

19 September 2011



General Assembly

GA/11138

Department of Public Information • News and Media Division • New York

Sixty-sixth General Assembly

Plenary

3rd, 4th & 5th Meetings (AM, PM & Night)



NON-COMMUNICABLE DISEASES DEEMED DEVELOPMENT CHALLENGE OF 'EPIDEMIC PROPORTIONS'

IN POLITICAL DECLARATION ADOPTED DURING LANDMARK GENERAL ASSEMBLY SUMMIT

'Meeting Must Be Wake-Up Call — a Watershed Event that Replaces Ignorance And Inertia with Awareness and Right Actions,' Says World Health Organization Chief

Proclaiming the spread of non-communicable diseases a socio-economic and development challenge of "epidemic proportions," Governments today pledged to work with the United Nations to adopt before the end of 2012 targets to combat heart disease, cancers, diabetes and lung disease and to devise voluntary policies that cut smoking and slashed the high salt, sugar and fat content in foods that caused them.

World leaders joined Health and Development Ministers in the consensus adoption of a wide-ranging Political Declaration on the prevention and control of non-communicable diseases at the opening of the General Assembly's first ever summit on the deadly chronic illnesses. Often referred to as "lifestyle" diseases because the majority of them were preventable, illnesses from smoking, alcohol abuse, poor diets and physical inactivity killed some 36 million people a year, mostly in low and middle-income countries where they disproportionately affected people under 60.

"The prognosis is grim," warned Secretary-General Ban Ki-moon, who noted that only once before had the Assembly convened at the ministerial level to sound the alarm on a global health issue, when it had held its first summit on HIV/AIDS. Citing statistics from the World Health Organization (WHO), which saw deaths from non-communicable diseases increasing by 17 per cent in the next decade, he said that in Africa, that number would jump by 24 per cent.

Yet, as alarming as those figures were, "we know how to drive them down", he said, explaining that treating the diseases could be affordable, while preventing them could cost next to nothing, and even save money. "When people cycle to work instead of driving, they get exercise and the planet is spared more greenhouse gas emissions," he said, adding that when children were fed a nutritious diet at school, attendance rose, and those eating habits could last a lifetime. Moreover, a woman's access to quality screening and vaccines to prevent cervical cancer could save her life.

"We should encourage individuals to make the smart choices that will protect their health. Exercise, eat well, limit alcohol consumption and stop smoking," he continued, stressing that if the world came together to tackle non-communicable diseases, "we can do more than heal individuals — we can safeguard our very future". The Secretary-General urged delegations to give the Political Declaration meaning through multiple, concerted and tough actions. "An excellent foundation [...], we must act together to carry out its provisions and bring non-communicable diseases into our broader global health and development agenda," he declared.

The 65-paragraph text, the centrepiece of the two-day meeting, acknowledged that the global burden and threat of non-communicable diseases "constitutes one of the major challenges for development in the twenty-first century" and notes the Assembly's profound concern at the sharp increase in deaths and disability they caused. It also recognized that many chronic disease risk factors were driven by obesity, and that mental and neurological disorders — including Alzheimer's disease — also added to the global non-communicable disease burden "for which

there is a need to provide equitable access to effective programmes and health-care interventions”.

The Assembly noted with “grave concern” the vicious cycle by which poverty, chronic diseases and other risk factors fed off each other, creating a deadly spiral of sickness and deprivation, which, among other things, negatively affected women, exacerbated the impacts of HIV/AIDS, wreaked havoc on fragile health-care systems and undermined development gains. Responding to such a dire and multifaceted challenge called for a “whole of Government, whole of society” approach, led by WHO but driven by Governments, which could raise the priority accorded to non-communicable disease and emphasize prevention as the cornerstone of the international community’s response to tackling them.

Committing to reduce risk factors and create health-promoting environments, strengthen national policies and health systems, bolster international cooperation and partnerships, and promote research and development, Assembly Member States pledged to work with WHO, other United Nations agencies and international organizations to develop, before the end of 2012, “a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings [...] to monitor trends and to assess progress made in implementing national strategies and plans on non-communicable diseases”.

Finally by the Declaration, Member States requested Secretary-General Ban to prepare two reports, in collaboration with the Director-General of WHO and other stakeholders; one to be presented to the Assembly’s sixty-seventh session on strengthening multisectoral preventive actions, and the other, to be presented at the Assembly’s sixty-eighth session, on progress to that end and towards achievement of the Millennium Development Goals. That report would set the stage for a comprehensive 2014 review of the status of the Declaration’s implementation.

In a compelling address, Dr. Margaret Chan, Director-General of WHO, said medical professionals had long been aware of the “ominous” trend of non-communicable diseases that encircled the globe. They saw the patients, managed the complications, wrote the medical bills and agonized over the huge costs to families. “We plead for lifestyle changes and strict tobacco legislations,” she said.

“Today’s high-level meeting must be a wake-up call for Governments at the highest level — a watershed event that replaces ignorance and inertia with awareness and right actions immediately,” she declared. Heads of State and Government must be responsible because the problem was too big: the response must come with equal power that commanded the right protective policies across all sectors of Government.

Calling non-communicable diseases “a slow-motion disaster,” she declared: “These are the diseases that break the bank”. Left unchecked, they had the power to devour the benefits of economic gains. Indeed, diabetes care already accounted for 15 per cent of some national budgets. According to a study by Harvard University, over the next 20 years, non-communicable diseases would cost the global economy more than \$30 trillion — or 48 per cent of the global gross domestic product (GDP) in 2010.

Noting that such diseases were largely preventable through cost-effective measures, she called on Heads of State and Government to “stand rock hard” against the “despicable” efforts of the tobacco industry and their highly aggressive tactics. In terms of demand reduction, increased tobacco taxes and prices could protect health and bring considerable revenue to Governments. In addition, salt reduction was among the most cost-effective and feasible public health interventions for those at risk of cardiovascular disease. In the absence of urgent action, the rising financial and economic costs of non-communicable diseases would rise to levels beyond even the reach of the wealthiest countries. “You have the power to stop or reverse the [non-communicable diseases] disaster,” and to ensure that development was moving on a good path. “We must act now,” she urged.

“Let there be no doubt,” said General Assembly President Nassir Abdulaziz Al-Nasser, “that non-communicable diseases have reached epidemic proportions”. Indeed, they were altering demographics, stunting development and impacting economic growth. As such, the high-level meeting was a historic opportunity to set a new global agenda and to advance the protection of the world’s vulnerable populations, he said, recalling that everyone had the right to enjoy the highest attainable standard of physical and mental health.

It had become unequivocally clear, he said, that the WHO-backed “best buy” interventions that reduced the toll of such deaths were workable and affordable solutions. Perhaps most significantly, it was now clear that to prevent such diseases, Governments must adopt approaches that went beyond the health sector. As for the Political Declaration, he said: “Let this document reaffirm a vision that goes beyond health, that also reflects the impact of non-communicable diseases on development and our economies,” expressing his hope that it galvanize action and

guide efforts for years to come.

Princess Dina Mired, speaking on behalf of the Union for International Cancer Control, said she hoped to be the voice for the more than 360 million who would die from non-communicable diseases in the next decade. But even as they looked to the United Nations to stop that unnecessary loss of life, those hundreds of millions of people would be brought up short by inadequacies in the Political Declaration. Indeed, while it noted that chronic diseases were a great equalizer among the rich and poor, the Declaration failed to recognize that the burden of those diseases was an epidemic. "There is a [non-communicable disease] epidemic," she argued, pointing out that WHO said it, non-governmental organizations said it and, most importantly, the 36 million who died this year proved it.

Stressing that non-communicable diseases must be labelled adequately and appropriately, she said the Political Declaration not only lacked clear and measurable targets, it was infused with vague language. But, the facts were crystal clear and painfully emphatic: "There are 36 million people dying each year — not possibly, not maybe," she said. Drawing comparisons to the Political Declaration on HIV/AIDS, which had seized a once-in-a-lifetime opportunity to convert will into action, she stressed that what got measured got done.

Today, the United Nations had the responsibility to deliver "the right punch in this fight", she said. It should send a message to the world to reduce deaths from non-communicable diseases by 25 per cent by 2025 since there would be little accountability without clear targets. Further, the future must be made tobacco-free, she said, noting that it was estimated that 1 billion people would die from tobacco use this century. Essential medicines must also be provided now. It was time to stop numbering deaths and start counting survivors, she concluded.

The High-level meeting, which heard from nearly 90 speakers, also featured two round-table discussions, respectively on "The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors," and "Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases.

During the discussion on the development challenges, Co-chaired by Andrew Lansley, Secretary of State for Health of the United Kingdom, and Endang Rahayu Sedyaningsih, Minister of Health of Indonesia, participants heard representatives of Member States and organizations confirm the severity of the problem. Speakers also acknowledged that individuals had a responsibility to change their behaviour so as to reduce the risk factors for non-communicable diseases. They stressed, however, that such change required raising awareness in addition to making healthy choices available and affordable. (Please see Press Release [GA/11140](#).)

Participants in the second round table stressed the urgency of boosting national capabilities. "Without such urgency, we lose momentum and economic and social burdens will rise to an unbearable level," President Pál Schmitt of Hungary said as he opened the discussions, which he Co-chaired with Salomon Chertorivski Woldenberg, Minister for Health of Mexico. One area of prevention that had attracted much attention in many countries was strategies for reducing tobacco use, many speakers said, describing action taken on the taxation, advertising and regulation fronts as well as the banning of smoking in public spaces. (Please see Press Release [GA/11141](#).)

In the plenary, the President of the International Olympic Committee also delivered opening remarks.

Speaking in the debate on non-communicable diseases were the Presidents of Suriname (on behalf of the Caribbean Community), Slovenia, Brazil, Nauru, Hungary, Namibia, Zimbabwe, Swaziland, Senegal, Mozambique, Gabon, Guinea, Trinidad and Tobago, Kenya and Austria.

The Prime Ministers of Bangladesh, Saint Vincent and the Grenadines, Barbados, Fiji, Bahamas, Swaziland, Tonga and Mali also spoke.

The Vice-President of the Maldives spoke, as did the Deputy Prime Ministers of Equatorial Guinea and Luxembourg.

Also addressing the Assembly were Foreign Ministers and other senior Government officials of France, Uruguay, Indonesia (on behalf of the Association of South-East Asian Nations), China, United States, Iran, United Kingdom, Algeria, Kazakhstan, South Africa, Rwanda, Guyana, Australia, Botswana, Ghana, Estonia, United Republic of Tanzania, Finland, Morocco, Ireland, Malaysia, New Zealand, Bahrain, Samoa, Israel, Kyrgyzstan, Canada, Norway, Belgium, Sri Lanka, Honduras, Tunisia, Philippines, Solomon Islands, Mongolia, Nigeria, Bosnia and

Herzegovina, Germany, Jamaica, Egypt, Côte d'Ivoire, Congo, India, Marshall Islands, Gambia, Peru, Cuba, United Arab Emirates, Romania, and Turkey.

The representative of Cameroon also spoke.

The Special Envoy of the King of Jordan and the First Lady of Chile also delivered remarks, as did the European Commissioner for Health and Consumer Policy of the European Union.

The General Assembly will reconvene at 9:30 a.m. Tuesday, 20 September to open its one-day high-level meeting on desertification, land degradation and drought in the context of sustainable development and poverty eradication, which will feature two interactive panels. At 10:15, the Assembly will continue and conclude its High-level Meeting on the Prevention and Control of Non-communicable Diseases.

Background

The General Assembly met today to open a high-level meeting on the Prevention and Control of Non-communicable Diseases. With a particular focus on developmental and other challenges, and the social and economic impacts posed by those diseases, particularly in developing countries, the two-day meeting was expected to include several plenary sessions and three thematic roundtables on specific themes.

The Assembly had before it the Secretary-General's report on Prevention and control of non-communicable diseases (document A/66/83), which states that worldwide, such diseases are now responsible for more deaths than all other causes combined and represent a new frontier in the fight to improve global health. It also stresses that, while the international community has focused on communicable diseases, such as HIV/AIDS, malaria and tuberculosis, the four main non-communicable diseases — cardiovascular diseases, diabetes, cancers and chronic respiratory diseases — have emerged relatively unnoticed in the developing world and are now becoming a global epidemic.

According to the report, 36 million people died in 2008 from non-communicable diseases, representing 63 per cent of that year's 57 million global deaths. It further notes that in 2030, such diseases are projected to claim the lives of 52 million people. The epidemic is fuelled, it says, by a combination of rising risk factors, including tobacco use, an unhealthy diet, lack of physical activity and harmful alcohol use. Moreover, the four main non-communicable diseases that share those risk factors cause almost 80 per cent of all deaths from such diseases.

The report further notes that non-communicable diseases affect the developing world and lower-income populations hardest; it highlights strong evidence linking poverty, lack of education and other social determinants to such diseases and their risk factors. A vicious cycle is created by the epidemic, whereby non-communicable diseases and their risk factors worsen poverty, while poverty results in rising rates of such diseases.

Providing details on their global impact, the report says that death and disease from non-communicable diseases now outstrip communicable diseases in every region except Africa, where the rate of such diseases is quickly rising. By 2030, non-communicable diseases are projected to cause nearly five times as many deaths as communicable diseases worldwide, including in low- and middle-income countries. Furthermore, the health and socio-economic toll of the non-communicable disease epidemic is impeding achievement of the Millennium Development Goals — particularly Goals 4 and 5, on women's and children's health — which are falling short of targets set in many countries.

According to the report, the burden of these diseases in low- and middle-income countries goes beyond the fact that those countries are home to the world's largest populations. Unplanned urbanization, ageing populations and the globalization of trade and product marketing, particularly for tobacco, alcohol and food, have led to a rise in the risk factors of such diseases. In addition, it says that the lack of health-care capacity and social protection systems in lower-income countries means that non-communicable diseases are more likely to cause people to become sick and die from them at earlier ages.

The report suggests, however, that these chronic or lifestyle diseases could be significantly reduced and prevented, with millions of lives saved and untold suffering avoided, through proven and affordable measures that are often complementary to global health efforts already under way. It also suggests that the prevention of non-communicable diseases would reduce poverty, particularly since the majority of expenditures for treatment in low- and

middle-income countries are paid privately or from out-of-pocket health-care systems.

Among other things, the report says that the impact of non-communicable diseases can be prevented with an approach that incorporates cost-effective, population-wide health-care interventions to address risk factors, known as public health "best buys", such as raising taxes on tobacco and banning advertising and smoking in public places, and primary health-care measures to treat those who have contracted or are at a high risk of contracting such diseases.

