



First Global Ministerial Conference on Healthy Lifestyles  
and Noncommunicable Disease Control

Moscow, 28-29 April 2011

Primera Conferencia Ministerial Mundial sobre Modos de Vida  
Sanos y Control contra las Enfermedades No Transmisibles

Moscú, 28 y 29 de abril de 2011

Première Conférence ministérielle mondiale sur les modes  
de vie sains et la lutte contre les maladies non transmissibles

Moscou, 28 et 29 avril 2011

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Москва, 28-29 апреля 2011 г.

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# First Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control

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Moscow, 28-29 April 2011

**Conference Proceedings**

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## Foreword

The first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases was organized jointly in Moscow by the World Health Organization (WHO) and the Government of the Russian Federation on 28 and 29 April 2011. Ministers of Health and representatives from 162 countries attended to discuss the global and national response to noncommunicable diseases (NCDs).

NCDs are the leading causes of death globally, killing more people each year than all other causes combined. The leading risk factors for NCDs are tobacco use, unhealthy diet, physical inactivity and harmful alcohol use. The highest burden of NCDs is among the poorest segments of the population. By 2030, four out of five premature deaths from NCDs will occur in low- and middle-income countries. The prevalence of NCD risk factors of smoking and unhealthy diet is increasing in the least developed countries. Much of the human suffering and social and economic impact caused NCDs could be averted through well-understood, cost-effective and feasible interventions.

Immediately prior to the Moscow Conference, WHO released the Global Status Report on Noncommunicable Diseases 2010. The report presents an updated assessment of the current status of NCDs and it provides a baseline to monitor over the coming years how the world responds to the growing NCD epidemic. The report describes “Best Buys” interventions with very strong evidence of cost-effectiveness that are affordable by all countries.

Discussions during the Conference centered on how countries can implement NCD prevention and control programmes. Particular attention was given to global policy instruments that can facilitate this task: the *WHO Framework Convention for Tobacco Control (WHO FCTC)*, the *Global Strategy on Diet, Physical Activity and Health* and the *Global Strategy to Reduce the Harmful Use of Alcohol*. An inaugural session set the scene and a High-level Panel addressed political issues affecting the development of policies to prevent and control NCDs. Two plenary sessions dealt with implementation of policies and programmes at national and international levels, and roundtable discussions focused on specific areas critical to NCD prevention and control.

The Conference concluded with the “Moscow Declaration”, where participants acknowledged the seriously increasing impact of NCDs on health and socio-economic development as well as the existence of significant inequities in the burden of NCDs and in access to NCD prevention and control on global and country levels. After stating the rationale for action, the declaration enumerates commitments to action at global, national and health ministry levels.

Participants also committed to actively engage with all sectors of governments and civil society in preparation for the United Nations General Assembly High-level Meeting on Prevention and Control of NCDs in September 2011.

This report documents the proceedings of the Conference and summarizes the key messages conveyed during the plenary and round table sessions. We are grateful to the following colleagues who provided input during the development of this report: Nick Batnavala, Douglas Bettcher, Ashley Bloomfield, Francesco Branca, Vilius Grabauskas, Corinna Hawkes, Rosy Henson, Judith Mackay, Liming Li, Jose Martin Moreno, Shanthi Mendis, Rob Moodie, Matt Myers, Sania Nishtar, Vladimir Poznyak, , Leanne Riley, Sylvia Robles, Krysel Steyn, KC Tang, Annemiek Van Bolhuis, Menno Van Hilten.

Dr Ala Alwan and Dr Veronica Skvortsova, Co-chairs of the International Steering Committee

## Goals and Objectives of the Conference

### Goals:

- To raise political awareness about the importance and potential for prevention and control of noncommunicable diseases (NCDs) and to place them higher on the global and national political agendas.
- To highlight the need for strengthening multisectoral prevention efforts and health management at global and national levels.

### Objectives:

- To highlight evidence relating to the impact of NCDs on health and socioeconomic outcomes.
- To promote multisectoral actions aimed at reducing the level of exposure of individuals and populations to the common modifiable risk factors for NCDs, while strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health.
- To profile available effective instruments, strategies and policies to address the epidemic of NCDs, including health system strengthening and promoting access to health care.
- To accelerate integration of the prevention and control of NCDs into the global development agenda.
- To articulate a road map for action in the Moscow Declaration on NCDs.
- To strengthen international cooperation for the prevention and control of NCDs, with a particular focus on promoting the upcoming debate at the High-level Meeting on NCDs in September 2011 and beyond.

## Programme

### *Thursday, 28 April 2011*

09:00-10:30 -- **Opening ceremony and welcoming remarks**

- Setting the scene, scope and purpose of the Conference

#### **Keynote addresses**

- State of the NCD epidemic: How serious is the epidemic and why is it happening?
- Economic realities and political priorities: How are NCDs impacting economic development and poverty alleviation?
- Strategies and best buys: Why invest in addressing NCDs?

11:00-12:30 -- **High-level Panel Discussion: Challenges and opportunities for multisectoral action to prevent NCDs**

- Routes to better health outcomes: What are the lessons – good and bad – that countries can learn from?
- Getting to scale: How can successful approaches be scaled up for wider effect and greater impact?
- Accelerating progress: What are the drivers for other sectors to include health and well-being as key components of policy development?

14:00-16:00 -- **First Plenary Session: Addressing NCDs at the national level – priorities for action**

- Supporting healthy choices and reducing exposure to risk factors: Can leaders promote change among people?
- Strengthening health care for people with NCDs: Can leaders commit to delivering services more efficiently and equitably?

16:30-18:00 – **Roundtables discussions:**

**Tobacco control:** Where should actions be focused to reduce tobacco use over the coming years?

**Food and nutrition:** What are the implications for public policy of increased availability and affordability of unhealthy diets?

**Harmful use of alcohol:** How can action by public sector leaders change lives in the decade to come?

**Physical activity, sports and transport:** What is the know-how for improving population policies to promote physical activities in the near future?

### *Friday, 29 April 2011*

9:00-11:00 -- **Second Plenary Session: International cooperation and coordination**

- Promoting international instruments: What lessons can be learned from experienced negotiators?
- Fostering international cooperation: What socio-political responsibilities does the international community have to support countries in addressing NCDs?

**11:30-13:00 Roundtable discussions:**

**Monitoring NCDs and their determinants:** What does the world really know about the trends of NCDs?

**NCDs and socio-economic development:** What are the shifting norms and emerging debates that could signal major changes ahead?

**Innovative options for health financing:** Can an international solidarity tax on tobacco products support countries in addressing maternal and child health as well as NCDs?

**Bridging the implementation gap:** Will addressing research priorities for innovative approaches in low- and middle-income countries close the growing gap between knowledge and action?

**14:30-16:00 Roundtable discussions:**

**Primary Care:** How can a new sense of primary health care unleash the full potential of addressing NCDs?

**Essential medicines and technology:** What are the realities of enhancing access to essential medicines and affordable technologies for NCDs?

**Civil society and social mobilization:** How can mobilizing civil society around a common agenda for NCDs radically impact challenges in addressing NCDs?

