs.
6. Examining possible means to continue facilitating the access of low- and middle income countries to affordable, safe, effective and high quality medicines in this area consistent with the WHO Model Lists of Essential Medicines, based on needs and resource assessments, including by implementing the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

WAY FORWARD

With a view to securing an ambitious and sustainable outcome, we commit to actively engaging with all relevant sectors of Government, on the basis of this Moscow Declaration, in the preparation of and the follow-up to the United Nations General Assembly High-level Meeting on the Prevention and Control of NCDs in September 2011 in New York.



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

10 June 2011

Excellency,

On 24 December 2010, the General Assembly adopted resolution 65/238 entitled “Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases”, in which it decided that the High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases shall be held on 19 and 20 September 2011 in New York.

In this resolution, the General Assembly also requested “the President of the General Assembly to organize, no later than June 2011 and in consultation with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, 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”. In my letter of 11 March 2011, I announced that this informal interactive civil society hearing will take place on 16 June 2011.

I have the honour to transmit herewith an information note and provisional programme for the informal interactive civil society hearing that has been finalized following consultations with civil society and through the support of a Civil Society Task Force I established, and the World Health Organization.

I would encourage all Member States to participate actively in the hearing at the Ambassadorial level. I very much look forward to an open dialogue and interaction between Member States and non-governmental organizations, civil society organizations, the private sector and academia on the progress and challenges to the NCD response, which will provide an important contribution to the upcoming High-level Meeting.

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

A handwritten signature in black ink, appearing to read 'Deiss', written in a cursive style.

Joseph Deiss

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

**Proposed arrangements for the informal interactive civil society hearing of the
General Assembly on the prevention and control of non-communicable diseases
(16 June 2011, New York)**

Information Note

I. Introduction

1. The General Assembly, by its resolution 64/265 of 13 May 2010, decided to convene a High-level Meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases. In its resolution 65/238, the General Assembly further decided that this High-level Meeting shall be held on 19 and 20 September 2011 in New York.

2. By paragraph 10 of resolution 65/238, the General Assembly requested the President of the General Assembly to organize, no later than June 2011 and in consultation with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, 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.

3. By paragraph 11 of resolution 65/238, the General Assembly decided that the President of the General Assembly shall preside over the above-mentioned informal interactive hearing, and requested the President to prepare a summary of the hearing, to be issued as a document of the Assembly prior to the High-level Meeting.

4. The President of the General Assembly established a Civil Society Task Force to assist him in organising the informal interactive civil society hearing.

II. Information for participation

A. Date and venue

5. The informal interactive civil society hearing (thereafter “the hearing”) will be held on Thursday, 16 June 2011 in the General Assembly Hall at United Nations Headquarters in New York.

B. Participation in the hearing

Participation and seating

6. The hearing will be open to representatives of Member States, the Observer State and observers, as well as non-governmental organizations in consultative status with the Economic and Social Council and invited non-governmental organizations, civil society organizations, the private sector and academia. The list of invited participants was

determined by the President of the General Assembly in consultation with representatives of non-governmental organizations, civil society organizations, the private sector and academia, through the Civil Society Task Force. Every attempt was made to ensure the list of invited participants was balanced in terms of geographic representation, gender and the different constituencies involved in the NCDs response.

7. To allow for an informal interactive exchange, all Member States, and some representatives of non-governmental organizations in consultative status with ECOSOC and invited non-governmental organizations, civil society organizations, the private sector and academia will have assigned seats on the floor of the General Assembly Hall. A proportion of the General Assembly Hall will be assigned to representatives of Member States, who will be provided with name plates on arrival. This arrangement applies specifically to this informal interactive hearing and will in no way create a precedent for other meetings.

8. Remaining representatives of non-governmental organizations in consultative status with ECOSOC and invited non-governmental organizations, civil society organizations, the private sector and academia will be seated on the floor of the General Assembly Hall in the part of the Hall assigned to representatives of civil society, space permitting, and in the 3rd floor Gallery and 4th floor Balcony.

Programme and speakers

9. The hearing will consist of opening and closing sessions, and three sequential informal interactive roundtables. The President of the General Assembly will chair the opening and closing sessions. Opening remarks will be delivered by the President of the General Assembly, the Deputy Secretary-General, the Assistant Director-General of WHO, and an eminent person. Closing remarks will be delivered by the President of the General Assembly and an eminent person (see Annex 1a).

10. The themes for the three roundtables will be:

- **Roundtable one - *The scale of the challenge***
- **Roundtable two - *National and local solutions***
- **Roundtable three – *What is needed to enhance global cooperation?***

11. Each of the three roundtables will be comprised of an eminent person, panellists representing non-governmental organizations, civil society organizations, the private sector and academia, and a representative from a Member State. Each roundtable will be overseen by a moderator. After brief presentations by these participants, additional pre-selected civil society representatives will be asked to make interventions from the floor (see Annex 1b). This will be followed by an interactive discussion with the floor. A background brief with further information on each panel has been posted on the website of WHO at http://www.who.int/nmh/events/2011/informal_hearing/en/index.html.

12. Participants who wish to make an intervention from the floor will need to sign up to a Speakers List with the Secretariat at the front of the Hall, during the relevant roundtable.

C. Outcome of the hearing

13. In accordance with paragraphs 10 and 11 of resolution 65/238, the hearing will form part of the preparatory process for the High-level Meeting, and the President of the General Assembly will prepare a summary of the hearing to be issued as a General Assembly document prior to the High-level Meeting.

D. Media arrangements

14. The hearing, including the informal interactive roundtables, will be open to the media and will be broadcast via live webcast. Media advisories will be distributed on-site and through United Nations Information Centres/services, and will be made available electronically on WHO's website for the hearing, at http://www.who.int/nmh/events/un_ncd_summit2011/en/

E. List of invited representatives of non-governmental organizations, civil society organizations and the private sector

15. The list of participants will be posted on http://www.who.int/nmh/events/un_ncd_summit2011/en/

Informal interactive hearing with civil society for the High-level Meeting on the prevention and control of non-communicable diseases

Draft Agenda

Thursday, 16 June 2011, General Assembly Hall

- 10.00 - 10.45* **Opening Session** Chaired by **H.E. Mr Joseph Deiss**, President of the General Assembly
- Opening remarks by **H.E. Mr Joseph Deiss**, President of the General Assembly; **Dr. Asha-Rose Migiros**, Deputy Secretary-General; **Dr. Ala Alwan**, Assistant Director-General, WHO; and **HRH Princess Dina Mired** (Jordan), Director-General, King Hussein Cancer Foundation
- 10.45 – 12:00* **Roundtable one:** The scale of the challenge
- 12:00 - 13.00* **Roundtable two:** National and local solutions
- 13.00 - 15.00* Lunch Break
- 15.00 - 16.30* **Roundtable two** continues
- 16:30 - 17:30* **Roundtable three:** What is needed to enhance global cooperation?
- 17.30 - 18.00* **Closing Session** Chaired by the President of the General Assembly
- Closing remarks **Sir George Alleyne** (Barbados), Director Emeritus, Pan American Health Organization

Informal interactive hearing with civil society for the High-level Meeting on the prevention and control of non-communicable diseases

**Panellists and Speakers
(Draft)**

Moderator: TBC

Roundtable One: **The scale of the challenge**

Panellists

Eminent person: **Dr. Betsy Nabel** (USA), President, Brigham and Women's Hospital

Civil society: **Associate Professor Ruth Colagiuri** (Australia), International Diabetes Federation

Professor David Bloom (USA), Harvard School of Public Health

Dr. Mira Shiva (India), Health Action International and Initiative for Health & Equity in Society

Member State: **H.E. Mr. Carsten Staur** (Denmark), Permanent Mission of Denmark to the United Nations

Speakers from the floor

Civil society: **Dr. Trevor Hassel** (Barbados), Healthy Caribbean Coalition
Mr. George Hacker (USA), Global Alcohol Policy Alliance
Dr. Shiriki Kumanyika (USA), International Association for the Study of Obesity
Ms. Paula Johns (Brazil), Alliance for Control of Tobacco
Dr. John Seffrin (USA), American Cancer Society (TBC)
Dr Nils Billo (France), International Union Against Tuberculosis and Lung Disease
Dr. Jean-Luc Eiselé (Switzerland), World Health Professionals Alliance

Roundtable Two: National and local solutions

Panellists

Eminent Person: **Dr. Tom Frieden** (USA), US Center for Diseases Control and Prevention

Civil Society: **Ms Shoba John** (India), Framework Convention Alliance
Dr. Louise Kantrow (USA), International Chamber of Commerce
Professor Bongani Mayosi (South Africa), African Heart Network

Member State: **TBC**

Speakers from the floor

Civil Society: **Dr. Sidney Smith** (USA), World Heart Federation
Ms. Patricia Lambert (South Africa), Campaign for Tobacco Free Kids
Dr. Peter Lamptey, (Ghana) Family Health International
Ms. Kate Armstrong (Australia), Caring and Living as Neighbours
Mr. Cary Adams (Switzerland), Union for International Cancer Control
Mr. Emer Rojas (Philippines), Global Cancer Ambassador
Dr. Kaushik Ramaiya (Kenya), International Diabetes Federation (TBC)
Dr. Richard Roberts (USA), World Primary Care Alliance

Roundtable Three: What is needed to enhance global cooperation?

Panellists

Eminent Person: **Dr. Sania Nishtar** (Pakistan), Heartfile

Civil Society: **Dr. Tazeen Jafar** (Pakistan), Aga Khan University, Karachi
Dr. Scott Ratzan (USA), International Federation of Pharmaceutical Manufacturers & Associations NCD Taskforce
Dr. Rachel Nugent (USA), Center for Global Development

Member State: **TBC**

Speakers from the floor

Civil Society: **Mrs. Janet Vou te** (Switzerland), International Food and Beverage Alliance
Mr. Francis Thompson (Canada), Framework Convention Alliance
Mrs. Ann Keeling (Belgium), NCD Alliance
Mr. Robbert de Kock (Switzerland), World Federation of the Sporting Goods Industry
Mrs. Bola Ojo (South Africa), African Heart Network

Informal interactive hearing with civil society on

The prevention and control of non-communicable diseases

Thursday, 16 June 2011

General Assembly Hall, UN Headquarters, New York

Draft annotated Agenda

Purpose of the hearing: Requested by the General Assembly in A/RES/65/238, the informal interactive hearing is an opportunity for non-governmental organizations, civil society organizations, the private sector and academia to provide an input to the preparatory process for the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, to be held on 19-20 September 2011.

Format for roundtables: The roundtable sessions will each commence with a brief presentation from a speaker, followed by comments from several panelists. The moderator will then call on pre-identified individuals in the audience to speak briefly from the floor. The remainder of each session will be moderated discussion. Those wishing to speak during these sessions will need to sign up on the Speaker's List with the Secretariat at the beginning of each roundtable.

10:00 – 10:45 Opening plenary

Purpose:

- To welcome participants and outline the purpose and format of the meeting
- To update on the preparatory process for the UN high-level meeting on the prevention and control of non-communicable diseases, 19 and 20 September 2011
- To provide an overview of NCDs in the current global health context, including challenges and opportunities

10:45 – 12:00 Roundtable one: *The scale of the challenge*

Purpose:

- To elicit the views of NGOs, civil society organizations, the private sector and academia on the scale of the NCD challenge
- To discuss the causes of the existing rise in NCDs – social determinants and the 'globalization' of risk factors
- To stress the importance of the economic impact as well as the health and social impact

- To introduce the need for and provide concrete examples of effective multi-sectoral responses
- To explain the linkages between NCDs and MDG health priorities and specific approaches to integrating the response to NCDs into current priorities.

12:00 -13:00 and 15:00-16:30 Roundtable two: *National and local solutions*

Purpose:

- To elicit the views of NGOs, civil society organizations, the private sector and academia on effective national and local solutions
- To discuss the importance of national planning for NCDs and the mechanisms required
- To discuss models of service delivery (prevention, early diagnosis, treatment, technologies, medicines, palliative care)
- To identify evidence-based strategies that have been shown to be effective and to identify those that can be implemented that will have the greatest impact at affordable costs
- To identify sustainable sources of funding, e.g. taxes, solidarity levies, prioritizing health within national budget allocations
- To depict the need for and identify specific health system strengthening actions that impact both NCDs and communicable diseases.

16:30-17:30 Roundtable three: *What is needed to enhance global cooperation?*

Purpose:

- To elicit the views of NGOs, civil society organizations, the private sector and academia on effective ways to enhance global cooperation
- To recommend specific actions to strengthen commitment to implementing existing tools
- To discuss and recommend resource mobilization including sustainable innovative financing mechanisms and integration into existing development assistance frameworks
- To canvass possible UN coordinating mechanisms, linked to WHO, that coordinate follow-up action and monitoring of progress.

17:30 – 18:00 Closing Plenary

Purpose:

- To summarize the views from the day's discussions and identify key messages to be conveyed to Member States and the co-facilitators.
- To inform the participants on how the outcomes of the day will be feed into the preparations for the UN high-level meeting.

Informal interactive civil society hearing on the prevention and control of non-communicable diseases

Thursday, 16 June 2011, General Assembly Hall

Program

10.00 - 10.45 **Opening Session** Chaired by **H.E. Mr Joseph Deiss**, President of the General Assembly

Opening remarks:

- **H.E. Mr Joseph Deiss**, President of the General Assembly
- **Dr. Asha-Rose Migiro**, Deputy Secretary-General
- **Dr. Ala Alwan**, Assistant Director-General, WHO
- **HRH Princess Dina Mired** (Jordan), Director-General, King Hussein Cancer Foundation

10.45 – 12:00 **Roundtable one: The scale of the challenge**

Moderator:

- **Mr. Morgan Binswanger**, LIVESTRONG

Panellists:

- **Dr. Betsy Nabel** (USA), President, Brigham and Women's Hospital
- **Dr. Tom Frieden** (USA), US Centers for Disease Control and Prevention
- **Dr. Trevor Hassell** (Barbados), Healthy Caribbean Coalition
- **Professor David Bloom** (USA), Harvard School of Public Health
- **H.E. Mr. Carsten Staur** (Denmark), Permanent Mission of Denmark to the United Nations

Speakers from the floor:

Mr. George Hacker (USA), Global Alcohol Policy Alliance

Ms. Paula Johns (Brazil), Alliance for Control of Tobacco

Dr. Shiriki Kumanyika (USA), International Association for the Study of Obesity

Ms. Heather Selin (France), International Union Against Tuberculosis and Lung Disease

Dr. Jean-Luc Eiselé (Switzerland), World Health Professionals Alliance

12:00 - 13.00 and **Roundtable two: National and local solutions**
15.00 - 16.30

Moderator:

- **Mr. Morgan Binswanger**, LIVESTRONG

Panellists:

- **Ms Shoba John** (India), Framework Convention Alliance
- **Dr. Louise Kantrow** (USA), International Chamber of Commerce
- **Professor Ruth Colagiuri** (Australia), International Diabetes Federation
- **Professor Bongani Mayosi** (South Africa), African Heart Network
- **H.E. Ms Josephine Ojiambo** (Kenya), Permanent Mission of the Republic of Kenya to the United Nations
- **Mr. Fernando Alvarez del Río** (Mexico), Ministry of Health, Mexico

Speakers from the floor

Dr. Sidney Smith (USA), World Heart Federation

Ms. Patricia Lambert (South Africa), Campaign for Tobacco Free Kids

Dr. Peter Lamptey, (Ghana) Family Health International

Ms. Kate Armstrong (Australia), Caring and Living as Neighbours

Mr. Cary Adams (Switzerland), Union for International Cancer Control

Mr. Emer Rojas (Philippines), Global Cancer Ambassador

Dr. Richard Roberts (USA), World Primary Care Alliance

16:30 – 17:30 **Roundtable three: What is needed to enhance global cooperation?**

Moderator:

- **Mr. Morgan Binswanger**, LIVESTRONG

Panellists:

- **Dr. Sania Nishtar** (Pakistan), Heartfile
- **Dr. Tazeen Jafar** (Pakistan), Aga Khan University, Karachi
- **Dr. Scott Ratzan** (USA), International Federation of Pharmaceutical Manufacturers & Associations NCD Taskforce
- **Dr. Rachel Nugent** (USA), Department of Global Health, University of Washington
- **H.E. Mr. Morten Wetland** (Norway), Permanent Mission of Norway to the United Nations

Speakers from the floor:

Mrs. Janet Voûte (Switzerland), International Food and Beverage Alliance

Mr. Francis Thompson (Canada), Framework Convention Alliance

Mrs. Ann Keeling (Belgium), NCD Alliance

Mr. Robbert de Kock (Switzerland), World Federation of the Sporting Goods Industry

Mrs. Bola Ojo (South Africa), African Heart Network

17.30 - 18.00

Closing Session Chaired by the President of the General Assembly

Closing remarks:

- **Sir George Alleyne** (Barbados), Director Emeritus, Pan American Health Organization



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

27 June 2011

Excellency,

In its resolution 65/238 entitled “Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases”, the General Assembly “*Decides* that the President of the General Assembly shall consult with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, and with Member States, as appropriate, on the list of representatives of non-governmental organizations, civil society organizations, the private sector and academia, taking into account, to the extent possible, the principle of equitable geographical representation, and submit the list to Member States for consideration and for a final decision by the Assembly on participation in the High-level Meeting, including the round tables.”

I have the honour to transmit the list for your consideration. If I do not hear from you by 5 July, I will take it that there is general agreement on the list. If you have any inquiries, please contact Ms. Rachel Stein-Holmes (stein-holmes@un.org) at your earliest convenience, but no later than 1 July 2011.

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

A handwritten signature in black ink, appearing to read 'Deiss', written in a cursive style.

Joseph Deiss

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

| COUNTRY | NAME | EMAIL | WEBSITE |
|------------------------|--|---|--------------------------------|
| Argentina | Fundacion Interamericana del Corazon Argentina | veronica.schoj@ficargentina.org | www.ficargentina.org |
| Australia | Caring & Living as Neighbours | kate.hansen@bigpond.com | www.whatisclan.org |
| Australia | The George Institute for Global Health | ndesai@georgepartners.org | www.georgeinstitute.org |
| Bangladesh | EVER BRIGHT FOUNDATION (EBF) | info@everbrightbd.org | www.everbrightbd.org |
| Bangladesh | kathak academy bangladesh(KAB) | kashemakashem@yahoo.com | www.kabbd.org |
| Bangladesh | Centre for Palliative Care, BSMMU | palcare_bsmmu@yahoo.com | www.palliatvecarebd.org |
| Bangladesh | Eminence | eminenceassociates@yahoo.com | www.eminence-bd.org |
| Bangladesh | AK Khan Healthcare Trust | syedmdakram@gmail.com | |
| Belgium | International Diabetes Federation | info@idf.org | www.idf.org |
| Belgium | International Diabetes Federation - African Region | katie.dain@idf.org | |
| Belgium | European Public Health Alliance | d.fuchs@epha.org | www.epha.org |
| Belgium | Anheuser-Busch InBev | amie.gianino@anheuser-busch.com | ab-inbev.com |
| Belgium | International Diabetes Federation - Western Pacific Region | kerry.lydon@idf.org | |
| Belgium | International Association of Charities | info@aic-international.org or contact@aic-international.org | |
| Bosnia and Herzegovina | Fondacija Zdravlje i srce | dvulic@zdravljeisrce.com | www.zdravljeisrce.com |
| Brazil | ACT - Aliança de Controle do Tabagismo | paula.johns@actbr.org.br | |
| Burkina Faso | Afrique Contre le Tabac | acontass@yahoo.fr | www.aconta.org |
| Cameroon | Federation of Environmental and Ecological Diversity for Agricultural Revampment and Human Rights, The (FEEDAR & HR) | feedar97@yahoo.com | www.feedar.interconnection.org |
| Cameroon | Cercle d'initiative commune pour la recherche, l'environnement et la qualité | cicreq@gmail.com | http://cicreq.cfsites.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------------------------|--|-------------------------------------|---------------------------------|
| Canada | International Federation on Ageing | jbarratt@ifa-fiv.org | www.ifa-fiv.org |
| Canada | African Pikin Foundation | info@africanpikin.com | www.africanpikin.com |
| Canada | HealthBridge Foundation of Canada | admin@healthbridge.ca | healthbridge.ca |
| Canada | Canadian Cancer Society | alevo@cancer.ca | www.cancer.ca |
| Canada | McGill World Platform for Health and Economic Convergence | ebony.bertorelli@mcgill.ca | www.mcgill.ca/mwp |
| Canada | Centre for Trade Policy and Law | chantal_blouin@carleton.ca | www.ctpl.ca |
| Canada | Centre for Science in the Public Interest (Canada) | jefferyb@istar.ca | www.cspinet.ca |
| Canada | TRANSNUT, WHO Collaborating Centre in nutrition changes and development | helene.delisle@umontreal.ca | |
| Chile | Red de Salud de las Mujeres Latinoamericanas y del Caribe | secretaria@reddesalud.org | www.reddesalud.org |
| China | Chinese Association on Tobacco Control | catc@catcprc.org.cn | |
| Congo | Association Congolaise d'Education et de Prevention Contre des Maladies et la Drogue | ong.acepmdcg@gmail.com | |
| Country Not Available | Youth for Development and Cooperation | nobody@un.org | |
| Country Not Available | COOPERATIVA TARYPAK | erarkiw@yahoo.com | |
| Democratic Republic of the Congo | Solidarite Agissante pour le Developpement Familial (SADF) | sadf_solidarite@yahoo.fr | |
| Democratic Republic of the Congo | Fondation des Oeuvres pour la Solidarité et le Bien Etre Social "FOSBES" | fosbesong@yahoo.fr | |
| Democratic Republic of the Congo | Solidarite pour un Monde Meilleur | smmasbl@gmail.com | |
| Denmark | International Alliance of Women | iawsec@womenalliance.org | |
| Denmark | Novo Nordisk | nilh@novonordisk.com | www.novonordisk.com |
| Denmark | World Diabetes Foundation | contact@worlddiabetesfoundation.org | www.worlddiabetesfoundation.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------|--|----------------------------------|---|
| Denmark | The Danish NCD Alliance | susan@cancer.dk | NCD Alliance.dk |
| Denmark | Hjerteforeningen | dfremm@hjerteforeningen.dk | www.hjerteforeningen.dk |
| Djibouti | Association pour le Développement du Millénaire | association_adm_dj@yahoo.fr | |
| Finland | Suomen Sydänliitto ry | tuula.karjalainen@sydanliitto.fi | www.sydanliitto.fi |
| France | World Medical Association | wma@wma.net | http://www.wma.net/ |
| France | Company of the Daughters of Charity of St. Vincent de Paul | secretairegene@cfdlc.org | |
| France | International Union against Tuberculosis and Lung Disease | union@iuatld.org | |
| France | International Federation of Medical Students' Associations | gs@ifmsa.org | |
| France | Union Internationale de Promotion de la Santé et d'Education pour la Santé | mclamarre@iuhpe.org | www.iuhpe.org |
| France | World Self-Medication Association 13 chemin du Levant, 01210 Ferney-Voltaire " | admin@wsmi.org | |
| Germany | Foundation for Subjective Experience and Research | taskwork-uno@ser-foundation.org | www.ser-stiftung.de www.ser-foundation.ch www.global-balance.org www.ser-stiftung.nl |
| Germany | diabetesDE | gerlach@diabetesde.org | www.diabetesde.org |
| Germany | Baltic Sea Forum e.V. | info@baltic-sea-forum.org | www.baltic-sea-forum.org |
| Germany | Bayer Health Care AG | michael.schoettler@bayer.com | |
| Ghana | Aid and Child Evangelism International | aceigh@yahoo.com | |
| Ghana | ECOWAS YOUTH AND CITIZENS LEAGUE | ecowasghyouth@gmail.com | www.ecowasyouth.org |
| Ghana | Childlink Foundation | childlinkfoundation@gmail.com | www.childlinkfoundation.com |
| Ghana | Voice of Change International | voiceofchangeint@yahoo.com | |
| Grenada | Caribbean Association for Youth Development | caydgren@gmail.com | |
| Grenada | Grenada Diabetes Association | grenada_diabetes@yahoo.com | |
| Guatemala | Una Voz Contra el Cancer | anagarces@imsalud.org | www.unavozcontraelcancer.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------------------|--|--|-------------------------------------|
| Guinea | Association des Volontaires Pour L'Assistance au Developpement En Guinee | avadeg@yahoo.fr | www.avadeg.org |
| India | Centre for Adivasee Studies & Peace | adivasee@yahoo.com | www.adivasee.org |
| India | Organization for Liberation of Rural Daliths | balaraju@olordindia.org | www.olordindia.org |
| India | Shikhar Chetna Sangathan | shikhar.bhiwani@gmail.com | |
| India | Gramin Bal Vikas Samiti, Darguwan, Badamalehra (CHHATARPUR) M.P. | drashishpatwari@gmail.com | |
| India | Srinivasa Heart Foundation | srinivasaheartcentre@hotmail.com | |
| India | Arise India Foundation | secretariat@ariseindiafoundation.org | http://www.ariseindiafoundation.org |
| India | Disease Management Association of India - The Population Health Improvement Alliance | president@dmai.org.in | www.dmai.org.in |
| India | Cancer Aid Society | piyushgupta@canceraidssocietyindia.org | www.canceraidssocietyindia.org |
| India | Chronic Care Foundation | dratnadevi@chroniccareindia.org | www.chroniccareindia.org |
| International | International Confederation of Childhood Cancer Parent Organisations | icccpo@vokk.nl | www.icccpo.org |
| International | United Medical Foundation | ecokao@yahoo.com | |
| Iran (Islamic Republic of) | Maryam Ghasemi Educational Charity Institute | maryam_11311@yahoo.com | |
| Iran (Islamic Republic of) | Imam Ali's Popular Students Relief Society | imamali.ngo@gmail.com | www.sosapoverty.org |
| Italy | Brothers of Charity | rene.stockman.fc@fracarita.org | |
| Italy | SOCIETY OF THE SACRED HEART | ssc@iol.it | www.rscjinternational.org |
| Italy | Italian Federation of Volunteer-based Organizations in Oncology | info@favo.it | www.favo.it, |
| Japan | Suntory Holdings Limited | jun_tanaka@suntory.co.jp | http://www.suntory.co.jp/ |
| Jordan | King Hussein Cancer Foundation | nour.nasif@khcf.jo | www.khcf.jo |