To that end, the Secretary-General outlines five recommendations to further progress. First, implement a complete Government approach to adopting population-wide interventions that address risk factors. Second, undertake sustained primary health-care measures, including prioritized packages of essential interventions, along with palliative and long-term care, for those who already have non-communicable diseases or who are at high risk of contracting them. Third, strengthen the capacity of Member States to monitor such diseases and their risk factors and determinants, especially in lower-income countries; social data disaggregated by, for example, by gender, was also encouraged. Fourth, harness lessons learned from national HIV/AIDS, tuberculosis and malaria programmes in low- and middle-income countries for effective integration of communicable and non-communicable disease initiatives. Finally, prioritize the prevention and control of non-communicable diseases through commitments at the highest levels by Governments, the private sector, civil society, the United Nations and international organizations.

Opening Remarks

Opening the high-level meeting, NASSIR ABDULAZIZ AL-NASSER, President of the General Assembly, said that all over the world, people were dying of preventable deaths, health-care systems were over-burdened and economic growth was curtailed due to the loss of healthy workers. "Let there be no doubt that non-communicable diseases have reached epidemic proportions," he said, stressing that such diseases were the biggest cause of death worldwide, with more than 36 million people dying from them each year — accounting for 63 per cent of global deaths. "And these deaths could largely have been prevented." Indeed, non-communicable diseases were altering demographics, stunting development and impacting economic growth.

He said the high-level meeting represented a landmark event, as it was only the second time the Assembly had met at that level to discuss an emerging health issue with a major socio-economic impact. "This meeting is an historic opportunity to set a new global agenda and to advance the protection of the world's vulnerable populations," he said, recalling that everyone had the right to enjoy the highest attainable standard of physical and mental health. It was everyone's responsibility to help realize that right. Recalling that Member States first committed to reducing premature mortality due to non-communicable diseases at the 2000 World Health Assembly, he cited several important developments.

It had become unequivocally clear, he said, that "best buy" interventions that reduced the toll of such deaths were workable and affordable solutions. It also was evident that the most rapid improvements in public health were often realized from relatively inexpensive interventions that started in childhood. Perhaps most significantly, it was now clear that to prevent such diseases, Governments must adopt approaches that went beyond the health sector. Citing examples, he said the health impact of non-communicable diseases in some wealthy nations had been reduced through advocacy, community mobilization, health-system organization, legislation and regulation. In low-income countries, which had taken a less "whole-of-Government" approach, premature deaths among women due to such diseases had reached 58 per cent, versus 6 per cent in high-income countries.

Today, global leaders had gathered to consolidate the vision and road map devised over 10 years into a new global agenda, he said, adding that the high-level meeting could mark a turning point: an opportunity to make major advances by committing to set national targets for reducing premature deaths from non-communicable diseases and promoting a "whole-of-Government" approach to preventing and controlling them. But, if such commitments were to have an impact, leaders must address the widening capacity disparities among countries. "This requires thinking in terms of international cooperation," he stressed. States must work together to monitor, reduce risk exposure and strengthen health care for affected persons.

Another paramount goal must be to take steps for a strong, well-coordinated and effective response to scale up technical support for developing countries under the leadership of the World Health Organization (WHO). That meant assisting countries in incorporating non-communicable diseases into poverty-reduction strategies and relevant social and economic policies. With that, he encouraged leaders to share lessons learned about strengthening national capacities and identifying ways to foster international cooperation for years to come. As for the outcome document to be adopted today, he said: "Let this document reaffirm a vision that goes beyond health, that also reflects the impact

of non-communicable diseases on development and our economies,” expressing his hope that it galvanize action and guide efforts for years to come.

United Nations Secretary-General BAN KI-MOON, stressing that three out of five people on Earth died from non-communicable diseases, said today's meeting — concerning only the second health-related issue to be addressed at a special meeting of the General Assembly — was a landmark event. “Our collaboration is more than a public health necessity,” he said, highlighting the threat of non-communicable diseases to development. “[Non-communicable diseases] hit the poor and vulnerable particularly hard and drive them deeper into poverty.”

He said that more than 1 million of the people dying from non-communicable diseases succumbed in the prime of their lives, with the vast majority of them living in developing countries. Women and children were affected differently and significantly by these diseases. The world prognosis was grim, with WHO projecting that deaths from those diseases worldwide would increase by 17 per cent in the next decade — and by 24 per cent in Africa.

“These statistics are alarming — but we know how to drive them down,” he said. Indeed, treating non-communicable diseases could be affordable, while preventing could cost next to nothing and even save money. For example, when a person cycled to work instead of driving, they got exercise while also sparing the planet more greenhouse-gas emissions. When a child was taught healthy eating habits by being fed a nutritious diet at school, their attendance also went up. When a woman had access to quality screening and vaccines to prevent cervical cancer, her life could be saved.

Yet, health ministers could not solve this problem on their own, he said. Governments must provide the right incentives and individuals must protect their own health. Civic groups must maintain pressure for responsible marketing and business must produce healthier and more sustainable goods. Individuals should be encouraged to make smart choices by exercising, eating well, limiting alcohol consumption and not smoking. But even the healthiest individual could not escape toxic substances in the environment, and air, water and land must be kept clean.

Stressing that States whose populations were suffering from crippling disease could not progress, he said early detection was in everyone's interest. Early treatment also reduced pain, cut costs and lowered the risk of disability or death. “We have to get medicines to all who need them and those treatments need to be more affordable and accessible,” he said, adding that he counted on Governments to lead the way.

Affirming his strong belief in the power of business to improve the world, he nonetheless acknowledged the well-documented and shameful history of certain industry players who ignored science — and sometimes even their own research — to put public health at risk in order to protect their own profits. The fact that many more industry giants acted responsibly proved the need to hold everyone accountable so that the disgraceful actions of the few would not sully the reputation of the many who were doing important work to foster progress.

He called on corporations that profited from selling processed foods to children, including the media, marketing and advertising companies, to act with the utmost integrity. Those profiting from alcohol sales must also do their part to promote moderation in alcohol consumption, while everyone could also work to end tobacco use. At the same time, Governments should educate people and encourage healthier options, he said.

“This will be a massive effort, but I am convinced we can succeed,” he asserted, highlighting the need for public-private partnerships, political vision and resource mobilization. Underlining the leadership of the United Nations in combating AIDS, he stressed that, while non-communicable diseases were different, many of the same tools worked in response. Clearly, holistic action on health worked. In addition, improving health systems improved health services. Involving all parts of Government attacked all sides of the problem, while taking comprehensive action was the best way to protect against diseases.

Addressing non-communicable diseases was critical, not just for global health, but would also be good for the economy, the environment and the global public good. “If we come together to tackle non-communicable diseases, we can do more than heal individuals — we can safeguard our very future,” he said, underscoring the excellent foundation provided by the Political Declaration. He urged acting together to implement its provisions “and bring non-communicable diseases into our broader global health and development agenda”.

As the world community worked together to reduce the risks, the “best buys” identified by WHO provided excellent guidance, he said. Challenging Member States to step up accountability for carrying out the Political Declaration, he suggested that “if this document remains just a set of words, we will have failed in our obligation

toward future generations. But, if we give this Political Declaration meaning through multiple, concerted and tough actions, we will honour our responsibility to safeguard our shared future.”

MARGARET CHAN, Director-General of the World Health Organization (WHO), said medical professionals were already aware of the “ominous” trend of non-communicable diseases that encircled the globe. They saw the patients, managed the complications, wrote the medical bills and agonized over the huge costs to families. “We plead for lifestyle changes and strict tobacco legislations.” she said. “Today’s high-level meeting must be a wake-up call for Governments at the highest level” — a water-shed event that replaced ignorance and inertia with awareness and right actions immediately. Heads of State and Government must be responsible because the problem was too big: the rise of non-communicable diseases was being driven by rapid urbanization and the globalization of unhealthy lifestyles. The response must come with equal power that commanded the right protective policies across all sectors of Government.

She went on to say that non-communicable diseases were a slow-motion disaster. While most developed over time, unhealthy lifestyles were spreading around the world with stunning speed and sweep. Developing countries had been taken by surprise. The initial burden of those diseases had been first seen in rich countries, which had the strength to develop ever better treatments, creating the idea that the issue was under control. “This is not the case,” she said, noting that the appearance was misleading and blunted the call for policy change.

Moreover, obesity rates had almost doubled since 1980, she said. In some countries, more than 50 per cent of adults was obese or overweight, a telltale sign that something was terribly wrong. That was not the mark of a failure of individual willpower, but rather of policies at the highest level. Processed foods high in salt and sugar had become the new staple foods: they were readily available and heavily marketed, the cheapest way to fill a hungry stomach.

“These are the diseases that break the bank,” she said. “Left unchecked, they have the power to devour the benefits of economic gains.” Diabetes care accounted for 15 per cent of national budgets. According to a study by Harvard University, over the next 20 years, non-communicable diseases would cost the global economy more than \$30 trillion — or 48 per cent of the global gross domestic product (GDP) in 2010. In large parts of the developing world, chronic conditions were detected late and most care was covered through out-of-pocket payments. Such diseases delivered a two-punch blow to development: each year, billions of dollars of national income were lost and millions of people were pushed below the poverty line.

Noting that such diseases were largely preventable through cost-effective measures, she called on Heads of State and Government to “stand rock hard” against the “despicable” efforts of the tobacco industry and their highly aggressive tactics. In terms of demand reduction, increased tobacco taxes and prices could protect health and bring considerable revenue to Governments. In addition, salt reduction was among the most cost-effective and feasible public health interventions for those at risk of cardiovascular disease. In the absence of urgent action, the rising financial and economic costs of non-communicable diseases would rise to levels beyond even the reach of the wealthiest countries. “You have the power to stop or reverse the [non-communicable diseases] disaster,” and to ensure that development was moving on a good path. “We must act now,” she urged.

Princess DINA MIREN, speaking on behalf of the Union for International Cancer Control, said that as she spoke for civil society, she hoped to be the voice for the more than 360 million who would lose their lives to non-communicable diseases in the next decade. They looked to the United Nations to stop that unnecessary loss of life, she said. While armed with the statistics, as well as an understanding of the common factors and the affordability of prevention, the world community nevertheless faced what was rightly described as a “public health emergency in slow motion”.

Today, she said, it must be asked why non-communicable diseases were left to flourish uncontrolled, particularly in the developing world. Among other things, those illnesses — which included cardiovascular diseases, cancers, diabetes and respiratory illnesses — had been lumped together under one pseudonym. Even the name “non-communicable diseases” made them seem unimportant, suggesting that because they were not contagious, they were somehow less important.

She said that, while it was convenient for the United Nations to divide the range of diseases between those that were communicable and those that were not, that resulted in the former group receiving more attention. Plus, it was generally thought that the developing world was immune from those industrialized diseases. Among other things, that mindset meant that, even though an individual in the developing world might survive HIV/AIDS, tuberculosis and

malaria, they stood a high chance of dying from a non-communicable disease, rendering all the investments made in combating communicable diseases useless.

Commenting on the Assembly's Political Declaration, she said it recognized the scale of the problem and issued a call for action. It also noted that non-communicable diseases were a great equalizer among the rich and poor and affirmed the right of everyone to receive the highest standards of health care. Yet, it was disappointing that the burden of non-communicable diseases was not recognized as an epidemic, but diluted into a "problem of epidemic proportions". "There is a [non-communicable disease] epidemic," she argued, pointing out that WHO said it, non-governmental organizations said it and, most importantly, the 36 million who died this year proved it.

Stressing that non-communicable diseases must be labelled adequately and appropriately, she said the Political Declaration not only lacked clear and measurable targets, but it was infused with vague language. But, the facts were crystal clear and painfully emphatic: "There are 36 million people dying each year — not possibly, not maybe," she said.

Drawing comparisons to the Political Declaration on HIV/AIDS, which seized a once-in-a-lifetime opportunity to convert will into action, she stressed that what got measured got done. It was essential, therefore, to recognize that the state of current health care regarding non-communicable diseases was bleak. Indeed, when her nearly two-year-old son was diagnosed with leukaemia, she had been able to travel to seek out suitable care for him. But others were not so lucky. The harsh disparity between treatment for non-communicable diseases in the developed and developing world was unacceptable. While prevention was the cornerstone of stemming deaths from non-communicable diseases, the impact of preventative programmes took time to take effect. In the meantime, Governments must take responsibility for those suffering now.

She went to say that income from the sales of tobacco and unhealthy food products might seem indispensable for economic growth during the current downturn, but a longer view indicated that the long-term costs were significant. As had been noted early on in the fight against HIV/AIDS, the war could not be won without a war chest. Non-communicable diseases by their very nature were complicated, and only a very few countries currently had the capacity to address their "NCD" burden. The call for lifestyle changes gave the impression that mere choices were involved. But, when healthy food choices were unavailable or exercise facilities did not exist, the result turned into life sentences.

Today, the United Nations had the responsibility to deliver "the right punch in this fight", she said. It should send a message to the world to reduce deaths from non-communicable diseases by 25 per cent by 2025 since there would be little accountability without clear targets. Further, the future must be made tobacco-free, she said, noting that it was estimated that 1 billion people would die from tobacco use this century. Essential medicines must also be provided now. It was time to stop numbering deaths and start counting survivors, she concluded.

JACQUES ROGGE, President of the International Olympic Committee, said the need to take more assertive action against non-communicable diseases was obvious. "The problem is acute," he said. "The solution is at hand." The Committee is committed to combating non-communicable diseases through the promotion of physical activity and healthy lifestyles. Calling for Governments, educational institutions, businesses and non-governmental organizations to work together, he urged support for several steps that could make a significant difference. Together, they could advocate for more safe spaces for physical activity and sport. For one thing, children should not be forced to play in vacant lots littered with broken glass.

In addition, new partnerships could be built with sectors beyond sport — including transportation, finance and urban planning — to expand the impact of sport in urban areas, he said. Stakeholders could work with Governments and educators to increase the time students devoted to physical education and encourage the development of both sport infrastructure and sport organizations. Perhaps most importantly, he called on delegates to help the Committee and other sport organizations forge new partnerships with the United Nations. As a new Permanent Observer of the United Nations and an active member of civil society, the Committee looked forward to playing a continued role in the prevention and control of non-communicable diseases.

Action

The Assembly then adopted by consensus the resolution entitled, Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (document A/66/L.1).

Statements

DESIRE DELANO BOUTERSE, President of Suriname, speaking on behalf of the Caribbean Community (CARICOM), recalled that Heads of State and Government in her region had met four years ago in Port of Spain, Trinidad and Tobago, to express alarm at the impact of non-communicable diseases on their societies. That concern stimulated urgent efforts in the region and at the international level to enlist greater attention to address non-communicable diseases. The most notable outcome, in that respect, was the adoption by the General Assembly of the landmark resolution 64/265 (2010) on the Prevention and Control of Non-Communicable Diseases. The resolution embodied the commitment to successfully combat non-communicable diseases through a response that was urgent, comprehensive, multisectoral and fully coordinated at the national, regional and global levels.

