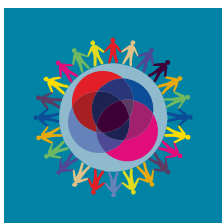


Global Noncommunicable Disease Network (NCDnet)



WHO Global Forum

ADDRESSING THE CHALLENGE OF
NONCOMMUNICABLE DISEASES



**World Health
Organization**

27 April 2011
Moscow,
Russian Federation

Forum Report

AUGUST 2011



FOREWORD

The decision by the United Nations General Assembly to hold a high-level meeting on noncommunicable diseases (NCDs) in September 2011 represents a significant milestone and opportunity. It was a result achieved only through the collective action of many different stakeholders over many years.

As part of the build-up to the UN high-level meeting, the World Health Organization was invited to undertake regional consultations to provide an input into the preparations for the high-level meeting as well as the meeting itself. By early April 2011, all six WHO regions had completed their consultations, and informal dialogues with NGOs and the private sector were undertaken in November 2010.

Capitalizing on the opportunity presented by the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control in Moscow on 28-29 April, the World Health Organization decided to convene a multi-stakeholder Forum on NCDs the day before, to help ensure that the perspectives of a range of important stakeholders were able to inform the discussions at the Ministerial Conference.

The WHO Global Forum: Addressing the challenge of noncommunicable diseases was an important new development, building on the consultations undertaken previously and bringing together the full range of interested stakeholders to share and listen to each other's views and experiences. I am pleased to provide this report on the WHO Global Forum, which I hope does justice to the richness and breadth of the discussion held on 27 April in Moscow. The Report and other Forum documents are available on the WHO website.¹

Finally, I wish to thank the Government of the Russian Federation for the financial and practical support that made the Forum possible. WHO looks forward to continuing to work with all stakeholders both ahead of and beyond the UN high-level meeting in September to effectively address the global health challenge of NCDs.



Dr Ala Alwan
Assistant Director-General
Noncommunicable diseases and mental health
World Health Organization

¹ http://www.who.int/nmh/events/global_forum_ncd/en/



FORUM REPORT

I. INTRODUCTION

Noncommunicable diseases are increasingly recognized as a major global health challenge that requires a response by all sectors of society. The decision by the United Nations General Assembly to convene a high-level meeting (HLM) on noncommunicable diseases in September 2011, with the participation of Heads of State and Government, presents a unique opportunity for the full range of stakeholders to shape that response.

The WHO Global Forum: Addressing the Challenge of Noncommunicable Diseases was convened to bring together a wide group of stakeholders to share views and experiences to date on the challenges and opportunities in noncommunicable disease prevention and control.

The Forum set out to raise awareness of the September 2011 HLM on noncommunicable diseases, and to provide input into the preparation for the HLM as well as discussions on noncommunicable diseases at the sixty-fourth World Health Assembly in May 2011.

In contrast to previous consultations and dialogues convened by WHO on noncommunicable diseases, the Forum brought together the different stakeholders in a format that allowed for discussion and interaction rather than a two way dialogue between WHO and individual stakeholder groups. The intention was to create an opportunity for the different groups to listen and respond to each other to allow WHO to canvass a wider and richer range of views to inform its work on noncommunicable diseases.

The Forum was held immediately prior to the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases in Moscow on 28 and 29 April 2011. This provided an opportunity for the outcomes of the Forum to directly inform the Ministerial Conference and its outcomes. In order to provide access to the Forum for people unable to attend in person, the Forum plenary sessions were webcast live and can still be viewed online.²

²Webcasts of the WHO Global Forum plenary sessions are available at:
http://www.who.int/nmh/events/global_forum_ncd/mediacentre/en/



II. OBJECTIVES FOR THE GLOBAL FORUM

The objectives of the Forum were to:

- Provide an opportunity for a wide range of stakeholders to discuss and share perspectives on the prevention and control of noncommunicable diseases (NCDs)
- Understand expectations, roles and contributions of the different stakeholders in support of the September 2011 UN High-level Meeting (HLM) on NCDs and its expected outcomes, as well as activities post the HLM.
- Update knowledge and share experience on progress in addressing NCDs including through implementing the Action Plan for the Global Strategy for the Prevention and Control of NCDs.
- Promote ways of accelerating the implementation of actions for international and national partners under each objective of the Action Plan.
- Mobilize a broader base of stakeholders in support of NCD prevention and control, in particular in developing countries.

III. PROPOSED DELIVERABLES OF THE GLOBAL FORUM

It was intended that the Global Forum would yield three deliverables:

- A short report to be presented during the World Health Assembly in May 2011 to inform Member States of the conclusions of the Forum and support their preparations for the HLM
- Lessons learnt in organizing multi-stakeholder discussion forums
- A statement to be delivered to the Moscow Ministerial Meeting representing key perspectives from the stakeholders.

IV. FORUM PARTICIPANTS

In keeping with the intent of the Forum participants were invited from the following stakeholder groups:

- Civil Society and nongovernment organizations
- Faith-based organizations
- Patient and consumer organizations
- Private sector representative organizations
- Food and non-alcoholic beverage and alcoholic beverage representative organizations
- WHO Collaborating Centres
- Researchers and research bodies
- Academia
- Member States.



The list of those participants who had registered online by 25 April 2011 is attached as Appendix 2. A number of other participants from Member States registered onsite for the Forum: these were members of the delegations for the subsequent Ministerial Conference, who had registered online for that event.

V. PROGRAMME FOR THE GLOBAL FORUM

The programme for the Forum was designed to provide a range of opportunities for participants to engage and contribute actively. It included a short opening plenary session, concurrent sessions to identify outcomes sought from the HLM on noncommunicable diseases, a plenary report-back on the concurrent sessions, and a final plenary session to consolidate the key messages and findings from the day. The final annotated agenda is attached as Appendix 1.³

VI. OPENING PLENARY SESSION

The purpose of the opening plenary session was for WHO and the Russian Federation to welcome participants, outline the purpose and format of the WHO Global Forum and set the scene for the day.

The WHO Director-General, Margaret Chan, opened proceedings and welcomed participants to the Forum. In her opening remarks (appendix 2),⁴ the Director-General emphasized the scale of the challenge presented by noncommunicable diseases (NCDs) and the need for the response to go beyond the health sector. Many of the drivers of NCDs are driven by strong commercial interests, over which the health sector has no direct control.