**High-level Meeting of the United Nations General Assembly on NCDs:** What can we expect from international leaders?

**16:30-18:00 Closing session: Moving Forward**

- Short and long routes to address NCDs: What should be done next?
- Uniting around a common NCD agenda: The Moscow Declaration
- Closing Remarks

## Setting the Scene

**Dr Margaret Chan, Director-General of the World Health Organization, and Ms Tatyana Golikova, Minister of Health and Social Development of the Russian Federation** opened the Conference with statements that NCDs are a major challenge to social and economic development and that deliberations during the Conference would help move the global agenda forward.

While developed countries have the infrastructure and research capacity to address NCDs, less developed countries do not have the resources to cope with this epidemic, Dr Chan said. The WHO Director-General stated that NCDs are inflicting a “two-punch blow” to developing countries: countries are spending an enormous amount of resources treating these diseases and families unable to cope with the costs often fall below the poverty line. This makes NCDs a development issue that must be addressed globally.

Immediately prior to the Moscow Conference, the WHO released the *Global Status Report on Noncommunicable Diseases 2010*. The NCD report provides a baseline to monitor how the world will face a growing NCD epidemic in coming decades. The report describes “Best Buys,” interventions with very strong evidence of effectiveness that are affordable by all countries. Additionally, the Global Status Report provides statistics on NCDs for individual countries. Dr Chan invited Member States to use the report to guide their decisions on the implementation of NCD prevention and control programmes.

Speaking on behalf of **Secretary-General of the United Nations Ban Ki-moon**, the WHO Director-General called for an all government approach, where not only health sectors but entire governments need to be involved in combating NCDs. Sectors other than health are responsible for many policies that will lead to preventing NCDs, such as increasing taxes on tobacco and alcohol products and reformulating food. The Secretary-General also sent a message to civil society and the private sector to join in. Their voices are important leading to the High-Level Meeting to be held at the UN Headquarters in September.

The **Minister of Health of the Russian Federation, Ms Tatyana Golikova**, affirmed that health is a national priority in Russia. Since 2005, the country has embarked on a national health programme that focuses on prevention through multisectoral actions and on the expansion of primary care. She reported on health improvements achieved as of 2009 and said that the country has done well but needs to expand programmes that have produced good results.

**Dr Kathleen Sebelius, Secretary of Health and Human Services of the United States of America**, said NCDs also affect developed countries, she said, and the United States has been lagging on many fronts in combating NCDs. She reported that the US Congress approved a two-pronged approach, which includes prevention and health care. The focus is on strengthening efforts to reduce tobacco consumption and address obesity. In the international arena, Secretary Sebelius conveyed the commitment of the United States of America to continue to support global tobacco surveillance and research on how to best implement NCD prevention and control interventions.

**Dr Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health of the World Health Organization** focused on the key messages of the Global Status Report on Noncommunicable Diseases. He stated that high morbidity and mortality from NCDs leads to a large social and economic burden in low- and middle-income countries. In developed countries 13% of deaths from NCDs occur under the age 60, while in developing countries that figure is 30%. This has an enormous impact on the workforce and productivity. Dr Alwan drew attention to the expansion of risk factors across low- and middle-income countries by showing data from the Global Status Report. As an example, he noted that some developing regions have the highest rates of physical inactivity, overweight and diabetes, and that the highest rates of hypertension are seen in the African region. The roots of the rising magnitude of the NCD problem start with the underlying drivers, which include the social determinants in addition to population ageing, urbanization and globalization of trade and marketing, resulting in increasing rates of behavioural and metabolic risk factors. NCDs contribute to poverty and reduction of household income, thus impacting development, he concluded.

**Finland's Director-General of the National Institute for Health and Welfare, Dr Pekka Puska**, presented on the success of his country in reducing NCDs. The fastest and most effective way to achieve this is to integrate prevention policies for NCD risk factors at the population level, he said. Dr Puska acknowledged that while individual behavior is important in addressing some risk factors, the causes of NCDs are rooted in the social and physical environment. Hence, policy interventions are the responsibility of society as a whole. In Finland, agricultural policies and product reformulation to change fat composition and reduce salt in food are at the center of the NCD mortality reduction. Global instruments, such as the WHO FCTC, the Global Strategy for Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol, could assist countries in achieving the positive changes that Finland has enjoyed.

The Key Note Address was delivered by Mr **Vladimir Putin, Prime Minister of Russia**. He exalted the noble endeavor of caring for people's health and appealed to intensify efforts for healthy lifestyles. He underscored the need for all sectors of society to participate. He said it is important to find solutions so that the cheapest foods are also the healthiest foods, he said. This requires participation beyond the health sector, so the task ahead is considerable, he concluded.

## High-Level Panel Discussion

The panel, which was moderated by Richard Horton, Editor of The Lancet, consisted of Ministers of Health from China, India, Russian Federation, Saudi Arabia, South Africa and United States of America, and Dr Margaret Chan, Director-General of WHO. The focus was on the problems and solutions to the NCD epidemic.

### What are the challenges faced in addressing NCDs?

Although challenges can be multiple and daunting, the leaders agreed that there needed to be a people-centered vision. That requires balancing and integrating competing priorities, particularly in lower income countries that face a double burden of disease, such as South Africa, where a person with a communicable disease such as tuberculosis may also need care for a noncommunicable disease such as diabetes. A major challenge is the lack of effective

intersectoral collaboration, which is required to reduce risk factors and determinants. Large populations, such in India and China, face significant challenges in terms of meeting the needs of human resources for healthcare and affordable medicines. Appropriate research and information was deemed important to confront challenges in implementing programmes. Raising the priority accorded to NCDs in health and development plans is key. It is important to move beyond the technical issues and invite political leaders to step forward.

### **What are the lessons learned in ensuring that NCDs receive a cross-sectoral response?**

Panelists agreed that it was important to bring to the table all sectors, including the business community and civil society. This can be achieved through decentralization of responsibility to the local level, such as states for federal countries such as India, or even local communities, as the United States of America does through community grants for an integrated multisectoral prevention approach. A similar programme is underway in Saudi Arabia. Also, it is important to view NCDs in the context of a broader social agenda, as the Russian Federation and others are doing. This allows mobilization of resources from other sectors and securing their commitment, including in the business community.

Finally, the moderator asked Dr Chan how countries can accelerate NCD prevention and control. The Director-General of WHO said there is a great need to bridge the data gap. This will allow countries to acknowledge their problems and find solutions. Countries also need to bridge the knowledge and action gap to turn words into actions, she stressed. “We know what works; the next step is implementation,” she said. To achieve implementation, lessons must be learned from global initiatives for other diseases, such as HIV/AIDS, where the trailblazers and spokespersons were AIDS patient themselves. People living with diabetes, cardiovascular disease and other NCDs should raise their voices to support NCD prevention and control, Dr Chan concluded.

## **First Plenary session: Addressing NCDs at the National Level—Priorities for Action**

Co-chairs **Zsuzsanna Jakab, Regional Director of the WHO office for Europe, and Jose Angel Cordova Villalobos, Minister of Health of Mexico** welcomed participants to discuss how countries can move towards implementing NCD prevention and control strategies.

Professor **Jaako Tuomilehto, Professor of Epidemiology at the University of Helsinki and member of the WHO Expert Epidemiology Reference Group**, presented the surveillance framework for NCDs and emphasized that this was key to inform on policy and programme development and evaluation. The framework includes measuring trends in exposure, outcomes and health system capacity to respond to NCDs. It would also monitor social determinants of NCDs, of which education, income and access to health care are the most important, he said. He said that various methods are available to countries. Those countries that do not yet have the necessary data sources to fully apply the proposed surveillance framework can use intermediate measures, such as verbal autopsy for cause of death or indirect estimates based on multiple surveys. There is no reason to delay implementation of NCD surveillance, he said.