| COUNTRY | NAME | EMAIL | WEBSITE |
|------------------------|---|----------------------------------|-------------------------------|
| Kenya | African Institute for Health and Development | jowuor09@gmail.com | www.aihdint.org |
| Kenya | Kenyan-Heart National Foundation | kenyanheart@wananchi.com | www.kenyanheart.or.ke |
| Libyan Arab Jamahiriya | World Islamic Call Society | wicsitalia@wics.it | http://www.islamic-call.net |
| Mali | Action Aides aux Familles Demunies | ong_aafd@yahoo.fr | |
| Morocco | Association Nationale Al Hidn - A.N.H. | al_hidn@yahoo.fr | |
| Nepal | Saptakoshi Sahara Kendra | saptakoshi@live.com | |
| Nigeria | Community Social Welfare Foundation | usi2005@yahoo.com | |
| Nigeria | Women Initiative In Business And Marketing Association | wibamanigeria@yahoo.com | |
| Nigeria | African Heart Network | bola@heartfoundation.co.za | ahnetwork.org |
| Nigeria | Alcohol Prevention Youth Initiative, Nigeria | willget2nelly@yahoo.co.uk | www.apyn.yolasite.com |
| Nigeria | Women's Board | ofunnette@yahoo.com | |
| Nigeria | SmokeFree Foundation | info@smoke-freefoundation.org | www.smoke-freefoundation.org |
| Nigeria | Nigerian Cancer Society | malamisa@yahoo.co.uk | http://www.cancernigeria.com/ |
| Nigeria | center for contemporary issues and policy studies abuja nigeria siute 31 b maitama shopping complex abuja fct | ccippolicy@yahoo.com | nne yet |
| Norway | Kreftforeningen | servicetorget@kreftforeningen.no | www.kreftforeningen.no |
| Pakistan | Pakistan Community Peace Foundation | info@pcpfi.orgtt | www.pcpfi.org |
| Pakistan | Geriatrics Care Foundation of Pakistan | gcfpakistan2000@yahoo.com | www.iaed.org/gcfk |
| Pakistan | ngo's computer literacy shelter welfare rawalpindi pakistan | syed_ncl@yahoo.com | www.nclsw.org |
| Pakistan | World Welfare Association | wwa.ngo@hotmail.com | www.wwango.org |
| Pakistan | Batool Welfare Trust | bwtrwp@gmail.com | www.batoolwelfaretrust.com |
| Pakistan | Wespak Welfare Trust Rawalpindi Pakistan | wespakwelfare@gmail.com | http://www.wwtpk.org |
| Peru | Esperantra | informes@esperantra.org | www.esperantra.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------|---|---------------------------------|---|
| Philippines | Fit for School Philippines | bella.monse@fitforschool.ph | www.fitforschool.ph |
| Sierra Leone | Campaign for Human Rights & Development Sierra Leone | officialchrsl@yahoo.com | |
| South Africa | Centre for Health Policy and Innovation | marcogomes.healthpolicy@gmx.com | http://www.chpi.net |
| South Africa | Charlotte Maxeke Johannesburg Academic Hospital and University of the Witwatersrand | cmerc.southafrica@gmail.com | |
| Sweden | International Federation of Psoriasis Associations | ifpa@pso.se | www.ifpa-pso.org |
| Switzerland | World Economic Forum | contact@weforum.org | www.weforum.org |
| Switzerland | Geneva Social Observatory | khagen@gsogeneva.ch | www.gsogeneva.ch |
| Switzerland | World Heart Federation | amy.collins@worldheart.org | www.worldheart.org |
| Switzerland | International Federation of University Women | ifuw@ifuw.org | |
| Switzerland | International Society of Paediatric Oncology | irah@kenes.com | |
| Switzerland | Alliance for Health Promotion | sozanski@bluewin.ch | |
| Switzerland | NGO Forum for Health | info@ngo-forum-health.ch | www.ngo-forum-health.ch |
| Switzerland | NCD Alliance | Kiti.Kajana@cancer.org | www.ncdalliance.org |
| Switzerland | F. Hoffmann-La Roche Ltd | deeann.stahly@roche.com | www.roche.com |
| Switzerland | European Respiratory Society | brian.ward@ersnet.org | |
| Switzerland | Geneva University Hospitals Division of International and Humanitarian Medicine | slim.slama@hcuge.ch | http://medecine-internationale.hugge.ch/eng/index.htm |
| Switzerland | International Food and Beverage Alliance (IFBA) | delon@healthdiplomats.com | www.ifballiance.org |
| Switzerland | European Society for Medical Oncology | esmo@esmo.org | www.esmo.org |
| Switzerland | Medtronic International Trading Sàrl | herb.riband@medtronic.com | |
| Switzerland | World Stroke Organization | admin@world-stroke.org | www.world-stroke.org |
| Switzerland | FDI World Dental Federation | jleisele@fdiworldental.org | www.fdiworldental.org |
| Switzerland | World Federation of the Sporting Goods Industry | rdecock@wfsgi.org | www.wfsgi.org |
| Switzerland | International Osteoporosis Foundation (IOF) | jstenmark@iofbonehealth.org | www.iofbonehealth.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|---|---|---|
| Switzerland | International Federation of Pharmaceutical Manufacturers Associations (IFPMA) | admin@ifpma.ch | |
| Switzerland | International Union Against Cancer (UICC) | boller@uicc.org | www.uicc.org |
| Switzerland | International Pharmaceutical Federation | fip@fip.org | www.fip.org |
| Togo | Association des Nations Unies du Togo | info@unatogo.org | www.unatogo.org |
| Togo | African Tobacco Control Alliance | sagna@atca-africa.org | www.atca-africa.org |
| Trinidad and Tobago | ST. GEORGE EAST BRANCH ASSOCIATION OF VILLAGE/COMMUNITY COUNCIL | stgeorgeeastbranchassociation@yahoo.com | |
| Uganda | GREEN ALTERNATIVES AND PEACE MOVEMENT UGANDA | gapmu@yahoo.com | www.gapuganda.org |
| Uganda | Uganda Non Communicable Disease Alliance | keny_diana@yahoo.com | |
| Ukraine | Ukrainian Union of Patients Organizations "National health" | udf@ukr.net | www.patient.in.ua |
| United Kingdom of Great Britain and Northern Ireland | International Alliance of Patients' Organization | info@patientsorganizations.org | |
| United Kingdom of Great Britain and Northern Ireland | Society of Catholic Medical Missionaries | generalate@medicalmissionsisters.org.uk | www.medicalmissionsisters.org, www.mms_un.org |
| United Kingdom of Great Britain and Northern Ireland | Royal Commonwealth Society for the Blind | acummins@sightsavers.org | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|--|----------------------------|-----------------------------------|
| United Kingdom of Great Britain and Northern Ireland | Consumers International | consint@consint.org | www.consumersinternational.org/ |
| United Kingdom of Great Britain and Northern Ireland | HelpAge International | hai@helpage.org | |
| United Kingdom of Great Britain and Northern Ireland | Foundation of European Nurses in Diabetes | info@fend.org | www.fend.org |
| United Kingdom of Great Britain and Northern Ireland | International Association for the Study of Obesity | tlobstein@iaso.org | www.iaso.org |
| United Kingdom of Great Britain and Northern Ireland | National Heart Forum | nhf-post@heartforum.org.uk | www.heartforum.org.uk |
| United Kingdom of Great Britain and Northern Ireland | World Federation of Neurology | info@wfneurology.org | www.wfneurology.org |
| United Kingdom of Great Britain and Northern Ireland | Bone and Joint Decade Foundation | amye@healthymotivation.com | http://www.boneandjointdecade.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|--|--------------------------------|-------------------|
| United Kingdom of Great Britain and Northern Ireland | Trans Atlantic Consumer Dialogue | Sue.Davies@which.co.uk | www.tacd.org |
| United Kingdom of Great Britain and Northern Ireland | Diageo plc | joseph.luppino@diageo.com | |
| United Kingdom of Great Britain and Northern Ireland | SABMiller plc | theresa.bradford@sabmiller.com | www.sabmiller.com |
| United Kingdom of Great Britain and Northern Ireland | C3 Collaborating for Health | katy.cooper@c3health.org | www.c3health.org |
| United Kingdom of Great Britain and Northern Ireland | Bupa | bupapressoffice@bupa.com | www.bupa.com |
| United Kingdom of Great Britain and Northern Ireland | South Asian Health Foundation | drkiranpatel@sahf.org.uk | www.sahf.org.uk |
| United Kingdom of Great Britain and Northern Ireland | World Cancer Research Fund International | l.cooney@wcrf.org | www.wcrf.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|---|------------------------------|---------------------------|
| United Kingdom of Great Britain and Northern Ireland | Global Alcohol Policy Alliance | gapa@ias.org.uk | http://www.globalgapa.org |
| United Kingdom of Great Britain and Northern Ireland | International Cardiac Healthcare & Risk Factor Modification | intcardiachealth@aol.com | www.i-charm.co.uk |
| United Kingdom of Great Britain and Northern Ireland | Oxford Health Alliance | pam.dyson@oxha.org | www.oxha.org |
| United Kingdom of Great Britain and Northern Ireland | Worldwide Palliative Care Alliance | cmorris@thewpca.org | www.thewpca.org |
| United Kingdom of Great Britain and Northern Ireland | STRATEGIES FOR PEACE | davidwardrop@bulldoghome.com | |
| United States of America | World Federalist Movement | info@wfm.org | |
| United States of America | Global Health Council | advocacy@globalhealth.org | globalhealth.org |
| United States of America | National Council of Negro Women | FnnMnln@aol.com | ncnw.org |
| United States of America | Women's Federation for World Peace International | wfwpintl1@aol.com | www.wfwp.org |
| United States of America | Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria | info@businessfightsaids.org | businessfightsaids.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|------------------------------------|-------------------------|
| United States of America | Population Services International | info@psi.org | www.psi.org |
| United States of America | Dominican Leadership Conference | ngo@domlife.org | www.domlife.org/dlc/ |
| United States of America | Adventist Development and Relief Agency | Frank.Teeuwen@adra.org | www.adra.org |
| United States of America | International Society for Traumatic Stress Studies | pboea@istss.org | www.istss.org |
| United States of America | International Union for Health Education | EAuld@sophe.org | www.iuhpe.org |
| United States of America | Chabad - International Jewish Educational and Cultural Network | yberkowitz@lubavitch.com | |
| United States of America | African Services Committee, Inc. | kimn@africanservices.org | |
| United States of America | NGO Health Committee, Inc. | information@ngohealthcommittee.org | |
| United States of America | Global Action on Aging | globalaging@globalaging.org | http://globalaging.org/ |
| United States of America | Buddha's Light International Association | nyngo.blia@gmail.com | |
| United States of America | Communications Coordination Committee for the United Nations | drkarll@optonline.net | |
| United States of America | Family Health International | ddevaughn@fhi.org | |
| United States of America | Sisters of Mercy of the Americas | mgc@mercyinternational.ie | www.mercyworld.org |
| United States of America | Maryknoll Sisters of St. Dominic, Inc. | abraudis@mksisters.org | www.maryknoll.org |
| United States of America | International Health Awareness Network | soroshr@hotmail.com | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|--------------------------------|-------------------------------|
| United States of America | Global Alliance for Women's Health | wolfson@gawh.org | www.gawh.org/ |
| United States of America | Livestrong (Lance Armstrong Foundation) | loyce.pace@livestrong.org | |
| United States of America | Institute of Human Nutrition | ma2947@columbia.edu | http://cumc.columbia.edu/ihn/ |
| United States of America | American College of Cardiology | nkovach@acc.org | www.cardiosource.org |
| United States of America | The American Heart Association/American Stroke Association | diana.vaca.mcghie@heart.org | www.heart.org |
| United States of America | IMA World Health | erikapearl@imaworldhealth.org | www.imaworldhealth.org |
| United States of America | International Association for Hospice and Palliative Care | ldelima@iahpc.com | |
| United States of America | Big Brother International | jfarrell327@aim.com | http://www.bigbrothergov.us |
| United States of America | ORDER OF SAINT AUGUSTINE | jp@augustinian.org | www.aug.org |
| United States of America | GlaxoSmithKline Oncology | Jorge.C.Otero@gsk.com | |
| United States of America | Health Care Without Harm | alejandra@hcwh.org | http://www.noharm.org/ |
| United States of America | Action on Smoking and Health | Grayn@ash.org | www.ash.org |
| United States of America | Deerghayu Foundation | deerghayufoundation@gmail.com | www.deerghayu.org |
| United States of America | Harvard Global Equity Initiative | hgei@harvard.edu | hgei.harvard.edu |
| United States of America | Grounds for Health | katherine@groundsforhealth.org | www.groundsforhealth.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|-----------------------------------|---|
| United States of America | Jefferson School of Population Health | caroline.golab@jefferson.edu | http://www.jefferson.edu/population_health/ |
| United States of America | Denali Oncology Group | aoc4105@yahoo.com | |
| United States of America | International Association of Consumer Food Organizations | bjeffery@cspinet.org | www.iacfo.org |
| United States of America | Juvenile Diabetes Research Foundation | ssobers@jdrf.org | www.jdrf.org |
| United States of America | Global Alcohol Producers Group (GAPG) | dspiegel@cov.com | |
| United States of America | Molson Coors Brewing Company | bart.alexander@molsoncoors.com | www.molsoncoors.com |
| United States of America | American Childhood Cancer Organization | rhoffman@acco.org | www.acco.org |
| United States of America | American Society for Clinical Pathology | reginald.yarn@ascp.org | |
| United States of America | Harvard School of Public Health Dept of Global Health and Population | lmorariu@hsph.harvard.edu | http://www.hsph.harvard.edu/ |
| United States of America | Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment | kemper.katherine@mayo.edu | www.globalbridges.org |
| United States of America | Center for Science in the Public Interest (U.S.) | mjacobson@cspinet.org | www.cspi.net |
| United States of America | sanofi aventis | frederic.badey@sanofi-aventis.com | |
| United States of America | Varian Medical Systems | lauren.hales@varian.com | |
| United States of America | Business Council for the United Nations | AMacEachron@unfoundation.org | www.bcun.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|----------------------------------|-------------------------------|
| United States of America | National Forum for Heart Disease and Stroke Prevention | keith.mason@nationalforum.org | hearthealthystrokefree.org |
| United States of America | The Max Foundation | erin@themaxfoundation.org | www.themaxfoundation.org |
| United States of America | UnitedHealth Group | simon_l_stevens@uhc.com | |
| United States of America | International Food Information Council Foundation | reed@ific.org | www.foodinsight.org |
| United States of America | American College of Sports Medicine | jwhitehead@acsm.org | www.acsm.org |
| United States of America | City University of New York School of Public Health | nfreuden@hunter.cuny.edu | |
| United States of America | Institute for Healthcare Improvement | developingcountries@ihi.org | www.ihi.org |
| United States of America | American Institute for Cancer Research | d.mcginley-gieser@aicr.org | www.aicr.org |
| United States of America | Children's HeartLink | elizabeth@childrensheartlink.org | www.childrensheartlink.org |
| United States of America | Philips Healthcare North America | michelle.a.demoor@philips.com | |
| United States of America | Universities Allied for Essential Medicines | info@essentialmedicine.org | http://essentialmedicine.org/ |
| United States of America | Bloomberg Philanthropies | neena@bloombergfoundation.org | |
| United States of America | Preventive Cardiovascular Nurses Association | skoob@pcna.net | |
| United States of America | Campaign for tobacco-free kids | jbirckmayer@tobaccofreekids.org | www.tobaccofreekids.org |
| United States of America | Development Finance International | sraasch@dfintl.com | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|---|--|---------------------------------|
| United States of America | American Society of Clinical Oncology | international@asco.org | www.asco.org |
| United States of America | American Diabetes Association | lcann@diabetes.org | www.diabetes.org |
| United States of America | Young Professionals' Chronic Disease Network | sunny.kishore@gmail.com | www.ncdaction.org |
| United States of America | Arogya World | nalini@arogyaworld.org | www.arogyaworld.org |
| United States of America | Lown Cardiovascular Research Foundation | bgrover@partners.org | www.lcrf.org |
| United States of America | InterAmerican Heart Foundation | beatriz.champagne@interamericanheart.org | www.interamericanheart.org |
| United States of America | MERCY COLLEGE | msperling@mercy.edu | www.mercy.edu |
| United States of America | AUTISM SPEAKS | contactus@autismspeaks.org | www.autismspeaks.org |
| United States of America | ASSOCIATION FOR TRAUMA OUTREACH AND PREVENTION/ MEANINGFUL WORLD (ATOP) | vp@meaningfulworld.com | www.meaningfulworld.com |
| United States of America | Pain & Policy Studies Group, UW Carbone Cancer Center | kmryan@uwcarbone.wisc.edu | http://www.painpolicy.wisc.edu/ |
| United States of America | Zomi Innkuan USA | ziusa@yahoo.com | |
| United States of America | Public Health Institute | globalhealth@phi.org | www.phi.org |
| United States of America | American Cancer Society | rennie.sloan@cancer.org | |
| United States of America | Society of International Humanitarian Surgeons | peter@humanitariansurgery.org | www.humanitariansurgery.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|---|--------------------------------|---|
| United States of America | INTERNATIONAL COMMISSION FOR THE PREVENTION OF ALCOHOLISM & DRUG DEPENDENCY | | |
| United States of America | SIGMA THETA TAU, HONOR SOCIETY OF NURSING | joanne@stti.iupui.edu | www.nursingsociety.org |
| United States of America | International Center for Alcohol Policies | bbivans@icap.org | www.icap.org |
| United States of America | Framework Convention Alliance for Tobacco Control | fca@fctc.org | |
| United States of America | New York University | ja77@nyu.edu | |
| United States of America | Fairleigh Dickinson University | jamurphyfdu@gmail.com | |
| United States of America | GAVI Fund | | |
| United States of America | World Lung Foundation | jalday@worldlungfoundation.org | http://www.worldlungfoundation.org/ |
| United States of America | Management Sciences for Health | clander@msh.org | www.msh.org |
| United States of America | International Medical Corps | mpack@imcworldwide.org | |
| United States of America | Family Care International | aboldosser@familycareintl.org | www.familycareintl.org |
| United States of America | International Multiracial Shared Cultural Organization | westimsco@aol.com | www.imscoglobal.org |
| United States of America | AARP | jefrank@aarp.org | |
| United States of America | International Chamber of Commerce | lkw@iccwbo.org | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|------------------------------------|----------------------------|----------------|
| United States of America | Salvation Army, The | IHQ-ISJC@salvationarmy.org | |
| United States of America | Human Rights Watch | lapara@hrw.org | |
| United States of America | World Federation for Mental Health | eberger@wfmh.com | |
| Uruguay | Sociedad Uruguaya de Tabacología | sutabacologia@gmail.com | |



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.¹
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.

¹ 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

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.² 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.

² 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

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.