Dr Chan noted that the private sector, including the food industry, needs to be involved in solving the problems, although was emphatic that there is not place at the table for the tobacco industry. Some industry actors have begun to take action, but there is a need for more action by a wider range of actors. In closing, Dr Chan questioned whether there is a net gain if the benefits of modernization and economic growth are cancelled out by the costs, like medical bills, lost productivity, and premature death, of a preventable disease. She concluded that sophisticated and costly medicines, devices, and technologies will not be able to save the situation and that only smart, farsighted policies can do this.

The Deputy Minister of Health and Social Development of the Russian Federation, Veronika Skvortsova, then addressed the gathering and welcomed participants on behalf of the Russian Federation. She noted that both communicable and noncommunicable diseases

³ The annotated agenda for the WHO Global Forum is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/agenda_20110427.pdf

⁴ The WHO Director-General's opening remarks are available at:
http://www.who.int/dg/speeches/2011/global_forum_ncd_20110427/en/index.html



are now a threat to development and national economies. As NCDs are the leading causes of morbidity and mortality, governments need to ensure their policies and programmes address their prevention and control. Dr Skvortsova emphasized the importance of healthy food, as well as tobacco control and effective measures to reduce harmful alcohol consumption. Civil Society and the private sector are essential actors, including the food and pharmaceutical industries. She noted that all those present were there because of their concern and commitment to addressing noncommunicable diseases. Dr Skvortsova commended participants on their commitment and participation in the Forum.

Dr Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health, WHO, presented new data from the WHO Global Status Report on NCDs.⁵ These data show that NCDs are the biggest cause of death worldwide and that nine out of ten deaths from NCDs before the age of 60 occur in developing countries. He outlined the process leading to the UN high-level meeting on NCDs in New York on 19-20 September 2011, and highlighted the place of the WHO Global Forum in that process. Dr Alwan noted that the Forum uniquely brings together all the relevant stakeholders in a format that allows for genuine interaction and discussion. He then summarized achievements in the past three years, the challenges still to be met, as well as the opportunities ahead including both the Forum and the high-level meeting itself in September 2011.⁶

VII. CONCURRENT SESSIONS

The purpose of each of the concurrent sessions was to focus on the contribution of a key stakeholder group to the prevention and control of NCDs, identifying:

1. the key **challenges** for NCD prevention and control, as they relate to the group or issue
2. the **outcomes** they wish to see from the Moscow Ministerial Conference and the September High Level Meeting
3. the **commitments/priorities** identified as necessary to accelerate progress in addressing NCDs.

The proposed format was a brief (10 minute) presentation to provide an overview of the issues, with two or three brief responses (5 minutes) followed by facilitated discussion on the three key questions. Session rapporteurs collated and reported back the conclusions and key findings from the discussions ready for reporting back in the post-lunch plenary session.

⁵ The WHO Global Status Report 2010 is available at:
http://www.who.int/nmh/publications/ncd_report2010/en/index.html

⁶ The presentation of the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/opening_plenary_alwan.pdf



Concurrent Session 1: Private sector including pharma, insurance, e-health, sportDr

Eduardo Pisani, International Federation of Pharmaceutical Manufacturers Association, chaired this session. An opening presentation on the "Key roles, challenges, expected outcomes, commitments and priorities" for the private sector was made.⁷ The following is a summary of the discussions.

A. Challenges

The private sector is not always trusted, although it needs to be part of the solution – it could do better at making the case for its involvement by "saying what it can do not what it wants". It will help if the private sector 'offering' is consolidated, with greater clarity on the drivers, including the nature of and incentives for Public-Private Partnerships. Universal access to essential medicines is important but complex – issues of profitability, distribution and regulatory regimes need to be considered. Likewise, the private sector needs clarity on what is meant by universal access to essential medicines.

B. Outcomes

The private sector would like governments, agencies and NGOs to view them as key partners in addressing NCD prevention and control. It is important for NCD prevention and control to be elevated to the highest leadership level, including beyond the health sector. Governments can create incentives to foster a research and development environment, not just for pharmaceuticals but also for other private sector goods and services, e.g. information systems.

C. Commitments and priorities

The private sector is committed to playing a full part in Civil Society's response to NCDs, including in sectors beyond health. Workplace wellness programmes should be scaled up as these present an important opportunity to reach a large proportion of the population. Finally, the various private sector players can commit to undertaking research and development activities to support NCD prevention and control.

Concurrent Session 2: Food, non-alcoholic beverage & alcoholic beverage industries

This concurrent session was chaired by Mr Jorge Casimiro, representing the International Food and Beverage Alliance (IFBA). An opening presentation was made on the commitments made by the IFBA companies and the progress made in achieving them.⁸ Many companies are already working on product composition by reducing salt, fat and sugars, while others are providing enhanced information, and cutting down marketing of unhealthy products to kids.

⁷ The presentation of Dr Raynaud is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_1_private_sector_raynaud.pdf

⁸ The presentation of Mrs Voûte is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_2_ifba_voute.pdf



Responses to the presentation focused on food security; the need to recruit additional companies including small and medium enterprises; the opportunity presented by multi-stakeholder forums like the EU platform on diet and physical activity; and the specific partnership on physical activity in Russia that involves government, the private sector and communities. The following is a summary of the discussions.

Following a wide-ranging and spirited discussion, the rapporteur, Jeff Sturchio from the Global Health Council summarized the key messages, after which there was further discussion to ensure these reflected the issues canvassed during the session. While the role of the alcohol beverage industry was intended to be part of the session, this did not come up during the discussion.

A. Challenges

There remains a clear tension between the different viewpoints on appropriate use of regulation to achieve improved outcomes – are the voluntary commitments made by IFBA sufficient, or is greater government regulation needed. Likewise, there are differing views on whether the benefits of public-private partnerships outweigh the potential risks. Industry needs to be clearer on exactly what they are prepared to do and whether these actions will in fact contribute to achieving international and national policy objectives.

B. Outcomes

Further opportunities for multi-stakeholder dialogue are important, as will be independent measurement and reporting of progress against commitments. Ways need to be found to improve trust among the stakeholders that can then lead to action to address NCD prevention and control.

C. Commitments and priorities

An important next step would be for greater transparency on food industry commitments and accountability mechanisms that include clear targets and timelines. Environments that are conducive to 'healthy choices' are vital, and the industry has an important role to play in shaping those environments.