**Director of the US Centers for Disease Control and Prevention, Dr Thomas Frieden**, said that in addition to measuring and predicting NCDs, interventions that can significantly reduce disease burden are available to all countries. These interventions are cost-effective, and often cost-saving. He presented the example of tobacco control in New York City, which reduced the prevalence of smoking by 25% after implementing the measures contained in the MPOWER package that WHO promotes worldwide. He said that Uruguay set an even better example by implementing MPOWER and reducing smoking prevalence by 25% in just 2 years, three times as fast as New York City. Frieden said that it is important to implement tobacco control measures and all measures deemed as “best buys”. The cost of NCDs, Dr Frieden said, is disproportionately borne by poorer countries and poorer people within countries. He noted that on a global level we treat HIV at a cost of US\$ 1 000 per person per year, yet do not treat hypertension, which costs US\$ 10 per person per year and kills four times as many people as HIV. Political will is needed to launch national and global strategies for NCDs at the same level of HIV/AIDS interventions.

**Dr Julio Frenk, Dean of the School of Public Health at Harvard University**, said four myths about NCDs must be confronted. **Myth 1:** NCDs are not a problem of developing countries. **Answer:** there is clear evidence of the rising burden of NCDs in the least developed countries. **Myth 2:** Even if NCDs are increasing, there is little that developing countries can do about it. **Answer:** there are a number of achievable, tested and cost-effective interventions that can be implemented in all countries. **Myth 3:** Developing countries cannot afford NCD interventions. **Answer:** there are ways to mobilize resources nationally and internationally in a fiscally responsible way. **Myth 4:** Focus on NCDs will detract attention from the most urgent health needs, such as the Millennium Development Goals. **Answer:** Global health is not a zero-sum game, where funding for one disease prevention must detract from another disease prevention.

Many interventions for NCDs will improve all health, including for communicable diseases. Dr Frenk proposed that NCDs should be addressed through a new generation of preventive strategies, through universal health coverage where people lose the fear of catastrophic spending and through managerial and technological innovations in the delivery of care.

**Dr Veronica Skvortsova, Deputy Minister of Health and Social Welfare of the Russian Federation**, described how her country is dealing with a high burden of NCDs. Through a multisectoral approach, the Russian Federation has increased life expectancy at birth by four years, Most of these gains are through control of NCDs, specifically a decline in premature cardiovascular mortality. Three main areas of work define the multisectoral strategy of the Russian Federation: incentives for healthy lifestyles, improving the social and economic environment through legislative changes, and large scale preventive programs for high-risk populations. Media campaigns have played a key role. Deputy Minister Skvortsova described the various media modalities used to reach young people and other segments of the population. She emphasized that prevention starts in pregnancy and childhood, and that preventive interventions should cover the life-course. The Russian Federation is also expanding primary care and implementing technological innovations in its health system, such as electronic medical records and telecommunication technology to support health care in their vast territory.

In his presentation, the **Director of the WHO International Agency for Research on Cancer, Dr Christopher Wild**, highlighted geographical variations in cancer patterns and stated that these would translate into different regional and country priorities. Currently only 17% of the population is covered by cancer registration. Coverage is as low as 7% in Asia and Africa and as high as 85% in North America. While the four common risk factors – tobacco use, unhealthy diet, physical inactivity and harmful alcohol use -- are critical for cancer prevention, chronic infections also are an important cause of cancer in developing countries, he said. Dr Wild showed evidence that while cancer survival is higher in countries with large health care infrastructure than in countries with poorly developed health systems, these differences are narrower when cancers are detected earlier. Therefore, early detection of cancer can save lives and reduce disease burden in all countries.

To present a regional approach to combating NCDs, **Dr Martin Seychell, Deputy Director-General for Health and Consumers of the European Commission**, said that a development strategy is needed that is more inclusive, people-centered and technologically smart. The European Union is attempting to improve health by harnessing innovation and by convening multiple partners on strategic issues. He reiterated that tobacco is the single most preventable cause of premature mortality in the European Union and worldwide, and that it was important to work on legislation and regulation for tobacco control. Reducing NCD risk factors required bringing all stakeholders together in the EU. But partnerships are insufficient if not accompanied by monitoring and ensuring accountability. He also reminded the audience that poverty was at the root of ill-health and any strategy should take social determinants into consideration.

## Second Plenary Session: International Cooperation and Collaboration

Co-chairs **Dr Shin Young-soo, Regional Director of the WHO Western Pacific Region, and Dr Tabare Ramon Vasquez Rosas, former President of Uruguay**, began the session by emphasizing the importance of international agreements and how countries can use them to further NCD prevention and control.

**Dr Vasquez Rosas** related how Uruguay enacted all provisions of the WHO FCTC in 2005, which led to a decline in smoking prevalence from 40% to 20% in 5 years. This had a significant impact on cardiovascular disease morbidity and mortality, with acute myocardial infarctions declining by 17%. Cancer rates have begun to decline as well. However, Philip Morris filed suit against Uruguay alleging that the strict legislation had inflicted commercial damage. Dr Vasquez Rosas said Philip Morris is trying to make Uruguay an example to other nations that the tobacco industry will retaliate against tobacco control laws. He said that Phillip Morris is only concerned about its profits, while governments must be concerned about the health of their people.

**Sir Michael Hirst, President-elect of the International Diabetes Federation**, reported on the outcome of a meeting of the WHO Global Health Forum, a group of over 300 representatives of civil society, including NGOs, faith-based organizations, consumer groups, academia,

governments and the private sector, which convened the day before the Moscow Conference. The Global Health Forum agreed on the urgency of addressing NCDs at the global level. Among the challenges that the forum identified were: a) long-term collaboration among stakeholders; b) trust building among stakeholders; c) government leadership and accountability; and d) private sector willingness. Three objectives were deemed critical: measuring and monitoring NCD prevention and control, building a skilled health workforce and developing a strong primary care system.

**Dr Leslie Ramsammy, Minister of Health of Guyana** discussed NCDs as part of the global development agenda. He stressed that countries should make better use of international instruments that are now available, such as the WHO FCTC, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol. He urged an assessment of how global inaction on NCDs will hinder achievement of Millennium Development Goals. He proposed that global health and development initiatives should join together to establish a technical working group to evaluate how health system strengthening can improve country responsiveness to NCDs.

**The Minister of Health of South Africa, Dr Aaron Motsoaledi**, spoke about the role of international cooperation in strengthening national capacity. He urged international recognition that Africa faces a double burden of communicable and noncommunicable disease, and that strengthening health systems is the heart of the answer for both. South Africa, for example, has embarked on a large scale reorganization of primary care. Minister Motsoaledi said that important regional and inter-country agreements could tackle issues not contained in global agreements. He also emphasized the need for global agreements to set targets and time frames in order to ensure accountability. If the prices of medicines remain as high as they are, Conferences or Summits will not help.