15 July 2011

English only

Sixty-fifth session
Agenda item 115

List of civil society representatives to be invited to participate in the High-level Meeting on the Prevention and Control of Non-communicable Diseases, to be convened on 19 and 20 September 2011

Note by the President of the General Assembly

1. The General Assembly decided in its resolution 65/238 that the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases shall be held on 19 and 20 September 2011 in New York, and that the High-level Meeting shall 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.
2. By the same resolution, in addition to Member States, the General Assembly decided to invite the Holy See, in its capacity as observer State, and Palestine, in its capacity as observer; the Inter-Parliamentary Union; United Nations funds and programmes, the specialized agencies, in particular the World Health Organization, regional commissions, the Bretton Woods institutions, the World Trade Organization, the regional development banks, the United Nations Conference on Trade and Development and intergovernmental organizations and entities having observer status in the General Assembly to participate in the High-level Meeting, in accordance with the rules of procedure as established by the Assembly. The General Assembly also decided that the President of the General Assembly shall consult with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, and with Member States, as appropriate, on the list of representatives of non-governmental organizations, civil society organizations, the private sector and academia, taking into account, to the extent possible, the principle of equitable geographical representation, and submit the list to Member States for consideration

and for a final decision by the Assembly on participation in the High-level Meeting, including the round tables.

3. Pursuant to resolution 65/238, on 27 June 2011 the President of the General Assembly circulated a letter containing a list of civil society representatives for the consideration of Member States.

4. The President of the General Assembly has the honour to submit to the General Assembly a revised list of civil society representatives for its final decision (see annex).

Annex

List of civil society representatives to be invited to participate in the High-level Meeting on the Prevention and Control of Non-communicable Diseases, to be convened on 19 and 20 September 2011

| COUNTRY | NAME | EMAIL | WEBSITE |
|------------------------|--|---|--------------------------------|
| Argentina | Fundacion Interamericana del Corazon Argentina | veronica.schoj@ficargentina.org | www.ficargentina.org |
| Australia | Caring & Living as Neighbours | kate.hansen@bigpond.com | www.whatisclan.org |
| Australia | The George Institute for Global Health | ndesai@georgepartners.org | www.georgeinstitute.org |
| Bangladesh | EVER BRIGHT FOUNDATION (EBF) | info@everbrightbd.org | www.everbrightbd.org |
| Bangladesh | kathak academy bangladesh(KAB) | kashemakashem@yahoo.com | www.kabbd.org |
| Bangladesh | Centre for Palliative Care, BSMMU | palcare_bsmmu@yahoo.com | www.palliatvecarebd.org |
| Bangladesh | Eminence | eminenceassociates@yahoo.com | www.eminence-bd.org |
| Bangladesh | AK Khan Healthcare Trust | syedmdakram@gmail.com | |
| Belgium | International Diabetes Federation | info@idf.org | www.idf.org |
| Belgium | International Diabetes Federation - African Region | katie.dain@idf.org | |
| Belgium | European Public Health Alliance | d.fuchs@epha.org | www.epha.org |
| Belgium | Anheuser-Busch InBev | amie.gianino@anheuser-busch.com | ab-inbev.com |
| Belgium | International Diabetes Federation - Western Pacific Region | kerry.lydon@idf.org | |
| Belgium | International Association of Charities | info@aic-international.org or contact@aic-international.org | |
| Bosnia and Herzegovina | Fondacija Zdravlje i srce | dvulic@zdravljeisrce.com | www.zdravljeisrce.com |
| Brazil | ACT - Aliança de Controle do Tabagismo | paula.johns@actbr.org.br | |
| Burkina Faso | Afrique Contre le Tabac | acontass@yahoo.fr | www.aconta.org |
| Cameroon | Federation of Environmental and Ecological Diversity for Agricultural Revampment and Human Rights, The (FEEDAR & HR) | feedar97@yahoo.com | www.feedar.interconnection.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------------------------|--|-----------------------------|---------------------------|
| Cameroon | Cercle d'initiative commune pour la recherche, l'environnement et la qualité | cicreq@gmail.com | http://cicreq.cfsites.org |
| Canada | International Federation on Ageing | jbarratt@ifa-fiv.org | www.ifa-fiv.org |
| Canada | African Pikin Foundation | info@africanpikin.com | www.africanpikin.com |
| Canada | HealthBridge Foundation of Canada | admin@healthbridge.ca | healthbridge.ca |
| Canada | Canadian Cancer Society | alevo@cancer.ca | www.cancer.ca |
| Canada | McGill World Platform for Health and Economic Convergence | ebony.bertorelli@mcgill.ca | www.mcgill.ca/mwp |
| Canada | Centre for Trade Policy and Law | chantal_blouin@carleton.ca | www.ctpl.ca |
| Canada | Centre for Science in the Public Interest (Canada) | jefferyb@istar.ca | www.cspinet.ca |
| Canada | TRANSNUT, WHO Collaborating Centre in nutrition changes and development | helene.delisle@umontreal.ca | |
| Chile | Red de Salud de las Mujeres Latinoamericanas y del Caribe | secretaria@reddesalud.org | www.reddesalud.org |
| China | Chinese Association on Tobacco Control | catc@catcprc.org.cn | |
| Congo | Association Congolaise d'Education et de Prevention Contre des Maladies et la Drogue | ong.acepmdcg@gmail.com | |
| Country Not Available | Youth for Development and Cooperation | nobody@un.org | |
| Country Not Available | COOPERATIVA TARYPAK | erarkiw@yahoo.com | |
| Democratic Republic of the Congo | Solidarite Agissante pour le Developpement Familial (SADF) | sadf_solidarite@yahoo.fr | |
| Democratic Republic of the Congo | Fondation des Oeuvres pour la Solidarité et le Bien Etre Social "FOSBES" | fosbesong@yahoo.fr | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------------------------|--|---|--|
| Democratic Republic of the Congo | Solidarite pour un Monde Meilleur | smmasbl@gmail.com | |
| Denmark | International Alliance of Women | iawsec@womenalliance.org | |
| Denmark | Novo Nordisk | nilh@novonordisk.com | www.novonordisk.com |
| Denmark | World Diabetes Foundation | contact@worlddiabetesfoundation.org | www.worlddiabetesfoundation.org |
| Denmark | The Danish NCD Alliance | susan@cancer.dk | NCD Alliance.dk |
| Denmark | Hjerteforeningen | dfremm@hjerteforeningen.dk | www.hjerteforeningen.dk |
| Djibouti | Association pour le Développement du Millénaire | association_adm_dj@yahoo.fr | |
| Ethiopia | YeEthiopia Cancer Association (ECA) | eca@ethionet.et | www.yeeca.org |
| Ethiopia | Ethiopian Kidney Association | lissanes@hotmail.com | |
| Ethiopia | Heart Association | eha@ethionet.et | |
| Ethiopia | Ethiopian Diabetes Association | ethdiab@ethionet.et | www.diabetesethiopia.org.et |
| Ethiopia | Mathiwos Wondu- YeEthiopia Cancer Society (MWECS) | mathycancersoc@ethionet.et wonder@mathycancersoc.org | www.mathycancersoc.org |
| Ethiopia | Cancer Care Ethiopia | cancercare@hotmail.com | www.cancercare.no |
| Ethiopia | The Life's Second Chance Foundation | info@lifesecondchance.org | www.LifeSecondChance.org |
| Ethiopia | Ethiopian Public Health Association (EPHA) | info@etpha.org | www.etpha.org |
| Finland | Suomen Sydänliitto ry | tuula.karjalainen@sydanliitto.fi | www.sydanliitto.fi |
| France | World Medical Association | wma@wma.net | http://www.wma.net/ |
| France | Company of the Daughters of Charity of St. Vincent de Paul | secretairegene@cdfc.org | |
| France | International Union against Tuberculosis and Lung Disease | union@iuatld.org | |
| France | International Federation of Medical Students' Associations | gs@ifmsa.org | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------|--|--------------------------------------|---|
| France | Union Internationale de Promotion de la Santé et d'Education pour la Santé | mclamarre@iuhpe.org | www.iuhpe.org |
| France | World Self-Medication Association 13 chemin du Levant, 01210 Ferney-Voltaire " | admin@wsmi.org | |
| Germany | Foundation for Subjective Experience and Research | taskwork-uno@ser-foundation.org | www.ser-stiftung.de www.ser-foundation.ch www.global-balance.org www.ser-stiftung.nl |
| Germany | diabetesDE | gerlach@diabetesde.org | www.diabetesde.org |
| Germany | Baltic Sea Forum e.V. | info@baltic-sea-forum.org | www.baltic-sea-forum.org |
| Germany | Bayer Health Care AG | michael.schoettler@bayer.com | |
| Ghana | Aid and Child Evangelism International | aceigh@yahoo.com | |
| Ghana | ECOWAS YOUTH AND CITIZENS LEAGUE | ecowasghyouth@gmail.com | www.ecowasyouth.org |
| Ghana | Childlink Foundation | childlinkfoundation@gmail.com | www.childlinkfoundation.com |
| Ghana | Voice of Change International | voiceofchangeint@yahoo.com | |
| Grenada | Caribbean Association for Youth Development | caydgren@gmail.com | |
| Grenada | Grenada Diabetes Association | grenada_diabetes@yahoo.com | |
| Guatemala | Una Voz Contra el Cancer | anagarces@imsalud.org | www.unavozcontraelcancer.org |
| Guinea | Association des Volontaires Pour L'Assistance au Developpement En Guinee | avadeg@yahoo.fr | www.avadeg.org |
| India | Centre for Adivasee Studies & Peace | adivasee@yahoo.com | www.adivasee.org |
| India | Organization for Liberation of Rural Daliths | balaraju@olordindia.org | www.olordindia.org |
| India | Shikhar Chetna Sangathan | shikhar.bhiwani@gmail.com | |
| India | Gramin Bal Vikas Samiti, Darguwan, Badamalehra (CHHATARPUR) M.P. | drashishpatwari@gmail.com | |
| India | Srinivasa Heart Foundation | srinivasaheartcentre@hotmail.com | |
| India | Arise India Foundation | secretariat@ariseindiafoundation.org | http://www.ariseindiafoundation.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------------------|--|--|--------------------------------|
| India | Disease Management Association of India - The Population Health Improvement Alliance | president@dmai.org.in | www.dmai.org.in |
| India | Cancer Aid Society | piyushgupta@canceraidssocietyindia.org | www.canceraidssocietyindia.org |
| India | Chronic Care Foundation | dratnadevi@chroniccareindia.org | www.chroniccareindia.org |
| International | International Confederation of Childhood Cancer Parent Organisations | icccpo@vokk.nl | www.icccpo.org |
| International | United Medical Foundation | ecokao@yahoo.com | |
| Iran (Islamic Republic of) | Maryam Ghasemi Educational Charity Institute | maryam_11311@yahoo.com | |
| Iran (Islamic Republic of) | Imam Ali's Popular Students Relief Society | imamali.ngo@gmail.com | www.sosapoverty.org |
| Italy | Brothers of Charity | rene.stockman.fc@fracarita.org | |
| Italy | SOCIETY OF THE SACRED HEART | ssc@iol.it | www.rscjinternational.org |
| Italy | Italian Federation of Volunteer-based Organizations in Oncology | info@favo.it | www.favo.it, |
| Japan | Suntory Holdings Limited | jun_tanaka@suntory.co.jp | http://www.suntory.co.jp/ |
| Jordan | King Hussein Cancer Foundation | nour.nasif@khcf.jo | www.khcf.jo |
| Kenya | African Institute for Health and Development | jowuor09@gmail.com | www.aihdint.org |
| Kenya | Kenyan-Heart National Foundation | kenyanheart@wananchi.com | www.kenyanheart.or.ke |
| Libyan Arab Jamahiriya | World Islamic Call Society | wicsitalia@wics.it | http://www.islamic-call.net |
| Mali | Action Aides aux Familles Demunies | ong_aafd@yahoo.fr | |
| Mexico | Consejo Mexicano contra el Tabaquismo A.C. | contacto@cmct.mx | |
| Mexico | Consejo Mexicano de la Industria de Productos de Consumo, A.C. | buzon@conmexico.com.mx | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------|--|---|-------------------------------|
| Mexico | Junior League de México, mujeres increíbles | info@juniorleaguemexico.org.mx; ninoscocinando@juniorleaguemexico.org.mx | |
| Mexico | Tómatalo a pecho | contacto@tomateloapecho.org.mx | |
| Mexico | Asociación Mexicana de lucha contra el Cáncer | comunicación@amlcc.org | |
| Mexico | Grupo RETO | contacto@gruporeto.org | |
| Mexico | Fundación Cim-ab | info@cimab.org | |
| Mexico | Fundación Beatriz Beltrones | contacto@fundacionbbeltrones.org.mx | |
| Mexico | Educación Campo y Salud | fparis@campoysalud.org.mx | |
| Mexico | Fundación Mexicana para la Salud (Funsalud) A.C. | correo-funsalud@funsalud.org.mx; mjuan@funsalud.org.mx | |
| Mexico | El Poder del Consumidor | elpoderdelconsumidor@gmail.com | |
| Morocco | Association Nationale Al Hidn - A.N.H. | al_hidn@yahoo.fr | |
| Nepal | Saptakoshi Sahara Kendra | saptakoshi@live.com | |
| Nigeria | Community Social Welfare Foundation | usi2005@yahoo.com | |
| Nigeria | Women Initiative In Business And Marketing Association | wibamanigeria@yahoo.com | |
| Nigeria | African Heart Network | bola@heartfoundation.co.za | ahnetwork.org |
| Nigeria | Alcohol Prevention Youth Initiative, Nigeria | willget2nelly@yahoo.co.uk | www.apyn.yolasite.com |
| Nigeria | Women's Board | ofunnette@yahoo.com | |
| Nigeria | SmokeFree Foundation | info@smoke-freefoundation.org | www.smoke-freefoundation.org |
| Nigeria | Nigerian Cancer Society | malamisa@yahoo.co.uk | http://www.cancernigeria.com/ |
| Nigeria | center for contemporary issues and policy studies abuja nigeria siute 31 b maitama shopping complex abuja fct | ccippolicy@yahoo.com | nne yet |

| COUNTRY | NAME | EMAIL | WEBSITE |
|----------------|---|----------------------------------|----------------------------|
| Norway | Kreftforeningen | servicetorget@kreftforeningen.no | www.kreftforeningen.no |
| Pakistan | Pakistan Community Peace Foundation | info@pcpfi.orgtt | www.pcpfi.org |
| Pakistan | Geriatrics Care Foundation of Pakistan | gcfpakistan2000@yahoo.com | www.iaed.org/gcfc |
| Pakistan | ngo's computer literacy shelter welfare rawalpindi pakistan | syed_ncl@yahoo.com | www.nclsw.org |
| Pakistan | World Welfare Association | wwa.ngo@hotmail.com | www.wwango.org |
| Pakistan | Batool Welfare Trust | bwtrwp@gmail.com | www.batoolwelfaretrust.com |
| Pakistan | Wespak Welfare Trust Rawalpindi Pakistan | wespakwelfare@gmail.com | http://www.wwtpk.org |
| Peru | Esperantra | informes@esperantra.org | www.esperantra.org |
| Philippines | Fit for School Philippines | bella.monse@fitforschool.ph | www.fitforschool.ph |
| Sierra Leone | Campaign for Human Rights & Development Sierra Leone | officialchrsl@yahoo.com | |
| South Africa | Centre for Health Policy and Innovation | marcogomes.healthpolicy@gmx.com | http://www.chpi.net |
| South Africa | Charlotte Maxeke Johannesburg Academic Hospital and University of the Witwatersrand | cmerc.southafrica@gmail.com | |
| Sweden | International Federation of Psoriasis Associations | ifpa@pso.se | www.ifpa-pso.org |
| Switzerland | World Economic Forum | contact@weforum.org | www.weforum.org |
| Switzerland | Geneva Social Observatory | khagen@gsogeneva.ch | www.gsogeneva.ch |
| Switzerland | World Heart Federation | amy.collins@worldheart.org | www.worldheart.org |
| Switzerland | International Federation of University Women | ifuw@ifuw.org | |
| Switzerland | International Society of Paediatric Oncology | irah@kenes.com | |
| Switzerland | Alliance for Health Promotion | sozanski@bluewin.ch | |
| Switzerland | NGO Forum for Health | info@ngo-forum-health.ch | www.ngo-forum-health.ch |
| Switzerland | NCD Alliance | Kiti.Kajana@cancer.org | www.ncdalliance.org |
| Switzerland | F. Hoffmann-La Roche Ltd | deeann.stahly@roche.com | www.roche.com |
| Switzerland | European Respiratory Society | brian.ward@ersnet.org | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|------------------------|--|---|--|
| Switzerland | Geneva University Hospitals Division of International and Humanitarian Medicine | slim.slama@hcuge.ch | http://medecine- internationale.hug- ge.ch/eng/index.htm |
| Switzerland | International Food and Beverage Alliance (IFBA) | delon@healthdiplomats.com | www.ifballiance.org |
| Switzerland | European Society for Medical Oncology | esmo@esmo.org | www.esmo.org |
| Switzerland | Medtronic International Trading Sàrl | herb.riband@medtronic.com | |
| Switzerland | World Stroke Organization | admin@world-stroke.org | www.world-stroke.org |
| Switzerland | FDI World Dental Federation | jleisele@fdiworldental.org | www.fdiworldental.org |
| Switzerland | World Federation of the Sporting Goods Industry | rdecock@wfsgi.org | www.wfsgi.org |
| Switzerland | International Osteoporosis Foundation (IOF) | jstenmark@iofbonehealth.org | www.iofbonehealth.org |
| Switzerland | International Federation of Pharmaceutical Manufacturers Associations (IFPMA) | admin@ifpma.ch | |
| Switzerland | International Union Against Cancer (UICC) | boller@uicc.org | www.uicc.org |
| Switzerland | International Pharmaceutical Federation | fip@fip.org | www.fip.org |
| Togo | Association des Nations Unies du Togo | info@unatogo.org | www.unatogo.org |
| Togo | African Tobacco Control Alliance | sagna@atca-africa.org | www.atca-africa.org |
| Trinidad and Tobago | ST. GEORGE EAST BRANCH ASSOCIATION OF VILLAGE/COMMUNITY COUNCIL | stgeorgeeastbranchassociation@yaho o.com | |
| Uganda | GREEN ALTERNATIVES AND PEACE MOVEMENT UGANDA | gapmu@yahoo.com | www.gapuganda.org |
| Uganda | Uganda Non Communicable Disease Alliance | keny_diana@yahoo.com | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|---|---|---|
| Ukraine | Ukrainian Union of Patients Organizations "National health" | udf@ukr.net | www.patient.in.ua |
| United Kingdom of Great Britain and Northern Ireland | International Alliance of Patients' Organization | info@patientsorganizations.org | |
| United Kingdom of Great Britain and Northern Ireland | Society of Catholic Medical Missionaries | generalate@medicalmissionsisters.org.uk | www.medicalmissionsisters.org, www.mms_un.org |
| United Kingdom of Great Britain and Northern Ireland | Royal Commonwealth Society for the Blind | acummins@sightsavers.org | |
| United Kingdom of Great Britain and Northern Ireland | Consumers International | consint@consint.org | www.consumersinternational.org/ |
| United Kingdom of Great Britain and Northern Ireland | HelpAge International | hai@helpage.org | |
| United Kingdom of Great Britain and Northern Ireland | Foundation of European Nurses in Diabetes | info@fend.org | www.fend.org |
| United Kingdom of Great Britain and Northern Ireland | International Association for the Study of Obesity | tlobstein@iaso.org | www.iaso.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|----------------------------------|--------------------------------|-----------------------------------|
| United Kingdom of Great Britain and Northern Ireland | National Heart Forum | nhf-post@heartforum.org.uk | www.heartforum.org.uk |
| United Kingdom of Great Britain and Northern Ireland | World Federation of Neurology | info@wfneurology.org | www.wfneurology.org |
| United Kingdom of Great Britain and Northern Ireland | Bone and Joint Decade Foundation | amye@healthymotivation.com | http://www.boneandjointdecade.org |
| United Kingdom of Great Britain and Northern Ireland | Trans Atlantic Consumer Dialogue | Sue.Davies@which.co.uk | www.tacd.org |
| United Kingdom of Great Britain and Northern Ireland | Diageo plc | joseph.luppino@diageo.com | |
| United Kingdom of Great Britain and Northern Ireland | SABMiller plc | theresa.bradford@sabmiller.com | www.sabmiller.com |
| United Kingdom of Great Britain and Northern Ireland | C3 Collaborating for Health | katy.cooper@c3health.org | www.c3health.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|---|--------------------------|---------------------------|
| United Kingdom of Great Britain and Northern Ireland | Bupa | bupapressoffice@bupa.com | www.bupa.com |
| United Kingdom of Great Britain and Northern Ireland | South Asian Health Foundation | drkiranpatel@sahf.org.uk | www.sahf.org.uk |
| United Kingdom of Great Britain and Northern Ireland | World Cancer Research Fund International | l.cooney@wcrf.org | www.wcrf.org |
| United Kingdom of Great Britain and Northern Ireland | Global Alcohol Policy Alliance | gapa@ias.org.uk | http://www.globalgapa.org |
| United Kingdom of Great Britain and Northern Ireland | International Cardiac Healthcare & Risk Factor Modification | intcardiachealth@aol.com | www.i-charm.co.uk |
| United Kingdom of Great Britain and Northern Ireland | Oxford Health Alliance | pam.dyson@oxha.org | www.oxha.org |
| United Kingdom of Great Britain and Northern Ireland | Worldwide Palliative Care Alliance | cmorris@thewpca.org | www.thewpca.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--|---|------------------------------------|-------------------------|
| United Kingdom of Great Britain and Northern Ireland | STRATEGIES FOR PEACE | davidwardrop@bulldoghome.com | |
| United States of America | World Federalist Movement | info@wfm.org | |
| United States of America | Global Health Council | advocacy@globalhealth.org | globalhealth.org |
| United States of America | National Council of Negro Women | FnnMnl@aol.com | ncnw.org |
| United States of America | Women's Federation for World Peace International | wfwpintl1@aol.com | www.wfwp.org |
| United States of America | Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria | info@businessfightsaids.org | businessfightsaids.org |
| United States of America | Population Services International | info@psi.org | www.psi.org |
| United States of America | Dominican Leadership Conference | ngo@domlife.org | www.domlife.org/dlc/ |
| United States of America | Adventist Development and Relief Agency | Frank.Teeuwen@adra.org | www.adra.org |
| United States of America | International Society for Traumatic Stress Studies | pboea@istss.org | www.istss.org |
| United States of America | International Union for Health Education | EAuld@sophe.org | www.iuhpe.org |
| United States of America | Chabad - International Jewish Educational and Cultural Network | yberkowitz@lubavitch.com | |
| United States of America | African Services Committee, Inc. | kimn@africanservices.org | |
| United States of America | NGO Health Committee, Inc. | information@ngohealthcommittee.org | |
| United States of America | Global Action on Aging | globalaging@globalaging.org | http://globalaging.org/ |
| United States of America | Buddha's Light International Association | nyngo.blia@gmail.com | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|-------------------------------|-------------------------------|
| United States of America | Communications Coordination Committee for the United Nations | drcarl@optonline.net | |
| United States of America | Family Health International | ddevaughn@fhi.org | |
| United States of America | Sisters of Mercy of the Americas | mgc@mercyinternational.ie | www.mercyworld.org |
| United States of America | Maryknoll Sisters of St. Dominic, Inc. | abraudis@mksisters.org | www.maryknoll.org |
| United States of America | International Health Awareness Network | sorosh@hotmail.com | |
| United States of America | Global Alliance for Women's Health | wolfson@gawh.org | www.gawh.org/ |
| United States of America | Livestrong (Lance Armstrong Foundation) | loyce.pace@livestrong.org | |
| United States of America | Institute of Human Nutrition | ma2947@columbia.edu | http://cumc.columbia.edu/ihn/ |
| United States of America | American College of Cardiology | nkovach@acc.org | www.cardiosource.org |
| United States of America | The American Heart Association/American Stroke Association | diana.vaca.mcghie@heart.org | www.heart.org |
| United States of America | IMA World Health | erikapearl@imaworldhealth.org | www.imaworldhealth.org |
| United States of America | International Association for Hospice and Palliative Care | ldelima@iahpc.com | |
| United States of America | Big Brother International | jfarrell327@aim.com | http://www.bigbrothergov.us |
| United States of America | ORDER OF SAINT AUGUSTINE | jp@augustinian.org | www.aug.org |
| United States of America | GlaxoSmithKline Oncology | Jorge.C.Otero@gsk.com | |
| United States of America | Health Care Without Harm | alejandra@hcwh.org | http://www.noharm.org/ |
| United States of America | Action on Smoking and Health | Grayn@ash.org | www.ash.org |
| United States of America | Deerghayu Foundation | deerghayufoundation@gmail.com | www.deerghayu.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|-----------------------------------|---|
| United States of America | Harvard Global Equity Initiative | hgei@harvard.edu | hgei.harvard.edu |
| United States of America | Grounds for Health | katherine@groundsforhealth.org | www.groundsforhealth.org |
| United States of America | Jefferson School of Population Health | caroline.golab@jefferson.edu | http://www.jefferson.edu/population_health/ |
| United States of America | Denali Oncology Group | aoc4105@yahoo.com | |
| United States of America | International Association of Consumer Food Organizations | bjeffery@cspinet.org | www.iacfo.org |
| United States of America | Juvenile Diabetes Research Foundation | ssobers@jdrf.org | www.jdrf.org |
| United States of America | Global Alcohol Producers Group (GAPG) | dspiegel@cov.com | |
| United States of America | Molson Coors Brewing Company | bart.alexander@molsoncoors.com | www.molsoncoors.com |
| United States of America | American Childhood Cancer Organization | rhoffman@acco.org | www.acco.org |
| United States of America | American Society for Clinical Pathology | reginald.yarn@ascp.org | |
| United States of America | Harvard School of Public Health Dept of Global Health and Population | lmorariu@hsph.harvard.edu | http://www.hsph.harvard.edu// |
| United States of America | Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment | kemper.katherine@mayo.edu | www.globalbridges.org |
| United States of America | Center for Science in the Public Interest (U.S.) | mjacobson@cspinet.org | www.cspi.net |
| United States of America | sanofi aventis | frederic.badey@sanofi-aventis.com | |
| United States of America | Varian Medical Systems | lauren.hales@varian.com | |
| United States of America | Business Council for the United Nations | AMacEachron@unfoundation.org | www.bcun.org |
| United States of America | National Forum for Heart Disease and Stroke Prevention | keith.mason@nationalforum.org | hearthealthystrokefree.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|---|----------------------------------|-------------------------------|
| United States of America | The Max Foundation | erin@themaxfoundation.org | www.themaxfoundation.org |
| United States of America | UnitedHealth Group | simon_l_stevens@uhc.com | |
| United States of America | International Food Information Council Foundation | reed@ific.org | www.foodinsight.org |
| United States of America | American College of Sports Medicine | jwhitehead@acsm.org | www.acsm.org |
| United States of America | City University of New York School of Public Health | nfreuden@hunter.cuny.edu | |
| United States of America | Institute for Healthcare Improvement | developingcountries@ihi.org | www.ihi.org |
| United States of America | American Institute for Cancer Research | d.mcginley-gieser@aicr.org | www.aicr.org |
| United States of America | Children's HeartLink | elizabeth@childrensheartlink.org | www.childrensheartlink.org |
| United States of America | Philips Healthcare North America | michelle.a.demoor@philips.com | |
| United States of America | Universities Allied for Essential Medicines | info@essentialmedicine.org | http://essentialmedicine.org/ |
| United States of America | Bloomberg Philanthropies | neena@bloombergfoundation.org | |
| United States of America | Preventive Cardiovascular Nurses Association | skoob@pcna.net | |
| United States of America | Campaign for tobacco-free kids | jbirckmayer@tobaccofreekids.org | www.tobaccofreekids.org |
| United States of America | Development Finance International | sraasch@dfintl.com | |
| United States of America | American Society of Clinical Oncology | international@asco.org | www.asco.org |
| United States of America | American Diabetes Association | lcann@diabetes.org | www.diabetes.org |
| United States of America | Young Professionals' Chronic Disease Network | sunny.kishore@gmail.com | www.ncdaction.org |
| United States of America | Arogya World | nalini@arogyaworld.org | www.arogyaworld.org |
| United States of America | Lown Cardiovascular Research Foundation | bgrover@partners.org | www.lcrf.org |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|---|--|---------------------------------|
| United States of America | InterAmerican Heart Foundation | beatriz.champagne@interamericanheart.org | www.interamericanheart.org |
| United States of America | MERCY COLLEGE | msperling@mercy.edu | www.mercy.edu |
| United States of America | AUTISM SPEAKS | contactus@autismspeaks.org | www.autismspeaks.org |
| United States of America | ASSOCIATION FOR TRAUMA OUTREACH AND PREVENTION/ MEANINGFUL WORLD (ATOP) | vp@meaningfulworld.com | www.meaningfulworld.com |
| United States of America | Pain & Policy Studies Group, UW Carbone Cancer Center | kmryan@uwcarbone.wisc.edu | http://www.painpolicy.wisc.edu/ |
| United States of America | Zomi Innkuan USA | ziusa@yahoo.com | |
| United States of America | Public Health Institute | globalhealth@phi.org | www.phi.org |
| United States of America | American Cancer Society | rennie.sloan@cancer.org | |
| United States of America | Society of International Humanitarian Surgeons | peter@humanitariansurgery.org | www.humanitariansurgery.org |
| United States of America | INTERNATIONAL COMMISSION FOR THE PREVENTION OF ALCOHOLISM & DRUG DEPENDENCY | | |
| United States of America | SIGMA THETA TAU, HONOR SOCIETY OF NURSING | joanne@stti.iupui.edu | www.nursingsociety.org |
| United States of America | International Center for Alcohol Policies | bbivans@icap.org | www.icap.org |
| United States of America | Framework Convention Alliance for Tobacco Control | fca@fctc.org | |
| United States of America | New York University | ja77@nyu.edu | |
| United States of America | Fairleigh Dickinson University | jamurphyfdu@gmail.com | |
| United States of America | GAVI Fund | | |