Concurrent Session 3: Health professionals and health services

Dr David Kerr from the European Society for Medical Oncology chaired this session. presentation to outline the health care infrastructure and work force to address the NCD burden was made. The largely untapped potential for health care workers to engage in health promotion and diseases prevention was highlighted, as well as the gap in the provision of the most cost-effective treatment services.⁹ The following is a summary of the discussion.

⁹ The presentation of Dr Cazap is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_3_health_professionals_cazap.pdf



A. Challenges

The global shortage of health workers is a major challenge that is compounded by their inequitable distribution in terms of geography, profession and training. Integration of care pathways across different vertical programs will be fundamental, with a need to shift the balance to primary and community care. There is a need to enhance the role of both health professionals and non-professional community workers in NCD prevention and control.

B. Outcomes

Determined efforts need to be made to integrate NCDs into national health and development plans and health service delivery across the continuum of care. This will require a systematic approach to strengthening health system capacity and capability to deal with NCDs. There needs to be greater investment in education and training, as well as incentives for performance and retention. A clear role for the international community should be identified so that it supports country-led initiatives. Cost-effective packages for NCD care should be identified, as should the technical and financial resources to deliver them.

C. Commitments and priorities

The health sector and health professionals should commit to making available and using existing platforms and alliances for exchanging knowledge and best practices, eg patient and professional societies. Health professionals and their organizations have an important role to play in ensuring that Heads of State and government participate in the September high-level meeting.

Concurrent session 4 Civil Society including faith-based and consumer organizations

The President of the International Union Against Tuberculosis and Lung Disease, Dr Bertie Squire chaired this session. A presentation focusing on advocacy for cancer and NCD prevention and control was made, emphasizing the need to involve patients and people who have been affected by these diseases.¹⁰ Their stories are a powerful advocacy tool to generate political action.

Three themes were reiterated:

1. The paradox of NCDs – a huge health and economic burden that doesn't have the attention it deserves
2. The need for a unified response 'galvanize the crowd into a community'
3. The specific role of civil society and where it uniquely can add value.

A broad range of organizations was present for the session and contributed to the session. The following is a summary of the discussion.

¹⁰ The presentation of Mr Ulman is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_4_civil_society_ulman.pdf



A. Challenges

Four broad challenges were identified. First, 'technical considerations, including: the absence of mental health from the current NCD priorities; the branding of NCDs; and the fact that risk factors for some NCDs are in fact infectious in nature. Greater clarity on these issues will be helpful as will specific guidance on strengthening health systems.

The second was the need for governments to fully understand and commit to the NCDs agenda and to commit resources to dealing with NCD prevention and control. Third were the health systems challenges, including access to and affordability of services. Finally, commercial interests and how they interact in this space was identified as a challenge, but also an opportunity.

B. Outcomes

The first desirable outcome identified in this concurrent session was funding and resources for NCD prevention and control; these include indigenous sources including taxes and innovative means as well as potentially development funding. Second was the structural response, including appropriate governance and leadership arrangements and mobilizing partnerships with the full range of stakeholders such as patient and community groups. There is an opportunity to harness the new social media to engage a wider community in support of NCD prevention and control.

The third outcome being called for was time-based indicators and targets and a mechanism for monitoring them. Fourth was 'normative clarity' around the relationships with communicable diseases and the health systems response to provide more specific guidance to governments on how to do this. Finally, attitudinal change is needed in the public health community to ensure appropriate engagement with the private sector. Consumers also need to be supported to change their attitudes towards the risk factors for NCDs.

C. Commitments and priorities

There was an exciting discussion that elicited a range of significant commitments from those present including professional bodies, faith-based organizations, NGOs. A number of examples were provided of specific commitments that covered awareness raising, helping to identify targets, mobilizing membership networks, developing training programs on NCDs for leaders, capacity building, strengthening the consumer response to NCDs, integrating NCD prevention and treatment into existing services such as maternal and child health, service development and mobilizing political leadership. It was noted that the role of Civil Society organizations is to assist and support governments and States, which have the primary responsibility for NCD prevention and control.

Concurrent session 5 Researchers and academia

Dr Abdallah Daar, Chair of the Global Alliance for Chronic Diseases, chaired this session. The main presentation reminded participants that we have sufficient research evidence to act decisively on NCDs, but that we need better research evidence on how to intervene more



effectively.¹¹ The current research challenges and proposed responses for NCD policy and practice were reviewed.

The following is a summary of the discussion.

A. Challenges

Much is known about the size and causes of the problem, but more is needed on the details in particular country and region specific data – this requires surveillance to guide investment by governments. There is improving evidence from implementation research that supports translating knowledge into action, but this is currently underfunded and is a high priority for further investment. Likewise, we are in the 'infancy' of integrating the science into policy action, e.g. the WHO Framework Convention on Tobacco Control (FCTC) is only partially implemented despite wide ratification. More information is needed on what is modifiable in different countries, as this is strongly related to social and cultural influences.

While health services 'own' the diseases, they don't own the causes as these are environmental and social. Thus, there is a problem with the 'ownership' of prevention: effective prevention is effectively invisible. Research needs to also look at intergenerational effects ie fetal and newborn development - and research into preventing prolonged morbidity, which is a big driver of costs.

B. Outcomes

A desirable outcome is a wider commitment and investment in the nascent international collaboration for funding of culturally-specific research, which has an initial tranche of funding available for implementation research. Further investment in surveillance will be critical, especially to strengthen surveillance in developing countries. A better understanding of the size and epidemic nature of the problem, ie that it is reversible will be crucial to ensure that the necessary investment is made now to prevent a huge and costly potential problem

The 'knowledge pool' is bigger than just the published scientific articles and includes the accumulated experience of governments and other parts of society: mechanisms for sharing this knowledge need to be further developed.

C. Commitments and priorities

The Global Alliance for Chronic Disease is an existing commitment by a number of governments in global health research on NCDs, and it will be important to widen the pool of Governments supporting and contributing funding. A key priority is coordinating the disparate groups of stakeholders, including universities, to address the research gaps and foster emerging researchers. Governments also need to invest in health systems research, in particular to work out how to integrate NCD prevention and control into health service delivery.

¹¹ The presentation of Dr Reddy is available at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_5_research_srinath_reddy.pdf



WHO has now finalized a three-year project to develop a prioritized agenda for research on NCDs, focusing on prevention and implementation research. This agenda will hopefully guide countries and research institutions in identifying priorities for generating new evidence. WHO's NCD research agenda is a dynamic document that will be reviewed and updated regularly.