He said that the Political Declaration was a concrete outcome of the "intense and sustained activity" that had followed the adoption of that resolution. It was now clear that non-communicable diseases were a "scourge", particularly in developing countries. Additionally, the world was challenged by the commercialization, globalization and proliferation of unhealthy lifestyles. However, "non-communicable diseases do not have to spell inevitable doom for our countries and peoples". The world now had the scientific knowledge, as well as the technical capacity, required for an effective response to non-communicable diseases. In that regard, the Declaration offered a "turning point" in the fight against the "global tsunami of non-communicable diseases" at all levels and provided a good platform for ongoing consideration of the development and other impacts of those diseases by the international community.

For CARICOM States, the central message of the Declaration was a global consensus on strengthened commitment to action to address non-communicable diseases and their risk factors at all levels. It stressed the importance of multisectoral approaches, with an emphasis on the cost-effectiveness of involving all stakeholders. It further committed to the implementation of a range of actions to combat those diseases and their risk factors, including through specific follow-up initiatives. The Declaration presupposed "well-structured national as well as global plans", which included clear targets and a set of indicators for measuring progress. The CARICOM States were committed to ensuring that the Declaration did not turn out to be a mere rhetorical agreement, but instead a "platform for resolute action" by all States.

On a regional level, CARICOM States had developed a Strategic Plan of Action that included standard-setting for tobacco, salt, as well as nutritional labelling and elaboration of a new primary-care policy and an annual "Caribbean Wellness Day". It had also taken the initiative to establish a Regional Sports Academy in Suriname. The regional group felt the Declaration fell "somewhat short" of its expectations: it did not elaborate a clear enough goal and corresponding road map for the global non-communicable diseases campaign that it was launching, nor did it have a global collaborative mechanism or strong reservations on the use of the term "epidemic" in relation to the global spread of those diseases. Nonetheless, if scrupulously implemented, the Declaration would contribute in meaningful ways to achieving internationally agreed development goals.

On a final note, he suggested the appointment of a Special Representative of the Secretary-General on Non-Communicable Diseases. The seriousness of those illnesses warranted universal access to medicines and technologies. It was urgent, therefore, for international agreements, such as Trade-Related Aspects of Intellectual Property Rights (TRIPS), to include measures to defend public health.

DANILO TÜRK, President of Slovenia, reflecting on the "magnitude and the paradox" of the task ahead, recalled that while an estimated 36 million people had died of non-communicable diseases around the world in 2008, today was only the second time that Heads of State and Government had convened in the General Assembly to discuss the issue. Nearly 80 per cent of those who died lived in the developing world, he said, adding "perhaps our global understanding of development remains too limited". Was development too driven by economic technicalities? Were health issues still viewed as a matter for experts, and not for global policymakers?, he asked.

The United Nations must take courage from the fact that, in the recent past, a "broad, energetic and well-coordinated global campaign" had made a significant difference in countering the HIV/AIDS epidemic, he said. Moreover, in many countries, Governments and health institutions had already developed effective systems of prevention and cure for non-communicable diseases. The accessibility and quality of medical services had improved and there was a better understanding of the importance of lifestyle and prevention to counter non-communicable diseases. In that respect, Slovenia had been among the initiators of the European Partnership for Action Against Cancer.

“Prevention and cure require resources — medical, technical, financial and organizational,” but all were sadly lacking in the developing world, he said. The United Nations system, therefore, must quickly provide the necessary options of multisectoral strategies, a system of appropriate indicators by which to measure progress and an institutional mechanism to enable effective global coordination. While there remained more to do, the Political Declaration adopted at the current meeting “goes a long way” to meeting that aim, he concluded.

DILMA ROUSSEFF, President of Brazil, stressed that the driving force behind today’s determination and commitment to curb non-communicable diseases was the premature loss of life and the suffering of people and their families. In Brazil, 72 per cent of non-violent deaths among those younger than 70 years-old were due to those diseases, which impacted the poorest and most vulnerable. The resulting productivity losses and costs added up to 1 per cent of Brazil’s GDP. As result of Brazil’s belief that access to medication was part of the human right to health, the Government had increased access to medication for patients with hypertension and diabetes. While it respected its intellectual property commitments, Brazil was convinced that the flexibilities contained in the World Trade Organization’s (WTO) TRIPS agreement and the Doha declaration on the matter, as well as WHO’s Global Strategy on Public Health, Innovation and Intellectual Property were indispensable for policies that guaranteed the right to health.

She said the Brazilian Government was also intensifying its fight against the risk factors with the greatest influence on the onset of non-communicable diseases: tobacco use, the harmful use of alcohol, lack of physical activity and unhealthy diets. It was also promoting the reformulation of public spaces and was promoting better eating habits by encouraging breastfeeding and the labelling of foodstuffs, as well as teaching healthy eating in schools. Voluntary agreements had been established with the food industry for the elimination of trans-fats and reductions in sodium levels in their products. The Government had also raised taxes on cigarettes and was combating their illegal production and sale. It also had implemented a zero-tolerance law forbidding driving by those who had consumed alcohol. Brazil was committed to reducing deaths from breast cancer and cervical cancer, which was still a serious health issue in vulnerable areas, such as the north, through facilitating access to preventive exams, improving the quality of mammograms and expanding treatment for cancer victims.

MARCUS STEPHEN, President of Nauru, said his country was all too familiar with the growing crisis of non-communicable diseases. The prevalence of diabetes had approached 14 per cent, more than double the global average. Non-communicable diseases were a rapidly increasing burden on the domestic budget and tested the Government’s commitment to provide health care and social services. They also undermined good governance and political stability by robbing community leaders of some of their most productive years. Regrettably, the issue had not received the attention it deserved, and international resources dedicated to tackling the problem had been inadequate.

Recounting a number of domestic initiatives, including the enactment of the 2009 Tobacco Control Act, introduction of a sugar tax and launch of exercise and nutrition programmes, he said Nauru occupied a niche in the global economy. Geographically isolated and possessing little land suitable for agriculture, it could not compete with larger countries in food production. “Nutritious food is a luxury that most of my people cannot afford,” he acknowledged. Climate change added a new barrier, as it threatened long-term food security. In the Pacific region, 75 per cent of deaths by natural causes were attributable to non-communicable diseases. Obesity rates topped 90 per cent in some countries, while nearly 45 per cent of adults had high cholesterol. Non-communicable diseases were as much a threat to the region as AIDS, malaria and dysentery were in other parts of the developing world. The good news was that by implementing education programmes and giving people access to healthy diet choices, those trends could be reversed.

PÁL SCHMITT, President of Hungary, said the rapid global spread of non-communicable diseases was unfolding when the economic climate was uncertain and fragile, putting pressure on limited resources. “We need innovative solutions,” he said, citing the need for new models of care rather than those centred on the hospital. That process should include comprehensive programmes for integrated actions for prevention, early detection and control of non-communicable diseases.

He said his country was strongly committed to contributing to the global fight against non-communicable diseases. The Government still had much to do, as high levels of morbidity and mortality persisted, owing to such diseases. While Hungary had been successful in that fight, “we have not yet been able to reach the breakthrough we would like to see in influencing unhealthy lifestyles among our population”. Still, Hungarians had a long history of knowledge-sharing and much experience in both designing and implementing health-sector programmes adapted to local needs and the scarcity of resources. Reaching set goals required identifying the target and creating a long-term

strategy that could be broken down into action plans and achieved through "hard day-to-day work".

HIFIKEPUNYE POHAMBA, President of Namibia, said his country, like others, faced a growing incidence of non-communicable diseases, such as cardiovascular disease, cancer, chronic lung disease and diabetes. It also had seen high rates of tobacco smoking, alcohol abuse and obesity. "We are concerned about the impact of these diseases on the lives of our people," as well as on the country's socioeconomic development, especially the public health system. Recalling several measures Namibia had taken, including the adoption of the United Nations Framework Convention on Tobacco Control, he said enforcement of those measures had been challenging, especially in rural areas and informal settlements.

He said that given the gravity of the challenge at hand, developing countries had taken a two-pronged approach to fighting both communicable and non-communicable disease. He appealed for international support, more inter-sectoral collaboration and public-private partnerships to discourage the harmful marketing of tobacco, alcohol and unhealthy food. Reiterating Namibia's full support of the Secretary-General's efforts to raise awareness about the importance of preventing and controlling non-communicable diseases, he said: "Together we can make a difference."

ROBERT GABRIEL MUGABE, President of Zimbabwe, recalled that non-communicable diseases now accounted for the majority of deaths worldwide, some 63 per cent in 2008. They would undoubtedly put a further strain on already-burdened health-delivery systems in the developing world. "This, I am afraid, will scuttle the realization of one of the main objectives of the Millennium Development Goals." WHO projected that non-communicable diseases would increase 17 per cent globally, and the greatest increase — 29 per cent — was expected to be in the African region. That must be taken in the context of the devastation already caused on that continent by the HIV/AIDS pandemic, he stressed, calling on the international community, especially developed countries, to increase their assistance, particularly to Africa, to prevent and control non-communicable diseases.

He said that the scourge of those diseases placed an enormous social and economic burden on the fragile health-delivery systems of developing countries. Today's meeting must address several questions, including: whether enough was being done to address the modifiable factors contributing to the increase of non-communicable diseases; and whether the capacities existed to provide treatment and research on new ways to strengthen efforts to curb those diseases. Zimbabwe continued to prioritize health issues, including non-communicable diseases. Training and awareness-raising programmes were in place for health personnel in that area. The country, while challenged by the abuse of tobacco and alcohol, also struggled with the reduction of poverty, which restricted many families to a rigid and unbalanced diet.

Zimbabwe welcomed the Declaration adopted by the Assembly today, but felt that it did not adequately address some of the core challenges facing developing countries as they grappled with the scourge of non-communicable diseases, he said. Developed countries should make timebound, concrete commitments to ensure access to medicines, appropriate technology transfer, and training of health-care workers. His delegation was also concerned that in the quest to protect trade-related aspects of intellectual property rights "a human face is lost", "there is a tendency to forget that this is a situation of life and death to our affected people." International partners must grant flexibilities to allow pharmaceutical companies in the global South to manufacture generic drugs, just as they had for HIV/AIDS in the past few years.

MICHELINE CALMY-REY, President and Foreign Minister of Switzerland, said that non-communicable diseases had become not just an urgent health problem, but also a major global political issue, owing to their impact on societies and economies. Since the main causes of non-communicable diseases were linked to lifestyles and living conditions, a substantial portion of the premature deaths they caused could be avoided. Those factors, therefore, were vital in determining the necessary actions.

She said Switzerland had adopted a pre-emptive approach involving preventive and health-promotion measures in the fight against smoking and alcohol abuse. It had also promoted balanced diet and exercise. Also in place were measures to work closely with the private sector, research and development partners, the civil society and other actors in order to better direct activities towards at-risk populations. Switzerland used a similar approach in its development cooperation activities. It intended to step up its efforts in the area of non-communicable diseases, without diverting resources from the important area of communicable diseases. On the contrary, it was necessary to find synergies between those two areas. Above all, it was urgent to bring about a change in mindsets — a long-term task that would require sustained political commitment.

ABDOULAYE WADE, President of Senegal, said the United Nations initiative to convene today's meeting

demonstrated the scope and breadth of its capacity for action. The future projections of deaths from non-communicable diseases called for a greater focus on the risks underlying those diseases. Noting that Senegal had taken early steps to combat AIDS, he said his Government believed it was paramount for the public to understand the causes of non-communicable diseases and to undertake measures to curb them. To that end, Senegal had launched several programmes to raise awareness and boost education on that issue.

Noting that the treatment for non-communicable diseases typically called for sophisticated, often costly equipment, he said it was important to consider the possibility of its local production in Africa. That would contribute to economic growth while also allow for specialization on the surrounding non-communicable diseases. Furthermore, prevention was needed, in the broad sense and on the level of the individual. This was why the coming decade should be named the Decade for the Prevention of Non-communicable Diseases, he added.

ARMANDO EMILIO GUEBUZA, President of Mozambique, said that the main public health problems in Mozambique were still related to communicable disease, with HIV/AIDS, malaria and tuberculosis constituting serious challenges. However, there was a steady increase in the incidence of non-communicable diseases, posing a major development problem. "Worrying figures" showed that non-communicable diseases affected Mozambique's citizens at an early stage of their lives, preventing them from contributing effectively to the country's economy — a serious burden.

She said Mozambique, therefore, had decided to include the fight against non-communicable diseases in its national health policy, including through a national strategic plan approved in 2008. Due to shortage of resources, an integrated approach featuring technical and other support was in place. Prevention was another main focus, with screening available for many non-communicable diseases. In that respect, the Government was fully committed to implementing the Brazzaville and Moscow agreements in its effort to counter the four main non-communicable diseases, among others.

ALI BONGO ONDIMBA, President of Gabon, said that since the 2008 Libreville Declaration, his country had committed to reducing the impact of non-communicable diseases and putting in place monitoring systems. Public health policies focused on the quality of life of Gabonese people. In national strategies and programmes, the Government had highlighted education and prevention with respect to healthy lifestyles. There were free screenings for diabetes and a new cancer institute would start its operations in 2012.

Among the many challenges to be met, he said Gabon needed more visibility at the statistical level to guide programmes. His Government also advocated more epidemiological monitoring systems to better track non-communicable diseases. He also drew attention to the inherent links between chemical products and cancer. Today's high-level meeting allowed for reaching consensus on a platform for partnership that must be set up for the prevention and management of non-communicable diseases. He concluded by expressing support for the Secretary-General's recommendations contained in his report on non-communicable diseases.

NAMAN KEITA, Minister of Health of Guinea, said that non-communicable diseases were a heavy burden for his country. Diabetes rates were relatively high — in particular in the capital, Conakry — and most cases remained undetected and untreated, as no screening was available. As a result, about half of those with diabetes in Guinea died and many suffered amputations of limbs. Bronchitis and asthma rates were also high, he reported, as were those of other non-communicable diseases. Together, non-communicable diseases had "high costs" for Guinea when they went untreated. Along with WHO, the country was working within its Government structure to implement a national programme for countering non-communicable diseases, including by mobilizing national resources for that purpose.

KAMLA PERSAD-BISSESSAR, Prime Minister of Trinidad and Tobago, asked how many delegates present today suffered from a non-communicable disease. Amid a show of hands, she said: "That underscores the importance of this very important discussion here today." While her country had seen great successes in public health, for the last decade, heart disease had been the number one cause of death, accounting for 25 per cent of total deaths. Diabetes accounted for 14 per cent of total deaths, and a significant part of the gross domestic product was being used to provide care for persons with non-communicable diseases. As such, Trinidad and Tobago had been at the forefront of advocating for national, regional and international action to focus on such diseases as a development issue of global concern, having proposed to the Assembly in 2009 that a high-level meeting be convened on the matter.