| COUNTRY | NAME | EMAIL | WEBSITE |
|--------------------------|--|--------------------------------|---|
| United States of America | World Lung Foundation | jalday@worldlungfoundation.org | http://www.worldlungfoundation.org/ |
| United States of America | Management Sciences for Health | clander@msh.org | www.msh.org |
| United States of America | International Medical Corps | mpack@imcworldwide.org | |
| United States of America | Family Care International | aboldosser@familycareintl.org | www.familycareintl.org |
| United States of America | International Multiracial Shared Cultural Organization | westimsco@aol.com | www.imscoglobal.org |
| United States of America | AARP | jefrank@aarp.org | |
| United States of America | International Chamber of Commerce | lkw@iccwbo.org | |
| United States of America | Salvation Army, The | IHQ-ISJC@salvationarmy.org | |
| United States of America | Human Rights Watch | lapara@hrw.org | |
| United States of America | World Federation for Mental Health | eberger@wfmh.com | |
| Uruguay | Sociedad Uruguaya de Tabacología | sutabacologia@gmail.com | |



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

22 July 2011

Excellency,

As we move towards the summer break, I would like to share with you information on the organizational arrangements of the three High-level Meetings that will take place during the high-level week of the 66th session in September.

- By its resolution 65/238, the General Assembly decided that a High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases shall be held on **19 and 20 September 2011**.
- By its resolution 65/160, the General Assembly decided that a High-level Meeting of the General Assembly on the theme “Addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication” shall be held on **20 September 2011**.
- By its resolution 65/240, the General Assembly decided that a High-level Meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action shall be held on **22 September 2011**.

Further information on the organizational arrangements of aforementioned High-level Meetings will be provided by the Secretariat in its information note to delegations. Provisional programmes for the meetings will also be conveyed at a later date.

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

A handwritten signature in black ink, appearing to read 'Deiss', written in a cursive style.

Joseph Deiss

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

**Organizational arrangements for the High-level Meeting on the Prevention and Control of Non-Communicable Diseases
(Monday 19 – Tuesday 20 September 2011, New York)**

1. The General Assembly, by its resolution 64/265 of 13 May 2010, decided to convene a High-level Meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases. In its resolution of 65/238 of 24 December 2010, the General Assembly further decided that this High-level Meeting shall be held on 19 and 20 September 2011 in New York.

2. By paragraph 5 of resolution 65/238, the General Assembly requested the President of the General Assembly, in consultation with Member States, to finalize the organizational arrangements of the meeting.

Plenary meetings

3. Pursuant to paragraph 4(a) of resolution 65/238, formal plenary meetings will be held on 19 September 2011 (see Annex) and will feature opening statements by the President of the General Assembly, the Secretary-General, the Director-General of the World Health Organization and a representative of civil society who will be chosen from non-governmental organizations with consultative status with the Economic and Social Council and in consultation with Member States. The President of the General Assembly is currently considering recommendations for the civil society speaker, in consultation with Member States and the Civil Society Task Force established by the President.

4. To enable maximum participation within the limited time available, statements in plenary meetings should not exceed five minutes when speaking in the national capacity and eight minutes when speaking on behalf of a group. It is anticipated that within the time constraints, there will be time for a maximum of 65 interventions. A list of speakers, maintained in accordance with the level of participation and on a first come, first served basis, will be open for inscription with a contact point at the Secretariat (to be announced in the Journal) from 1 - 30 August 2011. Delegations are asked to kindly indicate the level of representation when inscribing on the speakers list.

5. A closing plenary meeting will be held on 20 September 2011 from 15:00 – 16:00, comprising the presentation of summaries of the round tables and the adoption of a concise action-oriented outcome document.

Round tables

6. Pursuant to paragraph 4(c) of resolution 65/238, the thematic round tables will address the following themes:

Round table 1: The rising incidence, developmental and other challenges and

the social and economic impact of non-communicable diseases and their risk factors.

Round table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases.

Round table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases.

Round tables 1 and 2 will take place concurrently with the plenary meetings on 19 September 2011, as indicated in paragraph 4(b) of resolution 65/238. Round table 3 will take place on the morning of 20 September.

7. Participation in each round table will include Member States, observers, and representatives of entities of the United Nations system, civil society and the private sector.

8. Each round table will be chaired by two Co-Chairs, selected by the President of the General Assembly and taking full account of the level of representation as well as equitable geographical distribution. Member States are requested to indicate to the Office of the President of the General Assembly by 15 August 2011 if their Head of State is interested to participate as a Co-Chair.

9. Pursuant to paragraph 4(d) of resolution 65/238, a list of speakers will not be maintained. However, Member States and General Assembly Observers are encouraged to inform a contact point at the Secretariat (to be announced in the Journal) from 1 - 30 August 2011 which round table they wish to intervene in and at what level of representation. Up to fifty Member States and observers should be able to intervene in each round table, and the Office of the President of the General Assembly will do its utmost to accommodate all preferences, taking into account the level of representation as well as equitable geographical distribution.

10. To promote interactive, free-flowing discussions, participants in the round tables will be invited to make brief remarks that do not exceed five minutes, raise questions and respond to other speakers. Written statements are strongly discouraged.

11. Five civil society organizations and three representatives of UN funds and programmes and the specialised agencies will be invited to take the floor in each round table, time permitting.

12. Pursuant to paragraph 15 of resolution 65/238, the General Assembly will have to approve a list of representatives of non-governmental organizations, civil society organizations, the private sector and academia for participation in the High-level Meeting, including the round tables. A decision will be submitted to the Assembly shortly.

Further information

13. Further general information on the organizational arrangements for the High-level Meeting will be provided by the Secretariat in its information note to delegations.

ANNEX: High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

| <u>Monday, 19 September 2011</u> | |
|--|---|
| 9:00 - 10:00 Opening plenary | |
| 10:00 - 13:00 Plenary meeting | 10:00 - 13:00 Round table 1: The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors. |
| 15:00 - 18:00 Plenary meeting | 15: 00 -18:00 Round table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases. |
| <u>Tuesday, 20 September 2011</u> | |
| | 10:00 - 13:00 Round table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases. |
| 15:00 – 16:00 Closing plenary | |

**Organizational arrangements for the High-level Meeting on
“Addressing desertification, land degradation and drought in the context of
sustainable development and poverty eradication”
(Tuesday, 20 September 2011, New York)**

1. The General Assembly, by its resolution 65/160, decided to convene a High-level Meeting of the General Assembly on the theme “Addressing desertification, land degradation and drought in the context of sustainable development and poverty eradication” on 20 September 2011.
2. The General Assembly also decided that “the preparations for the meeting will be undertaken under the authority of the President of the General Assembly at its sixty-fifth session” (para. 11(d)).
3. Pursuant to paragraph 11(a) of the said resolution, which decided that “the meeting will be organized within existing resources”, the high-level meeting will take the following format:

| | |
|---------------|--|
| 10 – 10:45 am | <p>Opening plenary meeting (General Assembly Hall)</p> <ol style="list-style-type: none"> 1. President of the General Assembly 2. Secretary-General 3. Executive Secretary of the United Nations Convention to Combat Desertification (UNCCD) 4. President of the 9th session of the Conference of the Parties to the UNCCD 5. President of the 10th session of the Conference of the Parties to the UNCCD 6. Group of 77 and China 7. European Union 8. Group of African States |
| 11 am – 1 pm | <p>Morning interactive panel on the same theme as the meeting (Conference Room 4, North Lawn Building)</p> <ul style="list-style-type: none"> • Co-chaired by Heads of State or Government, one from the North and one from the South |
| 3 – 5:30 pm | <p>Afternoon interactive panel on the same theme as the meeting (Conference Room 4, North Lawn Building)</p> <ul style="list-style-type: none"> • Co-chaired by Heads of State or Government, one from the North and one from the South |
| 5:45 – 6 pm | <p>Closing plenary meeting (General Assembly Hall)</p> <ul style="list-style-type: none"> • President of the General Assembly will present a summary of the discussions based on the report of the co-chairs |

** Speakers in the opening plenary meeting will be limited to the eight mentioned above, as the interactive panel will take place from 11 am to 1 pm.*

4. To enable maximum participation within the limited time available, statements in the plenary meetings and the interactive panels should not exceed five minutes when speaking in the national capacity and eight minutes when speaking on behalf of a group. It is anticipated that in the morning panel, there will be time for approximately 20 speakers, followed by approximately 30 speakers in the afternoon panel.
5. A list of speakers, maintained in accordance with the level of representation and on a first-come, first-served basis, will be open for inscription with a contact point at the Secretariat (to be announced in the Journal) from 1 - 30 August 2011. Delegations are asked to kindly indicate the level of representation and the preferred interactive panel (morning or afternoon) when inscribing on the speakers' list.
6. The panels will be co-chaired by two Heads of State or Government, one from the North and one from the South, "to be appointed by the President of the General Assembly, with due regard for geographical balance, in consultation with regional groups" (para. 11(b)).
7. Each regional group is requested to indicate to the Office of the President of the General Assembly by 2 September 2011, which Head of State or Government will be available to co-chair.
8. Representatives of two non-governmental organizations, one from the North and one from the South, will be invited to take the floor during the interactive panels, time permitting.
9. Further general information on the organizational arrangements for the High-level Meeting will be provided by the Secretariat in its information note to delegations.

**Organizational arrangements for the high-level meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action
(Thursday, 22 September 2011, New York)**

1. The General Assembly, by its resolution 65/240 of 24 December 2010, decided to hold a one-day high-level meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action. The high-level meeting will be held on Thursday, 22 September 2011, and its theme will be “Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development”. The General Assembly, by its resolution 65/279 of 13 June 2011, further specified the scope, modalities, format and organization of the high-level meeting.

Plenary meetings

2. Pursuant to paragraph 2 of resolution 65/279, the General Assembly decided that the speakers at the opening plenary will be the President of the General Assembly, the Secretary-General, the United Nations High Commissioner for Human Rights, the Head of State of South Africa, one speaker from each regional group and a representative of a non-governmental organization active in the field of racism, racial discrimination, xenophobia and related intolerance.

3. The current Chair of each regional group has been asked to recommend to the President of the General Assembly one speaker on behalf of their group to participate in the opening plenary.

4. Regarding the selection of the NGO representative for the opening plenary, the General Assembly invited the President of the General Assembly, by paragraph 5 of resolution 65/279, to draw up a list of representatives of civil society organizations, including non-governmental organizations active in the field of racism, racial discrimination, xenophobia, and related forms of intolerance and, taking into account the principle of equitable geographical representation, to submit the list to Member States for consideration on a no-objection basis, for participation in the high-level meeting. The deadline for NGO pre-registration was 15 July and the NGOs that have registered are currently being reviewed. The list will be circulated shortly to Member States for consideration on a non-objection basis. Thereafter, the President will select an NGO representative to participate in the opening plenary.

5. In accordance with paragraph 7 of resolution 65/279, the closing plenary meeting will comprise the presentation of summaries of the discussions by the Co-Chairs of the round tables and the adoption of a short and concise political declaration aimed at mobilizing political will. Consultations are currently ongoing on the content of this political declaration.

Round tables

6. Following the opening plenary, two consecutive round tables will take place (see Annex). As decided in paragraph 3(a) of resolution 65/279, the round tables will address the overall theme of “Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development”.

7. As indicated in paragraph 3(c) of resolution 65/279, participation in each round table will include Member States, observers, representatives of entities of the United Nations system and experts as well as selected representatives of civil society organizations and non-governmental organizations that are active in the field of racism, racial discrimination, xenophobia and related intolerance.

8. The following experts have been invited to participate in the round tables: The Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; the Chairperson of the Committee on the Elimination of Racial Discrimination; the Chairperson of the Working Group on People of African Descent; the Chairperson of the Intergovernmental Working Group on the effective implementation of the Durban Declaration and Programme of Action; as well as one of the Independent Eminent Experts on the implementation of the Durban Declaration and Programme of Action.

9. The round tables will be co-chaired by two Heads of State or Government to be invited by the President of the General Assembly after consultations with the regional groups. In selecting the Co-Chairs, the President of the General Assembly will take full account of the level of representation as well as equitable geographical distribution. Member States are requested to indicate to the Office of the President of the General Assembly by 15 August if their Head of State or Government is interested to participate as a Co-Chair.

10. To promote interactive, free-flowing discussions, participants in the round tables will be invited to make brief remarks that do not to exceed five minutes, raise questions and respond to other speakers. Written statements are strongly discouraged.

11. A list of speakers for the round tables, maintained in accordance with the level of representation and on a first come, first served basis, will be open for inscription with a contact point in the Secretariat (to be announced in the Journal) from 1 - 30 August 2011. Delegations are asked to kindly indicate the level of representation when inscribing on the speakers list.

12. As noted in paragraph 4 above, the deadline for NGO pre-registration for participation in the high-level meeting was 15 July and the NGOs that have registered are currently being reviewed. This list will be circulated shortly to Member States on a non-objection basis. Thereafter, the President will select NGO representatives to participate in the round tables.

Further information

13. Further general information on the organizational arrangements of the High-level Meeting will be provided by the Secretariat in its information note to delegations.

Annex: High-level meeting of the General Assembly to commemorate the tenth anniversary of the adoption of the Durban Declaration and Programme of Action

| <u>Thursday, 22 September 2011</u> | |
|---|---|
| 9:00 – 11:00 | Opening plenary |
| 11:00 – 13:00 | Round table on “Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development” |
| 15:00 – 18:00 | Round table on “Victims of racism, racial discrimination, xenophobia and related intolerance: recognition, justice and development” |
| 18:00 – 19:00 | Closing plenary |



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

9 September 2011

Excellency,

On 20 December 2010, the General Assembly adopted resolution 65/238 entitled “Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.”

In this resolution, the General Assembly requested “the President of the General Assembly, in consultation with Member States, to finalize the organizational arrangements of the meetings, including the list of speakers of the plenary meetings to be held on 19 September 2011, taking account of the length of the meetings, the identification of the civil society representative to speak at the opening plenary meeting, the assignment of Member States and participants to round tables, and the identification of Chairs for the round tables, taking into account the level of representation as well as equitable geographical representation”.

In this regard, I have the honour to transmit herewith a detailed information note on the organizational arrangements for the High-level Meeting.

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

A handwritten signature in cursive script, appearing to read 'J. Deiss', written in dark ink.

Joseph Deiss

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

Organizational arrangements for the High-level Meeting on the Prevention and Control of Non-Communicable Diseases
(Monday 19 – Tuesday 20 September 2011, New York)

Introduction

1. The General Assembly, by its resolution 64/265 of 13 May 2010, decided to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases. In its resolution 65/238 of 24 December 2010, the General Assembly further decided that this high-level meeting shall be held on 19 and 20 September 2011 in New York.
2. By paragraph 5 of resolution 65/238, the General Assembly requested the President of the General Assembly, in consultation with Member States, to finalize the organizational arrangements of the meeting.

Participation

3. Participation in the high-level meeting will be in accordance with paragraphs 3, 4(d), 5, 6, 12, 13 and 14 of General Assembly resolution 65/238.
4. The high-level meeting will be attended by a number of Heads of State and Government and will have a significant level of ministerial participation. In letters dated 15 August 2011, the Secretary-General extended an invitation to all Heads of State and Government to participate in the high-level meeting.
5. By decision 65/549, the General Assembly approved the list of civil society representatives that will participate in the high-level meeting, including the round tables.