Concurrent session 6 Cross government response to NCDs

The sixth concurrent session on the cross-government response to NCDs was chaired by Dr El-Husban Yasin, the Minister of Health of Jordan. The Hon. Tariana Turia, Associate Minister of Health from New Zealand emphasized the need for governments to address the epidemic of noncommunicable diseases, which is impacting on social and economic wellbeing in industrialized and developing countries alike. She underscored the need for cross-sectoral action that empowers families, as well as the need to take concerted and effective action against tobacco and for countries to fully implement the WHO FCTC.¹²

The following is a summary of the discussion.

A. Challenges

A multi-sector approach is critical to success, but often difficult to deliver sustainably in practice. This applies at both the national and international (UN) level. Educating the public is important as governments are spurred to action when communities advocate for change. There is still work to do in framing NCDs in ways that create a 'win-win' with other government sectors, including local government: it will help to demonstrate that there are short term as well as long term gains. Enforcement mechanisms are a specific area that needs strengthening. It was noted that migrant populations are among the most vulnerable, but this can be politically sensitive. The place of NCDs on the development agenda is also sensitive, but it is clear that they are impacting development and therefore major development agencies need to 'own' NCDs, as they have with HIV/AIDS.

Better surveillance will be needed to inform decision making, combined with ongoing evidence generation. The importance of safe food supplies was stressed, and this was identified by some participants as a high priority for cross-sector collaboration. Governments have an important role to play in using instruments such as taxes and regulation appropriately. High level leadership is key to securing a true cross-government approach.

B. Outcomes

An increased focus on human resources for NCDs will be key, as part of wider health systems strengthening. The focus needs to be on primary health care, including both prevention and treatment. Stronger commitment to global action to address risk factors, for example tobacco, will be needed and governments should set clear expectations in this area.

¹² Hon Tariana Turia's address is available online at:
http://www.who.int/nmh/events/global_forum_ncd/documents/session_6_turia.pdf



C. Commitments and priorities

It will be important that countries commit to increasing both in-country and external support and resources for NCD prevention and control. Public-private partnerships will need to be part of the response. Finally, agreed targets with clear accountability mechanisms will be essential so that progress can be monitored and reported.

VIII. POST-LUNCH PLENARY REPORT BACK

The moderator, Mike Wooldridge from the BBC, set the scene for the session by referring to his experience at the 'front-line' as a world news correspondent. This has brought him into contact with those who are delivering health on the front-line, and NCDs present a new dimension. He referred to the disproportionate burden of diseases borne by developing countries, supporting the contention that addressing NCDs goes to the very heart of development and is a matter of justice too. A number of questions remain unanswered and this Forum is an opportunity to start addressing these.

The panel consisted of the six rapporteurs from the concurrent sessions, who were invited to report back on the key conclusions of their sessions: these are summarized above.

Following the final report back on the Civil Society concurrent session, Mike Wooldridge then moderated an interactive discussion that traversed a wide range of issues. It was clarified that the private sector groups present concurred with the exclusion of the tobacco industry and WHO's policy of not engaging with them. However, later in the discussion, the issue was raised of how to support countries whose economies are highly dependent on tobacco growing. Another contributor suggested that a useful outcome from the high-level meeting would be an agreed 'minimum pack price' for tobacco.

The significant role that nurses can play in addressing NCDs was emphasized, including in both policy and practice roles. The importance of ensuring the presence of high level leaders – i.e. Heads of State and Government – at the September high-level meeting was reiterated and participants were urged to work in their own countries to ensure this.

The issue of conflict of interest was raised, in particular with reference to the role of the private sector and the food industry. There are risks in involving them, notably that the standards or benchmarks may be lowered if the industry is too involved in the process. This issue had been traversed in the food industry concurrent session, and it was noted that the private sector needs to work hard to earn trust.

Pre-diabetes was raised as an example of the need to address early detection and intervention so that reversible 'pre-diseases states' are part of the response. Access to diagnostic tools to support this is an issue in low- and middle-income countries. There was strong support for a call to keep poverty explicit in the response to NCDs is essential, to avoid the so-called 'inverse care' law resulting in those who most need access to care are least likely to receive it.



There was quite a discussion on the issue of mental health and some support for including it in the current priorities that will be considered at the high-level meeting. This was a theme at some of the regional consultations. The strong links between mental health disorders, including substance use disorders, and other NCDs was emphasized.

It was noted that some governments also want to include mental health as part of the current work. Another participant noted that all chronic diseases will benefit both immediately and in the future if we capitalize on the political opportunity afforded by the high-level meeting. Dr Ala Alwan from WHO briefly outlined the key reasons why mental health is not included in the current focus:

- The Global Strategy on NCDs, which dates from 2000, is focused on the four main diseases – cardiovascular disease, diabetes, cancers and chronic respiratory diseases – and these are also the focus of resolutions agreed by Member States related to the UN high-level meeting
- Together these four diseases account for around 80% of NCD-related deaths globally.
- These four diseases share the same main risk factors so prevention approaches are similar, while prevention approaches for mental health disorders

Dr Alwan noted that improvements to health care will benefit both mental health disorders and the priority NCDs: health workforce training, access to essential drugs, health information systems and health financing.

The question was raised as to how the global response to NCD prevention and control will be funded – the figure of USD9 billion per annum has been proposed by some commentators. On a related note, access to affordable medicines in low-income countries was identified as a key challenge by several participants. This will require solutions involving both the research-based and generic pharmaceutical industries, but ultimately depends on the prudent policies on the part of governments.

Panellists commented that funding will require political leadership that goes beyond ministers of health, and clearly innovative financing mechanism will be needed. Governments will need to identify funding sources, and need to receive a clear message that this would be a very good investment given the potential health care costs averted. It was noted that the private sector is also a significant potential source of funds through appropriate partnerships.

There was a call for extending education about NCD prevention to lay people, who are able to undertake quite a lot of the preventive activities, which don't require trained health professionals: public health is everybody's concern. The value of extending education to children was also emphasized.



Several specific points were made to which the panellists then responded. First, the significance of the relationship between NCDs and ageing was highlighted as a potential way to engage finance and other government sectors. Second, the question was specifically asked about whether NCDs should be included in the Millennium Development Goals (MDGs). Finally, the point was made that, for youth, NCDs are the social justice challenge of their generation much as HIV/AIDS was for the previous one. They have an important and unique contribution to make, not least the use of social media to build momentum.