**Mr Ricardo Varela, President of the Conference of Parties of the WHO FCTC**, said that 170 countries have ratified the treaty. This translates into enormous support and influence to reduce tobacco consumption. He stated that in addition to fiscal measures to reduce demand, smoke-free environments and total bans on advertising are critical to reduce smoking among youth, protect people from tobacco smoke and increase the value placed on healthy lifestyles. Mr. Varela called for all countries to ratify the WHO FCTC and implement all of its provisions.

**Dr Cristian Baeza, Director of Health, Nutrition and Population, Human Development Network of the World Bank**, affirmed that NCDs were a priority for the World Bank. NCDs present a tremendous challenge to global financial systems, including pension funds, and decrease productivity. Therefore, NCD prevention and control are crucial in the fight against poverty. Dr Baeza enumerated several challenges, such as the globalization of risk factors, the double burden of disease among the poor, health systems designed for acute care instead of chronic care, and difficulties of ensuring a multisectoral approach. However, he pointed towards the opportunities to build on existing mechanisms such as the International Health Partnership and the WHO FCTC. The international community needs to find synergies between MDGs and NCDs, particularly in lower income countries. And it needs to reaffirm the

commitment to strengthen health systems and bring the non-health sectors in NCD prevention and control.

**Drs Marc Fischer and Bo Norrving, from the World Stroke Foundation**, presented an example of what is needed to address a specific NCD. Stroke is the leading cause of disability and dementia and shares common risk factors with other NCDs. High blood pressure is the leading risk factor for stroke and can be easily managed in primary care and through risk factor control. Dr Norrving also advocated for stroke units that can treat patients early and avoid disability and premature mortality, thus pointing towards the coordination of different types of care needed for NCD control.

## Roundtable Discussions

### Tobacco Control

#### *Key messages*

- Demand reduction strategies contained in the WHO FCTC will significantly reduce the burden of tobacco-related diseases.
- All countries should ratify the WHO FCTC and current Parties should enact and enforce all its provisions.
- Goals and targets are necessary at global and country levels for tobacco control surveillance and monitoring and funding, and for implementation of the WHO FCTC.
- Tobacco is a poverty issue. Tobacco control must be incorporated into the global health and development agenda and become part of the MDGs.
- Best Buys for tobacco control are banning smoking in public places and work places; warning people about the dangers of tobacco use; enforcing bans on tobacco advertising, promotion and sponsorship; and increased taxation.

The session focused on implementing the demand reduction strategies contained in the WHO FCTC. It was agreed that tobacco control through implementation of the WHO FCTC is a centerpiece of NCD prevention. Countries presented their experiences and highlighted the following policy issues.

1. **Comprehensive surveillance and monitoring are essential, yet many countries lack capacity to collect data and/or develop it into relevant information for policy change.** In response to this, the Bloomberg Initiative is funding standardized surveys, along with focusing on proven effective interventions in its target countries. Participants agree that there is a need to improve surveillance and monitoring on a global basis.
2. **Increasing tobacco taxes and prices is seen as the key measure to reduce demand.** All countries in the EU now have tobacco tax that is over 50% of retail price, while total tax is over 70% retail price. Some countries earmark tobacco tax, such as Thailand's 2% tax surcharge on tobacco and alcohol for a broad agenda of national health promotion programmes. Turkey has also been following a policy of steady tax increases in the last few years.

- 3. Regulating packaging and labeling of tobacco products is a critical step to legitimize tobacco control policies in the eyes of the public.** In 2000, Canada was the first jurisdiction to require full-colour graphic warnings on cigarette packages; other countries followed. For example, in 2008 the Islamic Republic of Iran required rotating pictorial warnings on all cigarette packages, covering 50% of both the front and back of packages. India introduced pictorial health warnings in 2009 after much opposition, including court cases, from the tobacco industry and other vested interests. About 40 countries now have pictorial warnings, and Australia has drafted legislation on plain packaging.
- 4. Countries favor comprehensive programs as a mechanism to exert governmental leadership in tobacco control.** Inclusiveness and comprehensiveness were the keywords about this subject. A strong programme will be able to combine top leadership commitment and engagement with a wide variety of other non-health stakeholders. Good examples were drawn from Brazil, Mexico, Singapore, Turkey, Uganda and Uruguay. Inclusiveness involves civil society, many government departments (e.g. Finance, Trade, Customs, Agriculture, Industry, Labour, Environment, Education, and the Development Agenda), and incorporates tobacco in many and varied government policies and programmes. Comprehensive programmes include all WHO FCTC provisions. Bans on advertising were first introduced by Singapore in 1971 and are proven effective. This policy has since been adopted by many countries, but participants stated that in some countries advertising bans are still far from adequate.
- 5. Countries face challenges to protect public health policies from commercial and other vested interests of the tobacco industry.** Several countries described strong resistance and obstruction from the tobacco industry when they attempted effective taxation policies or comprehensive legislation. In Turkey, the introduction of smoke-free areas was met by great resistance from the hospitality industry, and in Uganda the hospitality sector took the government to court over a proposed ban, but the governments stood firm. Uruguay, after ratifying the WHO FCTC, increased the size of the warning labels to cover half the main display areas on both the front and back of the package. Now, the country is facing considerable legal challenges from the industry. Australia's new legislation on plain packaging of tobacco products is also facing serious threat from the tobacco industry.
- 6. Two policy issues need stronger support from the international community: illicit trade and the challenges in the area of agriculture and livelihood of small farmers.** Iran described action on tobacco smuggling, using licensing, tracking, border controls and working with many other ministries, resulting in significant reduction in smuggling. In Africa, deforestation caused by cutting trees to cure tobacco is a widespread problem. Hence the need to strengthen efforts to develop policies that support crop substitution.

## Prevention of the Harmful Use of Alcohol

### *Key messages*

- The WHO Global Strategy to Reduce the Harmful Use of Alcohol provides a comprehensive policy and action framework for countries.
- Building public support is necessary to reduce harmful alcohol use. This includes working with parents and families, communities, local governments and other sectors, and developing awareness and information campaigns in support of policy change.
- National surveillance and monitoring systems with appropriate indicators are necessary for effective monitoring of alcohol use, alcohol-related harm and alcohol policies.
- Best buys to reduce harmful alcohol use are increased taxation; comprehensive bans on advertising, promotion and sponsorship; and restricting access to retail alcohol beverages.

In view of its dependence-producing, psychoactive, teratogenic, oncogenic and toxic properties, alcohol is not an ordinary commodity. The impact of alcohol consumption on child development, the role of alcohol in road traffic injuries and interpersonal violence, and alcohol's deleterious effect on infectious diseases such as TB and HIV/AIDS, all point towards multiple benefits of reducing the harmful use of alcohol.

Participants in the roundtable agreed:

- Scientific evidence of effectiveness of alcohol control measures provides an important basis for alcohol policy development.
- National contexts and public health priorities should be taken into consideration when implementing alcohol control measures at national levels.
- Public health should guide alcohol control measures.

The following policy issues were raised during the presentations and discussions:

1. **Comprehensive measures are needed** to reduce the harmful use of alcohol and protect vulnerable populations such as young people and women of childbearing age.
2. **Challenges to implementation include economic interests and cultural influences.** The combination of commercial and home-brewed production, and the role of alcohol consumption in daily life and on special occasions in many cultures, present additional challenges in implementing effective measures to reduce the harmful use of alcohol. New marketing techniques and technologies, such as internet-based resources and social networks, also present new challenges for restrictions on alcohol marketing and advertisement.
3. **Legislative measures should be supported by efforts to increase awareness of the impact of harmful use of alcohol on individuals, communities and societies.** Effective implementation and enforcement of policy measures, such as age restrictions on sales of alcoholic beverages, require adequate legislative and public support. Constant monitoring of effectiveness of implemented measures and dissemination of the results is an important activity for a sustained action.