Recognizing that the majority of non-communicable disease risks did not have a medical origin, and thus,

required a non-medical solution, she said: "We need to change the dialogue and focus on the social determinants of health". Emphasis must be placed on research into the man-made causes of non-communicable diseases; reduction of risk factors and creating a shift towards protecting children's future. Trinidad and Tobago strongly endorsed the development of a global strategy for the prevention and control of non-communicable diseases. She urged the Assembly to support the creation of global targets for non-communicable disease prevention and control, with a possible aim of reducing those diseases by 25 per cent by 2025. Also, non-communicable diseases must be re-defined in terms of the conditions that drove risk factors for their development. Finally, a scientific technical working group should be created to devise a research agenda and establish the framework for the global community to respond.

SHEIKH HASINA, Prime Minister of Bangladesh, noting that non-communicable diseases were a growing development challenge in her country, as well as the world, said the quest for progress overall often left little thought for the impact on the environment and the health of people and communities. Changing social and economic conditions had increased the cases of cardiovascular and respiratory diseases, cancers, diabetes, which now accounted for 60 per cent of global mortality and 61 per cent in Bangladesh. It was increasingly clear that the world could no longer ignore those problems. Among other things, more attention must be paid to food additives and the use of hormones. The excessive use of antibiotics must also be curbed.

Underlining the great economic burden non-communicable diseases placed on families, she said the "silent epidemic" plunged people into poverty, while slowing economic growth in poor countries like Bangladesh. Regulation on the food industry was needed, as well as information on what constituted a healthy diet and the benefits of physical activity. Boosting the availability of health facilities was also critical, particularly in the developing world where services addressing non-communicable diseases were often nonexistent or out of reach financially. For its part, Bangladesh had imposed higher taxes on tobacco, banned public smoking and undertaken the development of specialized hospitals. It was also offering special incentives to the private sector to build health facilities. The challenges required adequate resources, and she underscored the need for adequate support from development partners, including access to affordable medicines.

RALPH GONSALVES, Prime Minister of Saint Vincent and the Grenadines, said the reason this meeting was being held in New York at the General Assembly and not at the WHO headquarters in Switzerland underlined the fact that the fallout of the non-communicable disease epidemic was much wider than the health sector. The epidemic's developmental aspects must be addressed, including the disproportionate impact on poor people and developing States and on the achievement of the Millennium Development Goals.

He said that the Political Declaration emanating from this meeting simply was not enough, and its consensus must give impetus to a robust follow-up process and action plan that would, among several things, acknowledge that the flexibilities inherent in the World Trade Organization's agreement on intellectual property rights could and must be applied to the non-communicable disease epidemic. "We must also consider the role of the State and civil society in promoting healthy lifestyles and protecting local citizens from environmental harm and trade imbalances that make an imported hamburger, French fries and a carbonated beverage cheaper and more readily available than a nutritious, locally produced meal," he said.

Quoting Hippocrates, who stated that health is the greatest of human blessings, he concluded by saying: "If we can collectively protect and preserve this blessing, the benefits will go well beyond the longevity and productivity of individual citizens. It will have a knock-on effect on the economies, societies and developmental prospects of countries and regions."

FREUNDEL STUART, Prime Minister of Barbados, stressed that the Caribbean was the region of the Americas most affected by the epidemic of non-communicable diseases. It accounted for over two thirds of deaths in the region, resulting in an unsustainable burden on its member nations' fragile economies. "The economic and social gains made in the Caribbean region over the last five decades are in grave danger if being reversed without immediate, effective and aggressive action," he warned. Those concerns were reiterated in 2007 with the region's adoption of the Declaration of Port of Spain.

It was estimated that one in every four Barbadians was affected by at least one non-communicable disease, he said. Rising rates of obesity, poor nutrition, low rates of physical activity and other risk factors were associated with a cultural lifestyle shift, and it was projected that the incidence of non-communicable diseases in the country would rise to one in three by 2025. It was critical to establish achievable goals and objectives targeting that increase, and in that respect, Barbados had taken specific, targeted action over the last five years. Those included creating a

Chronic Non-Communicable Diseases Unit; increasing by 50 per cent the dedication of financial resources to fighting lifestyle-related diseases; and increasing surveillance capacity for non-communicable diseases through the establishment of the Barbados National Registry — the first of its kind in the Eastern Caribbean.

He said that Barbados was also committed to working with the private sector and civil society on those issues, and it supported the establishment of mechanisms to permit civil society's significant global involvement in responding to the challenge. It also favoured the setting of time-bound targets. Its commitment to the Framework Convention on Tobacco Control remained firm. While the Declaration adopted did not meet Barbados' expectations, it was a good platform for ongoing consideration by the Assembly of the developmental and other impacts of non-communicable diseases. Support for training, research and development, quality control, and monitoring evaluation would greatly assist Barbados and other small island developing States in their response to the challenge, he added.

COMMODORE JOSIA VOREQE BAINIMARAMA, Prime Minister of Fiji, said the figures spoke for themselves. It was apparent that premature deaths caused by non-communicable diseases reduced productivity, curtailed economic growth and posed significant social challenges in most countries. Thus, they were not just a health concern, but also a development and economic issue. The Pacific region, including Fiji, had declared non-communicable diseases a crisis requiring urgent action. The region recognized that national Governments bore the primary responsibility for responding to the global epidemic, and Fiji had enacted an "NCD Strategic Plan for 2010-2014" entitled "from womb to tomb with a double-edged sword — everyone's business", which adopted the "3M model" targeting "mouth, muscle and medicine". Together, with efforts to meet Millennium Development Goals 4 and 5, the approach ensured that women and children had access to quality health services. It also included activities related to policy, physical environment, lifestyle, clinical services and monitoring and evaluation. Multisectoral in nature, it engaged the whole of Government and society.

He said that by addressing the prevention and control of non-communicable diseases in the country, Fiji was contributing to addressing non-communicable diseases worldwide. To that end, it had been one of the first countries to receive an award from WHO for its community-level tobacco-free initiatives, four of which were currently in place. Fiji was also one of the first countries in the world to carry out the first and second "WHO NCD STEPS" survey. Not all countries possessed the same capability to tackle non-communicable diseases, and thus, he underlined the need for strengthened international cooperation, particularly in increasing technical assistance, technology transfer and capacity building, as well as access to high-quality generic medicines.

HUBERT A. INGRAHAM, Prime Minister and Minister of Finance of the Bahamas, aligning with the Group of 77 developing countries and China, said non-communicable diseases had strained his country's health-care system. Half of all public hospital beds were occupied by people suffering from such ailments and 80 per cent of the drug costs for the national prescription drug plan was spent on hypertension and diabetes. The dual burden of both non-communicable and communicable diseases had led his Government to strengthen primary health-care services, increase access to medications for non-communicable diseases, promote healthy living and facilitate patient self-management programmes, among other things.

While recognizing the important leadership roles of the United Nations and WHO, he strongly recommended increasing international and regional budgetary allocations; increasing access to training in policy formulation, monitoring and coordination across health systems; changing policies for intersectoral involvement in the "non-communicable disease prevention initiative"; and sharing best practices in trade and industry. He welcomed the adoption of the Political Declaration, but noted shortfalls in the commitments to scale up resources and actions at all levels, and more importantly, the lack of agreement on the establishment of an effective follow-up mechanism.

BARNABAS SIBUSISO DLAMINI, Prime Minister of Swaziland, said that the situation of non-communicable diseases in his country was alarming. In 2009, data showed that hypertension and heart disease accounted for more than 33,000 and 3,000 outpatient consultations, respectively. Approximately 15 per cent of the population was living with diabetes. A survey conducted with the support of WHO also showed that those in the 25-35 age range had a 32 per cent risk of suffering from non-communicable diseases, while those between 45 and 55 had a 50 per cent risk. The situation demanded urgent attention, he said.

He said his country was committed to achieving the six objectives of the 2008-2013 Action Plan for Global Health Strategy and Control of Non-Communicable Diseases. A national non-communicable diseases programme had been established, focusing on public awareness raising and improved case management. The Health Ministry was also developing a non-communicable diseases national policy, as well as a national strategic plan, the key pillars of which would be surveillance, public awareness, targeted interventions, early detection, better case management,

palliative care and research. All sectors would be involved. Finally, he lauded the positive steps taken since 2009 to invite Taiwan — one of Swaziland's most committed partners — to participate in the World Health Assembly as an observer.

ULITI UATA, Prime Minister and Minister of Health of Tonga, said that many Pacific territories had made it to the top of several lists that no country should seek to top — including of those with high diabetes rates. In Tonga, non-communicable diseases were the main public health problem. Indeed, 90 per cent of adults were overweight and 40 per cent had diabetes or pre-diabetes. Four of the top causes of death among Tongans were related to non-communicable diseases. Life expectancy had been reduced as a result of the burden of non-communicable diseases. The Government had responded by placing a high priority on those diseases in its development framework. It also had developed strategies to strengthen policy and systems. However, many of those goals could not be reached without sufficient support.

To that end, he underscored the need for sustainable funding mechanisms, particularly at the global level, where an "NCD" fund similar to the Global Fund for AIDS, Tuberculosis and Malaria would be helpful. Because it would be impossible to address non-communicable diseases without development partnerships, national partnerships with regional organizations were also necessary. Fiji was willing to work with all Member States to implement the Political Declaration, but believed the imperative of addressing non-communicable diseases was not limited to a meeting to exchange ideas and experiences. Rather, an approach that encouraged the whole of society and Government was essential. In addition, a more global approach was needed to supplement the groundwork currently under way in struggling island nations. The international community must also go further in linking goals to specific targets. Developing nations must also be supported in building the capacity of their health systems and in strengthening infrastructure and human resource development.

MOHAMED WAHEED, Vice-President of Maldives, stressed that the first key action for success in combating non-communicable diseases was strong and sustained political leadership at the highest level. The top priority of the current meeting, therefore, should be to strengthen political resolve for the accelerated implementation of all aspects of the WHO Framework Convention on Tobacco Control and other methods for achieving a world free of tobacco. Primary care and access to cost-effective preventive measures needed greater focus. Prevention of non-communicable diseases was also inextricably linked with climate change and the need for low-carbon policies, which Maldives continued to highlight globally.

Furthermore, he advocated regular monitoring of progress based on targets for prevention and control of those diseases, as well as accountability at the national, regional and global levels. The country's 200 scattered islands of the Indian Ocean had successfully eradicated polio, malaria and many other childhood illnesses, and had recently introduced "telemedicine" in about 40 islands in order to promote early detection and treatment. Among other efforts, Maldives was redesigning its urban areas to create national recreation areas. The global community should not lose the opportunity presented today, but should achieve the goal of avoiding premature deaths and disability from non-communicable diseases, thereby improving global health for years to come.

CISSÉ MARIAM KAÏDAMA SIDIBÉ, Prime Minister of Mali, said there had been extraordinary growth in non-communicable diseases in the world and particularly in Africa, with the emergence of cancer, diabetes and chronic respiratory disease due to pesticides found in the food chain. The epidemiology of those chronic diseases had been known for a long time and Mali recognized the gravity of the impacts of those ailments on the poor. Non-communicable diseases were increasingly becoming an issue for the developing world and warranted international attention. However, developing nations did not have the means to provide oversight, and she called for international solidarity in that regard.

Citing WHO morbidity and mortality rates that would increase over time, she commended the adoption of the declaration on non-communicable diseases, which she called a "major step" in halting their advance. Fighting illnesses that had a social impact was a priority, which was why Mali provided free cancer treatment, as well as free access to surgery and radiotherapy. Also, by the end of the year, the Government would adopt a national prevention strategy to fight non-communicable diseases. In closing, she called for a global multisectoral programme to fight non-communicable diseases under the auspices of the United Nations.

SALOMÓN NGUEMA OWONO, Deputy Prime Minister and Minister for Health and Social Welfare of Equatorial Guinea, said that non-communicable diseases were a major health-care challenge for African countries, where the situation was rapidly worsening. Recognizing and addressing the threat was one of the greatest development challenges of current times and the world was at a crossroads. The world strategy for combating non-

communicable diseases was first developed in 2000 by WHO, with subsequent resolutions, strategies and programmes subsequently elaborated and adopted. He cited among those the recent adoption in April of the Brazzaville Declaration on Non-Communicable Diseases, at the first Africa Regional Ministerial Consultation on those ailments.

He went on to say that while non-communicable diseases were still not documented properly in Equatorial Guinea, they were targeted in the country's specific objectives to reduce morbidity and mortality rates. The Government was very pleased with the recent national health-care survey and hoped that the results would not only be reliable, but would lead to the elaboration of relevant health-care policies. Other national efforts aimed to reduce inequalities in care and to increase the availability of potable water in urban areas. Overall, policies were needed to reduce the burden of non-communicable diseases on health-care systems. To that end, all available resources must be mobilized. It was not enough to start with good resolutions; their concrete implementation was required to save millions of lives currently in jeopardy.

Princess GHIDA TALAL of Jordan, who was also the Special Envoy of His Majesty King Abdullah II and Chairperson of the King Hussein Cancer Foundation, said that non-communicable diseases claimed the lives of 36 million people annually. "Why is the world community allowing these culprits to hold our world hostage?" she asked. Urgent action was needed. The four "plagues" of the main non-communicable diseases — once belonging to the developed world — had migrated to the developing world, which was already crippled by a lack of infrastructure and resources. Developing countries struggled with all kinds of shortages; the burden of non-communicable diseases was especially heavy there.

Sharing one success story, she recounted that the cancer treatment landscape in Jordan had been "very bleak" just a decade ago. Only a "privileged few" had had access to cancer treatment, and she herself had been among those lucky enough to access treatment for her husband when he was diagnosed with cancer. "Did other wives not share my fears about their children and husbands?" she asked. "Of course they did." She said that the cancer centre that she represented, which was unique in the Middle East region, had poured all of its efforts into providing life-saving treatment to its patients, believing that if no treatment options were available, screening measures would not be of interest to anyone.

Only once a course of treatment had been established did the Foundation begin to target the issues of early detection prevention, she continued, urging everyone present today to take immediate action. "It is not a choice or an option, a whim or a luxury", she stressed. Further, the world community must dedicate a global fund to help developing countries implement their national non-communicable diseases plans. Wasn't the figure of 350 million people dying in the next decade frightening enough? she asked. It was the obligation of everyone present today to act, in the name of justice and equality.

First Lady of Chile CECILIA MOREL said that the twenty-first century had brought unprecedented health challenges, and the epidemic of non-communicable diseases was undermining the improvement in well-being and the reduction of inequality among the world's nations. Chile was experiencing a sharp increase in both chronic diseases and their risk factors, mostly impacting women and those most vulnerable. Chile, therefore, would focus in 2011-2020 on improving lifestyles, controlling risk factors, and stressing prevention in order to provide care for the sick and make sure that the healthy stayed healthy.

Today, she said, medical matters were no longer the purview of the health sector alone, but required inter-sectoral work in such fields as education, housing, agriculture and others. It was essential, therefore, that both public and private agencies were involved in efforts to build a new health culture. The president of Chile would personally lead the crusade and establish a mandate comprising specific tasks, financing and coordination. Those efforts would be called *elige vivir sano*, or "choose to live healthy", and would motivate citizens to make four commitments to improve their quality of life: eat healthily, engage in physical exercise, and enjoy family and outdoor activities. Targets had also been adopted to reduce smoking, obesity, sedentary lifestyles, and excessive alcohol consumption, in order to control diabetes and high blood pressure.