Programme of the high-level meeting

6. Pursuant to paragraph 4(a) and (b) of resolution 65/238, the high-level meeting will comprise of plenary meetings and three round tables. The programme of the high-level meeting is contained in **Annex A**.

Plenary meetings

7. The opening plenary meeting will be held on 19 September 2011 at 9.00 a.m. and will feature opening statements by the President of the General Assembly, the Secretary-General, the Director-General of the World Health Organization and a representative of civil society chosen from non-governmental organizations with consultative status with the Economic and Social Council and in consultation with Member States.
8. The representative of civil society to speak at the opening plenary meeting will be Her Royal Highness Princess Dina Mired who will speak in her capacity as the

representative of the Union for International Cancer Control (UICC), which enjoys consultative status with the Economic and Social Council (ECOSOC).

9. To enable maximum participation within the limited time available, statements in plenary meetings should not exceed five minutes when speaking in the national capacity and eight minutes when speaking on behalf of a group. In view of the high number of Member States inscribed it is anticipated that a plenary meeting will be held on Tuesday 20 September 2011 from 11.00-1.00 p.m.

10. A closing plenary meeting will be held on 20 September 2011 from 15:00 – 16:00, comprising the presentation of summaries of the round tables and the adoption of the outcome document. Following consultations with the President of the 66th General Assembly, Mr. Michael Bloomberg, Mayor of New York City has been invited to address the closing plenary of the high-level meeting as a special guest.

Round tables

11. The three round tables will be held in the ECOSOC Chamber. Conference Room 4 will serve as an overflow room on Monday 19 September.

12. Round tables 1 and 2 will take place concurrently with the plenary meetings on 19 September 2011, as indicated in paragraph 4(b) of resolution 65/238. Round table 3 will take place on the morning of 20 September.

13. Pursuant to paragraph 5 of resolution 65/238, each round table will be chaired by two Co-Chairs, taking into account the views of Member States as well as the level of representation and the need for equitable geographical distribution. The following Co-Chairs have been identified:

Round Table 1:

Rt. Hon. Andrew Lansley, Secretary of State for Health, United Kingdom
H.E. Dr. Endang Rahayu Sedyaningsih, Minister of Health, Indonesia

Round Table 2:

H.E. Felipe Calderon Hinojosa, President of Mexico
H.E. Laszlo Solyom, President of the Republic of Hungary

Round Table 3

Rt. Hon. Denzil L. Douglas, Prime Minister of St Kitts & Nevis
H.E. Dr. Walter Gwengbe, Minister of Health and Social Welfare, Liberia

14. To promote interactive, free-flowing discussions, participants in the round tables will be invited to make brief remarks that do not exceed five minutes, raise questions and respond to other speakers. Written statements are strongly discouraged.

15. Pursuant to paragraph 4(d) of resolution 65/238, five representatives of civil society and the private sector have been selected, in consultation with the Civil Society Task Force, to take the floor in each round table.
16. Pursuant to paragraph 4(d) of resolution 65/238, up to five representatives of entities of the UN system will be invited to take the floor, time permitting.
17. The themes and composition of the round tables as well as background papers for each round table are contained in **Annex B**.

Annex A:

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

| Monday, 19 September 2011 | | |
|-----------------------------------|--|----------------|
| 9.00 – 10.00 a.m. | Opening plenary meeting <i>Statements by:</i> <i>H.E. Mr. Nassir Abdulaziz Al-Nasser, President of the General Assembly</i> <i>H.E. Mr. Ban Ki-moon, Secretary-General</i> <i>Dr. Margaret Chan, Director-General, WHO</i> <i>HRH Princess Dina Mired, Union for International Cancer Control</i> | GA Hall |
| 10.00 a.m. – 1.00 p.m. | Plenary meeting | GA Hall |
| | Round table 1: The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors. | ECOSOC Chamber |
| 3.00 – 6.00 p.m. | Plenary meeting | GA Hall |
| | Round table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases. | ECOSOC Chamber |
| Tuesday, 20 September 2011 | | |
| 11.00 a.m. – 1.00 p.m. | Plenary meeting | GA Hall |
| | Round table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases. | ECOSOC Chamber |
| 3.00 p.m. – 4.00 p.m. | Closing plenary meeting and adoption of the declaration. | GA Hall |

Round tables

Pursuant to paragraph 4(c) of resolution 65/238, the thematic round tables will address the following themes:

Round table 1: The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors.

This round table will enable a discussion on the global burden of NCDs, which currently constitutes one of the major challenges for development in the 21st century. NCDs pose an enormous burden on health curtail economic growth and represent a major social challenge in all countries. This round table will also highlight the need to raise the priority accorded to NCDs at the highest levels of government and discuss mechanisms for monitoring their risk factors and determinants and assessing actions taken to reduce them.

Date/Time: Monday, 19 September, 10.00 a.m. - 1.00 p.m. (ECOSOC Chamber)

Co- Chairs: *Rt. Hon. Andrew Lansley, Secretary of State for Health, United Kingdom*
H.E. Dr. Endang Rahayu Sedyaningsih, Minister of Health, Indonesia

Civil Society Representatives: *Maria Ruis de Castilla,*
International Association of Patients Organisations

Dr. Wonchat Subhachaturas
World Medical Association

Mrs. Donna Hrinak
International Food and Beverage Association

Prof. David Bloom
Harvard School of Public Health

Prof. Asma El Sony
International Union against TB and Lung Disease

UN Representatives: *World Bank*
United Nations Office on Sport for Development and Peace

Round table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases.

This round table will discuss best practices which exist in many countries with different income levels, showcase affordable actions that can be taken immediately, identify priorities for strengthening national capacities and focus on implementing cost-effective and affordable measures. This round table will also review lessons learned in promoting intersectoral action and enable a discussion of priorities in forging new alliances between sectors.

Date/Time: Monday, 19 September, 3.00 p.m. - 6.00 p.m. (ECOSOC Chamber)

Co- Chairs: *H.E. Laszlo Solyom, President of the Republic of Hungary*
H.E. Felipe Calderon Hinojosa, President of Mexico

Civil Society Representatives: *David Brennan,*
International Federation of Pharmaceutical
Manufactures & Associations

Dr. John Seffrin
American Cancer Society

Mrs. Ann Keeling
International Diabetes Federation

Dr. Kingsley Akinroye
African Heart Network

Dr. Pankaj Chaturvedi
Tata Memorial Hospital

UN Representatives: *UNFPA*
UNAIDS
UNRWA
International Narcotics Board
International Atomic Energy Agency

Round table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases.

This round table will review the pivotal role that international cooperation, coordinated action and solidarity play in reducing the global NCD burden, through an overarching framework that covers:

- Surveillance and monitoring of NCDs and risk factors*
- Reducing the level of shared risk factors and determinants*
- Strengthening health care for people with NCDs*

Date/Time: Tuesday, 20 September, 10.00 a.m. - 1.00 p.m. (ECOSOC Chamber)

Co- Chairs: *Rt. Hon. Denzil L. Douglas, Prime Minister of St Kitts & Nevis*
H.E. Dr. Walter Gwengale, Minister of Health and Social Welfare, Liberia

Civil Society Representatives: *Mr. Lance Armstrong,*
LIVESTRONG

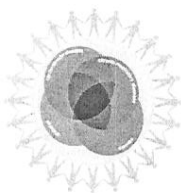
Mr. Borge Brende
World Economic Forum

Ms. Indrani Thuraisingham
Consumers International

Dr. Srinath Reddy
World Heart Federation

Sir George Alleyne
PAHO

UN Representatives: *WHO*
UNDP
UNRWA
FAO
ITU



2011 UN High-level meeting on NCDs
General Assembly • United Nations • New York
19–20 September 2011



UNITE IN THE FIGHT AGAINST NCDs

Round Table 1: The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors

Non-communicable diseases (NCDs), mainly cardiovascular diseases (heart disease and strokes), cancers, diabetes and chronic lung disease, are today the leading causes of disease burden and death worldwide. They share four major causative risk factors (tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol). Around 36 million people died from NCDs in 2008. More than 9.1 million people died from NCDs too young -- before the age of 60. Nearly 90% of these premature deaths occurred in low- and middle-income countries. The consequences of NCDs extend beyond health to include serious social and economic dimensions.

Despite their enormously increasing magnitude and grave consequences, NCDs remain hidden and under-recorded; their impact on family income, productivity and development is poorly recognized. The health-care needs in low- and middle-income countries are rising to unprecedented levels and health-care costs are escalating, overwhelming health systems in low- and middle-income countries.

This Round Table will enable a discussion on the global burden of NCDs, which currently constitutes one of the major challenges for development in the 21st century. NCDs pose an enormous burden on health systems, curtail economic growth and represent a major social challenge in all countries. This Round Table will also highlight the need to raise the priority accorded to NCDs at the highest levels of governments and discuss mechanisms for monitoring their risk factors and determinants and assessing actions taken to reduce them.

Overview

Non-communicable diseases (NCDs) are as much of an economic and social problem, as a public health one: eleven years since the landmark World Health Assembly endorsed the Global Strategy for the Prevention and Control of NCDs, there are new developments which have led to the High-level Meeting of the United Nations General Assembly at this juncture.

NCDs are the biggest global killers today. Sixty-three percent of all deaths in 2008 -- 36 million people -- were caused by NCDs. More than 9.1 million people died from NCDs before the age of 60. Nearly 90% of these premature deaths occurred in low- and middle-income countries. The numbers of deaths from NCDs are expected to increase substantially in the future, particularly in low- and middle-income countries. By 2020, the largest increases in NCD mortality will occur in Africa.

In addition to their enormous health impact, NCDs are now emerging to have a seriously negative impact on human development in social and economic terms. NCDs reduce productivity and contribute to poverty. They create a heavy financial burden on health systems and increasingly negative consequences on the economy, even in high-income countries.

There is also clear evidence that NCDs can impede progress towards the Millennium Development Goals (MDGs) and that they must be tackled if the global development is to achieve its targets.

Key issues

NCDs are hidden, misunderstood and under-recorded

- The rapidly increasing burden of NCDs, particularly in low- and middle-income countries over the past decade has remained relatively hidden from the public domain.
- There is still insufficient statistical data on NCDs and current capacities for surveillance of NCDs are inadequate in many countries.

- Policy makers may not recognize that the NCD epidemic is largely preventable by government-led action -- in close collaboration with civil society and the private sector.

NCDs curtail economic growth

- The enormous magnitude of NCDs, the disabilities and premature deaths they cause and the long-term care required, lead to reduced productivity and increase in health-care costs, thereby weakening national economic development.
- Current global losses in national income from premature deaths amount to hundreds of billions of dollars in 2010, and are set to increase considerably by the year 2025.
- NCDs lock millions of people into chronic poverty every year due to impact on household income.

NCDs lead to unprecedented health-care needs in low- and middle-income countries

- Many low- and middle-income countries are now suffering from a double burden of disease. This phenomenon means that the already over-stretched public health services will now have to also cope with the increasing trend of NCDs.
- A large proportion of people with high risk of NCDs remain undiagnosed in low- and middle-income countries, and even those diagnosed have insufficient access to treatment at the primary health-care level.

Health spending in high-income countries rises faster than economic growth

- Health spending continues to rise faster than economic growth in most high-income countries. In the past ten years, health expenditures in OECD countries have increased by 50% in real terms. In seven OECD countries, they account for more than 10% of the economy.

NCDs impact the achievement of internationally agreed development goals

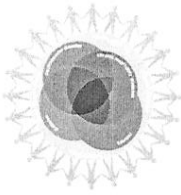
- NCDs have a negative impact on family income, because a substantial proportion of household income is spent on health-care in low-income countries.
- Costs for NCD-related health care, medicines, tobacco and alcohol displace household resources that might otherwise be available for education.
- Improper nutrition during pregnancy is associated with stillbirths and pre-term births and leads to higher rates of diabetes and high blood pressure later in life.

- The rising prevalence of high blood pressure and gestational diabetes is increasing the adverse outcomes of pregnancy and maternal health. Diabetes during pregnancy presents serious risks to both the mother and the baby.
- The increasing burden of NCDs also interferes with effective tuberculosis control.

Way forward

- Shared responsibility to acknowledge the magnitude of the NCD epidemic and strengthen political commitment to prevent and control NCDs at the highest levels of government.
- Shared responsibility and commitment to integrate NCD prevention and control into national and global development agendas.
- Shared responsibility to map and monitor NCDs and their risk factors and determinants and build effective NCD surveillance systems, as an integral part of national health information systems.
- Shared responsibility to develop a global monitoring framework to assess NCD trends and the progress countries will make to address NCDs. The WHO Global Status Report on NCDs (2010) provides a baseline for national and global monitoring of NCDs.

ooo000ooo



2011 UN High-level meeting on NCDs
General Assembly • United Nations • New York
19–20 September 2011



UNITE IN THE FIGHT AGAINST NCDs

Round Table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases

The global health dimensions of non-communicable diseases (NCDs) and their socio-economic consequences can be reversed by investing in proven interventions. These interventions are not only achievable, but also cost-effective. And the income level of a country or population is not a barrier to success. Low-cost solutions can work anywhere to reduce the major risk factors and to improve health care for those with established NCDs.

While many interventions to reduce risk factors implemented at the population level may be cost-effective, some are considered "best buys" -- actions that should be undertaken immediately to produce accelerated results in terms of lives saved, disease prevented and heavy costs avoided.

The "best buys" and other effective measures to reduce risk factors can only be implemented through active engagement of non-health sectors. Countries will therefore need to establish effective mechanisms for intersectoral action.

In addition to population-wide interventions to prevent NCDs, health-care systems should also be strengthened, particularly at the primary health care level, in order to improve access to essential health care for people with cardiovascular disease, cancer, diabetes and chronic lung disease.

What is needed are high levels of political will and commitment, effective engagement of non-health sectors and concrete whole-of-government action, as well as community mobilization. The role of civil society is also key and the private sector needs to be committed and engaged in implementing appropriate solutions. The capacity of countries to address NCDs will require scaling up in most Member States.

This Round Table will discuss best practices which exist in many countries with different income levels, showcase affordable actions that can be taken immediately, identify priorities for strengthening national capacities and focus on implementing cost-effective and affordable measures. This Round Table will also review lessons learned in promoting intersectoral action and enable a discussion of priorities in forging new alliances between sectors: government departments, communities, NGOs, and the corporate sector.

Overview (based on WHO's Global Status Report 2010)

Country capacity for the prevention and control of NCDs have seen significant improvements in the past decade. However, while many countries have components of the necessary national policies, plans and infrastructure in place, they are often not adequately funded or operational. However, the existence of initiatives to combat NCDs in a growing number of countries provides a strong foundation to extend progress, as follows:

- NCD policies and plans need to be aligned with strong national plans.
- Strengthening political commitment and according a higher priority to NCD programmes are key to strengthening national capacities to tackle NCDs.
- Guidance on effective policies and strategies to address capacity gaps now exists and needs to be used.

Furthermore, more prevention gains may be achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development,

pricing, advertising, information and communication technology and taxation policies, than by changes that are restricted to health policy and health care alone. This approach is referred to as "Health in All Policies and has been developed and tested in a number of countries. It assists leaders and policy-makers to integrate considerations of health during the development, implementation and evaluation of policies and services in other sectors.

Key issues

Best buys

A "best buy" is defined as an intervention for which there is compelling evidence that it is not only highly cost-effective but is also feasible, low-cost and appropriate to implement within the constraints of the local health system. Policy makers can consider "best buys" as a core set of interventions to be made available where resources allow. Best buys include:

Priorities for action

Countries can reverse the advance of these diseases and achieve quick gains if appropriate actions are taken in the three components of national NCD programmes: surveillance, prevention, and health care. Those priorities for action include:

– Surveillance and monitoring

- A surveillance framework that monitors exposures (risk factors and determinants), outcomes (morbidity and mortality) and health-system responses (interventions and capacity) is essential.
- Sustainable NCD surveillance systems need to be integrated into national health information systems. This is achievable even in the lowest-resourced countries.
- Measurable and standardized core indicators must be adopted. Targets for achievement by countries need to be set. WHO's Global Status Report 2010 can be used as the baseline for global monitoring.
- 5 out of 10 countries have population-based mortality data for NCDs, although only 60% of these countries have produced a report on this data in the last four years.

– **Health systems**

- Strengthening of country health-care systems to address NCDs must be undertaken through reorienting existing organizational and financial arrangements and through conventional and innovative means of financing.
- At least one quarter of countries do not have free access to cost-effective medicines in primary care to treat NCDs. Essential health services to treat NCDs like radiotherapy for cancer are not available in a significant proportion of countries.
- Reforms, based on strengthening the capacity of primary health care, and improvements in health-system performance must be implemented to improve NCD control outcomes.

– **Civil society and private sector**

- Civil society institutions and groups are uniquely placed to mobilize political and public awareness and support for NCD prevention and control efforts, and to play a key role in building capacity and in supporting NCD programmes.
- Businesses can make a decisively important contribution to addressing NCD prevention challenges. Responsible marketing to prevent the promotion of unhealthy diets and other harmful behaviours, and product reformulation to promote access to healthy food options, are examples of approaches and actions that should be implemented by the corporate sector. Governments are responsible for monitoring the required actions.

– **Sustainable health financing**

- Financing of prevention and health care interventions remains a major impediment to the achievement of progress.
- Financial allocations for NCD prevention are often inadequate and 1 out of 3 low-income countries have no domestic funding available at all.
- The World Health Report 2010 provides approaches that country can consider in creating additional funds to support NCD prevention, including innovative financing mechanisms.

- The potential to increase taxation on tobacco and alcohol exists in many countries. Even if only a portion of the proceeds were allocated to health, national policies and plans could be greatly scaled up. Some countries are also considering taxes on other harmful products, such as sugary drinks and foods high in salt or trans-fats.

Way forward

Shared responsibility to make prevention work worldwide

- Prevent a major proportion of the NCD burden by reducing the exposure to tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, using 'best buys' interventions affordable in all countries.
- Consider different settings for action, particularly schools, workplaces, households and communities.
- Sustain health financing through innovative approaches, like earmarking revenue from alcohol and tobacco taxes.

Shared responsibility to advance multisectoral action

- Develop national multisectoral plans and establish effective multisectoral coordination mechanisms.
- Establish cross-cluster action teams, in particular with Ministries of Agriculture, Education, Finance, Planning, Social Affairs and Welfare, Trade, and Transport.

Shared responsibility to scale up access to NCD essential health care in all countries

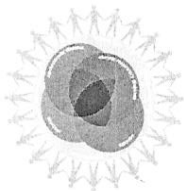
- Integrate NCD policies and plans into wider health system planning
- Provide cost-effective early detection and treatment services for people at a high risk of heart attacks and strokes and curable cancers
- Establish policies that make essential medicines accessible for all through efficient procurement and distribution, provision of viable financing options, policies for high-quality generic medicines, and the development and use of evidence-based guidelines for the treatment of major NCDs

- Provide training for health workers at all levels of care
- Develop health financing policies that move towards universal coverage

Shared responsibility to set targets and measure results

- Monitor NCDs and their risk factors.
- Strengthen national information systems by implementing a surveillance framework that monitors key risk factors, morbidity and mortality and health-system capacity for NCDs.
- Set standardized national targets and indicators, consistent with internationally agreed monitoring mechanisms.

ooo000ooo



Round Table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases

International experience indicates that countries can make substantial achievements in reducing the disease burden, disabilities, and premature mortality caused by NCDs. Evidence shows that such achievements can be made by strengthening surveillance of NCDs and their determinants, by implementing cost-effective measures to reduce risk factors through active engagement of the various government sectors, civil society and the private sectors, and by promoting access to early detection and treatment interventions by strengthening health systems.

However, while establishing and strengthening national programmes is key, inter-country collaboration and international coordination constitute a fundamental component of the global struggle against NCDs and are essential for supporting and reinforcing action at the country level.

This Round Table will review the pivotal role that international cooperation, coordinated action and solidarity play in reducing the global NCD burden, through an overarching framework that covers:

- Surveillance and monitoring of NCDs and risk factors
- Reducing the level of shared risk factors and determinants
- Strengthening health care for people with NCDs

There are major milestones in the global struggle against NCDs. In 2000, the World Health Assembly endorsed the Global Strategy for the Prevention and Control of NCDs, which provide the key strategic directions for global and country action. The strategy aims to map the emerging epidemics of NCDs, reduce the level of exposure of individuals and populations to the common risk factors for NCDs, and to strengthen health care for people with NCDs.

In 2008, an Action Plan was developed by WHO and Member States to translate the Global Strategy into concrete action. The Global Strategy and its Action Plan emphasize the importance of international cooperation and coordination in achieving the necessary leverage and synergy to address the NCD challenge. Concerted action against NCDs on a global scale requires Member States and all partners to play a stronger role in a global network that targets areas such as advocacy, monitoring, resource mobilization, capacity-building and collaborative research.

Key issues

Fostering international cooperation to monitor NCDs

- A comprehensive framework for monitoring is essential. A broad framework and core indicators for NCD surveillance have been developed by WHO. The framework and core indicators were included in the WHO Global Status Report on NCDs (2010). Based on the above, a WHO Technical Working Group on NCD Targets has proposed a preliminary set of recommendations on targets for achievement by 2025 to monitor progress in reducing the burden of NCDs. The proposed targets are being subjected to in-depth technical discussion and debate with Member States. The process to further develop and finalize the proposed targets will be decided by Member States.
- As the common strategic framework for the operational activities of the United Nations system at the country level, the United Nations Development Assistance Framework (UNDAF) provides a collective, coherent and integrated response to national priorities and needs. The multisectoral nature of the response to NCDs makes UNDAF a natural

framework to strengthen surveillance systems and contribute data on NCD trends, their risk factors and social determinants.

Fostering international cooperation to reduce exposure to NCD risk factors

Tobacco control as a blueprint

Strengthening multisectoral mechanisms for tobacco control are crucial in fostering international cooperation to reduce global tobacco consumption. In this respect, the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, established by the Secretary General in 1999, will be scaled up in order to intensify a joint response, particularly on the economic and social aspects of tobacco production. There are other strategic opportunities to strengthen multisectoral action, particularly through the implementation of the WHO Framework Convention on Tobacco Control.

Promoting healthy diet

There is a pressing need for increased cooperation between WHO, other UN agencies, development agencies, civil society organizations and the private sector in promoting healthy diet and in implementing the Global Strategy on Diet, Physical Activity and Health. Initiatives should include mechanisms to ensure policy coherence and joint action to intensify collaboration in nutrition-related areas. Intergovernmental response is also needed in relation to the production, trade and marketing of food products that are risk factors for NCDs. Concrete instruments can be developed to create a healthier food environment and establish composition standards, like setting targets for salt content of food products, banning of industrially produced trans fat, and restricting marketing of food and non-alcoholic beverages to children.