There were different views on whether NCDs should be included in the MDGs. It was pointed out that in the last MDG review in 2010, NCDs were not added to the current MDG indicators. However, there was agreement that an accountability framework with NCD-related goals and targets, and monitoring of progress in achieving them, are essential.

There was a call for meaningful patient engagement in decisions about both policy and practice. Patients are well connected to their communities and have an important role to play in raising awareness and improving health literacy.

The analogy of the health care process – taking a history, doing the relevant diagnostic tests, making a diagnosis and then treating appropriately – was used to frame the need to clearly convince governments of the need to invest in NCD prevention. The point was made that while the health care system 'owns' diseases, nobody owns primary prevention. This underscores the need to intervene in non-health care settings, in particular in educational institutions.

To close, the moderator asked each of the panellists to comment on the lessons from addressing the HIV/AIDS challenge for the current NCD one, and to identify their single top priority for the high-level meeting in September. Mr Wooldrigde noted that at the World Economic Forum in January 2011, the UN Secretary-General Ban Ki-Moon had emphasized the importance of political action and commitment in moving the NCD agenda forward and that this was critical in making progress on HIV/AIDS.

Regarding the lessons learnt, it was noted that NCDs are a much bigger problem than HIV/AIDS could ever be so the challenge is even greater. Thinking about NCDs as an epidemic, as happened with HIV/AIDS, is important as it emphasizes the reversibility of the problem. Mobilizing a wide base of support through broad-based partnerships was critical to the success of the response to HIV/AIDS. Public-private partnerships can work, but require a 'grown-up discussion' that we still need to have in the NCD arena. Time-bound and specific commitments were essential for making progress, as was regular monitoring and reporting of progress towards their achievement. It is important not to set different conditions in competition, and a holistic approach is needed that caters to the needs of people who often have both communicable and noncommunicable diseases simultaneously. Finally, innovative resourcing and procurement systems have been developed that provide a template for the NCD response.



The panellists identified several top priorities for the September high-level meeting. Good leadership and political will are critical – we have the science and evidence, and the political will is now needed to act. In this respect, it is essential to have Heads of State and government present, so that NCDs move beyond being just a health problem. Governments need to invest in surveillance to scope up the size of the problem and the potential impact on their health care systems. Finally, there is enough evidence to begin to respond effectively, and we don't need all the funding available before responding – use the resources available and focus on the top priorities.

IX. FINAL PLENARY SESSION

The final session of the day commenced with a summary of the key findings and messages by Sir Michael Hirst, President Elect of the International Diabetes Federation. He commenced by commending WHO on convening the Forum and bringing together the wide range of stakeholders present.

Sir Michael noted that there is a wide consensus that the full range of stakeholders needs to be engaged in addressing the challenge of NCDs, and they all have a part to play in the lead up to the high-level meeting and in implementing the agreed outcomes. However, an outstanding challenge remains in getting the different stakeholders to work together effectively and sustainably at national and regional levels. All stakeholders – governments, NGOs, the private sector and the public – need to show leadership to ensure they play their part in addressing NCD prevention and control. Effective advocacy from all stakeholders will be essential, including emphasizing that there are short-term wins in tackling NCDs as well as

There was wide consensus that whatever outcomes are agreed at the UN high-level meeting on NCDs: these need to be measured and monitored and this will require agreed targets for NCD prevention and control. Sir Michael observed that all groups emphasized the importance of strengthening health systems and that NCDs need to be integrated better into health systems and up-skilling health professionals to deal with NCDs. The needs of migrant populations need to be considered and early intervention is vital, for example through identifying managing pre-diabetes.

He referred to the call from the private sector for appropriate incentives, which will be important if their contribution is to be sustainable. There is little disagreement that the private sector actors have a role to play, and ways need to be found to better involve them.

Proper surveillance is essential to ensure governments know the size of the problem and their progress in addressing it, as is research to improve the implementation of effective interventions. The role of regulation, whether self-regulation or government regulation, had been raised in several sessions.



The need for identifying resources to achieve the outcomes of the high-level meeting was emphasized. Poverty needs to be explicit consideration. Faith-based organizations are an important source of resources for NCD prevention and control worldwide.

Finally, it will be critical to have high-level representation at the September high-level meeting, which will ensure the best possible outcomes. Likewise, it will be vital to mobilize others beyond the NCD sector: NCDs are a major public health challenge, and it is up to everybody to play their part in addressing this challenge.

In her closing comments, WHO Director-General Dr Margaret Chan thanked the Russian Federation for its financial and political support for both the Forum and the Ministerial Conference that followed. Dr Chan reiterated that there would be a report on the Forum that would be provided to the Ministers at their Conference on Friday to inform their preparations for the high-level meeting

She affirmed the significance of the Forum as an important event to encourage the input of various stakeholders. The Forum is a step to WHO becoming more inclusive, allowing it to hear the different voices and ensure that they are able to inform the decisions of Member States.

Dr Chan reiterated that non-communicable diseases can be tackled only by including all parties, including civil society organizations, patients' organizations, professional groups, and the private sector.

The role of the private sector is one that will continue to create debate, given the diversity of views on the topic including among Member States. Dr Chan pointed out that the private sector is not the only group with a potential conflict of interest – all groups have interests but that this does not mean those groups cannot be a part of the discussions, aside from the tobacco industry. The important point is that interests be declared and appropriately managed. Dr Chan reiterated that she guards WHO's independence very carefully.

Dr Chan referred to several of the interventions made during the report back session, supporting the work of the Young Professionals Chronic Disease Working Group who labeled NCDs the "HIV of our generation". She also affirmed the role of nurses as key members of the health professional team, and noted that all members of the team are essential. In reference Mental health is a very important issue, including for WHO.

In response to the idea of including NCDs in the Millennium Development Goals (MDGs), Dr Chan asked participants why they "would want to board a train that left the station ten years ago". NCDs are important enough in their own regard to warrant a distinct and dedicated initiative. Likewise, we only now have the baseline data required to monitor progress on key indicators, as included in the WHO Global Status Report 2011 released at lunchtime that day.