JOHN DALLI, European Commissioner for Health and Consumer Policy of the European Union, said stimulating action to prevent and control non-communicable diseases could lead to enormous gains in improving health and socio-economic development worldwide. The enjoyment of the highest attainable standard of health was a fundamental right. Indeed, the burden of non-communicable diseases and the loss of human potential negatively impacted development. But a great deal of that burden was preventable by addressing tobacco use, diet, physical activity and harmful alcohol consumption, as well as the underlying social and environmental determinants.

To achieve results, he emphasized the importance of integrating national commitments for the prevention and control of non-communicable diseases into health systems. He welcomed the Political Declaration, especially its emphasis on WHO's leadership and the need for strengthened awareness to deal with the health determinants of non-communicable diseases, with the aim of eliminating inequalities. Outlining measures taken by the Union, including its ratification of the Framework Convention on Tobacco Control, he said food reformulation also was high on the agenda, notably through strategies to reduce salt, trans-fats and sugars. In sum, the Union looked forward to working with WHO and relevant United Nations agencies to implement actions defined in the Declaration and in considering what other work should be carried out.

XAVIER BERTRAND, Minister for Labour, Employment and Health of France, underlining the major challenges of non-communicable diseases, stressed that no health-care system today could overlook them. Combating them required greater awareness of their risks, changes in behaviour and more binding measures to limit the factors contributing to them. Non-communicable diseases clearly had many causes, including sedentary lifestyles and unbalanced diets, and health-care responses were not enough. Rather, those diseases must be prevented. For example, to combat obesity, Governments should educate their citizens to change their behaviour, exercise and modify their diets. France's National Programme for Nutritional Health took that approach.

Reiterating that binding measures were needed to change behaviours, he said that applied equally to producers, citing in that context several WHO initiatives to limit sugar and control tobacco. While it was clear that everything was important in health care — including food security and communicable diseases — non-communicable diseases must be at the heart of the agenda, and while a signed convention was good, an implemented convention was better. He stressed that as President of the G-20, France wanted to improve the social protection network. The French Government also believed that innovative financing must be considered to combat non-communicable diseases. In that regard, he highlighted WHO's suggestions for a tax on tobacco producers and stressed that absent adequate financing, progress could not be made to reduce non-communicable diseases.

JORGE VENEGAS, Minister of Public Health of Uruguay, speaking on behalf of the Unión de Naciones Sudamericanas (UNASUR), stressed that non-communicable diseases comprised a global epidemic. The UNASUR countries were watching the process of globalization — which was causing an increase in the number of those diseases — with concern. Additionally, due to patterns of urbanization, people were exercising less, while the consumption of fast foods was rising. Typically, less developed countries had unreliable access to needed medicines. The UNASUR countries considered access to medicines to be central in the right to health. Health was, therefore, considered above trade interests, he said, underlining the need to enhance access to drugs without any limitations for specific diseases. In that context, he noted the lessons learned from the TRIPs Accord and the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

Other areas where Government policies could be leveraged to cut rates of non-communicable diseases were prohibiting the advertising of unhealthy food and drinks and reducing alcohol consumption, he said. Further, the Millennium Development Goals had shown that when there were clear, delimited and simple goals, alliances were more likely for global health. Therefore, the current meeting was vital and should result in specific global, regional and national goals regarding non-communicable diseases.

MARTY M. NATALEGAWA, Minister for Foreign Affairs of Indonesia, speaking on behalf of the Association of Southeast Asian Nations (ASEAN), said non-communicable diseases were affecting mostly working-age adults, eroding the most productive generation in the world today, thus reducing the gross domestic product of low to middle-income countries by as much as 5 per cent. "This is one reason why poverty is so wide-spread," he said. "In our view, prevention is the key to resolving it. Prevention is and will be our priority." ASEAN was developing referral systems and improving surveillance systems, while working toward universal health coverage and providing services for people with chronic non-communicable diseases. It was also accelerating tobacco control programmes, promoting a smoke-free environment and aligning national policies on agriculture, trade, industry and transport to improve diets, encourage physical exercise and reduce harmful alcohol use.

ASEAN was implementing community-based intervention for early detection of factors for major non-communicable diseases, but the need for international cooperation for public health could not be overemphasized, he said. He urged development partners to fund research on the unique public health problems of his region, calling on the international community to help ensure essential pharmaceutical products and medical devices were available. "In short, the partnership among countries is a must. Among developed and developing countries. At the global, regional and bilateral levels," he said. ASEAN was also committed to enlisting participation of civil society, the private sector

and community organizations.

In Indonesia, non-communicable diseases affect urban populations and also the rural poor, compounding the basic problem of poverty, he said. A special unit at the Ministry of Health had been tasked to strengthen non-communicable disease control. Indonesia had also given priority to minimizing tobacco use, alcohol abuse, an unhealthy diet and physical inactivity. It was committed to implementing the 2008-2013 Action Plan for a global Strategy for the Prevention and Control of Non-communicable Diseases, and hosted a regional meeting on health and development challenges of non-communicable diseases in March, which produced significant recommendations that had been offered as inputs for the outcome document of this meeting. He added that "we will have to work hard as a family of nations to carry out what we have declared", including an extensive review of progress by 2014. "Finally, we call on the international community to include progress in the fight against non-communicable diseases as a component of the MDGs plus beyond 2015," he said.

CHEN ZHU, Minister of Health of China, said that globalization had led to an unprecedented level of interdependence among countries and "interwoven interests". The prevention and treatment of non-communicable diseases, therefore, related to "the common development of all mankind". In that light, China's delegation made three proposals. First, national health systems should be strengthened and health should be integrated into all policies. Governments should attach as much importance to health as to economic development, and should play a leading role in creating a supportive policy environment, increasing financial input, establishing multisectoral cooperation and coordination mechanisms and mobilizing all circles of society in the prevention and treatment of non-communicable diseases.

Second, international collaboration should be enhanced on the basis of complementary advantages, he said. Technical exchanges could be strengthened and experiences shared amongst developing countries through South-South cooperation and among Brazil, the Russian Federation, India and China. North-South dialogue should also continue to expand the technical transfer and financial support from developed to developing countries based on the needs of recipient countries. Third, prevention and treatment activities should be aligned and coordinated, and the global consensus should be deepened on prevention and control. More specific goals and evaluation indicators for non-communicable diseases prevention and treatment should be established, including a push for the inclusion of non-communicable diseases prevention and treatment as a Millennium Development Goals indicator.

As a large developing country, China was on track "to get old before it gets rich", he said. The rapid growth of chronic diseases would lead to shortages in the healthy workforce, the decline of life quality and an increased socio-economic burden. **The Chinese Government pursued a comprehensive, coordinated and sustainable "scientific development concept"**, he said. Health was the basis for all-around human development and the guarantee for sustainable social development. In that vein, the core of China's health-care reform was to realize universal health coverage for the country's 1.3 billion people, he said, further detailing the elements of the country's national health policies. China was also sparing no efforts, he said, in providing medical support to the developing world.

KATHLEEN SEBELIUS, Secretary of Health and Human Services of the United States, said that when the nations of the world came together they could show great improvements in public health. Chronic diseases accounted for seven out of ten deaths in the United States, and the administration of President Barack Obama has made taking them on a major focus. Later this week, in the United States would announce a number of public and private partnerships, including a Clinton Global Initiative to promote a smoke-free workplace around the world. "In order to turn the tide on chronic disease we must recruit partners from outside the government and outside the health sector," she said. People needed clean water and affordable food, and governments must work with partners to attain that goal. The United States welcomed the opportunity to learn from partners around the world, she said.

MOHAMMAD HOSSEIN KIKMAN, Acting Minister of Health in International Affairs of Iran, said today's timely high-level event provided an opportunity for the international community to share experiences and come up with proposals to forge effective collaborative partnerships to implement realistic health and development programmes regarding non-communicable diseases. He said that the Eastern Mediterranean region was suffering a heavy burden of such diseases and in Iran, the total burden was 45 per cent for males and 35 per cent for females. In addition, overweight and obesity arterial hypertension and inadequate physical activity were among the greatest risk factors. With that in mind, the Government had enacted its National Millennium Development Goals Master Plan, as well as its Fifth National Development Plan, which both included a series of programmes and initiatives aimed at reducing the burden of non-communicable diseases.

Specifically, the programmes targeted the risk factors of those diseases with prevention and control

measures, through, for example, imposed taxes to curtail unhealthy habits, such as tobacco use. They also involved massive public information campaigns, initiatives on food industry regulations and screening for high blood pressure and glucosemia. He went on to say that Iran's national cardiovascular disease control programme focused on reaching rural areas, and the National Cancer Control Programme focused on colorectal and breast cancers.

Other programmes aimed at diabetes, newborn congenital hypothyroidism, tobacco control, nutrition deficiencies, genetic control, asthma, and osteoporosis.

ANDREW LANSLEY, Minister of Health of the United Kingdom, said the world had come together more than half a century ago to combat infectious diseases and, in subsequent decades, had begun to tackle other infections such as malaria and HIV. While that fight must go on, it now faced new challenges posed by non-communicable diseases, which were just as widespread and chronic and increasingly threatening mortality and disability. Those diseases were associated with lifestyles and environments and were often avoidable. While previously thought of as diseases of relative affluence, they could, in societies where development brought opportunity, affect the poorest and kill millions each year. Moreover, their combined financial weight threatened to crush countries' respective health-care systems.

"We need to act with boldness and determination," he said, calling for a "whole-Government" approach that aligned the objectives of national and local Governments, as well as of health-care providers, behind a simple set of measurable outcomes. The United Kingdom's strategy was based on a single outcomes framework, which emphasized prevention; sought to make the environment healthier; gave health-care professionals and local communities freedom and resources to achieve those outcomes; empowered individuals to take charge of their own health; and brought all parts of civil society, including industry, together to promote healthier lives. While regulation and tax both played important roles, a free society could not simply legislate those health problems out of existence. People and businesses must be engaged, and the food and drinks industry should be seen, not just as part of the problem, but part of the solution. Further, the healthy choice must not just be the right choice, but the positive, easy and fun choice. An emphasis on prevention, physical activity and personal and corporate responsibility could, alongside unified Government action, make a big difference.

OULD ABBES, Minister for Health, Population and Hospital Reform of Algeria, said the high-level meeting was particularly timely due to the increase in the incidence of non-communicable diseases and the pressure that growth was putting on health-care systems. Diabetes, chronic diseases, cancers and other chronic illnesses were the top killers in his country and, in response, the Government had put in place a national strategy that involved relevant agencies, as well as civil society. Algeria also adhered to the African Union strategy on combating the diseases and was preparing to launch an innovative strategy over the next two years to help bring the increase of non-communicable diseases under control.

He said Algeria was also undertaking great efforts to bolster its national battle against all forms of cancer, including through opening more and more treatment centres and providing free treatments for all cancer patients, including chemotherapy. Looking ahead, he urged the international community to focus on ensuring access by developing countries to the drugs and treatment necessary to combat non-communicable diseases. The poorest among us, who lived on \$100 a month, would never be able to afford the necessary cancer treatments. No nation had the moral right to deny any human being a dignified way of life, he stressed.

YERZHAN KAZYKHANOV, Minister of Foreign Affairs of Kazakhstan, said that improving quality of life for individuals was not only a goal in itself, but also contributed to social development and the achievement of the Millennium Development Goals. The growing trend of premature mortality from chronic, non-communicable diseases seriously impeded sustainable development and should be made a global priority. He supported the Secretary-General's recommendations, calling for a holistic approach to removing risk factors, as well as international cooperation and exchange of experience. The cost of dealing with the effects of non-communicable diseases far exceeded the cost of prevention, and Kazakhstan supported the efforts of WHO, whose scientific research and data collection had helped to significantly raise the standard of control for such diseases. A wider scope and higher quality of medical and sanitary measures to remove the risk factors in public health care was most effective for lowering incidence.

He encouraged WHO and the United Nations Children's Fund (UNICEF) to continue to develop the principles laid down in the 1978 Almaty Declaration on Primary Health Care. Primary medical and sanitary help, as mentioned in that text, remained the best model for providing comprehensive services. Kazakhstan would continue strengthening its health-care system, controlling tobacco products, and lowering excessive alcohol consumption. The

country had successfully implemented the WHO Framework Convention on Tobacco Control, adopted the Code on Health and Health Care, and launched a national programme to promote healthy lifestyles. A unified national health-care system would be introduced in 2013, providing a new model of financing for guaranteed free and results-oriented medical help.

MWAI KIBAKI, President of Kenya, said that non-communicable diseases were a major health concern in Kenya and responsible for more than 50 per cent of all hospital admissions and deaths. Heart disease was responsible for more than 13 per cent of overall mortality in the country, while cancer and diabetes contributed 7 and 4 per cent, respectively. To address the growing burden of non-communicable diseases, Kenya had established 45 diabetes comprehensive-care clinics and trained more than 3,000 medical practitioners on the management and prevention of diseases. Other preventive actions included those anchored in legislative frameworks, such as the Tobacco Control Act which banned smoking in all public places, and the Alcoholic Drink Control Act which regulated production, sale and consumption of alcoholic drinks.

He said, however, that Kenya's resources were limited, and effective technologies were still out of reach for many developing countries. He thus encouraged the establishment of partnerships and international collaborations to facilitate the transfer of appropriate and affordable technology. The cost of certain essential treatments and medicines remained beyond the reach of most Kenyan patients. That enormous challenge must be addressed through measures such as the TRIPS Agreement, in order to enable the manufacture of needed medicines and related products and access to them.

JEAN ASSELBORN, Deputy Prime Minister of Luxembourg, aligning himself with the European Union, said non-communicable diseases struck a double blow to socioeconomic development by provoking a dramatic loss of national revenues and dragging millions of people below the poverty line. Since they affected all countries, the response must be global and universal, and required unequalled political commitment. It also was important to take full advantage of — and deepen — the work done under the leadership of WHO. The approach must first stress prevention and promote "health in all policies", including in the areas of health, agriculture, education, sports, environment, trade and industry.

Continuing, he said sustainable health systems must be established by ensuring continued financing, good governance, adequate training for medical personnel, universal health insurance and access to essential medicines. "These are stringent requirements" he said. For its part, Luxembourg had included non-communicable diseases in the health sector strategy of its development cooperation policy and spent more than 11 per cent of official development assistance (ODA) on health. For years, the country had helped to strengthen health systems in its partner countries, including Laos and Senegal. The political declaration just adopted by the Assembly would ensure adequate follow-up in the years to come.