Developing innovative mechanisms for sustainable health financing

Higher taxes on products that are harmful to health have the dual benefit of improving the health of the population through reduced consumption while raising more funds. Tobacco and alcohol taxes are widely collected across countries, but are often applied at low rates so that the potential to increase revenue by raising tax rates still exists. Also, less than 15% of countries report that they earmark tobacco tax revenues to fund NCD prevention and control, and this is lower in low- and lower-middle-income countries.

Strengthening multisectoral action

Recognizing the complex network of social and economic determinants of health demands a whole-of government approach to health promotion and NCD prevention. There is a need to develop effective inter-departmental and multisectoral joint work and impact assessments relevant to all sectors. There is a need to disseminate lessons learned, based on review of international experience on multisectoral and inter-ministerial approaches and for sustained political commitment to strengthen effective structures that promote intersectoral action.

Uniting UN funds, programmes, and agencies around a common agenda

Members of the UN system have an important role to play in advancing development and in addressing NCDs in accordance with national strategies and priorities. Interagency coordination needs to be scaled up for a strong and well-coordinated response to address NCDs.

Fostering international cooperation to strengthen health care for people with NCDs

Investing in health systems and moving towards universal coverage

All countries have scope to develop their health financing systems to move closer to universal coverage. This involves three inter-related actions. The first is to raise more money for health domestically, provided governments and the people commit to doing so, by: (i) Increasing the efficiency of revenue collection; (ii) Reprioritizing government budgets and (iii) Innovative financing. The second is to reduce financial barriers to services and increase financial risk protection. The third is to improve efficiency and equity in the way available resources are used. The global movement for universal coverage provides opportunities for synergy to address NCD.

Delivering effective international aid for NCD prevention

Technical support to low-income countries to address NCDs is not given priority by many international development agencies and it currently constitutes a small proportion of official development assistance. In line with the Paris Declaration and the Accra Agenda for Action, many countries are aligning the inputs of development partners behind their priorities. The Paris Declaration and the Accra Agenda provide opportunities for synergy to address NCDs.

Improving access to medicines

MDG Target 8 aspires to provide access to affordable essential drugs in developing countries. However, international efforts to provide access to essential medicines are generally limited to AIDS, tuberculosis and malaria. Cost-effective essential medicines to treat many NCDs are available in low-cost generic forms, although they remain inaccessible and unaffordable to many who need them. While scaling up access to NCD medicines can be achieved by a combination of policies and programmatic options suited to countries' situations, concerted global efforts and international cooperation are also essential. At the international level, existing efforts to ensure access to some NCD medicines could be expanded to make cancer and other expensive medicines available together with essential diagnostic products.

Way forward

Developing an updated global multisectoral action plan

The 2008-2013 Action Plan of the Global Strategy will need to be updated and a new global multisectoral action plan should be developed, based on the Global Strategy and the Political Declaration of the UN High-level Meeting. This will require extensive collaboration with Member States as well as consultation with other stakeholders.

International coordination

It is widely acknowledged that an increasing number of stakeholders seek to participate, and have their voices heard, in the shaping and making of health policy. The Global Non communicable Disease Network (NCDnet) was established in 2009 as a voluntary collaborative arrangement comprising United Nations agencies, intergovernmental organizations, academia, research centers, NGOs, and the business community. The current focus is on coordinating the activities of all stakeholders to support the implementation of the Action Plan for the Global Strategy for the Prevention and Control of NCDs, which was endorsed by the World Health Assembly in 2008. The role of the NCDnet has to expand in order to strengthen coordination and joint work in updating the Action Plan and in implementing the Political Declaration of the United Nations High-level Meeting.

12 September 2011

Excellency,

In reference to the information note dated 9 September 2011 on the organisational arrangements for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, please note the following correction.

The President of the Republic of Hungary, who will Co-Chair round table 2, is H.E. Pál Schmitt.

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

A handwritten signature in black ink, appearing to read 'Deiss', written in a cursive style.

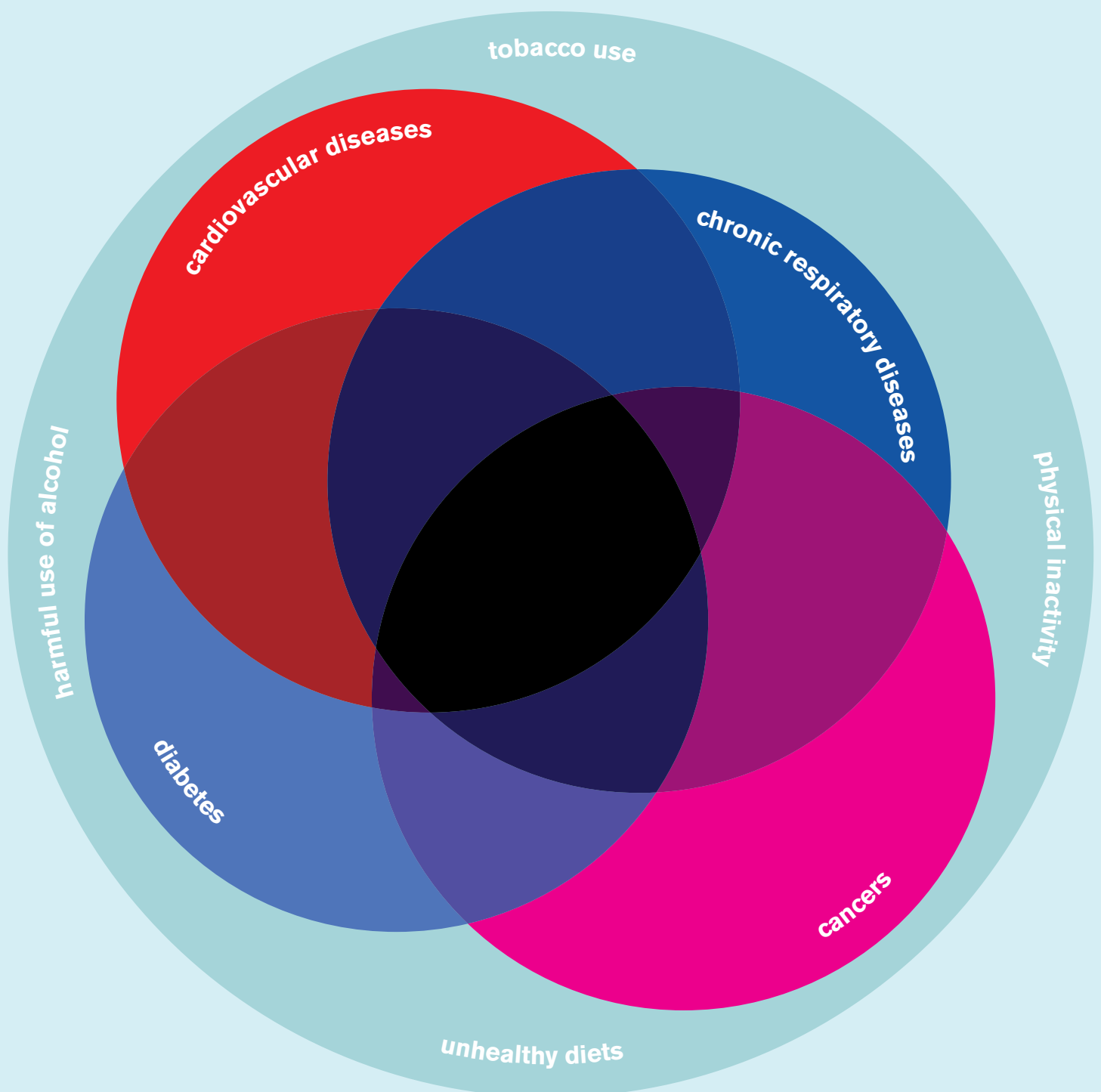
Joseph Deiss

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

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.

2008-2013 Action Plan

for the Global Strategy for the Prevention and Control of Noncommunicable Diseases



The six objectives of the 2008-2013 Action Plan are:

1.

To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

4.

To promote research for the prevention and control of noncommunicable diseases

2.

To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

3.

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases : tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

5.

To promote partnerships for the prevention and control of noncommunicable diseases

6.

To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

WHO Library Cataloguing-in-Publication Data

2008-2013 action plan for the global strategy for the prevention and control of noncommunicable diseases : prevent and control cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

1. Cardiovascular diseases - prevention and control. 2. Neoplasms - prevention and control. 3. Respiratory tract diseases - prevention and control. 4. Diabetes mellitus - prevention and control. 5. Chronic diseases - prevention and control. 6. Strategic planning. 7. International cooperation. I. World Health Organization. II. Title: Action plan for the global strategy for the prevention and control of noncommunicable diseases. III. Title: Prevent and control cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

ISBN 978 92 4 159741 8

(NLM classification: WT 500)

© World Health Organization 2008

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed by the WHO Document Production Services, Geneva, Switzerland

Design and layout:

FABRICA (Namyong An)

2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

| | | |
|-----------|--|-----------|
| | Foreword | 05 |
| | Introduction | 07 |
| 01 | Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases World Health Assembly document A61/8 (April 2008) | 08 |
| 02 | Resolution of the Sixty-first World Health Assembly 2008: Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy World Health Assembly resolution WHA61.14 (May 2008) | 30 |
| 03 | Global Strategy for the Prevention and Control of Noncommunicable Diseases World Health Assembly document A53/14 (March 2000) | 32 |
| 04 | Resolution of the Fifty-third World Health Assembly 2000: Prevention and Control of Noncommunicable Diseases World Health Assembly resolution WHA53.17 (May 2000) | 40 |

Foreword

“We know what works, we know what it costs and we know that all countries are at risk. We have an Action Plan to avert millions of premature deaths and help promote a better quality of life for millions more.”

TACKLING THE WORLD'S BIGGEST KILLERS AND ADDRESSING KEY CHALLENGES TO GLOBAL DEVELOPMENT IN THE 21st CENTURY

Today, noncommunicable diseases (NCDs), mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes represent a leading threat to human health and development. These four diseases are the world's biggest killers, causing an estimated 35 million deaths each year - 60% of all deaths globally - with 80% in low- and middle-income countries.

These diseases are preventable. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

Unless addressed, the mortality and disease burden from these health problems will continue to increase. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years. The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%). The highest absolute number of deaths will occur in the Western Pacific and South-East Asia regions.

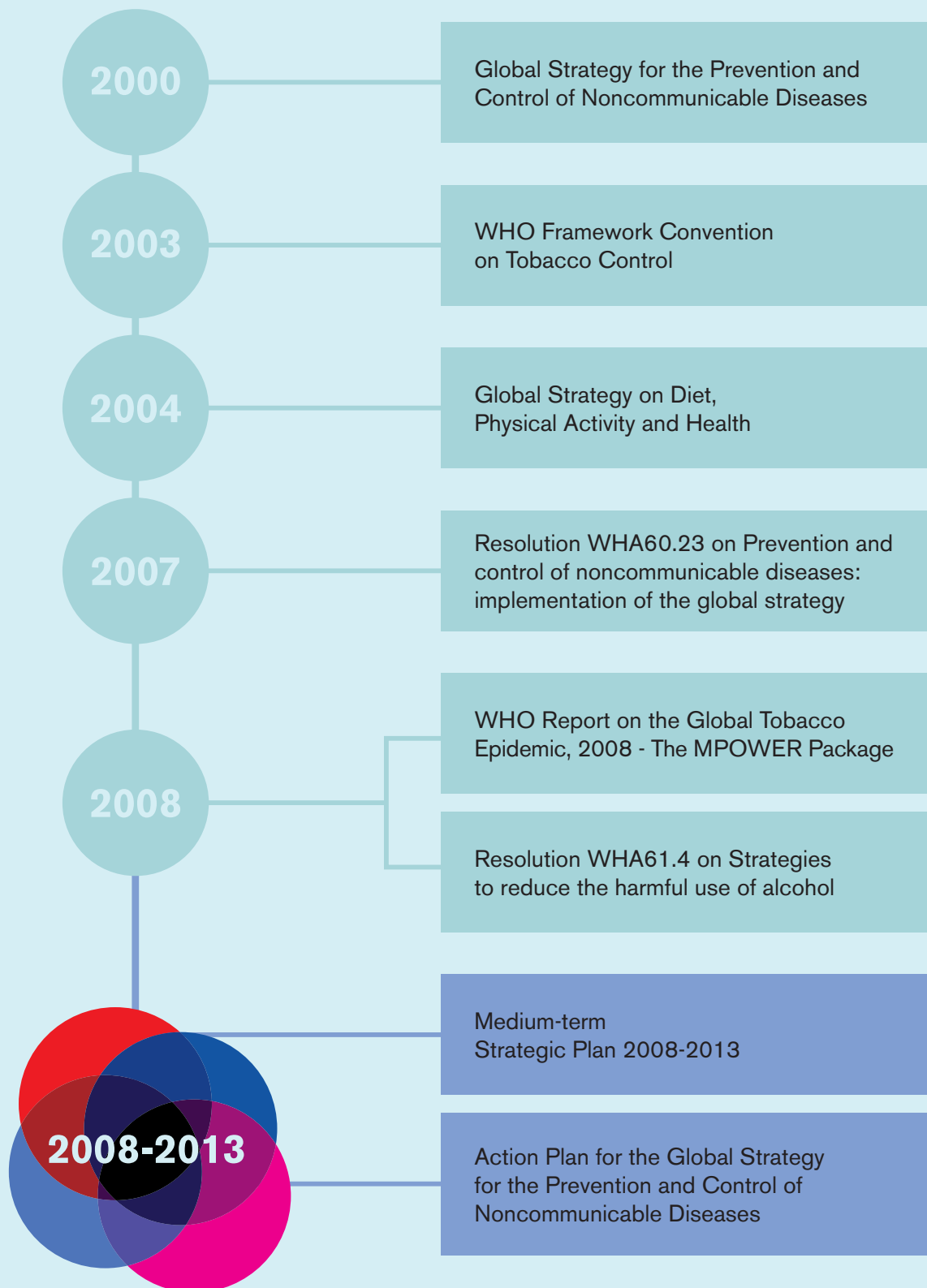
We have the right vision and knowledge to address these problems. Proven cost-effective strategies exist to prevent and control this growing burden. However, high-level commitment and concrete action are often missing at the national level. NCD prevention and control programmes remain dramatically under-funded at the national and global levels and have been left off the global development agenda. Despite impacting the poorest people in low-income parts of the world and imposing a heavy burden on socioeconomic development, NCD prevention is currently absent from the Millennium Development Goals. However, in all low- and middle-income countries and by any measure, NCDs account for a large enough share of the disease burden of the poor to merit a serious policy response.

Working closely with Member States, WHO has, therefore, developed this Action Plan to prevent NCDs from occurring and to help the millions who are already affected to cope with these lifelong illnesses. This Action Plan, endorsed at the Sixty-first World Health Assembly in May 2008, is based on the sound vision of the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the Fifty-third World Health Assembly in May 2000. It also aims to build on the WHO Framework Convention on Tobacco Control and the WHO Global Strategy on Diet, Physical Activity and Health. The Action Plan provides Member States, WHO, and the international community with a roadmap to establish and strengthen initiatives for the surveillance, prevention and management of NCDs.

Furthermore, the Action Plan highlights the pressing need to invest in NCD prevention as an integral part of sustainable socioeconomic development. NCD prevention is an all-government responsibility. Considerably more gains can be achieved by influencing policies of non-health sectors than by health policies alone. All stakeholders will need to intensify and harmonize their efforts to avert these preventable conditions and to save millions from suffering needlessly and dying prematurely.

*Dr Ala Alwan
Assistant Director-General
Noncommunicable Diseases and Mental Health
World Health Organization*

The Global Response to Address Noncommunicable Diseases



Introduction

This document is written primarily for the community of international development partners, as well as those in government and civil society concerned with urgent action to address the rapidly increasing burden of noncommunicable diseases (NCDs) in low - and middle - income countries and its serious implications for poverty reduction and economic development.

This document:

- makes the case for urgent action between 2008-2013 which, when performed collectively in accordance with the Action Plan for the Global Strategy for the Prevention and Control of NCDs, will tackle the growing public health burden imposed by NCDs.
- provides the Action Plan's political framework endorsed in May 2008 by delegations from all 193 Member States, including requirements to report on global progress in 2010 and 2012.
- presents the overriding Global Strategy for the Prevention and Control of NCDs which urges Member States to develop national policy frameworks, establish programmes, share their experiences and build capacity to address NCDs.

As this document demonstrates, the importance of addressing NCDs has gained increased recognition over the past decade. NCDs are increasingly dominating health care needs in low - and middle - income countries.

The Global Strategy's political framework, endorsed in May 2000, asked the WHO Director-General to continue giving priority to the prevention and control of NCDs, with special emphasis on developing countries. To this end, the Global Strategy has 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, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- 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 by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

Further, the Global Strategy sets out the roles of the main players in the struggle against noncommunicable diseases, namely: Member States, the Secretariat and international partners.

The World Health Assembly gave WHO an important additional set of mandates in 2003 and 2004 when it adopted the WHO Framework Convention on Tobacco Control, and the Global Strategy on Diet, Physical Activity and Health, respectively. In September 2008, there were 160 Parties to the WHO Framework Convention on Tobacco Control, making it one of the most successful treaties in the United Nations' history, having entered into force for its first 40 Parties on 27 February 2005. Good progress has also been made on the implementation of the recommendations of the Global Strategy on Diet, Physical Activity and Health: more than 30 countries have already implemented policy options recommended by the Global Strategy.

In 2007, the World Health Assembly requested the Director-General to translate the Global Strategy for the Prevention and Control of NCDs into concrete action. Accordingly, an action plan was developed in collaboration with Member States based on comments made at the 122nd session of the WHO Executive Board (January 2008) and at informal consultations with WHO Member States and other stakeholders (February-March 2008).

In 2008, the World Health Assembly passed resolution WHA61.14¹ endorsing the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases². The Action Plan sets out six objectives, actions to be implemented over the six-year period of 2008–2013, and performance indicators to guide the work of WHO at national, regional and global levels, with a particular focus on low - and middle - income countries and vulnerable populations.

¹ See page 30.

² See page 08.

**Prevent and Control Cardiovascular Diseases, Cancers,
Chronic Respiratory Diseases and Diabetes**

Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

World Health Assembly Document A61/8 (18 April 2008)



Introduction

- 1 The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. Noncommunicable diseases, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, caused an estimated 35 million deaths in 2005. This figure represents 60% of all deaths globally, with 80% of deaths due to noncommunicable diseases occurring in low- and middle-income countries, and approximately 16 million deaths involving people under 70 years of age. Total deaths from noncommunicable diseases are projected to increase by a further 17% over the next 10 years. The rapidly increasing burden of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As noncommunicable diseases are largely preventable, the number of premature deaths can be greatly reduced. As requested by the Health Assembly in resolution WHA60.23, the Secretariat drew up a draft action plan in order to guide Member States, the Secretariat and international partners in working towards the prevention and control of noncommunicable diseases. The draft plan was discussed by the Executive Board at its 122nd session in January 2008, and during an informal consultation with Member States, held in Geneva on 29 February 2008. In addition, the views of nongovernmental organizations and representatives of the food and non-alcoholic beverages industry were gathered at two other meetings organized for that purpose. The following plan incorporates the contributions provided by Member States and other stakeholders and will support achievement of the goals of the global strategy for the prevention and control of noncommunicable diseases.
-

Purpose

- 2 In leading and catalysing an intersectoral, multilevel response, with a particular focus on low- and middle-income countries and vulnerable populations, the plan has the overall purpose of:
- mapping the emerging epidemics of noncommunicable diseases and analysing their social, economic, behavioural and political determinants as the basis for providing guidance on the policy, programmatic, legislative and financial measures that are needed to support and monitor the prevention and control of noncommunicable diseases;
 - reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable 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; and
 - strengthening health care for people with noncommunicable diseases by developing evidence-based norms, standards and guidelines for cost-effective interventions and by reorienting health systems to respond to the need for effective management of diseases of a chronic nature.
- 3 The plan is based on current scientific knowledge, available evidence and a review of international experience. It comprises a set of actions which, when performed collectively by Member States and other stakeholders, will tackle the growing public health burden imposed by noncommunicable diseases. In order for the plan to be implemented successfully, high-level political commitment and the concerted involvement of governments, communities and health-care providers are required; in addition, public health policies will need to be reoriented and allocation of resources improved.

Scope

- 4 Current evidence indicates that four types of noncommunicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes.
- 5 The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control. This is not to imply, however, that all the risk factors are associated in equal measure with each of the diseases. Details of disease-related causal links and interventions are provided in the relevant strategies and instruments, namely: the WHO Framework Convention on Tobacco Control, and WHO's Global Strategy on Diet, Physical Activity and Health. A similar approach to diseases and health conditions is being followed as part of WHO's work to reduce the harmful use of alcohol.¹

¹ Actions proposed in this plan are in accordance with existing WHO instruments and strategies to reduce alcohol-related harm including, at regional level, resolution SEA/RC59/R8, resolution EUR/RC55/R1, resolution EM/RC53/R5, resolution WPR/RC57.R5. Further work will be guided by the outcome of current global processes for tackling harmful use of alcohol.

- 6 Within any country, there will be a range of diseases, disabilities and conditions for which the risk factors and the needs for screening, treatment and care overlap with those for noncommunicable diseases considered in this action plan. Among these are blindness, deafness, oral diseases, certain genetic diseases, and other diseases of a chronic nature, including some communicable diseases like HIV/AIDS and tuberculosis. The demands that noncommunicable diseases place on patients, families and health-care systems are also similar to those imposed by some communicable diseases, and comparable strategies are effective for their management.¹
- 7 The priorities for action cut across all WHO regions, reflecting similar challenges in many areas: intersectoral collaboration, partnerships and networking, capacity strengthening in countries and in WHO country offices, resource mobilization, and strategic support for collaborative research.