Dr Chan confirmed that the Forum was a 'groundbreaking' meeting, and that differences of views are welcome and expected. She finished with three key points. First, that effective action will require "a social movement" and institutions that can use a "whole of government and whole of society approach" to deliver transformative change. She noted the importance of educating girls and providing women with the resources they need to keep their families well.

Second, Dr Chan urged participants to support integrated community-based, people-centered primary health care services for health promotion, prevention, early detection and treatment. She emphasized the potential for addressing diabetes and access to effective medicines as an 'early win' and referred to conversations she is having with a range of stakeholders to take this forward.

Finally, the Director-General emphasized the importance of institutions playing their roles – including governments, to civil society, the private sector and the media. Her final comment was to underscore breastfeeding as a key to starting children off on the right track in life.

X. CONCLUSION

The WHO Global Forum assembled over 300 participants from a variety of organizations and perspectives on NCD issues including prevention, disease control, advocacy, as well as those with a broader development interest.

Participants were keen to share their perspectives and to contribute to the development of the global response to NCDs, recognizing they all have a significant role to play in future implementation of and advocacy for NCDs. They all wish to be part of the solution.

As the first such event, the Forum successfully highlighted many areas of consensus and joint action, as well as those where divergent views remain. There was clear agreement that NCDs are 'everybody's problem' and require concerted action: collaborative working arrangements need to be identified to enable this. While there is a clear need for multisectoral action, with whole of society and whole of government responses, this is challenging given different and competing agendas amongst government ministries.

Communities need to be engaged, and this will require improved strategic communication, including through the use of social media, to inform about the burden of NCDs, position it as a key issue, as well as to communicate to local communities what they can do.

Challenges also remain in finding ways to enable the various stakeholders to work collaboratively on a national/regional basis in the long term and in unison with national plans. This will require trust to be built among stakeholders and with the public, an essential prerequisite to broader and more productive collaboration. Not surprisingly, there continue to be differing views on how and when the private sector should be engaged, for example in



infant and young child nutrition, as well as the appropriate balance between voluntary self-regulation and government regulation.

Challenges of leadership were also identified and a number of questions remain that need to be considered in the build-up to the high-level meeting:

- How can political will be galvanized so that the different government sectors scale up their response both individually and collectively?
- How can NGOs rise collectively to the challenge of NCDs and generate the social mobilization needed to support political action?
- Will the private sector, including industries that need to change what they current do, act decisively?
- Can we collectively create the environment that will support the public to 'choose' healthier lifestyles and products?

Forum participants identified a number of important outcomes from the September high-level meeting that would help to move NCD prevention and control forward

- There was broad agreement that NCD prevention and control is critical to national development (health, social and economic) and effective development cannot occur without addressing NCDs.
- The ability to measure and monitor programmes and targets for NCD prevention and control is critical, and should be a focus for discussion. Better epidemiological surveillance of NCDs is critical to demonstrate the extent of the problem and empower government action based on evidence and to monitor progress.
- Health systems strengthening, including adequate and well-trained supply of health worker, should focus on integration across disease areas and particularly on community-based primary health care.
- Implementing the agreed 'best buys', e.g. raising taxes on tobacco and alcohol are key opportunities to reduce risk factors and, potentially, generate revenue that can be used to tackle NCDs: both are in line with FCTC and WHO recommendations. There is very good evidence that they have an effect on reducing consumption of tobacco and harmful consumption of alcohol.
- Appropriate incentives are an important strategy for advancing action to prevent and control NCDs by the public (healthy choices), health professionals, and the private sector.
- Country-specific implementation research is needed yield timely evidence on how to successfully implement the known 'best buys'. Ensuring rapid uptake of evidence into policy is key to success in advancing NCDs.

Finally, specific commitments were made by many at the Forum to help scale up both national and global action to prevent and control NCDs. Many NGOs committed to actively supporting NCD prevention and control interventions, as well as developing a social



movement to support political action. Similarly, there was a range of commitments to increase health and social service delivery by those NGOs involved in these activities.

Faith based organizations made a specific commitment to use their enormous reach to advocate for NCD prevention and control, conduct health promotion and education activities and to support communities to respond. A range of private sector actors clearly stated their willingness to play an expanded role in NCD prevention and control. The private sector needs to be part of the solution and it can make a decisively important contribution in addressing NCD prevention challenges. The corporate sector should work closely with governments to support NCD prevention and control by reformulating their products, ensuring responsible marketing, and helping to make essential medicines and technologies more accessible. The private sector has many assets to share, although there is work still to do to find ways to involve them most effectively and appropriately.

Participants expressed their satisfaction during and after the Forum at having this opportunity to contribute to the build-up to the UN high-level meeting on NCDs in New York in September 2011. The Forum was an important milestone on the road to both the high-level meeting, as well as WHO's wider move to facilitating broader input into discussions on key global health issues.



APPENDIX 1: ANNOTATED AGENDA

Objectives:

- Provide an opportunity for a wide range of stakeholders to discuss and share perspectives on the prevention and control of noncommunicable diseases (NCDs)
- Understand expectations, roles and contributions of the different stakeholders in support of the September 2011 UN high-level meeting (HLM) on NCDs and its expected outcomes, as well as activities post the HLM
- Update knowledge and share experience on progress in addressing NCDs including through implementing the Action Plan for the Global Strategy for the Prevention and Control of NCDs
- Promote ways of accelerating the implementation of actions for international and national partners under each objective of the Action Plan
- Mobilize a broader base of stakeholders in support of NCD prevention and control, in particular in developing countries.

Deliverables:

- A short report that could be presented by one or more of the stakeholder groups during the World Health Assembly in May 2011 to support Member States' preparation for the HLM
- Lessons learnt in organizing multi-stakeholder discussion forums
- A statement to be delivered to the Moscow Ministerial Meeting representing key perspectives from the stakeholders.

Wednesday, 27 April 2011

**09:00-09:50 Opening plenary and scene setting for the day
(Ladoga Hall, Office Tower 2)**

The Forum opens with a fifty minute plenary session, commencing with a welcome from the WHO Director-General, Dr Margaret Chan, who sets the scene for the day and the context for the Forum. Dr Veronika Skvortsova, Deputy Minister of Health and Social Development, Russian Federation will welcome participants on behalf of the host country. Finally, Dr Ala Alwan, ADG Noncommunicable diseases and Mental Health, WHO provides an update on



preparations for the September UN high level meeting on NCDs and outlines the objectives for the following concurrent session.