4. **In efforts to reduce the harmful use of alcohol, it is important to engage both civil society and multiple units of government**, including ministries of finance, transportation (road traffic safety), and justice. Examples of engaging society into the efforts to reduce the harmful use of alcohol include dissemination of knowledge about the harmful use of alcohol, mobilizing social movement and political involvement at the highest possible level.
5. **Brief interventions to counter hazardous and harmful drinking are a useful strategy** in the health sector to prevent alcohol-related harm. Successful examples of large-scale implementation of brief interventions include interventions among women of childbearing age.
6. **A global approach is needed.** The Global Alcohol Policy Conference will take place in Bangkok, Thailand, in November 2011, and can serve as a platform for continued discussion on reducing the harmful use of alcohol at the international level and implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol. The global network of WHO national counterparts on implementation of the strategy is an important mechanism for international action that provides support for country-level activities.
7. **Cross-border issues** related to distribution and marketing of alcoholic beverages require international efforts to support national alcohol control measures.
8. **Different views were expressed about the role of awareness and information campaigns in prevention of alcohol-related harm.** Some delegates pointed towards the key role in prevention, whereas others emphasized supportive roles of awareness and information campaigns for implementation of effective alcohol control policies.

## Food and Nutrition Policies

### *Key messages*

- The WHO Global Strategy on Diet, Physical Activity and Health provides a comprehensive policy and action framework for country-level action.
- Healthy nutrition is necessary throughout the life course, beginning in pregnancy.
- Effective communication and information strategies for promotion campaigns are needed to address healthy diet on a population-wide basis.
- Governments should regulate marketing of food and beverages to children and improve availability of fruits and vegetables.
- Improving diet to reduce NCDs requires multisectoral coordination and action.
- Best buys to improve healthy diet are reducing salt intake and salt content of food and replacing trans-fat in food with polyunsaturated fat.

Session participants acknowledged that to improve diet, thereby reducing NCD morbidity and mortality, governments need to create incentives and disincentives to change the availability, affordability and acceptability of the core nutrients and foods associated with diet-related NCDs (salt, added sugars, fats and fruits and vegetables). These actions need to be taken at the population-level and will require multisectoral actions and engagement.

Four specific types of incentives/disincentives to change the availability, affordability and acceptability of healthy foods and nutrients were identified during the session: bans, targets, labelling and fiscal. Three policy areas were raised that are specifically relevant to children and young people: marketing to children, schools and infant and young child feeding.

1. **Ban elements that should be eliminated.** Governments can implement bans for unhealthy elements in food. Fiji reported banning trans fats in the food supply. The country does not yet have evidence of effectiveness, but it is known that a ban in Denmark has effectively eliminated trans fats from the food supply.
2. **Set targets and standards to direct collaborative actions by the food industry.** Governments can set targets for the food industry to reduce certain foods or food elements. The food industry can include large multinational companies, artisanal bread producers, food vendors and food service providers in public settings like hospitals and schools. A leading example of this approach is for governments to set targets for the reduction of salt in industrially processed foods. Evidence from the UK shows that it has had an effect: salt intake has fallen from per capita 9.5 to 8.6 g/day salt. Such targets can also take the form of standards, such as setting standards for foods that should not be marketed to children.
3. **Set standards for health-oriented food labelling.** Governments can develop standards for labelling which create incentives for food suppliers to increase the diversity of food in the marketplace and to offer healthier options. As an example, Norway reported on their “Green Keyhole” program to label low-fat foods. A qualitative study of 15 900 men and women study published in 1999 found that 53% of men and 76% of women understood the meaning of the symbol. Consumption of Green Keyhole foods was significantly higher people with knowledge of the symbol.
4. **Create fiscal incentives and disincentives.** Governments can impose taxes and subsidies to encourage consumers to select healthier versions of foods. Fiji and Norway reported that this approach had been taken in their countries with sugared soft drinks.
5. **Implement policies to reduce children’s exposure to marketing.** Governments can develop policies to restrict food marketing to children. This is being undertaken in many other countries around the world, in connection with the WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children. Recent evidence shows that policies to restrict food marketing to children are workable, enforceable and effective.
6. **Implement policies and programs in schools that improve the food environment and provide education.** Participants pointed towards extensive evidence showing that school-based interventions can effectively increase fruit and vegetable intake. These policies must make fruits and vegetables more available and affordable and also must include an education component. Fiji and Norway said that environmental components including school gardens or links with local farmers can encourage positive attitudes by children to fruits and vegetables as well as increased consumption. Norway is linking kindergartens with fish management, and Fiji is developing school gardens.

7. **Implement policies on infant and young child feeding.** Evidence shows that poor nutrition during pregnancy and early life increases the predisposition to NCDs. Cambodia reported significant success in increasing breastfeeding through the implementation of legal frameworks and programs, including restrictions on the marketing of breast milk substitutes and baby-friendly hospitals.

## Physical Activity

### *Key messages*

- The WHO Global Strategy on Diet, Physical Activity and Health provides a comprehensive policy and action framework for country-level action.
- Physical activity is influenced by policies and practices in sectors such as transport, sport, education, environment, urban design and media.
- Physical activity programmes should be expanded along with action to provide and maintain supportive and enabling environments.
- Multiple sectors and stakeholders must be engaged. This will require coordinated efforts from various ministries of government at local, city and national levels; civil society; and the private sector.

Following the opening presentation of the WHO Global Recommendations on Physical Activity, there was agreement that addressing physical activity on the population-level should require adopting the Global Recommendations and using a life-course approach. Government representatives affirmed that national approaches should endorse that physical activity can be undertaken in a variety of ways through sports, recreation, exercise, walking, cycling, play and dance. They also acknowledged that changing human behaviours are complex and require a comprehensive multisector response to provide the programs and environments that support regular physical activity. Actions to create environments in which the healthy choice is the easy choice are a priority.

1. **Actions at the policy and regulatory level can create urban settings that provide opportunities and environments that support an increase in physical activity.** A whole-of-city approach to increasing physical activity was presented from New York City, where a range of actions are underway in multiple settings using the life course approach. With leadership from a supportive, health-oriented Mayor, actions across multiple sectors of government can promote programs and supportive environments; this includes regulations to create bike lanes, pedestrian malls, and green space to increase walkability and physical activity. In Morocco, actions are focused on increasing the provision of facilities in the community to improve infrastructure, including car-free areas, improved public transport systems and new and extended walking and cycling paths. Another citywide approach was undertaken in Colombia through the Cicovia program, where streets are regularly closed to traffic every Sunday and public holiday to support walking, cycling and other forms of physical activity. By drawing on the involvement of many sectors, this program created a strong sense of ownership in the community.