AARON MOTSOLEDI, Minister of Health of South Africa, said non-communicable diseases should be regarded as a development priority rather than only a health concern. A health-only approach would not reverse global mortality and burden from non-communicable diseases. Instead, a "whole of government" and "whole of society" approach was needed. South Africa's mortality rate had just about doubled over the last decade, mainly as a result of HIV and AIDS. It was critical that, as global and national priorities expanded, adequate attention was paid to prevention and control over all diseases and towards achieving the Millennium Goals.

He said that South Africa had led efforts on the implementation of tobacco control legislation and passed regulations making the reporting of cancers compulsory. His country had also passed regulations to reduce the use of trans-fats and was currently working on regulations to reduce salt content in processed food. South Africa also welcomed today's Political Declaration; in order to achieve global targets, effective partnerships should be established to increase prevention, screening and treatment technologies, including affordable vaccines, diagnostics and drugs.

To prevent non-communicable diseases globally, he urged the international community to put pressure on the food industry to reduce harmful foodstuffs and promote healthy eating habits worldwide and on the alcohol industry to reduce the harmful effects of alcohol by, for example, ceasing to advertise what was, for many, a highly dangerous product. All partners should collaborate to realize a tobacco-free world. Reducing non-communicable diseases required attention to several broad social, economic and behaviour determinants of health involving many sectors. Tackling both communicable and non-communicable diseases in an integrated, comprehensive manner was fundamental to both improved health and development.

AGNES BINAGWAHO, Minister of Health of Rwanda, said this summit was "a cornerstone of the health of our

global population". A decade ago, in the same room, another summit opened the way for universal access to treatment for HIV-positive people. Now, the importance of targeting non-communicable diseases could not be ignored as contributors to mortality and morbidity in Africa. Rwanda had made progress on communicable diseases. In one year, for example, it had reduced mortality by over 32 per cent and could now treat HIV as a chronic disease. Such successes would help build programmes to fight non-communicable diseases.

She said that research in Rwanda on prevention was planned for next year, but non-communicable diseases were already known to account for approximately 25 per cent of the country's disease burden. Unless that problem was tackled seriously, a significant gap would remain in health care, and Rwanda would never achieve development. Most endured non-communicable diseases because they could not pay for treatment. That had previously been the case with HIV, malaria and tuberculosis. But, Rwanda had created several departments to coordinate the fight against non-communicable diseases, used tobacco taxes to fund the welfare of its population and started services to detect and fight cancer. "This is the beginning — we want to go further," she said. Universal medical access for those with communicable diseases was promising, and global solidarity could contribute much.

LESLIE RAMSAMMY, Minister of Health of Guyana, said that the adoption of the Declaration today meant that non-communicable diseases now assumed a place of prominence "as a global threat that needs to be addressed urgently". Non-communicable diseases comprised a new front in the fight to promote global public health and to counter poverty. Guyana had recognized at an early stage that the efficacy of national efforts in that area needed to be complemented by regional and global level actions, and had been calling since 2001 for an "MDG+" dealing with non-communicable diseases, as well as making the theme the focus of the sixty-sixth session of the General Assembly. The summit's convening "was not accidental"; it related instead to the gravity of the challenge.

He said that the Declaration contained many measures that would help to combat non-communicable diseases, and he called for its full implementation by all Member States. He underlined the need for greater access to quality medicines, palliative and rehabilitative measures at the community levels and the provision of increased and sustained human and technical resources from all sources, among other elements. He also urged Member States to develop national plans on non-communicable diseases by 2013 and to create indicators — including the reduction of preventable deaths from non-communicable diseases by 25 per cent by 2025.

Guyana supported the appointment of an envoy or special representative on non-communicable diseases, he said. Additionally, more emphasis should be placed on Millennium Development Goal 8, indicator 8e and target 13 to meet the need for better access to affordable, quality medicines, technology and diagnostics. Also needed was more robust implementation of WHO's tobacco control strategy and the Global Strategy on Diet, Physical Activity and Health for the Prevention and Control of non-communicable diseases (2004). He also encouraged worldwide celebration of Caribbean Wellness Day to commit citizens around the globe to the "wellness revolution".

NICOLA ROXON, Minister for Health and Ageing of Australia, said non-communicable diseases posed a growing threat to national health systems and economies, and they particularly imperilled disadvantaged societies, further entrenching poverty and other development ills. "So we must act now, or too many people will continue to suffer from diseases that are largely preventable and our health systems won't cope," she said, adding that her Government was strongly committed to action to turn the tide on non-communicable diseases, at home and abroad. To that end, Australia had pushed chronic disease prevention and the strengthening of the country's health sphere to the top of its health-care reform agenda. Australia was also taking action on a range of other fronts, including research and social marketing campaigns and providing support for preventive health measures.

She was pleased to announce that at the global level, Australia would provide a further \$A 4 million towards implementation of WHO's Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. That was part of some \$A 4 billion in health assistance targeted for developing countries over the next five years. Finally, she recalled that Australia had long had tough tobacco rules in place. It was taking another strong step next year by requiring that all tobacco products sold within the country be packaged in the same unattractive brown wrapper and covered almost entirely with graphic warnings. "Big Tobacco" was desperately fighting that move, even threatening legal action against the Australian Government. "But the more [they] fight, the more we know we're on the right track," she said, and while taking on the big tobacco companies would require lots of money and political will, the investment towards improved national and global health "will pay huge dividends".

JOHN SEAKGOSING, Minister of Health for Botswana, said that non-communicable diseases, namely cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, accounted for 60 per cent of global deaths, of which 80 per cent occurred in developing countries due to such behaviours as smoking and excessive

alcohol consumption. The international community should not be discouraged, however, as a tremendous impact could be made by implementing a comprehensive approach to improve knowledge and awareness, and reformulate policies, laws and regulations that governed behaviours, as well as by mounting a health-care system that could adequately detect and monitor those diseases.

He said that while Botswana was viewed as a middle-income country, it was necessary to ensure that its progress was not reversed by the rising tide of non-communicable diseases, for which resources needed to be increased at national, regional and international levels. In Botswana, there were still high rates of morbidity and mortality from communicable diseases. That should not be ignored. Instead, past successes should be built upon and coordination increased at the highest levels of government towards greater ownership and sustainability. The world could no longer ignore the significance of non-communicable diseases and their impact on the global population. To address public health crises effectively, he challenged all those present today to set a bold course for the future and face the problem head on. Botswana was implementing legislation to control excessive alcohol use, and intended to take a hard look at the levels of sodium in the food supply. The international community must not be deterred or swayed by competing priorities; it must chart a successful course for the future.

JOSEPH YIELEH CHIREH, Minister for Health of Ghana, associating his statement with that made on behalf of the Group of 77 and China, said that the epidemiological transition in Ghana had brought about a "double burden" of disease — communicable and non-communicable. There was a steady decrease in infant and adult mortality and as life expectancy rose and the population aged the most common problem was a new surge of non-communicable diseases. In addition, recent changes in diet, the social environment and the adoption of unhealthy lifestyles had added to the problem.

He said that non-communicable diseases were a barrier to the realization of development goals and were eroding the gains spurred by poverty reduction strategies in developing countries. Aside from those diseases commonly encountered worldwide, West and Central Africa was faced with the challenge of combating sickle-cell anaemia, which affected approximately 2 per cent of children in the neonatal age range. As many as 90 per cent of them died before reaching the age of 5, as they did not receive any care. Ghana was also working to bring down the disease burden related to the four main global non-communicable diseases — cardiovascular disease, diabetes, cancers and respiratory illnesses — by promoting healthy lifestyles and applying measures aimed at curtailing risky behaviours.

Ghana had put several key measures in place to counter the risk factors, he said. Those included: a national policy on non-communicable diseases; a public health bill — now before Parliament — with tobacco control as an integral component; a national strategy for cancer control; a national sickle-cell strategic plan; and a regenerative health and nutrition strategic plan. Ghana urged WHO to provide much-needed technical assistance and direction in helping developing countries combat non-communicable diseases, and urged development partners to provide support in strengthening health systems and scaling up access to affordable essential medicines.

HEINZ FISCHER, President of Austria, said successfully tackling non-communicable diseases must involve a host of Government sectors and cut across a range of public policies. In Austria, that meant setting out 10 comprehensive and measurable health objectives for the coming 20 years, all of which were the subject of a structured political dialogue being led by the Health Minister and involving a wide range of Government and non-government actors. Chronic diseases were on the rise throughout Europe, largely due to unhealthy lifestyles. Like other countries in the region, Austria was facing such challenges as obesity, sedentary lifestyles, and smoking and alcohol consumption, especially among youth.

In response, he said, the Health Ministry had launched a Nutrition Action Plan. It followed a horizontal "health in all policies" strategy, including measures that targeted nurseries, kindergartens and other educational levels, in areas such as school catering. The Sports Minister, working with other ministers, was developing an action plan for physical activity. Based on up-to-date scientific information, that plan's recommendations would establish how much physical activity was necessary to positively impact health according to age group. Austria's health policy focused on prevention, as well as on psychosocial factors and influences on mental health.

URMAS PAET, Minister of Foreign Affairs of Estonia, associating with the statement of the European Union, said the global population would reach 7 billion in October, but world demographics were changing in opposite directions. In Europe, societies were ageing, and years lived in good health could be further extended. But the number of young people in the world had never been higher and most of them lived in the developing world. "Non-communicable diseases have particularly strong socio-economic impacts on developing countries and are also greatly

affecting the achievement of the Millennium Development Goals, which, as we know, are falling short of the targets in many countries," he said. Estonia had increased support of health systems in developing countries and continued to back United Nations agencies as they improved access to health care, particularly for girls and women, throughout the world.

"We know that the work to address non-communicable diseases must be comprehensive and consistent and it takes time to see first results," he said. The necessary systematic approach was well captured in the WHO European region charter titled "Health systems for health and wealth", also known as the Tallinn Charter. Over the past 10 years, Estonia had seen a decline in premature mortality due to non-communicable diseases, but it still remained much higher than in most European countries. There had also been an alarming rise in the prevalence of obesity. "I am content that we have agreed today to strengthen work on food marketing, reduction of salt and sugar in food, as well as tackling alcohol abuse," he said.

JUMA DUNI HAJI, Minister of Health of United Republic of Tanzania, welcomed the opportunity to discuss non-communicable diseases, which had become a major challenge to the current health system. The prevalence of tobacco smoking in his country was 10 per cent and the prevalence of those who were overweight was 21 per cent. Raised blood glucose rates and rates of alcohol consumption were also high, and the prevalence of diabetes was 5 per cent. The cancer rate was approximately 21.2 cases per 100,000 people, with cervical cancer representing the most common kind. In addition, thousands of children were born in his country each year with sickle-cell anaemia.

Further, he continued, the cost of care for non-communicable diseases was very high, with most people who suffered from such diseases spending more than 40 per cent of their income on care. "Non-communicable diseases impoverish families," he stressed. They must, therefore, be included on the international development agenda. His country had a national non-communicable disease strategy, which it had launched in 2009, aiming to ensure access to health care and prevention. It had also established a Government ministry to provide oversight in that respect. However, as the country faced the "double burden" of both communicable and non-communicable diseases, a focus on one type of illness should not jeopardize a continued emphasis on the other.

HEIDI HAUTALA, Minister for International Development of Finland, said non-communicable diseases were a growing problem in the developing world, alongside the challenges of meeting Millennium Goals. Developed countries did not provide a good example, as their lifestyles were closely linked to many of those diseases. However, those countries had accumulated much experience on how to tackle the diseases, and that included Finland's own work to prevent coronary and heart diseases. Various factors affected health, including many outside the health sector, such as agricultural policy, trade and urban planning. Schools and health education were central to combating the problem of disease, which required a comprehensive health approach in all policies. Gender issues also were central, as women often suffered most from the effects of poverty and illness. However, women were also powerful agents of change and their well-being affected society as a whole. Poverty eradication and sustainable development were also directly related to health and were important areas to address.

She said that while the primary responsibility for addressing those challenges rested within each country, development aid could have a catalytic role and international cooperation was also needed. Finland, despite financially challenging times, had increased its official development assistance (ODA). The role of civil society in health promotion was also crucial. The world must also continue to tackle communicable diseases, such as AIDS, which was an enormous concern to the poorest countries. The United Nations as a whole had a core role to play in promoting sustainable development and the achievement of the Millennium Goals, including in the area of health. It was crucial to advance United Nations reforms to ensure that the Organization could respond successfully to the present challenges.

YASMINA BADDU, Minister of Health of Morocco, said efforts were needed to combat non-communicable diseases through an integrated multisectoral and multidisciplinary strategy based primarily on a preventive approach to reduce risk factors and promote healthy lifestyles, early detection and the implementation of an appropriate regulatory and fiscal framework. It was urgently necessary to consolidate the mechanism of international cooperation and assistance for developing countries so they could develop their health systems, build capacity and benefit from successful experiences in non-communicable disease prevention and control.

She said her country was committed to the international fight against those diseases, endorsed the WHO 2008-2013 Action Plan and welcomed consensus on that document. Morocco was also committed to implementing WHO's strategic directions through a national plan based on the integration of prevention and control. National efforts had strengthened in recent years through partnerships and social mobilization. In addition, national plans had

been set up for prevention of diabetes, cardiovascular and respiratory diseases to reduce morbidity. Morocco proposed that the feasibility be examined of creating a voluntary sustainable fund to fight non-communicable diseases, which could facilitate the implementation of the Political Declaration. Such a fund would assist developing countries in facing the challenges and implementing the commitments made.

JAMES REILLY, Minister of Health of Ireland, quoted a common Irish saying that "health is better than wealth". In fact, health was not just an individual issue, but one affecting the productivity and well-being of nations. It was easy to attribute the achievement of increased longevity in places like Ireland to medical advances, but a substantial chunk of that was due to vaccinations, safer living conditions, and other preventions. It would be safe to assume that the next major development in health would be along the same lines.

He said "the creeping catastrophe" of non-communicable diseases now accounted for two out of three deaths worldwide. The Irish health system as it stood would simply not be able to withstand the burden of non-communicable diseases if their rate continued to increase. A major emphasis on prevention was essential, including the country working to reform its health system and ensure treatment and access for all. "Prevention is always better than cure," he said, but added that cure was what garnered headlines. Caring for patients at the lowest and most local level was Ireland's strategy. For example, the country had been a leader in banning smoking in the workplace. Public health statistics were changing due to that decision, and the lesson should be applied to areas such as alcohol use and lifestyle. "The health of our people comes first," he said, adding that today's Declaration was a significant contribution to that aim.

LIOU TIONG LAI, Minister of Health of Malaysia, recalling his country's implementation of a national strategic plan for non-communicable diseases since 2010, said that to support a "whole-of-Government" approach to combating those diseases, a Cabinet Committee for a Health Promoting Environment had been formed and was chaired by the Deputy Prime Minister. Commitments made at the high-level meeting would provide a strong advocacy tool that Malaysia would use to gather support of all related ministries and agencies to move the agenda forward. The Malaysian Health Promotion Board would be used to increase the capacity of non-governmental organizations to play a more proactive role in community-based non-communicable disease risk interventions.