Speakers

- Margaret Chan, Director-General, WHO
- Veronika Svortsova, Deputy Minister of Health and Social Development, Russian Federation
- Ala Alwan, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO

09:50-10:20 Break

10:20-12:00 Concurrent sessions: Multistakeholder response to the NCD epidemic (Breakout rooms, Office Tower 2)

After the morning break, there are six concurrent sessions. Each session focuses on the contribution of a key stakeholder group to the prevention and control of NCDs, identifying:

4. the key **challenges** for NCD prevention and control, as they relate to the group or issue
5. the **outcomes** they wish to see from the Moscow Ministerial Conference and the September High Level Meeting
6. the **commitments/priorities** identified as necessary to accelerate progress in addressing NCDs.

The format is a brief (10 minute) presentation to provide an overview of the issues, with brief responses (5 minutes) followed by facilitated discussion on the three key questions. Session rapporteurs will collate and summarise the outcomes of discussions, which will be reported back in post-lunch plenary session.

Stakeholder focus for breakout sessions

Concurrent session 1 (Selenga) Private sector including pharma, insurance, e-health, sport

Chair

- Eduardo Pisani, Director-General, IFPMA

Speaker/Respondents

- Olivier Raynaud, Director, World Economic Forum
- Richard Smith, UnitedHealth Chronic Disease Initiative

Rapporteur

- Paul Litchfield, Chief Medical Officer, British Telecom



**Concurrent session 2 (Neva) Food, non-alcoholic beverage and alcoholic
beverage industries**

Chair

- Jorge Casimiro, Coca Cola, representing the International Food and Beverage Alliance (IFBA)

Speaker/Respondents

- Janet Vouête, Nestlé, representing the IFBA
- Hervé Nordmann, Chairman, Industry Council for Development
- Will Gilroy, Director of Communications, World Federation of Advertisers
- Astrid Williams, Pepsico, representing the IFBA

Rapporteur

- Jeff Sturchio, President and CEO, Global Health Council

Concurrent session 3 (Dvina) Health professionals and health services

Chair

- David Kerr, President, European Society for Medical Oncology

Speaker/Respondents

- Eduardo Cazap, President, Union for International Cancer Control
- Mubashar Sheikh, Executive Director, Global Health Workforce Alliance
- Liming Li, Vice President, Chinese Academy of Medical Science
- Vladimir Starodubov, Vice President, Russian Academy of Medical Science

Rapporteur

- Peter Eriki, Director Health Systems, African Centre for Global Health and Social Transformation (ACHEST)



Concurrent session 4 (Ladoga) Civil Society including faith-based and consumer organizations

Chair

- Bertie Squire, President, International Union Against Tuberculosis and Lung Disease

Speaker/Respondents

- Doug Ulman, CEO, LIVESTRONG
- Jean-Claude Mbanya, President, International Diabetes Federation
- Robert Beaglehole, University of Auckland/'Lancet Group'

Rapporteur

- Sania Nishtar, President and Founder, Heartfile

Concurrent session 5 (Angara) Researchers and academia

Chair

- Abdallah Daar, Professor of Public Health Sciences, University of Toronto

Speaker/Respondents

- Srinath Reddy, President, Public Health Foundation of India
- Roger Glass, Fogarty International Center
- Jane Billings, Senior Assistant Deputy Minister, Public Health Agency of Canada

Rapporteur

- David Matthews, Director, Global Alliance for Chronic Diseases



Concurrent session 6 (Enesei) Cross government response to NCDs

Chair

- Yasin El-Husban, Minister of Health, Jordan

Speaker/Respondents

- Tariana Turia, Associate Minister of Health, New Zealand
- Sir George Alleyne, Director Emeritus, PAHO
- Irina Nikolic, World Bank

Rapporteur

- Rosie Henson, Department of Health and Human Services, USA

12:00-13:00 Lunch

13:00-14:45 Moderated Plenary Report Back Session (Ladoga Hall, Office Tower 2)

The post-lunch plenary allows the six rapporteurs from each of the concurrent sessions to report back the outcomes of their group's discussion in the morning. Each rapporteur has 3-5 minutes to present the key messages from their group. A guest moderator will then question the rapporteurs and field questions and comments from the floor.

Moderator

- Mike Wooldridge, BBC World Affairs Correspondent

Panellists

- Paul Litchfield, Chief Medical Officer, British Telecom
- Jeff Sturchio, President and CEO, Global Health Council
- Peter Eriki, Director Health Systems, ACHEST
- David Matthews, Global Alliance for Chronic Diseases
- Rosie Henson, Department of Health and Human Services, USA
- Sania Nishtar, President and Founder, Heartfile



**14:45-15:30 Final plenary and summary of key findings
(Ladoga Hall, Office Tower 2)**

Speakers

- Sir Michael Hirst, President Elect, International Diabetes Federation
- Margaret Chan, Director-General, WHO

In the final session, the key messages from the day's discussions, including the concurrent sessions and the plenary report-back, will be summarized in readiness for presentation the following day to the Moscow Ministerial Conference. The WHO Director-General will also respond to the discussion and close the Forum.

15:30

Forum adjourns

Afternoon tea will be served at the close of the Forum



APPENDIX 2: WHO Global Forum List of Participants who had registered by 25 April 2011

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Ministry of Health
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SWITZERLAND

Dr Marine ADAMYAN
Health and HIV/AIDS Director
World Vision International, Middle East, Eastern
Europe and Central Asia Regional Office
ARMENIA

Mr Zlatko ADLESIC
Counsellor
Embassy of Slovenia in Moscow
SLOVENIA

Dr Patrick AGHANIAN
Chairman, AIPM
RUSSIA

Dr Kamel AJLOUNI
President
The National center for Diabetes, Endocrinology and
Genetics
JORDAN

Dr Aram AKOPYAN
Executive Director
Association Innovative "Pharma"
RUSSIA

Mr Md Moshaid ALI
APS to Honorable Minister
Ministry of Health & Family Welfare
BANGLADESH

Dr Salih AL MARRI
Asst. Secretary General for Medical Affairs
Supreme Council of Health
QATAR

Dr Evgeniya ALEKSEEVA
Public Health and Social Development Foundation
FOCUS-MEDIA
RUSSIA

Dr Jasem ALKANDARI
Associate Professor
Kuwait University
KUWAIT

Dr Muna AL KUWARI
Director of Primary care Department
Ministry of Health
UNITED ARAB EMIRATES