2. **Implementation of mandatory, good quality physical activity in curriculums in schools.** Government representatives endorsed approaches in schools that include strengthening physical education, public use of school recreation facilities and education and communication campaigns. Russia stressed the need to organize inter-agency cooperation on promoting and developing physical activity, and that mandatory physical activity in schools should be monitored for quality and quantity.
3. **Specific practice-based examples of programs and policies** that provide a clear starting point for country-level actions are:
  - School-based approaches that include increasing minimum standards for physical education and activity
  - Support for walking, cycling and public transportation through programs and incentives
  - Provision of advice and assessment of physical activity through primary health care settings
  - Use of school facilities by the wider community
  - Communication campaigns through various mass media channels to educate and raise community awareness and knowledge of physical activity. Communication campaigns should be integrated with other actions to create a comprehensive and coordinated approach.
  - Closing streets or restricting access to cars to increase opportunities and safety for walking, cycling and other active recreation in the community.
  - Improving provision, maintenance and safety of parks and open spaces
  - Provision and improvement of walking and cycling paths

## Primary Care

### *Key messages*

- Primary care is an essential building block of a cost-effective health system.
- To control NCDs, primary care must deliver chronic care services not confined to one disease or set of diseases.
- Primary care needs to be comprehensive with integrated teams of health care providers. It must provide services across the life cycle.
- Investing in NCD prevention and control through evidence-based approaches includes strengthening health systems, especially in low-resource settings
- In low-resource settings, priority must be given to evidence-based primary care interventions with high impact and good return on investment.

Primary care is an essential building block of a cost-effective health system. To improve health, primary care must deliver services aimed at preventing and controlling NCDs without confining service delivery to one disease or set of diseases. Primary care needs to be comprehensive, with integrated teams of health care providers. It must provide for the needs of a specific community across the life cycle of people. A number of requirements were recognized as being characteristic of effective primary care, with country examples from Russia, Kazakhstan, Brazil, Iraq and Slovenia. The following are action guidelines for countries:

1. **Achieve universal coverage** – Health services must reach all people equitably irrespective of their gender, age, caste, race, urban, rural and social class. Health services should provide preventive services, early diagnoses and treatment as well as rehabilitation services. However, achieving universal coverage is a challenge when public expenditures in health amount to less than 4% of GDP, as is the case in Brazil, among other countries.
2. **Implement explicit, effective health policies** – Health policies must be developed with input from all stakeholders, be clearly defined and provide for all aspects of patient care in the country. Slovenia, Brazil and Iraq have developed evidence- based guidelines for conditions covered in their respective health care systems.
3. **Provide people-centered care** – Health services must be organized around people’s needs and expectations. People must have easy access to care in their communities. Interaction between health care providers and patients must enhance the dignity of all concerned. To ensure that this approach is implemented, several countries, including Brazil, Khazakstan and Slovenia, have developed a model based on Family Medicine, where primary care services are a hub for coordination of care.
4. **Ensure effective governance and funding systems** – Efficiency in all aspects of health services need to be enhanced. Financing pathways need to be defined and utilized to comprehensively address the cost-effective prevention and treatment requirements of the population. Inadequately funded systems exacerbate inequity. This is particularly important now that NCDs and their risk factors are increasing and impacting the poor disproportionately.
5. **Use appropriate technology and ensure adequate training of health care providers** – Technology used must be accessible, feasible affordable and culturally acceptable to the community. Slovenia and Russia reported on the use of communication technologies to support health care delivery.
6. **Ensure a multisectoral approach to effective primary care** – The health of a community requires input beyond health care services. Other relevant sectors must be incorporated for overall improved health and well-being.

## Essential Medicines and Technology

### *Key messages*

- Lack of adequate access to and high cost of essential medicines and technologies contribute to the increasing NCD burden in low- and middle-income countries.
- Governments are responsible for ensuring equitable access to effective, safe and quality essential medicines.
- National governments should develop and implement evidence-based clinical practice guidelines, leading to rational selection of essential medicines and technologies.

- National policies should be established and implemented to promote the prescription, supply and use of generic medicines for the treatment and secondary prevention of NCDs.
- WHO should update the Model List of Essential Medicines to guide national governments in the selection of essential medicines and technologies for NCDs.

The discussion on essential medicines and technologies emphasized the following points:

- 1. Countries need to decide which medicines to put on their essential medicine lists and use clinical guidelines to make these policy decisions.** This should involve health care providers that are going to be making the final decisions.
- 2. Essential NCD medicines need to be affordable, high quality and cost-effective.** These drugs should be available in all countries. There was discussion on the role of government to ensure access to drugs, and particularly whether there should be some form of subsidy.
- 3. Promoting the purchase of generic drugs to reduce costs was raised.** Purchasing could be done through a revolving fund with international support. However, the quality of generic drugs should be carefully monitored. There should be a strict policy on pre-qualification of generics and post-market surveillance.
- 4. Access to NCD medicines during emergency situations** was brought up as an issue that is sometimes overlooked.

## Surveillance and Monitoring

### *Key messages*

- NCD surveillance and monitoring is critical to NCD prevention and control and should be integrated into national health information systems.
- In many low- and middle-income countries, data on risk factors and mortality are scarce and often unreliable. National capacity in epidemiology and data collection needs to be strengthened.
- There are three key components to NCD surveillance: monitoring exposures (risk factors and determinants), outcomes (morbidity and disease-specific mortality) and health system capacity.
- Monitoring and surveillance of NCDs requires agreement on a set of standardized core indicators.
- WHO and its partners should continue leading the development of global NCD targets and indicators and supporting capacity building, especially in low-resource countries.

As NCDs are considered part of the development agenda, setting targets and indicators can be an effective way to maintain focus and accountability, because systems tend to take action on what is measured. Participants raised several issues regarding how to make a monitoring framework operational.

1. **There are significant challenges regarding completeness and reliability of NCD data, particularly cause-specific mortality** . These include weak capacity in countries, inadequate collaboration among the relevant government sectors, insufficient financing and lack of integration into national health information systems. Experience shows that selecting indicators that cannot be measured can be counterproductive.
2. **Accountability is a critical objective, and monitoring is a tool to ensure action.** Monitoring of NCDs is not just an epidemiological exercise but an important tool for planning. It is a way to choose priorities and make health systems accountable for the delivery of services. Transparency and availability of data are important for accountability.
3. **Targets and indicators for NCDs need to measure what's important for people's health.** They need to be understood by diverse groups, and they need a clear measurement strategy. Selecting the appropriate indicators is key to ensuring that monitoring works. Indicators should be vetted and reviewed by key participants.
4. **Global NCD targets and indicators should focus on mortality, morbidity, risk factors, health service delivery and NCD-related policy.** There was general support for a set of tracer indicators and some discussion of possible additional indicators, such as those related to human resources, quality of care and availability of services.

## Research: Bridging the implementation gap

### *Key messages*

- Research is essential to bridge the knowledge translation and implementation gaps in NCD prevention and control. In the long run, investment in implementation research and impact evaluation can save resources.
- A major factor to produce high-quality research in developing countries is long-term collaboration with leading research groups.
- The prioritized NCD research agenda provides a basis for cooperation among research funders and other key partners. However, each country should develop research priorities specific to its needs.
- International cooperation among research groups is critical to large-scale regional and global research on NCDs.
- International agencies and national governments should mobilize resources and technical support to strengthen NCD research in developing countries.