Relationship to existing strategies and plans

- 8 The foundation for this action plan is the global strategy for the prevention and control of noncommunicable diseases, whose aim to reduce premature mortality and improve quality of life was reaffirmed by the Health Assembly in 2000 (resolution WHA53.17). The plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), and the Global Strategy on Diet, Physical Activity and Health, endorsed by the Health Assembly in 2004 (resolution WHA57.17). The plan also focuses on the harmful use of alcohol as a risk factor for noncommunicable diseases on the basis of continuing work in WHO and the resolutions of its governing bodies, including the regional committees. The plan is also guided by the Medium-term strategic plan 2008–2013 and the Eleventh General Programme of Work. The actions for the Secretariat set out in the plan are aligned with strategic objective 3 and strategic objective 6 in the Medium-term strategic plan 2008–2013, which provide details of expected results, targets and indicators for the Organization's work on prevention and control of noncommunicable diseases.
- 9 This plan is intended to support coordinated, comprehensive and integrated implementation of strategies and evidence-based interventions across individual diseases and risk factors, especially at the national level. The aim is to provide an overall direction to support the implementation of national and regional strategies and action plans, where these have been elaborated and the development of sound and feasible action plans where none exist. The action plan will, therefore, support the continued and strengthened implementation of regional resolutions and plans.²

¹ There are many other noncommunicable conditions of public-health importance. They include osteoporosis, renal diseases, oral diseases, genetic diseases, neurological diseases, and diseases causing blindness and deafness. Many of these conditions are the subjects of other WHO strategies, action plans and technical guidance and are therefore not considered directly by this plan. Similarly, mental health disorders are not included here despite the heavy burden of disease that they impose, as they do not share the same risk factors (other than the harmful use of alcohol), and because they require different intervention strategies. Public-health considerations in the area of mental health are covered in the WHO mental health gap action programme, the implementation of whose strategies, programmes and policies was recognized as a need in resolution WHA 55.10.

² The following are included: resolution AFR/RC50/R4, "Noncommunicable diseases: strategy for the African Region"; resolution CD47.R9 "Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity"; resolution SEA/RC60/R4, "Scaling up prevention and control of chronic noncommunicable diseases in the South - East Asia Region"; resolution EUR/RC56/R2, "Prevention and Control of Noncommunicable Diseases in the WHO European Region"; resolution EM/RC52/R7, "Noncommunicable diseases: challenges and strategic directions"; and resolution WPR/RC57/R4, "Noncommunicable disease prevention and control".

Resources

- 10 The Programme budget 2008–2009 describes the financial resources required by the Secretariat for the current biennium in respect of work undertaken to meet strategic objective 3 and strategic objective 6. For the next bienniums, additional resources will be required and allocation and mobilization of resources will be re-examined. In order for the plan to be implemented effectively at the national and global levels, considerable efforts will be required to mobilize resources, and strong, highly coordinated regional and global partnerships will be vital. One aim of the plan is to ensure that concerted action can be conducted on a global scale. This will require all partners – including intergovernmental and nongovernmental organizations, academic and research institutions, and the private sector – to play a stronger role in a global network for noncommunicable disease prevention and control.

Time Frame

- 11 This action plan will be implemented over the same period as the Medium-term strategic plan 2008–2013. Actions to be completed or initiated during the first two years are specifically identified in the following pages. The implementation of the plan will be reviewed towards the end of the first biennium, in 2009, and reprogrammed with a detailed time frame for the second and third bienniums.

Objectives and Actions

- 12 This section sets out the six objectives of the plan and gives details of the respective actions and performance indicators for the stakeholders at all levels, namely, domestic, national and international.

OBJECTIVE 1.

To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

13 The international public health advocacy in this area must be driven by one key idea: **noncommunicable diseases are closely linked to global social and 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 noncommunicable diseases. Instruments such as the Millennium Development Goals provide opportunities for synergy, as do mechanisms that harmonize development aid and strategies for poverty alleviation.

14 At the national level, key messages should explain that:

- **National policies in sectors other than health have a major bearing on the risk factors for noncommunicable 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. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.

- **Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases.** Global and national action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equity and building on the findings of the Commission on Social Determinants of Health.

15 Proposed action for Members States

It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States should undertake the actions set out below.

- A.** Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.
- B.** Incorporate the prevention and control of noncommunicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies.
- C.** Adopt approaches to policy development that involve all government departments, ensuring that public health issues receive an appropriate cross-sectoral response.
- D.** Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to the following: health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services.

16 Action for the Secretariat

- A.** Raise the priority given to the prevention and control of noncommunicable diseases on the agendas of relevant high-level forums and meetings of national and international leaders [2008–2009].¹
- B.** Work with countries in building and disseminating information about the necessary evidence base and surveillance data in order to inform policy-makers, with special emphasis on the relationship between noncommunicable diseases, poverty and development [2008–2009].¹
- C.** Develop and disseminate tools that enable decision-makers to assess the impact of policies on the determinants of, risk factors for, and consequences of noncommunicable diseases; and provide models of effective, evidence-based policy-making [2008–2009].¹
- D.** Draw up a document in support of policy coherence, pointing out connections between the findings of the Commission on Social Determinants of Health and the prevention and control of noncommunicable diseases; and take forward the work on social determinants of health as it relates to noncommunicable diseases.

17 Proposed action for international partners

- A.** Include the prevention and control of noncommunicable diseases as an integral part of work on global development and in related investment decisions.²
- B.** As appropriate, work with WHO to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases, and of the fact that tackling the determinants of, and risk factors for such diseases has the potential to be a significant method of prevention.
- C.** Support WHO in creating forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can contribute and take concerted action against noncommunicable diseases.

¹ See paragraph 11 above.

² Specific examples of this action include the first CARICOM Regional Summit on Chronic, Non-Communicable Diseases (Port-of-Spain, 15 September 2007), following which the heads of government of the Caribbean Community released a joint declaration; and the work of the WHO European Region, which has helped the World Bank and other international agencies to accord greater priority to noncommunicable diseases, and which signed a joint declaration to support countries of the Commonwealth of Independent States.

OBJECTIVE 2.**To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases**

- 18** Countries need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the following three components, with special attention given to dealing with gender, ethnic, and socioeconomic inequalities together with the needs of persons with disabilities:

- the development of a national multisectoral framework for the prevention and control of noncommunicable diseases;
- the integration of the prevention and control of noncommunicable diseases into the national health development plan;
- the reorientation and strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic diseases, in line with the WHO-developed strategy for strengthening health systems.

19 Proposed action for Member States***National multisectoral framework for the prevention and control of noncommunicable diseases***

- A.** Develop and implement a comprehensive policy and plan for the prevention and control of major noncommunicable diseases, and for the reduction of modifiable risk factors.
- B.** Establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health.
- C.** Conduct a comprehensive assessment of the characteristics of noncommunicable diseases and the scale of the problems they pose, including an analysis of the impact on such diseases of the policies of the different government sectors.
- D.** Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing modifiable risk factors and their determinants.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- A.** Establish an adequately staffed and funded noncommunicable disease and health promotion unit within the Ministry of Health or other comparable government health authority.
- B.** Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEP wise approach to risk factor surveillance.
- C.** Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems¹

- A.** Ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.
- B.** Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for common conditions like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, integrating whenever feasible, their management into primary health care.
- C.** Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors.
- D.** Strengthen human resources capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care.
- E.** Take action to help people with noncommunicable diseases to manage their own conditions better, and provide education, incentives and tools for self-management and care.
- F.** Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

¹ These actions are proposed in view of the fact that in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with noncommunicable diseases are rarely dealt with successfully.

20 Action for the Secretariat

National multisectoral framework for the prevention and control of noncommunicable diseases

- A.** Conduct a review of international experience in the prevention and control of noncommunicable diseases, including community-based programmes, and identify and disseminate lessons learnt [2008–2009].¹
- B.** Recommend, based on a review of international experience, successful approaches for intersectoral action against noncommunicable diseases.
- C.** Provide guidance for the development of national policy frameworks, including evidence-based public health policies for the reduction of risk factors, and provide technical support to countries in adapting these policies to their national context [2008–2009].¹

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- A.** Expand, over the time frame of this plan, the technical capacity of WHO's regional and country offices and develop networks of experts and collaborating or reference centres for the prevention and control of noncommunicable diseases in support of national programmes.
- B.** Develop norms for surveillance and guidelines for primary and secondary prevention, based on the best available scientific knowledge, public health principles and existing WHO tools [2008–2009].¹
- C.** Review and update diagnostic criteria, classifications and, where needed, management guidelines for common noncommunicable diseases [2008–2009].¹
- D.** Provide support to countries, in collaboration with international partners, in strengthening opportunities for training and capacity building with regard to the public health aspects of the major noncommunicable diseases [2008–2009].¹

Reorientation and strengthening of health systems

- A.** Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.
- B.** Provide technical guidance to countries in integrating cost-effective interventions against major noncommunicable diseases into their health systems [2008–2009].¹
- C.** Provide support to countries in enhancing access to essential medicines and affordable medical technology, building on the continuing WHO programmes promoting both good-quality generic products, and the improvement of procurement, efficiency and management of medicine supplies [2008–2009].¹
- D.** Assess existing models for self-examination and self-care, and design improved affordable versions where necessary, with a special focus on populations with low health awareness and/or literacy.

¹ See paragraph 11 above.

21 Proposed action for international partners

- A.** Support the development and strengthening of international, regional, and national alliances, networks and partnerships in order to support countries in mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by noncommunicable diseases [2008–2009].¹
- B.** Support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes.



¹ See paragraph 11 above.

OBJECTIVE 3.

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

- 22** Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport. Different settings may be considered for action, for example, schools, workplaces, households and local communities. Surveillance of the four major behavioural risk factors and associated biological risk factors (including raised blood pressure, raised cholesterol, raised blood glucose, and overweight/obesity) is an important component of action to assess prevalence and is considered in detail under objective 2 and objective 6.
- 23** Member States may wish to enact or strengthen, as appropriate according to national contexts, interventions to reduce risk factors for noncommunicable diseases, including ratifying and implementing the WHO Framework Convention on Tobacco Control, implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies through national strategies, policies and action plans.

24 Proposed action for Member States

Tobacco control

Consider implementing the following package of six cost-effective policy interventions (the MPOWER package), which builds on the measures for reducing demand contained in the WHO Framework Convention for Tobacco Control:¹

- A.** monitor tobacco use and tobacco-prevention policies
- B.** protect people from tobacco smoke in public places and workplaces
- C.** offer help to people who want to stop using tobacco
- D.** warn people about the dangers of tobacco
- E.** enforce bans on tobacco advertising, promotion and sponsorship²
- F.** raise tobacco taxes and prices.

¹ Implementation of other measures contained in the WHO Framework Convention on Tobacco Control may be considered as part of national comprehensive tobacco-control programmes.

² In Article 13 of the WHO Framework Convention on Tobacco Control, paragraph 1 states that: "Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products." At the same time, Article 13 recognizes that the ability of some countries to undertake comprehensive bans may be limited by their constitution or constitutional principles.

Promoting healthy diet

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- A.** promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children;
- B.** develop a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities including the control of diet-related noncommunicable diseases;
- C.** establish and implement food-based dietary guidelines and support the healthier composition of food by:
 - **reducing salt levels**
 - **eliminating industrially produced trans-fatty acids**
 - **decreasing saturated fats**
 - **limiting free sugars**
- D.** provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- E.** prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

Promoting physical activity

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- A.** develop and implement national guidelines on physical activity for health;
- B.** implement school-based programmes in line with WHO's health-promoting schools initiative;
- C.** ensure that physical environments support safe active commuting, and create space for recreational activity, by the following:
 - **ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;**
 - **introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces, such as walking or cycling;**
 - **improving sports, recreation and leisure facilities;**
 - **increasing the number of safe spaces available for active play.**

Reducing the harmful use of alcohol¹

In order to respond effectively to the public-health challenges posed by harmful use of alcohol – in accordance with existing regional strategies and guided by the outcome of current and future WHO global activities to reduce harmful use of alcohol – Member States may wish to:

A. consider the following areas:

- **under-age drinking (as defined in the country)**
- **the harmful use of alcohol by women of reproductive age**
- **driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol)**
- **drinking to intoxication**
- **alcohol-use disorders**
- **the consumption of alcoholic beverages that have been illegally produced and distributed**
- **the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases, and injuries.**

B. adopt measures in support of an appropriate monitoring system for the harmful use of alcohol.

25 Action for the Secretariat

A. Use existing strategies such as the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies that have been the subject of resolutions adopted by the Health Assembly, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce risk factors for noncommunicable diseases and their determinants [2008–2009].²

B. Guide the development of pilot or demonstration community-based programmes of intervention.

C. Support the development of networks of community-based programmes at the regional and global levels [2008–2009].²

D. Provide support to countries in implementing the MPOWER package and provide technical support to implement other measures contained in the WHO Framework Convention on Tobacco Control in response to specific national needs [2008–2009].²

E. Ensure synergy with the work of the Convention Secretariat and the implementation of the WHO Framework Convention on Tobacco Control in applying the tobacco-control component of this plan [2008–2009].²

26 Proposed action for international partners

Provide support for and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for noncommunicable diseases.

¹ See resolution WHA61.4.

² See paragraph 11 above.

OBJECTIVE 4.**To promote research for the prevention and control of noncommunicable diseases**

- 27 A coordinated agenda for noncommunicable disease research is an essential element in the effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to enhance international collaboration to promote and support the multidimensional and multisectoral research that is needed in order to generate or strengthen the evidence base for cost-effective prevention and control strategies. Priority areas include the analytical, health-system, operational, economic and behavioural research that are required for programme implementation and evaluation.

28 **Proposed action for Member States**

A. Invest in epidemiological, behavioural, and health-system research as part of national programmes for the prevention of noncommunicable diseases and develop – jointly with academic and research institutions – a shared agenda for research, based on national priorities.

B. Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, the cost-effectiveness of interventions, affordable technology, health-system reorientation and workforce development.

29 **Action for the Secretariat**

A. Develop a research agenda for noncommunicable diseases in line with WHO's global research strategy¹, collaborate with partners and the research community and involve major relevant constituencies in prioritizing, implementing, and funding research projects. A prioritized research agenda for noncommunicable diseases should generate knowledge and help to translate knowledge into action through innovative approaches in the context of low- and middle-income countries. Such an agenda could include:

- **the assessment and monitoring of the burden of noncommunicable diseases and its impact on socioeconomic development**
- **the monitoring of the impact of poverty and other indicators of socioeconomic disparity on the distribution of risk factors**
- **the assessment of national capacity for the prevention and control of noncommunicable diseases and the evaluation of approaches to fill existing gaps in capacity**
- **the evaluation of impact of community-based interventions on risk factor levels, and on morbidity and mortality associated with noncommunicable diseases in different populations**
- **the assessment of the cost-effectiveness of clinical and public health interventions for improving health behaviours and health outcomes**

¹ Action to elaborate the research agenda for noncommunicable diseases will be initiated in 2008, in close coordination with the Advisory Committee on Health Research and other partners.

- **the evaluation of different strategies for early detection and screening of noncommunicable diseases in different populations, with an emphasis on cancers, diabetes and hypertension**
- **the evaluation of interventions for secondary prevention on cardiovascular disease outcomes in different settings**
- **the study of the effectiveness of different organizational patterns in health-care institutions in improving health care for chronic conditions, with a special focus on primary health care**
- **the analysis of research on factors affecting consumer behaviour and dietary choices, including marketing**
- **the study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care; and of approaches for improving the development of affordable new drugs for neglected diseases like Chagas disease, and for rheumatic fever, together with vaccines like that against human papillomavirus**
- **the assessments of the role, efficacy, and safety of traditional medicines in the management of noncommunicable diseases [2008–2009].¹**

B. Encourage WHO collaborating centres to incorporate the research agenda into their plans and facilitate collaborative research through bilateral and multilateral collaboration and multicentre projects.

30 Proposed action for international partners

A. Support low- and middle-income countries in building capacity for epidemiological and health-systems research, including the analytical and operational research required for programme implementation and evaluation in the area of noncommunicable diseases.

B. Support, and work jointly on, priority research on noncommunicable diseases at the global, regional and subregional levels, particularly research on socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, equity, reorientation of health systems and primary health care, together with research that explores models of care that are applicable to resource-poor settings.

C. Strengthen and support WHO collaborating centres and national reference centres and monitor initiatives and partnerships involved in research related to the prevention and control of noncommunicable diseases.

¹ See paragraph 11 above.

OBJECTIVE 5.**To promote partnerships for the prevention and control of noncommunicable diseases**

- 31** Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community.
- 32** Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

33 Proposed action for Member States

- A.** Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.
- B.** Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate.

34 Action for the Secretariat

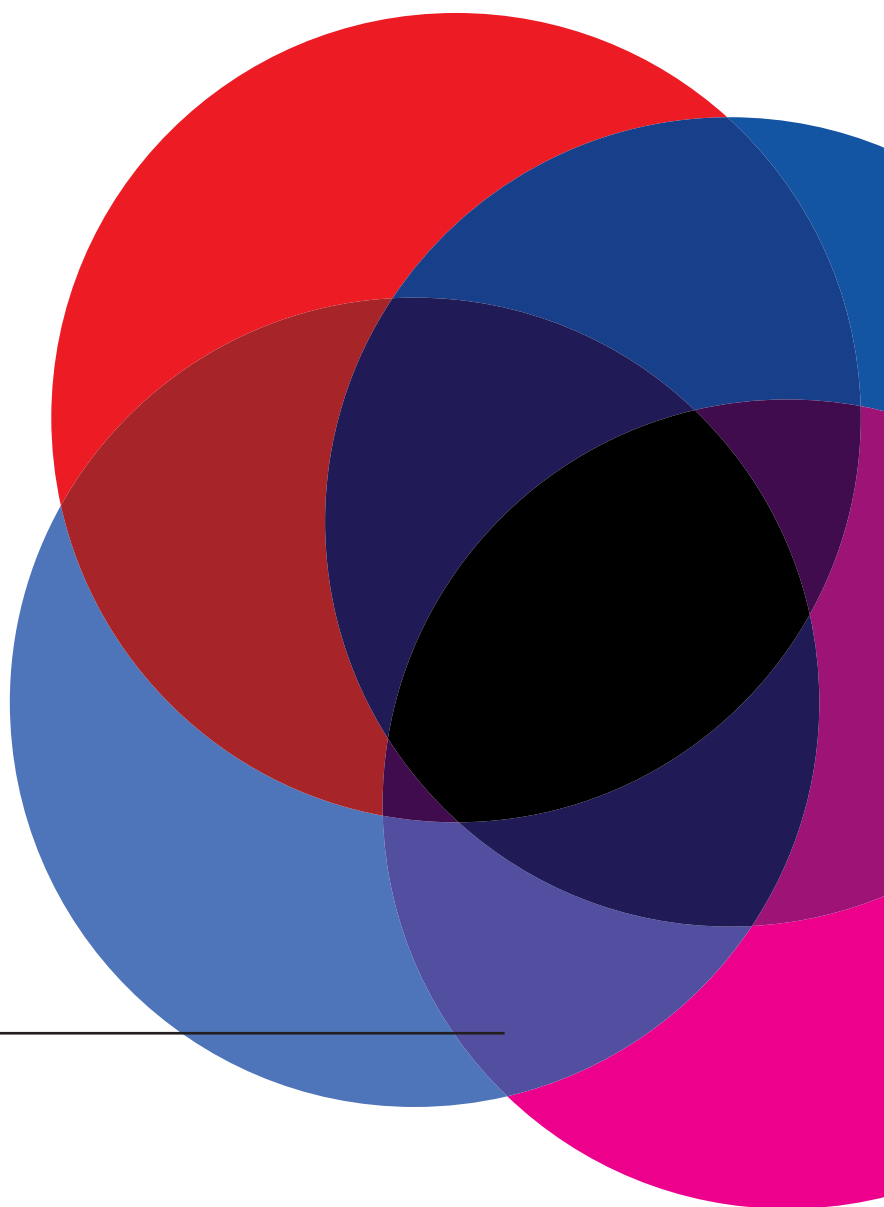
- A.** Establish an advisory group in 2008 in order to provide strategic and technical input and conduct external reviews of the progress made by WHO and its partners in the prevention and control of noncommunicable diseases [2008–2009].¹
- B.** Encourage the active involvement of existing regional and global initiatives in the implementation and monitoring of the global strategy for the prevention and control of noncommunicable diseases, and of related strategies.
- C.** Support and strengthen the role of WHO collaborating centres by linking their plans to the implementation of specific interventions in the global strategy [2008–2009].¹
- D.** Facilitate and support, in collaboration with international partners, a global network of national, regional, and international networks and programmes such as the WHO regional networks for noncommunicable disease prevention and control.²

¹ See paragraph 11 above.

² The network of African noncommunicable disease interventions (NANDI) in the African Region; *Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles* (the CARMEN network) in the Region of the Americas; the South-East Asia network for noncommunicable disease prevention and control (SEANET-NCD) in the South-East Asian Region; the countrywide integrated noncommunicable diseases intervention (the CINDI programme) in the European Region; the Eastern Mediterranean approach to noncommunicable disease (EMAN) in the Eastern Mediterranean Region; and the Western Pacific noncommunicable disease network (MOANA) in the Western Pacific Region.

35 Proposed action for international partners

- A.** Collaborate closely with and provide support to Member States and the Secretariat in implementing the various components of the global strategy for the prevention and control of noncommunicable diseases.
- B.** Give priority to noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.
- C.** Support the establishment and strengthening of coordinated global, regional and subregional networks for the prevention and control of noncommunicable diseases.



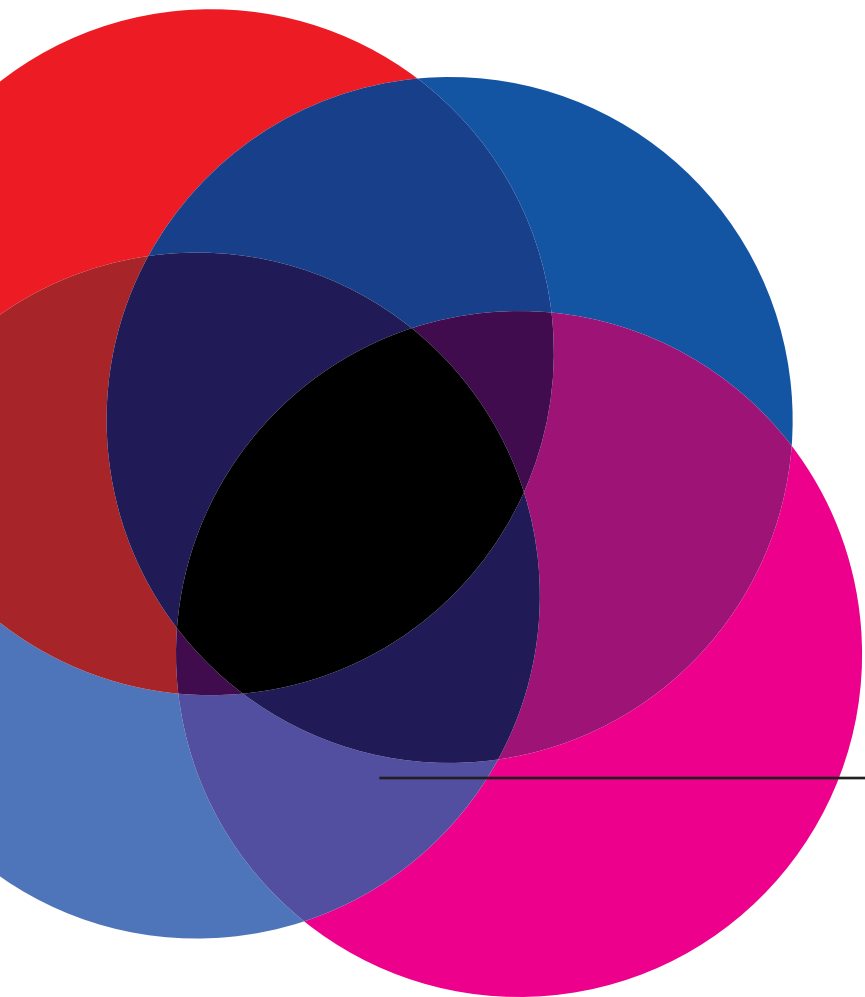
OBJECTIVE 6.