"World leaders must act immediately and responsibly to deliver key changes in the political declaration," he said, stressing the importance of setting clear, measurable and time-bound targets. He proposed that the indicators presented by WHO in April 2011 be incorporated into the political declaration. Recalling that the United Nations Declaration on HIV/AIDS had endorsed the use of "flexibilities" guaranteed by WTO TRIPS to ensure trade did not violate patients' rights, he said Malaysia did not want the introduction of new generic drugs to be obstructed by conflicting interpretations of national legislation on TRIPS. Many countries were challenged to provide access to essential medicines to manage non-communicable diseases and, for Malaysia, generic drugs were essential to delivering health care to its people.

SIMON POWER, Minister of Justice of New Zealand, said that death and disability from non-communicable diseases had reached epidemic proportions, pushing poor people further into poverty and impeding the achievement of the Millennium Development Goals. New Zealand was confronting the magnitude of the problem not only for its own people, but for those living in its Pacific Island country neighbours, where over 40 per cent of the adult population suffered from diabetes. With this number set to double by 2030, non-communicable diseases were having a massive impact on their potential for social and economic development.

The Pacific Islands region was already struggling to meet the 2015 Millennium Development Goals targets, and rapidly rising expenditure on non-communicable diseases now comprised over 50 per cent of total health budget for many island countries. Left unabated, non-communicable diseases could undermine the four main factors driving economic growth, namely labour supply, productivity, investment and education. Leaders at the New Zealand-hosted Pacific Islands Forum called for quick and decisive action from governments, the private sector, civil society and regional and international organizations and development partners to address this rapidly unfolding crisis. Non-communicable diseases were not just a health issue, but required a whole-government approach, along with innovative strategies across different sectors. Aiming for a "smoke-free" country by 2025, New Zealand would substantially reduce non-communicable diseases, with considerable health benefits for countries and individuals. He urged countries that had not yet done so to become party to the WHO Framework Convention on Tobacco Control.

FATIMA AL BALOSHI, Minister of Health of Bahrain, said that her country had been able to eradicate almost all childhood diseases through vaccination, it was working toward the achievement of the Millennium Development Goals on health. It had reduced the child mortality rate, she said, and had increased screening for those 19 to 65

years old. It had reduced the national diabetes rates, as well as the number of those suffering from high cholesterol. However, the percentage of smokers in Bahrain was just over 19 per cent. A new screening programme for 2015 was under way, she said, and the issue of non-communicable diseases was inscribed on the list of priority objectives through 2030.

Three major initiatives were under way in an effort to strengthen the health system through prevention, early screening, treatment and the promotion of healthier lifestyles, she said. The health ministry had set up a committee on the prevention of non-communicable diseases. It had adopted "paramount policies" on reducing the tobacco use prevalence, in line with the Framework Convention on Tobacco Control. Bahrain had also adopted a national strategy on diet and exercise. It was setting up partnership initiatives all over the country, she added, including through 23 specialized clinics, with more planned for early screening. Bahrain was also working on initiatives along with regional offices and through the Gulf Council. Non-communicable diseases had a harmful impact on the development and economies of countries, she added, saying that she wished, therefore, to underscore the importance of the content of the Declaration, and the importance of building global capacity to address the "scourge" of non-communicable diseases.

LEAO TALALELEI TUITAMA, Minister of Health of Samoa, said that small islands countries like Samoa made up the "blue continent" in the South Pacific, emanating from the vast surrounding blue ocean. This region, while plentiful in areas such as fishery resources, was also challenged by limited opportunities. In Samoa, younger groups were increasingly affected by non-communicable diseases at an alarming rate. In Samoa, 23 per cent of adults aged 25 years and above were diabetic, 21 per cent were hypertensive, and obesity was an increasing risk. The direct link between non-communicable diseases and the leading causes of morbidity and mortality in Samoa were, therefore, clear and undisputed.

Over the past two decades, Samoa had put in place legislature to minimize risk factors, such as through the Food Bill 2011 aimed at controlling the inflow of cheap and non-nutritious "junk" food, and by reviewing relevant policies to help Samoa with lifestyle issues. The vicious circle of non-communicable diseases impeded the ability of small island developing States to raise and sustain levels of social and economic development. Managing non-communicable diseases within the national constraints of Samoa's health-care system was becoming increasingly expensive and may soon be unsustainable, hence the commitment to promoting healthy lifestyles and health protection at a national level. As 2011 was the year for non-communicable diseases advocacy, a bilateral initiative was launched a month ago between Samoa and American Samoa, resulting in a joint Non-Communicable Diseases Prevention and Control Agreement to address the situation on both nations islands.

Samoa was collaborating with many Pacific island countries to revitalize the 1995 Ministerial Declaration on Healthy Islands, which translated in practical terms an approach for healthy lifestyles in communities, schools, market places, workplaces and churches. Still, the road ahead was arduously long, challenging and overwhelming, since many contributing factors were outside the control of the health sector. The non-communicable diseases epidemic perpetuated poverty. Those most vulnerable were voiceless victims of industrial trade and economic policies, which often failed to include health and well-being concerns, focusing instead only on the financial gain of a few, at the cost of the early and painful deaths of many.

YAAKOV LITZAMAN, Deputy Minister of Health of Israel, said that, like all countries in the world, his had felt the devastating pain of non-communicable diseases, and wanted to be part of the solution. "Studies have shown that the morbidity and mortality of non-communicable diseases are not equal among all sectors of our society, which includes citizens from over 90 countries. Therefore, we must strive to provide the best possible service to all people within our society — whether they are Jews, Muslims or Christians." Israeli scientists had gained a reputation for their cancer research, which was widely shared in international scientific literature. Cutting-edge technologies for prevention, screening, diagnostics and treatment of non-communicable diseases had been provided by its National Health Insurance Law. Israel's commitment to fighting non-communicable diseases was also reflected in its wide-range of partnerships throughout the developing world, he said.

The public needed to galvanize to address the causes of these diseases. "We must promote better nutrition, educate our people about the effects of alcohol and tobacco use, and work to diminish environmental pollution," he said. "As it is written in the holy Bible — 'these commandments are not in heaven.' God has given us the opportunity to lead our people, and especially our youth, to better health." Israel looked forward to working in collaboration with its neighbours and countries all over the globe on this crucial issue.

SABYRBEK DJUMABEKOV, Minister of Health of Kyrgyzstan, pointed to the rise in cardiovascular disease

and malignant tumours in Kyrgyzstan. Since 2000, the incidence of type 2 diabetes had grown by 72 per cent. More than 500,000 people, or more than 20 per cent of the population of Kyrgyzstan, suffered from high blood pressure. He stressed the importance of strengthening international cooperation to prevent non-communicable diseases. He lauded the merits of the joint international research centre in which researchers from India, Kazakhstan and the Russian Federation collaborated on programmes to prevent non-communicable diseases. There were programmes under way to increase the quality of oncological services.

He expressed worries about the tobacco epidemic, which was spreading, particularly among youth in Kyrgyzstan, and the high level of morbidity due to respiratory disease. The Kyrgyzstan Government had implemented a national smoking prevention programme, as part of its strategy to prevent cardiovascular disease. In view of the swift proliferation of non-communicable diseases, it was timely to implement prevention programmes, which could significantly impact people's way of life. He stressed the need to ensure a comprehensive approach to strengthen health systems and to properly train all medical personnel. He called on all donor partners to bolster measures to prevent non-communicable diseases.

LEONA AGLUKKAQ, Minister of Health of Canada, said chronic diseases were the leading cause of death in her country and the Government had placed a priority on prevention, as seen in its endorsement last fall of a Declaration on Prevention and Promotion. While individuals could make healthier choices to reduce their risks, promoting good health was everyone's business, which was why solutions should involve a broad base of partners like non-governmental organizations, all levels of Government and sectors that had a bearing on health.

Citing gains, she said Canada's smoking rate had dropped from 25 per cent in 1999 to 17 per cent today, an historic low. But, the federal, provincial and territorial governments were still concerned by rising rates of "overweight" and obesity, particularly among children and youth. One in four children was affected and the present trends must be reversed. In the area of mental illness, Canada was pleased that the language in the Political Declaration recognized the links between mental and neurological disorders and non-communicable diseases. "Prevention must be the foundation for our action on [non-communicable diseases], both domestically and internationally," she concluded.

ANNE-GRETE STRØM-ERICHSEN, Minister of Health and Care Services of Norway, stressed prevention as key in the fight against non-communicable diseases and, if done right, it would contribute to economic growth and reduce social inequalities in health within and between countries. Governments must take the lead in the prevention effort. Risk factors, such as tobacco and obesity, must be addressed, using policy instruments at the population level. National health systems must also be strengthened, but an effective strategy did not rest with the health sector alone. Cross-sectoral action was needed to respond effectively. Also required was the active involvement of sectors like urban planning, finance, industry, trade, education, culture and agriculture. Careful attention must be paid to the role of different stakeholders. Indeed, civil society organizations played a crucial role in the fight against non-communicable diseases.

The world community knew from experience that setting targets and goals were useful in order to achieve progress, she said. In that regard, WHO had played a leading role and, through it, targets, indicators and a monitoring framework should be developed for countries to apply in their national settings. Stressing that the reduction of tobacco consumption was one of the most efficient measures to prevent non-communicable diseases, she noted that the tobacco industry had taken legal action against a number of parties to the WHO Framework Convention on Tobacco Control, including Norway. That was unacceptable, she said, underscoring that no party to the framework convention should allow the tobacco industry to intimidate them from fulfilling their legal obligations to protect public health.

PHILIPPE COURARD, Secretary of State for Social Integration and the Fight against Poverty of Belgium, said it was crucial to rethink the role of the health sector and have a visionary approach to that reform process. Health sectors were increasingly burdensome and they must be reinforced. Primary care and primary care practitioners must play an essential role in that progress. There must be a multifaceted, forward-looking approach to primary care and access to high-quality care must be guaranteed. Sick people must have a role and they must receive the necessary care from all areas of the health-care sector. In rich countries, low-income people were the most affected by non-communicable diseases.

The increasing cost of treatment for such diseases had been financially burdensome on low-income people, he said. Many of them could not afford such costs. Health-care systems must be integrated; people must not be marginalized. Combating inequality must be an essential part of all health-care strategies. The focus must be on effective interventions to make health care affordable and to implement new models of health care, particularly in

terms of community and primary care. He appealed to all countries to commit to combating non-communicable disease and to adopting health-care policies accordingly. He stressed the need to implement initiatives for prevention and innovative health care that represented added value, taking into account the experiences of patients and their doctors.

MAITHRIPALA SIRISENA, Minister of Health of Sri Lanka, said four decades ago, her country's average life expectancy was 40 years. Today, it had nearly doubled, due to gains in maternal and child health services, as well as the prevention and control of communicable diseases. But non-communicable diseases were still a challenge, accounting for more than 60 per cent of total deaths. Sri Lanka was committed to tackling them by formulating a national policy and creating a control unit within the Ministry of Health.

More broadly, she urged the Assembly to create a global fund to prevent and control those ailments. Thanking the international community for its assistance in rebuilding her country, she said that, with political commitment, she was confident that Sri Lanka would lead the region in implementing an effective, nation-wide programme to combat non-communicable diseases. Sri Lanka aimed to reduce premature mortality due to chronic non-communicable diseases by 2 per cent annually over the next decade.

ARTURO BENDANA, Minister of Health of Honduras, highlighted the risks of non-communicable diseases, such as heart attack, stroke, diabetes and chronic obstructive pulmonary disease among Hondurans, particularly women — 46 per cent of whom were overweight. He further noted the increasing rates of renal diseases among the population of Honduras and stressed the efforts the Government was taking to address that illness. The State was also working to combat the underlying risk factors of non-communicable diseases, he said. Among other things, it had enacted a National Tobacco Control Law prohibiting smoking in all public spaces, and was working to ensure that the law was observed throughout the country.

He went to say that, while national standards already existed regarding mother and child care, Honduras was working to formulate similar standards to address non-communicable diseases. Noting rising health-care costs for households, he underlined the need for Government policy to address the problem and highlighted a recent meeting on the Central American health sector in that regard. He further stressed that healthy lifestyles must be adopted. In addition, it was clear that the Government strategies that aimed to achieve the Millennium Development Goals dovetailed with those health responses that would reduce non-communicable diseases. These included eradicating hunger, reducing infant mortality and reducing tuberculosis, among others.

SLAHEDDINE SELLAMI, Minister for Health of Tunisia, said today's meeting was taking place in conjunction with the Arab spring. He was fully committed to implementing at the national level the goals set forth in the Summit's declaration on preventing non-communicable diseases. He stressed the importance of guaranteeing the right to health for everyone at an institutional level and to meet people's socioeconomic needs, particularly in terms of health care. Tunisia was undergoing a promising transition. The international community should not just stand by and observe. It should support Tunisia's transformation through programmes and measures. Non-communicable diseases in Tunisia were a widespread problem. According to numerous studies, they were proliferating rapidly. The Tunisian Government was working to create an integrated, coordinated plan to control non-communicable diseases.

He stressed the need for prevention through changes in eating habits and lifestyles. Tunisia had implemented WHO's recommendations through a national food strategy and a national sports strategy aimed at combating cancer and diabetes. Tunisia had acquired great experience. Creation of a multilateral network for prevention and control of non-communicable diseases was important and Tunisia was looking at how to best promote it. It was necessary to mobilize human and material resources and to assess the socioeconomic impact of non-communicable diseases, while working to prevent early risk factors, such as tobacco consumption and unhealthy lifestyles. He asked all developed countries and donors to take measures to respond to developing countries.

ENRIQUE T. ONA, Secretary of the Department of Health of the Philippines, said his country had, over the past years, noted the global emergence of non-communicable diseases, as well as a changed health profile for the country. Among the 10 leading causes of mortality in the Philippines, seven were non-communicable diseases. Noting that non-communicable diseases had also been linked to similar risk factors, such as tobacco use, unhealthy diets and physical inactivity, among others, he said the risk factors could all be modified, thus making those diseases and the resulting premature deaths greatly preventable.

To that end, he said the Philippines was fully committed to addressing the issues of lifestyle-related non-communicable diseases; and that commitment was reflected in the country's Health Reform Agenda of Universal

Health Care that was based on three thrusts to achieve financial risk protection for all, improve access to quality health services and focus on attaining the country's Millennium Development Goals through its campaign of "MDGmax", which included non-communicable diseases. Further, the country had developed a framework to strengthen the prevention and control of lifestyle-related non-communicable diseases.

CHARLES SIGOTO, Minister of Health of Solomon Islands, began by pointing out that his country's location in a disaster-prone region had been greatly impacted by climate change and had seen increased frequency of droughts, floods, sea level rise and biodiversity, triggering food and water security. Those disasters had pushed portions of the population from their traditional ancestral land to urban centres relying more and more on imported food. Those populations, in particular, became more vulnerable to non-communicable diseases. Highlighting the urgency of the situation, he said for Solomon Islands, time was of the essence, as the country was a mere generation away from reaching the tipping point when managing non-communicable diseases would become a challenge.

