

Questions about the UN High-level Meeting on NCDs

Q1: Why is the United Nations tackling the issue of NCDs at the High-level meeting (HLM) in September?

Noncommunicable diseases are the number one killer in the world with over 63% of all deaths attributed to cardiovascular diseases (like heart attacks and strokes), cancers, respiratory diseases, and diabetes. To underscore the need for concerted action and a coordinated global response to address the health and development challenges posed by NCDs, the UN General Assembly decided to convene a High-level Meeting in September 2011 calling for the participation of Heads of State and Government. It is only the second time in history that a health issue has been addressed at this world body. Lessons learnt from the HIV/AIDS high level meeting have shown that a global focus can improve prevention and treatment when world leaders unite.

Q2: Why is this issue being addressed now and why convene a HLM at this moment in time?

We now know the full extent of the problem, but we also know the solutions. There is growing international awareness that premature deaths from NCDs reduces productivity, curtails economic growth, and poses a significant social challenge in most countries. If we act quickly now, there are affordable solutions to prevent and control NCDs which can help turn the tide against the increasing prevalence of NCDs. It is a critical juncture in the fight against NCDs and with the UN General Assembly recognizing this, the HLM has come at an opportune time.

Q3: What will happen at the High-level Meeting on NCDs and what is expected from it?

The Meeting will be held with the participation of Heads of State and Government. The President of the UN General Assembly at its sixty-fifth session and the President of the sixty-sixth session will jointly preside the High-level Meeting.

The Meeting will be composed of three plenary meetings, and three interactive round-table sessions to be held in concurrence with the plenary meetings. The round-table sessions (58 seats each) will be attended by delegates from Member States (50), representatives from civil society (3) and Heads of UN Agencies (3). The round tables will be co-chaired by two Heads of State or Government, and will focus on (a) the rising burden of NCDs and its socio-economic impact; (b) strengthening national capacities and policies; and (c) fostering international cooperation.

In addition, a number of side-events will be organized by Member States to raise awareness about specific issues. Four side-events will be co-sponsored by WHO and will



discuss (i) targets for NCDs; (ii) the links between under- and over-nutrition; (iii) HIV, NCDs and health systems; and (iv) universal health coverage.

This meeting of Member States will result in commitments from Heads of State and Government to address the prevention and control of NCDs worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries.

Q4: What is WHO's role in the High-level Meeting?

The HLM is a meeting of Member States called by the UN General Assembly. WHO is the lead UN agency on health and has therefore been spearheading the efforts in preparation with Member States and other partners.

During the preparatory process, Member States have recognized the leading role of WHO as the primary specialized agency for health, and reaffirmed the leadership role of WHO in promoting global action against NCDs. To this end, WHO will play a central role in operationalizing the commitments of Heads of State and Government into action following the HLM.

Questions about Noncommunicable diseases

Q5: What are NCDs?

Noncommunicable - or chronic - diseases are diseases of long duration and generally slow progression. The four main types of noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancer, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Q6: What are their health impacts?

Noncommunicable diseases, or NCDs, are by far the leading cause of death in the world, representing over 63% of all annual deaths. Of the 36 million people who die annually from noncommunicable diseases, one-quarter are aged under 60 years, and regarded therefore as premature and largely preventable deaths.

Eighty percent of NCD-related deaths occur in the developing world, which is also home to 9 out of 10 people who die globally before the age of 60 years. In fact, the NCD epidemic is increasing in the Africa, South-East Asia and the Eastern Mediterranean regions at a faster rate than developed regions of the world.



Q7: What are the risk factors that lead to NCDs?