To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

- 36 Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.
- 37 An evaluation of the implementation of the plan and of progress made will be carried out at the mid-point of the plan's six-year time frame and at the end of the period. The mid-term assessment will offer an opportunity to learn from the experience of the first three years of the plan, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

38 Proposed action for Member States

- A.** Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using existing WHO tools.
- B.** Contribute, on a routine basis, data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.



39 Action for the Secretariat

- A.** Develop and maintain an information system to collect, analyse and disseminate data and information on trends in respect of mortality, disease burden, risk factors, policies, plans and programmes using currently available data sources like the WHO Global InfoBase and other existing global information systems.¹ This database will be expanded to handle new information on subjects such as health services coverage, related costs, and quality of care [2008–2009].²
- B.** Establish a reference group for noncommunicable diseases and risk factors, made up of experts in epidemiology, in order to support the work of the Secretariat and advise countries on data collection and analysis [2008–2009].²
- C.** Strengthen technical support to Member States in improving their collection of data and statistics on risk factors, determinants and mortality.
- D.** Convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan. The group will set realistic and evidence-based targets and indicators for use in both the mid-term and final evaluations [2008–2009].²
- E.** Prepare progress reports in 2010 and 2013 on the global status of prevention and control of noncommunicable diseases.

40 Proposed action for international partners

- A.** Work collaboratively and provide support for the actions set out for Member States and the Secretariat in monitoring and evaluating, at the regional and global levels, progress in prevention and control of noncommunicable diseases.
- B.** Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

¹ Data sources and global information systems include the WHO's statistical information system (for age standardized mortality data), the Global Burden of Disease Project, the Health Metrics Network, the Global Tobacco Surveillance System surveys, data on diet and physical activity from national and subnational surveys, the Global Information System on Alcohol and Health, the WHO STEPwise approach to risk factor surveillance and the WHO surveys on national capacity for the prevention and control of noncommunicable diseases.

² See paragraph 11 above.

Indicators

- 41** There is a need for measurable process and output indicators to permit accurate monitoring and evaluation of actions taken and their impact. Indicators are essential in order to measure progress in implementing the plan and will focus on actions taken by the Secretariat and on the actions of Member States, including in resource-poor settings.
- 42** Each country may develop its own set of indicators, based on priorities, and resources; however, in order to track prevention and control of noncommunicable diseases at global and regional levels, there is a need to collect data and information in a standardized manner.
- 43** The indicators mentioned below are examples of measurements that WHO will use in monitoring and reporting on the global status of the prevention and control of noncommunicable diseases. Baseline values are available in WHO for many of the indicators; however, where baselines are not currently available, mechanisms will be established in 2008 and 2009 to collect relevant data.
- **Number of countries that have an established unit for the prevention and control of noncommunicable diseases (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority.**
 - **Number of countries that have adopted a multisectoral national policy for noncommunicable diseases in conformity with the global strategy for the prevention and control of noncommunicable diseases.**
 - **Number of countries with reliable, nationally representative mortality statistics by cause.**
 - **Number of countries with reliable standardized data on the major noncommunicable disease risk factors (based on WHO tools).**
 - **Number of countries with reliable population-based cancer registries.**
 - **Number of countries that have excise tax rates of at least 50% of the retail price of a pack of the most commonly-used cigarettes.**
 - **Number of countries with complete smoke-free legislation covering all types of places and institutions, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹**
 - **Number of countries with bans on tobacco advertising, promotion and sponsorship, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹**
 - **Number of countries that have incorporated smoking cessation support (including counselling and/or behavioural therapies) into primary health care, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹**

¹ WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package. Geneva, World Health Organization, 2008.

- **Number of countries that have adopted multisectoral strategies and plans on healthy diet, based on the WHO Global Strategy on Diet, Physical Activity and Health.**
- **Number of countries that have adopted multisectoral strategies and plans on physical activity based on the WHO Global Strategy on Diet, Physical Activity and Health.**
- **Number of countries that have developed national food-based dietary guidelines.**
- **Number of countries that have developed national recommendations on physical activity for health.**
- **Number of countries that have developed policies, plans and programmes for preventing public-health problems caused by harmful use of alcohol.**
- **Number of countries with a national research agenda and a prioritized research plan for noncommunicable diseases and their risk factors in line with WHO's global research strategy.**
- **Number of countries that provide early detection and screening programmes for cardiovascular risk.**
- **Number of countries with comprehensive national cancer-control programmes, covering priorities in prevention, early detection, treatment and palliative care.**
- **Number of countries providing early detection and screening programmes for cervical cancer and/or breast cancer.**
- **Number of countries in which patients have access to affordable essential medicines for pain relief and palliative care, including oral morphine.**
- **Number of radiotherapy devices per 100 000 population.**
- **Number of countries in which essential medicines for management of chronic respiratory diseases, hypertension, and diabetes are affordable and accessible in primary health care.**
- **Prevalence of tobacco use among adults aged 25–64 years.**
- **Prevalence of low consumption of fruit and vegetables among adults aged 25–64 years.²**
- **Prevalence of low levels of physical activity among adults aged 25–64 years.²**
- **Prevalence of overweight/obesity among adults aged 25–64 years.²**
- **Prevalence of raised blood pressure among adults aged 25–64 years.²**
- **Prevalence of raised fasting blood glucose concentration among adults aged 25–64 years.²**

² As defined in the WHO Stepwise approach to risk factor surveillance.

**Prevent and Control Cardiovascular Diseases, Cancers,
Chronic Respiratory Diseases and Diabetes**

**Resolution of the Sixty-first
World Health Assembly:
Prevention and Control of
Noncommunicable Diseases:
Implementation of the Global Strategy**

World Health Assembly Resolution WHA61.14 (24 May 2008)

The Sixty-first World Health Assembly,

Having considered the report on the prevention and control of noncommunicable diseases: implementation of the global strategy;¹

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to the aim of the global strategy for the prevention and control of noncommunicable diseases² to reduce premature mortality and improve quality of life;

Reaffirming also its commitment to addressing key risk factors for noncommunicable diseases through the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), the global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17), and the evidence-based strategies and interventions to reduce the public health problems caused by the harmful use of alcohol (resolution WHA58.26);

Deeply concerned that the global burden of noncommunicable diseases continues to grow, in particular in low-income and middle-income countries, and convinced that global action is necessary, including by effectively addressing the key risk factors for noncommunicable diseases;

Reaffirming the leadership role of WHO in promoting global action against noncommunicable diseases, and the need for WHO to continue to cooperate with regional and international organizations in order to reduce effectively the impact of noncommunicable diseases,

- 1** ENDORSES the action plan for the global strategy for the prevention and control of noncommunicable diseases;³
- 2** URGES Member States:
 - (1)** to strengthen national efforts to address the burden of noncommunicable diseases;
 - (2)** to consider the proposed actions in the action plan for the prevention and control of noncommunicable diseases and implement relevant actions, in accordance with national priorities;
 - (3)** to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;
 - (4)** to increase provision of support to the work of the Secretariat to prevent and control noncommunicable diseases, including the implementation of the action plan;
 - (5)** to give high priority to the implementation of the elements of the WHO Framework Convention on Tobacco Control;
- 3** REQUESTS the Director-General:
 - (1)** to continue to give suitably high priority to the prevention and control of noncommunicable diseases and to consider allocating, within the framework of the Medium-term strategic plan 2008–2013 allocating a higher proportion of budget to their prevention and control, with a focus on the development of core capacity of the Member States and increased technical capacity of the WHO Secretariat;
 - (2)** to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan.

Eighth plenary meeting, 24 May 2008 – Committee A, third report

¹ Document A61/8.

² Document A53/14.

³ Document A61/8.

**Prevent and Control Cardiovascular Diseases, Cancers,
Chronic Respiratory Diseases and Diabetes**

**Global Strategy
for the Prevention and Control
of Noncommunicable Diseases**

World Health Assembly Document A53/14 (22 March 2000)



A Challenge and an Opportunity

- 1** The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.
 - 2** In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (31.7 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
 - 3** Low - and middle - income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low - and middle - income countries.
 - 4** There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.
-

Addressing Common Risk Factors

- 5 Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Addressing the major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

Lessons Learned

- 6 Much is known about the prevention of noncommunicable diseases. Experience clearly shows that they are to a great extent preventable through interventions against the major risk factors and their environmental, economic, social and behavioural determinants in the population. Countries can reverse the advance of these diseases if appropriate action is taken. Such action may be guided by the lessons learned from existing knowledge and experience, which are summarized below.
- 7 Strategies to reduce exposure to established risk factors and to lower the risk for individuals who present clinical signs of further progression of these diseases, even when implemented together, do not achieve the full potential for prevention. A comprehensive long-term strategy for control of noncommunicable diseases must therefore necessarily include prevention of the emergence of risk factors in the first place.
- 8 In any population, most people have a moderate level of risk factors, and a minority have a high level. Taken together, those at moderate risk contribute more to the total burden of noncommunicable diseases than those at high risk. Consequently, a comprehensive prevention strategy needs to blend synergistically an approach aimed at reducing risk factor levels in the population as a whole with one directed at high-risk individuals.
- 9 Review of studies has shown that, for substantial reductions in the levels of risk factors and in disease outcomes, delivery of interventions should be of appropriate intensity and sustained over extended periods of time. However, even modest changes in risk factor levels will have a substantial public health benefit.
- 10 Experience indicates that success of community-based interventions requires community participation, supportive policy decisions, intersectoral action, appropriate legislation, health care reforms, and collaboration with nongovernmental organizations, industry and the private sector.
- 11 Decisions made outside the health sector often have a major bearing on elements that influence the risk factors. More health gains in terms of prevention are achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, and taxation policies than by changes in health policy alone.
- 12 The long-term needs of people with noncommunicable diseases are rarely dealt with successfully by the present organizational and financial arrangements of health care. Member States need to address the challenge in the context of overall health system reform.
-

Towards a Global Strategy for Surveillance, Prevention and Control of Noncommunicable Diseases

13 The global threat posed by noncommunicable diseases and the need to provide urgent and effective public health responses were recognized in resolution WHA51.18, in which the Health Assembly requested the Director-General to develop a global strategy for the prevention and control of noncommunicable diseases. The global strategy presented below is based on the lessons learned in prevention and control and on the recommendations of the WHO consultation on future strategies for prevention and control of noncommunicable diseases (Geneva, 27-30 September 1999).

14 Goal

The goal is to support Member States in their efforts to reduce the toll of morbidity, disability and premature mortality related to noncommunicable diseases.

15 Objectives

The global strategy has three main objectives:

- to map the emerging epidemics of noncommunicable diseases and to analyse the latter's social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- 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 by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

Key Components

- 16 To achieve the above objectives, the following components require the support of the global community and WHO as a whole in order to give shape to a global strategy.
- **Surveillance is essential to quantify and track noncommunicable diseases and their determinants, and it provides the foundation for advocacy, national policy and global action.**
 - **Promotion of health across the life course and prevention are the most important components for reducing the burden of premature mortality and disability due to such diseases, and are seen as the most feasible approach for many Member States.**
 - **Health care innovations and health sector management that address needs arising from the epidemics are essential. Equally important is the provision of cost-effective and equitable interventions for the management of established noncommunicable diseases.**
- 17 WHO has the unique authority and the clear mandate to lead the development and implementation of the global strategy for the prevention and control of noncommunicable diseases and thereby to create a better environment for world health in 2020 and beyond. As outlined below, implementation of the strategy will require action at every level, from global and regional organizations and agencies to Member States and individual communities.

Roles of the main players

International partners

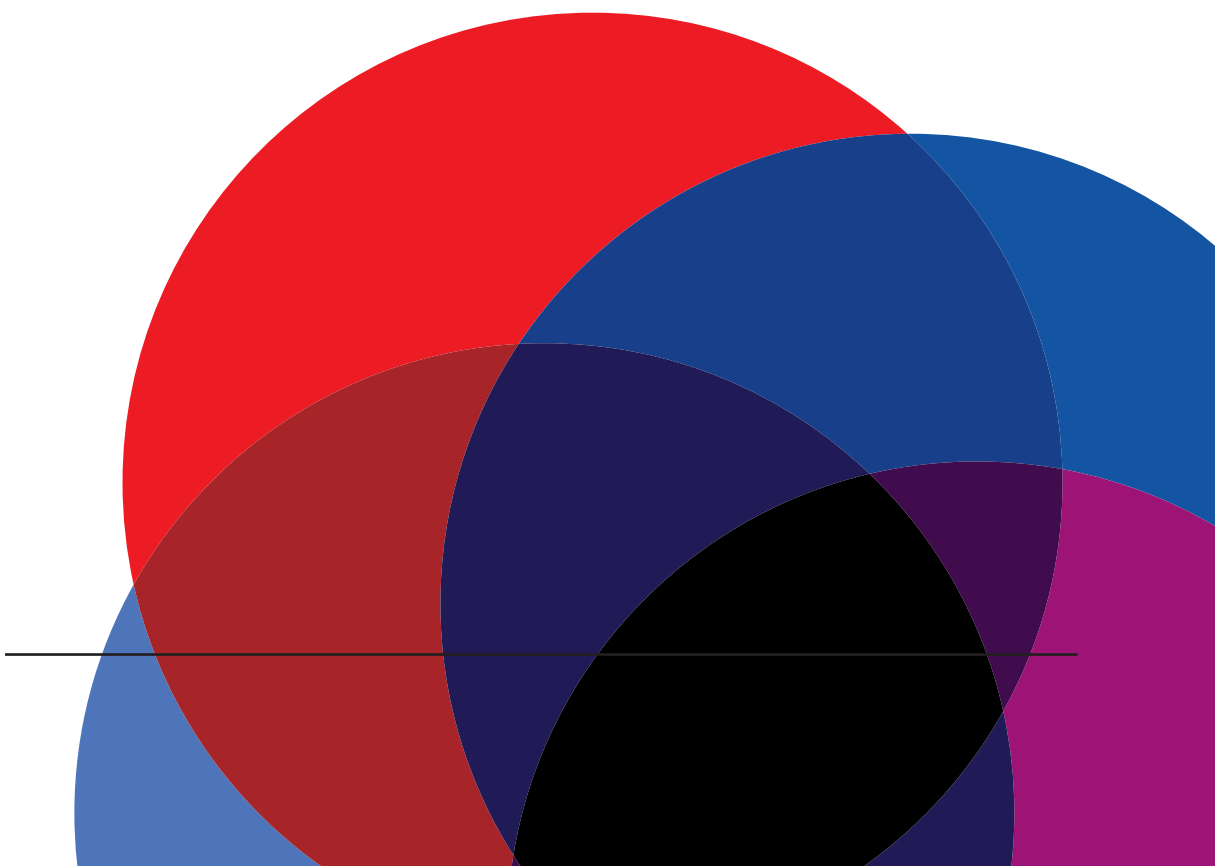
- 18 The role of international partners is of paramount importance in the global struggle against noncommunicable diseases in order to achieve the necessary leverage and synergy to meet the challenge. An innovative mechanism is needed to ensure joint work within the United Nations system and with major international agencies, nongovernmental organizations, professional associations, research institutions and the private sector. Concerted action against these diseases on a global scale requires all partners to play a stronger role in a global network that targets areas such as advocacy, resource mobilization, capacity-building and collaborative research. Developing such a global network will be a major part of the global strategy. International institutions for prevention and control of noncommunicable diseases and WHO collaborating centres will play a key role in supporting implementation and evaluation of the global strategy.

WHO

- 19** WHO will provide the leadership and the evidence base for international action on surveillance, prevention and control of noncommunicable diseases. It will set the general direction and priorities for the four-year period 2000-2003, consonant with the corporate strategy for the WHO Secretariat,¹ and will focus on the four broad interrelated areas described below.
- 20** **Global partnerships.** WHO will take the lead in strengthening international partnerships for surveillance, prevention and control of noncommunicable diseases.
- 21** **Global networking.** A global network of national and regional programmes for prevention and control of noncommunicable diseases will be established in order to disseminate information, exchange experiences, and support regional and national initiatives.
- 22** **Technical support.** WHO will support implementation of programmes at national or any other appropriate level by:
- **providing norms and standards, including definition of key indicators of noncommunicable diseases and their determinants, diagnostic criteria, and classifications of the major diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases);**
 - **providing technical support to countries in assessing the current situation, identifying strengths and constraints of existing activities, defining appropriate policies, building national capacity, and working to ensure effective programmes;**
 - **leading and coordinating surveillance in order to map the epidemic and measure the effectiveness of interventions;**
 - **strengthening and establishing systems for surveillance, and providing technical support for monitoring and evaluating standard indicators of the major risk factors;**
 - **preparing state-of-the-art guidance on development of prevention and control programmes, incorporating recommendations based on the knowledge and experience gained on a global scale adapted to different national contexts;**
 - **encouraging development of innovative organizational models for care of noncommunicable diseases to ensure the improvement of preventive and clinical care by cost-effective use of available resources.**

¹ Document EB105/3.

- 23 WHO will also collaborate with Member States in order to:
- **foster the launching of pilot projects on prevention and health promotion based on integrated reduction of the three main risk factors: tobacco use, unhealthy diet and physical inactivity. The expected outcome is the creation of models in selected countries to demonstrate that community-based programmes for risk factor reduction can be effectively implemented in low- and middle-income countries;**
 - **conduct a critical review of the global burden of noncommunicable diseases from the viewpoint of the poor in order to identify control policies that are particularly oriented to poorer populations in developing countries, taking into consideration the likely impact of globalization of trade and marketing on risk factors;**
 - **help patients to manage better their own conditions by assessing and designing appropriate models for self-management education. Emphasis will be laid on diseases that affect women in particular, in order to promote women's health and gender equity.**
- 24 **Strategic support for research and development.** WHO, in close collaboration with other partners, will promote and support research in priority areas of prevention and control, including analytical, operational and behavioural research to facilitate programme implementation and evaluation. Special attention will be given to innovative research on issues of poverty, gender, cost-effective care, and genetic approaches to prevention. WHO will strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy, particularly in coordinating collaborative research.



Member States

- 25** Implementation of the global strategy at country or any other appropriate level should be planned along the lines set out below and coordinated within the context of the national strategic framework.
- **Generating a local information base for action.** Assess and monitor mortality attributable to noncommunicable diseases, and the level of exposure to risk factors and their determinants in the population. Devise a mechanism for surveillance information to contribute to policymaking, advocacy and evaluation of health care.
 - **Establishing a programme for promotion of health across the life course and prevention and control of noncommunicable diseases.** Form a national coalition of all stakeholders; develop a national, regional or other appropriate level plan, define the strategies, and set realistic targets. Establish pilot (demonstration) prevention programmes based on an integrated risk factor approach that may be extended countrywide. Build capacity at national and community levels for development, implementation and evaluation of integrated prevention programmes. Promote research on issues related to prevention and management.
 - **Tackling issues outside the health sector which influence prevention and control of noncommunicable diseases.** Assess the impact of social and economic development on the burden of the major noncommunicable diseases with a view to conducting a comprehensive, multidisciplinary analysis. Develop innovative mechanisms and processes to help coordinate government activity as it affects health across the various arms of government. Accord priority to activities that place prevention high on the public agenda, and mobilize support for the necessary societal action.
 - **Ensuring health sector reforms are responsive to the challenge.** Design cost-effective health care packages and draw up evidence-based guidelines for the effective management of the major noncommunicable diseases. Transform the role of health care managers by vesting managers with responsibility not for institutions (e.g. hospitals) but for the effective management of resources to promote and maintain the health of a defined population.

Action by the Health Assembly

- 26** The Health Assembly is invited to consider the resolution recommended by the Executive Board in resolution EB105.R12.

**Prevent and Control Cardiovascular Diseases, Cancers,
Chronic Respiratory Diseases and Diabetes**

**Resolution of the Fifty-third
World Health Assembly:
Prevention and Control of
Noncommunicable Diseases**

World Health Assembly Resolution WHA53.17(20 May 2000)

The Fifty-third World Health Assembly,

Recalling resolution WHA51.18 on noncommunicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of noncommunicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

Recognizing the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

Noting that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent noncommunicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet, physical inactivity, environmental carcinogens, and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

Reaffirming that the global strategy for the prevention and control of noncommunicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

Recognizing the leadership role that WHO should play in promoting global action against noncommunicable diseases, and its contribution to global health based on its advantages compared to other organizations,

1 URGES Member States:

- (1)** to develop a national policy framework taking into account several policy instruments such as healthy public policies creating a conducive environment for healthy lifestyles; fiscal and taxation policies towards healthy and unhealthy goods and services; and public media policies empowering the community;
- (2)** to establish programmes, at national or any other appropriate level, in the framework of the global strategy for the prevention and control of major noncommunicable diseases, and specifically:
 - A.** to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;
 - B.** to assess and monitor mortality and morbidity attributable to noncommunicable disease, and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;
 - C.** to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of noncommunicable diseases by according noncommunicable diseases priority on the public health agenda;
 - D.** to emphasize the key role of governmental functions – including regulatory functions, when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
 - E.** to promote community-based initiatives for prevention of noncommunicable diseases, based on a comprehensive risk-factor approach;
 - F.** based on available evidence, to support the development of clinical guidelines for cost-effective screening, diagnosis and treatment of common noncommunicable diseases;
 - G.** appropriate health promotion strategies be included in school health programmes and in programmes geared to youth;

- (3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic noncommunicable diseases and that their management is based on cost-effective health care interventions and equitable access;
- (4) to share their national experiences and to build capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases;

2 REQUESTS the Director-General:

- (1) to continue giving priority to prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations;
- (2) to ensure that the leadership provided by WHO in combating noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems;
- (3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;
- (4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;
- (5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;
- (6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases;
- (7) to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants, and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;
- (8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs in order collectively to treat major noncommunicable diseases and their determinants.

Eighth plenary meeting, 20 May 2000 Committee A, second report