The discussion centered around recently published research priorities for NCDs, which have three main objectives: to ensure that health policy decisions are based on evidence, to identify knowledge gaps, and to strengthen research capacity in low- and middle-income countries. Four priority areas for research were recognized: proper placement of NCDs in the development agenda, macroeconomic and social determinants of NCDs, global application of proven cost-effective NCD interventions, and accessibility of interventions in resource constrained settings. Participants raised several issues that were deemed necessary to advance the research agenda.

1. **Finding a locus for health research**, such as medical schools, academia or other institutions. At the same time, it was considered necessary to provide incentives to bridge between clinical services, education and research.
2. **Focus on implementation science, learning how to put into practice what we know works.** Although biomedical research can inform what works, implementation science (or translational research) requires additional skills from behavioral sciences, economics, political sciences and marketing among others.
3. **All programs on prevention and control of noncommunicable diseases need to build in implementation and evaluation research components at the planning stage.**
4. **While the WHO NCD research agenda provides guidance, each country should adapt and prioritize the research agenda according to its needs and available resources.** It is important to assess the applicability, scalability and potential public health impact of interventions that can address the issues surrounding implementation of NCD interventions.
5. **Dissemination of information should consider appropriate channels.** Although scientific publications are the standard practice to disseminate research finding, they may not effectively reach policy makers. Examples of using other means, such as direct communication and dissemination through religious organizations, were presented.
6. **Policy relevance of research can be considered as one criterion for funding to ensure close collaboration between funder and policy makers.**
7. **Ensure that there is budget for research.** Participants were reminded that the target is 2% of the health budget and 5% of official development assistance should be devoted to research.
8. **Countries should share lessons on how to develop their research capacity.** South-south communication is important, especially among countries that share similar problems.

## Innovative Financing

### *Key messages*

- As a significant factor in reducing global poverty, NCD prevention and control should be eligible for development assistance.
- Successful approaches exist at the national level to raise additional resources for health and to reduce financial risks and barriers to NCD health care interventions.
- Tobacco and alcohol taxes can substantially contribute to health financing. Countries should consider earmarking tobacco and alcohol taxes for health, and in particular for NCDs.
- A global solidarity tobacco levy is feasible to promote sustainable health financing. WHO should continue to develop the concept of an international solidarity mechanism for NCD prevention and control, particularly for use in lower income countries.

1. **NCD prevention and control should be eligible for Official Development Assistance.** NCDs represent a heavy and increasing burden on health expenditures and other sectors. In a number of countries, major NCDs draw about half of all health expenditures. In many countries, particularly lower income countries, most of the costs are borne by individuals and families.
2. **Tobacco and alcohol excise taxes, which are important to reduce consumption, can be sources of financing for NCDs prevention and control.** However, the tobacco and alcohol industries are certain to try to undermine such efforts, so country leadership and global organizations must react strongly to resist these powerful industries.
3. **Other sources of financing included** Madagascar's suggestion of debt swap to finance NCD prevention and control. Nigeria called attention to the Abuja Declaration where African countries committed to spend 15% of GDP on health.
4. **Setting aside a small amount of national tobacco taxes to create a global solidarity mechanism for NCDs** (Solidarity Tobacco Levy or STL) was proposed by a Task Force for Innovative Financing for Health Systems lead by the UK and France. Small amounts such as one to five US cents per tobacco pack could yield significant amounts for a global solidarity levy for tobacco.
5. **Although there was support for the STL, there was also dissent.** India warned that the goal of taxation should be to reduce consumption only. It cautioned that the message of STL would be to legitimize tobacco. The Director of the WHO FCTC agreed and said that an STL should not be linked to WHO FCTC.

## Social and Economic Development

### *Key messages*

- NCDs cause poverty and poverty increases the risk of NCDs.
- The highest burden of both communicable and noncommunicable diseases occurs in the poorest segments of the population. But low- and middle-income countries receive little development assistance for NCDs.
- NCDs should be included in national and global development plans and poverty-reduction strategies.
- International development partners and national governments should develop mechanisms to engage a wide range of stakeholders outside of the health sector to help address NCDs.
- Donors and development partners should become part of NCD prevention and control through funding support, advocating for change and technical assistance.

1. **The NCD funding paradox:** Although NCDs account for 60% of global mortality, only a small fraction spent on health by international development agencies is allocated towards NCD prevention and control. This disparity is also evident at national levels.
2. **Breaking the NCD myths:** NCDs are not just a problem for affluent countries and old men, as often believed. Evidence clearly shows that the developing world bears a disproportionate burden of NCDs. NCDs disproportionately affect the poor.
3. **NCDs are a neglected development issue.** NCDs are a development issue because of their causal impact on poverty, economic impact at macro and micro levels, strain on health systems and intersection with climate change.
4. **The human impact of NCDs** is not adequately factored into consideration in policy debates and public health action. These diseases and their risk factors are ubiquitous in global society, causing untold suffering to individuals and families.
5. **Implementing international instruments:** WHO's Action Plan for the Global Strategy for the Prevention and Control of NCDs provides a sound basis for articulating priority areas for action.
6. **Areas of major commitments:** International development organizations and national governments should embrace four major commitments: addressing risk factors, strengthening health systems, providing essential medicines and technologies and mainstreaming monitoring, evaluation and accountability.
7. **The ideal response should be government led.** Responses to NCDs need to be mainstreamed. Most effective actions are legal and regulatory, and therefore must be government mandates.
8. **A multifactoral problem needs a multifaceted response.** The response to NCDs has to be multisectoral and multifaceted with many entry points. A whole-of-society and whole-of-government approach is critical. Involvement of civil society, the private sector, NGOs, patients groups, faith-based organizations and community groups is necessary.
9. **Tripartite response from development partners.** The development community and donors in particular have potential beyond their ability to contribute resources.
10. **Four imperatives are needed responses to NCDs.** Governments should strengthen regulatory capacity, strategic planning and collection and use of information. Individuals need to embrace new concepts of illness and health, well-being, risk aversion and behaviour associated with risk. Health services need to address challenges associated with extending treatment to all who will need it. The important role and responsibility of industry in helping prevent and control NCDs must be recognized and mechanisms put in place so it will play a meaningful role.

## Civil Society

### *Key messages*

- NCDs cause poverty and poverty increases the risk of NCDs.
- The highest burden of both communicable and noncommunicable diseases occurs in the poorest segments of the population. But low- and middle-income countries receive little development assistance for NCDs.
- NCDs should be included in national and global development plans and poverty-reduction strategies.
- International development partners and national governments should develop mechanisms to engage a wide range of stakeholders outside of the health sector to help address NCDs.
- Donors and development partners should become part of NCD prevention and control through funding support, advocating for change and technical assistance.

Civil society includes NGO's, faith-based organizations, academia, community organizations, patient associations and other non-governmental groups. These organizations are different from government because they are not inhibited by electoral politics and are different from the private sector because they are responsible for accomplishing a public cause and not the delivery of profit. Because of these distinctions, only civil society can create the necessary sense of urgency to achieve the needed action and involve all sectors of society.