The four main NCDs share four common and modifiable risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

- ✓ **Tobacco** use is one of the biggest public health threats the world has ever faced. It kills almost six million people a year – an average of one person every six seconds – and accounts for one in 10 adult deaths. Up to half of current users will eventually die of a tobacco-related disease.
- ✓ Harmful use of **alcohol** kills approximately 2.3 million people each year. More than half of these deaths occur from NCDs including cancers, cardiovascular disease and liver cirrhosis.
- ✓ **Unhealthy diet** comes from inadequate consumption of fruit and vegetables; high salt consumption and high consumption of saturated fats. The yearly toll of unhealthy diets is partially reflected in the 2.8 million overweight and obesity deaths per year; and the raised cholesterol in people causing 2.6 million deaths.
- ✓ Globally, six percent of deaths are attributed to **physical inactivity**, or 3.2 million deaths per year.

Q8: How do NCDs impact on economies and the development of countries?

Treatment for these diseases is expensive, especially so for the poorest communities in the poorest countries. For many families, particularly in low income countries, paying for medicines and treatment for NCDs can drive people below the poverty line, and keep them entrenched. For many people, affording such treatment may not be possible.

With one-quarter of people who die from NCDs doing so before the age of 60, it means millions are dying in the productive primes of their lives. This loss is therefore not only to be measured in terms of health, but in its impact on productivity and economic growth.

Tobacco use and risky use of alcohol causes diverse social damage and economic costs, most of which are not reflected in the health-related disease statistics. Tobacco and harmful use of alcohol contributes to disparities in health between and within countries, and, at a personal level, to poverty.



Q9: How does WHO work with industry on this issue - tobacco, food and alcohol - as they clearly have an important role in addressing NCDs?

WHO recognizes that progress cannot be made reducing risk factors without the cooperation of industry:

- ✓ To manufacture and provide affordable healthy products by reducing salt levels, eliminating trans-fats, decreasing saturated fats and limiting free sugars.
- ✓ To implement work place wellness programmes that promote physical activity and health diets at the work place.
- ✓ To practice responsible marketing of food and non-alcoholic beverages to children
- ✓ To provide accurate and understandable information to consumers regarding your products.

In practice, WHO has worked with the relevant private sector stakeholders, as follows:

- ✓ Food and non-alcoholic beverage industry: Similarly, the Global Strategy on Diet, Physical Activity, Health, acknowledges that “the private sector can be a significant player in promoting healthy diets and physical activity. The food industry, retailers, catering companies, sporting goods manufacturers, advertising and reception businesses, insurance and banking groups, pharmaceutical companies and the media all have important parts to play as responsible employers and as advocates for healthy life styles....”. To this end, WHO is engaging with the food and non-alcoholic beverage industry to explore ways to improve diet and physical activity to prevent noncommunicable diseases. The last consultation on the marketing of food and non-alcoholic beverages to children took place in January/February 2010.
- ✓ Alcohol: WHO has consulted with the economic operators on ways they could contribute to reducing harmful use of alcohol: A round-table with economic operators was organized in November 2008 in order to collect views on ways these stakeholders could contribute to reducing harmful use of alcohol. The Global Strategy to Reduce the Harmful Use of Alcohol (2010) clearly underlines that the appropriate engagement of economic operators is essential to support the implementation of the global strategy in their role as developers, distributors, marketers and sellers of alcoholic beverages.
- ✓ Tobacco industry: WHO does not interact with any company engaged in tobacco or tobacco-related products, given the nature of the product.



Q10: What are some of the current challenges?

Challenge 1: Monitoring trends and measuring results:

- ✓ Current capacities for NCD surveillance are inadequate in many countries and urgently require strengthening.
- ✓ High quality NCD risk factor surveillance is possible even in low-resource countries and settings.
- ✓ A surveillance framework that monitors exposures (risk factors and determinants), outcomes (morbidity and mortality) and health-system responses (interventions and capacity) is essential. A common set of core indicators is needed for each component of the framework.
- ✓ Cancer morbidity data are essential for planning and monitoring cancer control initiatives. Population-based cancer registries play a central role in cancer control programmes because they provide the means to plan, monitor and evaluate the impact of specific interventions in targeted populations.
- ✓ Sustainable NCD surveillance systems need to be integrated into national health information systems and supported with adequate resources.