Sir George ALLEYNE
Director Emeritus
Pan American Health Organization
USA

Mr Bjørnar ALLGOT
General Secretary
Diabetes Association
NORWAY

Dr Easa AL MANSOORI
Director of Foreign Relation and International
Organizations
Ministry of Health
UNITED ARAB EMIRATES

Dr Mohamed AL-THANI
Director of Public Health
Supreme Council of Health
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DENMARK

Dr Sylvia ANIE
Director
Commonwealth Secretariat
UK

Dr Kezevino ARAM
Director
Shanti Ashram
INDIA



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International Agency for the Prevention of Blindness
UK

Ms Anne Louise AVNSTROEM
Head of Section
Ministry of the Interior and Health
DENMARK

Ms Yasmina BADDOU
Minister of Health
Ministry of Health
MOROCCO

Mr Øystein BAKKE
Secretary
Global Alcohol Policy Alliance (GAPA)
NORWAY

Mr Thirukumaran BALASUBRAMANIAM
Geneva Representative
Knowledge Ecology International
SWITZERLAND

Dr Donald BASH-TAQI
Medical Doctor
Ministry of Health and Sanitation
SIERRA LEONE

Mr Loyce Pace BASS
Director of Health Policy
LIVESTRONG
USA

Dr Nooshin BAZARGANI
Secretary
World Heart Federation
UNITED ARAB EMIRATES

Dr Robert BEAGLEHOLE
Emeritus Professor
University of Auckland
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Dr Adel BELBEISI
Secretary General of Jordan Medical Council
Ministry of Health,
JORDAN

Mr Pierre-Olivier BERGERON
Secretary General
The Brewers of Europe
BELGIUM

Mrs Kirstine Vangkilde BERNER
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Public Health Agency of Canada
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International Union Against Tuberculosis and Lung
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WHO Global Forum
**ADDRESSING THE CHALLENGE OF
NONCOMMUNICABLE DISEASES**



27 April 2011
Moscow,
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27 April 2011
Moscow,
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WHO Global Forum
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27 April 2011
Moscow,
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WHO Global Forum
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27 April 2011
Moscow,
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APPENDIX 3: Opening remarks at the WHO Global Forum by Dr Margaret Chan, Director-General of the World Health Organization

The rise of chronic noncommunicable diseases: an impending disaster¹³

Moscow, Russian Federation
27 April 2011

Excellencies, honourable ministers, distinguished delegates, ladies and gentlemen,

The rise of chronic noncommunicable diseases presents public health with an enormous challenge. For some countries, it is no exaggeration to describe the situation as an impending disaster. I mean a disaster for health, for society, and most of all for national economies.

We must not forget that the same so-called “modernization” that contributes to the rise of these diseases is being accompanied by a growing need for chronic care of mental illness. The burdens are numerous.

I would further suggest that the challenge of combating chronic diseases has some unprecedented dimensions.

For centuries, the microbial world has been the biggest threat to public health. Then came the vaccines, the miracle cures, and the gradual improvements in standards of living and hygiene that helped eliminate the diseases of filth.

These were public health matters. This was our domain. This was our job, and we got quite some spectacular results.

The battle to control noncommunicable diseases is a different kind of fight. Our standard job, things like getting essential medicines to people, taking care of them in hospitals, have become so massively demanding and so massively costly that they threaten the solvency of even the wealthiest health care systems.

Everyone agrees that prevention is by far the better option. But in this case, the policies that promote unhealthy lifestyles throughout entire populations are made in domains beyond the direct control of health.

¹³ http://www.who.int/dg/speeches/2011/global_forum_ncd_20110427/en/index.html



We can compile libraries full of evidence about the dangers of tobacco and passive smoking, but others have to make the laws for tobacco control and enforce them.

We can tell the world that rates of obesity have nearly doubled since 1980, and we can count the costs to health. But we cannot police the products on the grocery shelves and school lunches or control the fact that the cheapest foods are usually the worst for health.

For many decades, public health has stressed the need for collaboration with other sectors, especially for prevention. For a very long time, these were friendly sectors, almost sister sectors, like education, the environment, water supply, sanitation, and a secure and safe food supply.

Today, many of the threats to health that contribute to noncommunicable diseases come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health.

Forget collaboration with the tobacco industry. Never trust this industry on any count, in any deal. Implement the WHO Framework Convention on Tobacco Control. Doing so can avert around 5.5 million deaths each year at a cost, in a low-income setting, of less than 40 cents per person. There is no other “best buy” for the money on offer.

People do not need to smoke, but they do need to eat and drink. Today, more than half of the world’s population lives in an urban setting. Slums need corner food stores that sell fresh produce, not just packaged junk with a cheap price and a long shelf-life.

Cities need the kind of design that encourages people to walk or cycle and enjoy physical exercise. Children need safe places to play. Patients need essential medicines, packaged and priced to encourage compliance.

Here is a question I would like to ask the food and beverage industries. Does it really serve your interests to produce, market, globally distribute, and aggressively advertise, especially to children, products that damage the health of your customers? Does this make sense in any mission statement with a social purpose?

We know that these industries are not homogenous. Some are taking measures to reformulate their products to reduce fat, sugar, and salt content and to modify their marketing practices. These are most welcome trends.

Ladies and gentlemen,

I have a final point. I strongly believe that the rise of chronic diseases calls for some serious thinking about what the world really means by progress.



Economic development and health development are not at all the same thing. Economic growth improves health only when the right policies are in place, policies that explicitly consider the consequences for health.

Diabetes, which is closely associated with obesity and urbanization, is already consuming nearly 15% of the national health budgets in some countries. Prevalence is skyrocketing in rich and poor countries alike.

What is the net gain if the benefits of modernization and economic growth are cancelled out by the costs, like medical bills, lost productivity, and premature death, of a preventable disease?

Unless they wake up, and take a hard look at policies across-the-board, some countries may very well see that the benefits of economic progress are quite literally cut up and devoured by a knife and a fork.

Rest assured, in this day and age, ever more sophisticated and costly medicines, devices, and technologies will not be able to save the situation. They will not avert an impending disaster. Only smart, farsighted policies can do this.

Thank you.

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Unless specified otherwise, the data contained in this report are based on the WHO Global Status Report on Noncommunicable Diseases 2010. Additional information is available at http://www.who.int/nmh/publications/ncd_report2010/en/index.html