1. **Governments cannot tackle the problem of NCDs alone.** Civil society can play several roles:
  - Elevating the importance of NCDs and serving as a catalyst for bringing all sectors together with a unified purpose
  - Building political support for addressing NCDs
  - Ensuring that governments focus on population-based solutions
  - Raising resources
  - Conducting and funding research and programme evaluation
2. **Patient organizations play a unique role in focusing on the human side of NCDs.** They advocate for what is important to individual patients and their families. There are several lessons learned from people living with HIV.
3. **The private sector must be genuinely committed to being a part of the solution.** The representative from the World Economic Forum said that the private sector is willing to do more but only if it is included. He expressed the view that the private sector is uniquely positioned to contribute as an employer, provider of products and innovator. The interests of the private sector and the prevention and control of NCDs align when the private sector places a priority on the benefit of a healthy workforce, operating in healthy communities, and is able to combine promoting health with its financial well-being.

4. **Internationally, civil society also has a critical role to play.** The creation of the NCD Alliance and the important advocacy role it has played in elevating the NCD issue on the global agenda are a case in point. The Alliance is playing a role in bringing groups together to find common ground and to make the case for action. He reminded everyone that the summit to be held in September in New York is just the first step.
5. **In developing countries, civil society organizations are financially challenged.** The representative of Nigeria reminded that there is a need for long-term sustainable funding.

## High-level meeting

### *Key messages*

- Member States raised the priority of NCD prevention and control on the agenda of the UN General Assembly in 2010. They convened a High-level Meeting on the Prevention and Control of NCDs on 19-20 September 2011 in New York with the participation of Heads of State and Government.
- NCD prevention and control advocates should seize the opportunity to make NCDs a part of the global development agenda.
- Countries need to agree on a set of appropriate and cost-effective NCD interventions, establishing global targets and indicators to monitor progress.
- A clear and consistent communication strategy must be developed so the true global impact of NCDs, and strategies and actions to combat the diseases, resonate with the UN General Assembly and are readily understandable outside the health sector.

The discussion centred on the challenges faced to raise the importance of NCDs in the development agenda at the High-level meeting in September at the UN Headquarters.

1. **The UN High-Level Meeting will be held at the level of Heads of State**, mainly involving diplomats and development experts. Because these officials use a different language than Health Ministries and public health officials, we need to adapt our message to a different audience in order to present the strongest possible case for international action to address prevention and control of NCDs.
2. **The UN High-level meeting will likely place increased emphasis on the socioeconomic impact of NCDs and their role in constraining economic development**, for example, by reducing productivity and economic output, increasing health care costs, and obstructing other important kinds of economic activity.
3. **In order to support efforts to make healthy choices easier for people all around the world, we need to understand the goals and missions of our counterparts in other Ministries** – education, agriculture, transportation, finance and others. We need to speak to them in their language and show them how our goal of a healthier future will help them achieve their goals as well.
4. **Policies must be sustainable and affordable, but also broadly relevant enough to overcome the idea that it is a “zero-sum” game.** Investing in NCD prevention and

control does not mean investing less in other health and development issues such as infectious diseases. There are ample opportunities to strengthen synergies between NCD programmes and other development priorities, including the Millennium Development Goals and the future global development agenda. We must make the case that these goals cannot be met without also investing in NCD prevention and control.

5. **As it is a UN General Assembly meeting, there will be a focus on development and whole-of-government approaches.** Is there a strong international consensus on how NCDs could be incorporated into development goals at the national and international levels? Are we prepared for the debates on globalization, trade and urbanization, which are drivers of epidemiologic transition?
6. **If we want to maximize our impact at the UN General Assembly meeting, we need to build strong, effective coalitions** – partnerships that bring countries together and foster synergies between public and private sectors as well as engaging academic institutions and industry. Moreover, civil society groups have a key role in advocacy, implementation and holding government to account for action.
7. **We must propose clear and measurable actions that make sense in a UN setting.** After September, we will need to implement the outcomes of the High-level Meeting – and we will be measured on progress. Are the current surveillance systems adequate to the task? What would be appropriate global targets and indicators? Will these take sufficient account of the magnitude, trend and socio-economic impact of NCDs? Is it feasible to integrate these indicators into the MDG monitoring system?
8. **This is a valuable and unique opportunity to get NCD onto the agenda of other UN agencies.** Have we sufficiently explored the implications of this, articulated the messages, identified complementary and mutual objectives, and prepared arguments for NCD to go public and become a development issue in a much broader sense? It will be important to identify synergies and links with other agencies.
9. **Above all, we must concentrate on obtaining long-term commitments from Heads of State to promote continuity in the implementation of policies to tackle NCDs.** While raising awareness of NCD issues is obviously essential, follow-through is equally important.

## Conclusions: The way forward

During the final session, **Dr Ala Alwan** thanked Ministers, high level officials and all participants for their contributions. He highlighted the key areas discussed during the Conference, including the high burden of NCDs, the urgent need for monitoring and surveillance, the multisectoral strategies for prevention of NCDs, the interface with health systems including incorporating NCD prevention and control in primary care and finding innovative ways to mobilize resources for NCDs.

**Drs Robert Moodie, Sania Nishtar and Bjorn-Inge Larsen** summarized the discussions of the roundtables. Three themes were common across all roundtables: a multisectoral approach to

prevention and control of NCDs, monitoring and surveillance to ensure accountability, and the interface between prevention and primary care for effective NCD prevention and control. Dr Moodie reported that in the roundtables, plenary sessions and during the negotiations of the Moscow Declaration, there was acknowledgement of the double burden of disease in less developed countries, strong support for the full implementation of the WHO FCTC and full understanding of the importance of ensuring access to essential medicines and technologies for NCDs.

**Dr Veronica Skvortsova** summarized the Moscow Declaration that had been developed during the Conference. She highlighted the challenge of mobilizing political and financial support for NCDs.

**Dr Margaret Chan, Director-General of the World Health Organization, and Ms Tatyana Golikova, Minister of Health and Social Development of the Russian Federation,** closed the Conference by inviting participants to engage in the political mobilization for NCD prevention and control and ensure that most Heads of State attend the UN Summit on NCD in September in New York.

## Annex

### *Best buys for prevention*

While many interventions can be effective and cost-effective, some are considered “Best Buys”—actions should be undertaken immediately to produce accelerated results in terms of lives saved, disease prevented and heavy costs avoided.

These Best Buys for NCD prevention are:

- Protecting people from tobacco smoke and banning smoking in public places
- Warning about the dangers for tobacco use
- Enforcing bans on tobacco advertising, promotion and sponsorship
- Raising taxes on tobacco
- Restricting access to retail alcohol
- Enforcing bans on alcohol advertising
- Raising taxes on alcohol
- Reducing salt intake and salt content in food
- Replacing trans fat in food with polyunsaturated fat
- Promoting public awareness about diet and physical activity, including through mass media

### *Best buys for health care*

Several cost-effective interventions are available to reduce morbidity and mortality from NCDs. Their implementation depends on the financing of health systems and the capacity of health care infrastructure to deliver these interventions. Overall, there is consensus that health systems with a strong primary care base are better equipped to deal with NCDs and to

coordinate care across different levels. A key element to ensure adequate care for NCDs is the availability and accessibility of essential medicines.

The following “Best Buys” are considered the minimum health care interventions any country should offer, because they are very cost-effective, can have high impact, and are affordable and feasible to implement in primary care.

- Counseling and multidrug therapy (including glycaemic control for diabetes mellitus) for people age 30 and older, with a 10-year risk of cardiovascular event of 30% or higher
- Aspirin therapy for acute myocardial infarction
- Cervical cancer screening and treatment