Challenge 2: The capacity of countries to respond:

- ✓ Country capacity for the prevention and control of NCDs has seen significant improvements in the past decade.
- ✓ While many countries have components of the necessary health infrastructure in place, they are often not adequately funded or operational.
- ✓ Strengthening political commitment and according a higher priority to NCD programmes are key to expanding health system capacity to tackle NCDs.
- ✓ NCD programmes and policies need to be aligned with strong national plans that strive to achieve people-centred care, delivered through strong integrated health systems.
- ✓ Assessment of capacity development needs should focus on:
 - Health systems infrastructure
 - Funding
 - Policies, plans and strategies
 - Surveillance
 - Primary health care
 - Partnerships and multisectoral collaboration
 - Training and communication



Challenge 3: Advancing multisectoral action:

- ✓ Engage the health sector systematically across government and with other sectors to address the health dimensions of their activities.
- ✓ Establish institutionalized processes which value cross-sector problem solving and address power imbalances.
- ✓ This includes providing the leadership mandate, incentives, budgetary commitment and sustainable mechanisms that support the health sector to work collaboratively on solutions to prevent and control NCDs.
- ✓ Multisectoral action should focus on:
 - Developing national multisectoral plans
 - Establishing an effective multisectoral coordination mechanisms
 - Establishing cross-cluster action teams, in particular with Ministries of Agriculture, Education, Finance, Planning, Social Affairs and Welfare, Trade, and Transport
 - Engaging with the private sector not affiliated with the tobacco industry, and partnering with civil society

For more details on the challenges, refer to the *WHO Global Status Report on NCDs 2010*.

Q11: What are some practical solutions to tackling the various NCDs on the agenda?

- ✓ *Make prevention work world wide.* WHO has identified a package of "Best Buys" to reduce people's risk of developing NCDs and cut treatment costs later on. These include:
 - Decrease alcohol and tobacco use
 - Reduce salt intake and salt content of food
 - Replace trans-fat in food with polyunsaturated fat
 - Promote public awareness about diet and physical activity
 - Provide counseling and multi-drug therapy for people at risk of heart attacks and strokes, including people with diabetes
 - Treat acute heart attacks with aspirin
 - Immunize against Hepatitis B
 - Screen for and treat precancerous lesions to prevent cervical cancer
- ✓ *Scale up essential access to NCD treatment and care in all countries.* High-income countries have halved cardiovascular mortality in the last 20 years by improving access to treatment. The challenge now is to increase use of these measures in low- and middle-income countries.
- ✓ *Invest in strong health systems and services.* Universal access to all levels of health services is vital if people are to benefit from essential interventions to prevent and treat NCDs.



- ✓ *Establish robust health financing systems.* The World Health Report 2010 identifies three steps all countries can take to improve health financing: raise more funds, reduce reliance on direct payments at the time people need care, and use resources more efficiently and equitably.
- ✓ *Involve all sectors.* Successful efforts to tackle NCDs have relied on a wide range of government departments, as well as industry, civil society, and the population as a whole.
- ✓ *Exert strong, sustained political leadership.* The United Nations High-level Meeting on NCDs is only the second time a health issue has been addressed at this world body, and lessons learnt from the HIV/AIDS high level meeting have shown that a global focus can improve prevention and treatment when world leaders unite.

For more details on the solutions, refer to the *WHO Global Status Report on NCDs 2010*.

Q12: What can the public do to fight NCDs?

A range of options are available for people to help reverse the epidemic. Some of them can be taken on a personal level, when and where possible, such as by choosing healthy diets low in fat, sugar and salt, undertaking physical activity, and avoiding tobacco use and the harmful use of alcohol. People can also make use of available screening and early detection services that can allow health services, where available, to take any actions required to treat whichever disease.

Civil society action can help prompt government implementation of measures to prevent and control NCDs at a community and population level. Such action can also be used to inform governments of what actions could be taken on a global level to respond to the NCDs epidemic.