In that regard, prevention remained the cornerstone of its policy, and had put in place its Non-Communicable Disease Strategic Plan 2011-2015 to implement that strategy. Additionally, his country was in the midst of developing a new strategy of moving health resources and services to the rural areas, where 85 per cent of its population resided. Noting the current huge disparity in health services between rural and urban populations in Solomon Islands, he said the Government was working to correct that and would be encouraging partner countries to invest more in the health services in the informal sector. He believed a global effort was needed to guarantee access to affordable, safe and effective quality medicine, including diagnostic services with skilled manpower, to deliver on health services.

SAMBUL LAMBAA, Minister of Health of Mongolia, reported that, while heart disease and cancer were the leading causes of death in his country, it had, in 2008, entered into a global compact with the Millennium Challenge Corporation, which, among other things, provided funding for the control of non-communicable diseases. That national project had introduced early intervention initiatives and training programmes, among others. The Government was particularly proud that it had significantly raised its financial contribution to combating non-communicable diseases by levying taxes on tobacco and alcohol.

He said that, while the pace of death by most common non-communicable diseases had levelled off and early detection had improved, tobacco use was nevertheless rising among key populations, including mothers and youth. Alcohol consumption was also contributing to early deaths among youth. Pointing to studies underlining the links between alcohol use and poverty, he expressed Mongolia's support for controls for alcohol similar to those for tobacco. He also reiterated Mongolia's strong commitment to the WHO Global Strategy for the Prevention and Control of Non-communicable Diseases. It was also fully committed to implementing the Political Declaration adopted earlier in the day.

ONYEBUCHI CHUKWU, Minister for Health, Nigeria, said sickle cell disease was a major challenge in Nigeria; 150,000 babies in the country were born with the disease annually. While prevention programmes were in place, those already suffering from the disorder had the right to live and they must be treated. The Government had set up a treatment centre in Lagos for that purpose, as part of national strategies to achieve the third Millennium Development Goal. It had also set up four special treatment centres to control the disease. At present, 8 million Nigerians suffered from hypertension; 4 million had diabetes. The incidence of chronic disease was high. He lauded the fact that trauma and injuries from road traffic accidents had been included in the non-communicable diseases agenda, noting that 10,000 Nigerians died annually from such accidents. International cooperation was needed to address all factors contributing to road traffic accidents.

Malnutrition was a culprit in non-communicable diseases, he said. Fast-food caused high rates of non-communicable diseases and obesity, and had led to chronic deficiencies during pregnancy. Child malnutrition impaired mental development early on and later in life. High sodium diets led to heart disease, causing economic losses of \$800 million annually in Nigeria. That figure was unacceptable. He expressed hope that that the meeting would result in global commitments to strengthen the international resolve to combat non-communicable diseases. Development of the health-care sector was a critical part of the Nigerian Government's agenda to achieve the Millennium Development Goals. Non-communicable diseases were not only controllable; they were also preventable. Nigeria had taken mid-level steps to respond to the epidemic. It had banned tobacco ads and the use of tobacco in public places since 1990. It signed and ratified the WHO framework for tobacco prevention and control. Nigeria's National Assembly recently passed a national tobacco control law. The fight against non-communicable diseases required global efforts for prevention and control.

SREDOJE NOVIC, Minister of Civil Affairs of Bosnia and Herzegovina, said his country had opted for a multisectoral approach to improve health. The health of countries in Central and Eastern Europe was undergoing a transition. Health changes in Bosnia and Herzegovina stemmed from a transition in the socio-political system and were seen in a declining birth rate and an increase in the number of people 65 years old and over. Indeed, non-communicable diseases were the leading cause of death in his country. A concern for equity and addressing the social determinants of non-communicable diseases required a "whole of society" response, which closely linked steps to integrate health into all policies and efforts to prevent disease.

For its part, Bosnia and Herzegovina chaired the South-Eastern Europe Health Network, he said, expressing his appreciation to the United Nations and World Health Organization (WHO) for their support. He also informed delegates that Bosnia and Herzegovina, in cooperation with that Network, among others, would organize the Third Health Ministers Forum in Banja Luka, on 13-14 October. The Forum would mark a decade of actions in South-Eastern Europe and aimed at achieving both equity and accountability in health. In sum, he said his country strongly supported the synergy between existing health institutions and would work to strengthen the collaborative network to support the full and effective implementation of international health conventions and strategies.

NARAYAN SHRESTHA PRAKASH, Deputy Prime Minister and Minister for Foreign Affairs of Nepal, said his country had made significant progress in assessing the non-communicable diseases situation in Nepal, as well as in formulating policies to address them. Consumption of junk food, lack of physical exercise and environmental pollution were on the rise in Nepal, as in other countries, which contributed to high risk of non-communicable diseases. To combat such risk factors, Nepal was working to improve laws and policies such as through the Alcohol Control Act, Tobacco Control and Regulation Act, and Food Act, which were under implementation. The Tobacco Act bans the sale of cigarettes to children under age 18 and to pregnant women, and prohibits smoking in public places.

Nepal was also trying to set up a surveillance system for non-communicable diseases, by incorporating non-communicable disease data in the Health Management Information Systems. Because treatments for cancer remained expensive, Nepal would provide free such treatments for children, although it was necessary to explore various options for health-care financing and social health protection, as such funding was unsustainable. Raising awareness of risk factors for non-communicable diseases was very effective, and such preventive measures would minimize catastrophic health expenditure at the household level and lead to increased productivity. Nepal was working closely with the WHO and other United Nations agencies, development banks, and national and international organizations through a sector wide approach in health, an approach proven to be very effective in achieving progress for the Millennium Development Goals.

ANNETTE WIDMANN-MAUZ, Parliamentary Secretary of State, Federal Ministry of Health, Germany, said that in the next decade non-communicable diseases would become the most common cause of death if there was no without swift action to prevent them. The burden of the disease's economic losses threatened future growth, particularly in emerging economies. Wealthier countries had already faced the growing challenges presented by non-communicable diseases in the past decade. Germany had strongly focused on prevention for many years. An integrated approach that focused on the population's needs was essential. Internationally, Germany had actively supported the WHO and its leadership and action to combat non-communicable diseases. The WHO's strategic approach had created powerful instruments, including the framework convention on tobacco control and the global strategy on diet and physical health, among others.

The general response to non-communicable diseases included the creation of binding norms and efforts to improve labour conditions, the environment and human rights, she said. Germany was at the forefront of such efforts. Germany's international development cooperation policy included a focus on prevention and the underlying social determinants of health, with emphasis on strengthening the health-care system and on social protection mechanisms. There was still a long way to go, but the goals were achievable with intensive international intersectoral cooperation.

RUDYARD SPENCER, Minister of Health of Jamaica, expressed disappointment that, while the Declaration provided a good platform for ongoing consideration of the developmental and other impacts of non-communicable diseases, it did not advocate more decisive action for the international community to act together to save millions of the 52 million lives projected to be lost by 2030. Having recognized that there was a global threat which had to be addressed urgently, the Declaration failed to commit the international community to increased and sustained resources to achieve that goal, he stated.

He pointed out that although non-communicable diseases were a global challenge, they struck hardest at the developing world and lower income populations; and strong evidence linked poverty, lack of education and other determinants to non-communicable diseases and their risk factors. Notwithstanding his disappointment with the Declaration's shortcomings, he acknowledged that some gains had been achieved, and emphasized the need to scale-up the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors.

Mr. FAWZI, Deputy Foreign Minister of Egypt, lending support to the statement delivered on behalf of the Group of 77 and China, said that during past years, a number of Member States had taken concrete steps to address non-communicable diseases at the national level. Globally, 80 per cent of deaths from non-communicable diseases occurred in developing countries. All people suffering from such diseases should be assured access to effective preventive treatment and care by the year 2030. In that endeavour, special attention must be given to strengthening national capacities, especially in developing countries and African countries.

The international community must work to enhance the abilities of every community to implement national awareness campaigns to address harmful and unhealthy lifestyles, and strengthen national capacities. He expressed belief in the importance of strengthening regional and national capacities to prevent the spread of non-communicable diseases, through efforts of the WHO and relevant international and regional bodies. The international community had a special responsibility to provide the necessary financing to bridge the finance gap and find radical solutions to trade-related intellectual property, in order to ensure that treatment was provided at affordable prices, particularly in developing nations where an ill relative could result in hardship and lead to productivity loss at the national level. These efforts should be complemented by the support of local national and community-level interventions, and strengthening the role of the family and civil society in combating non-communicable diseases.

THERESE N'DIRI-YOMAN, Minister for Health and the Fight against HIV, Côte d'Ivoire, pointed to the frightening global data on non-communicable diseases, noting that 36 million people died annually from them. In developing countries, the picture was more discouraging. Ninety per cent of premature deaths were due to non-communicable diseases among people under 60 years of age. In Côte d'Ivoire, most external resources were spent combating non-communicable diseases. According to the nation's 2000 Cancer Register, there were 250,000 new cases in Abuja alone, with cancer among women topping the list. Prevalence rates were also high among children. Prevalence of high blood pressure among adults older than 25 years of age was 33 per cent. Some 33 per cent of deaths in Côte d'Ivoire were due to non-communicable diseases, mainly among people under age 60. Among women, 59 per cent of deaths were due to maternal and perinatal infections and malnutrition. Asthma and sickle cell anaemia were also a challenge.

Côte d'Ivoire had taken steps to prevent non-communicable diseases, including through national nutrition programmes and strategies to prevent smoking, alcohol abuse and diabetes, she said. It had taken steps to improve care for such chronic diseases as a matter of priority in public policy. The 2009-2013 national health development programme focused on monitoring risk factors in line with WHO guidelines and on promoting healthy lifestyles and low risk behaviour. The country's fourth kidney dialysis centre had recently opened. To treat cancer, the Government was working with non-traditional institutional partners, such as the Organization of West African States and the African Union. Côte d'Ivoire's President, in April 2011, adopted specific cost prevention measures to expand people's access to doctors, clinics, medication, and birthing and caesarean services. In August 2011, the Government adopted a 2011-2014 integrated strategy and action plan on prevention and treatment of non-communicable diseases. She called on international partners to financially support that action plan, as well as plans to create a chemotherapy unit and a special trust fund to combat non-communicable diseases.

BASILE IKOUEBE, Minister of Foreign Affairs of Congo, said that his country was among the highest in the world when it came to child mortality, with many children dying before the age of five. That situation was dire, and was one of the main issues that Congo sought to correct through the World Health Organization African Region Ministerial Consultation on Noncommunicable Diseases, held this year in Brazzaville, Congo. A recent WHO report said that although Africa, as a region, was reporting more deaths from infectious diseases than non-communicable diseases, the so-called silent killers are rising rapidly and are projected to exceed communicable diseases, maternal and childhood conditions and nutritional deficiencies combined as the most common causes of death by 2030.

During these regional consultations in Brazzaville on the prevention and control of non-communicable diseases, the African ministers of health adopted a declaration entitled the Brazzaville Declaration which outlined the shared position of the member States of the African region within the WHO. Health was at the heart of human development, he said, and was an essential component of poverty reduction strategies. He restated his support for

the declaration, as the issue of non-communicable diseases was so important, and should be included among the international community's development goals.

GHULAM NABI AZAD, Minister of Health and Family Welfare of India, said his country faced the "triple burden" of communicable diseases, new and re-emerging infections and the increasing incidence of non-communicable diseases. Due to alarm over their impact, India held a national summit on non-communicable diseases after the April 2011 global health ministers conference on the issue. Besides the Delhi Call for Action, which resulted from that national meeting, ten key messages had also been issued from the recent WHO South East Asia Regional meeting in Jaipur, India.

This year India began a \$275 million pilot project covering 150 million people in 100 of its least accessible districts. It included establishment of clinics that made life-saving drugs available, provided cancer diagnostic and chemotherapy services, and screened for diabetes and hypertension. "Our target is to screen 150 million people by March 2012 under this pilot project. This would be the largest such exercise attempted anywhere in the world. I am happy to state this programme will be rolled out in the entire country in April 2012," he said. India's technological innovations, such as re-combinant human insulin and poly-pill for prevention of cardiovascular and stroke events, had led to affordable health care, not only for India's people, but for many other countries around the world. But, trade barriers which restricted access to affordable and newly developed medicines needed to be addressed.

AMENTA MATTHEW, Minister of Health of the Marshall Islands, said her country, located in the Central Pacific, consisted of some 29 atolls and five islets and spread across a sea area of over 750,000 square miles, was particularly burdened by non-communicable diseases due to its unique geographical characteristics. In the Marshall Islands particularly, and the Pacific Region generally, non-communicable diseases were mainly caused by how the people lived and worked. Of the estimated 63,900 adult deaths from natural causes that occurred in the Pacific Island Countries and Territories in 2010, an estimated 75 per cent were due to non-communicable diseases. Additionally, almost 63 per cent of all premature deaths in adults aged 15 to 69 years, and 3 out of 4 of all adult deaths, were caused by non-communicable diseases.

Like other Pacific Island countries, the Marshall Islands' had "very limited" resources and its socio-economic circumstances made it difficult to address non-communicable diseases. Although a few successes had been recorded, those had been few and far between. However, she reaffirmed her country's full commitment to the fast implementation of the Healthy Islands Action Plan. The country also continued to forge closer working relationships amongst relevant government sectors, non-governmental organizations, and civil society, including churches.

FATIM BADJIE, Minister of Health and Social Welfare of the Gambia, restated his country's recognition that health was a vital resource for socio-economic development. It had consequently invested heavily in infrastructure, service delivery and the requisite human resources capacity to steer its overall health delivery system. Non-communicable diseases thrived on rapid lifestyles changes. Yet experts said that by cutting down on tobacco use and alcohol abuse, being mindful of unhealthy diets and insufficient physical activity, and putting in place prevention and management mechanisms for screening and treatment, millions of lives could be saved globally each year. However, those risk factors could not be addressed by the individual alone, but required country-specific initiatives coupled with global action.

She said that, for its part, the Gambia had enacted its 1998 anti-smoking act, which banned that practice in public places. It has also ratified the WHO Framework Convention on Tobacco Control in 2007 and planned to develop a national tobacco control strategy. Mindful of unhealthy diets, it was also promoting the cultivation and consumption of home-grown foods through its "back to the land" initiative. The State had also supported the establishment of a national coalition of non-governmental organizations for implementing the tobacco Framework Convention and was finalizing a five-year policy and action plan for preventing and controlling non-communicable diseases. A Health Promotion Directorate that would house non-communicable disease initiatives was also being set up. Addressing the global dimension, he said more efforts, resources and information sharing must be committed to addressing the causes of non-communicable diseases within and between countries. Health systems must also be strengthened to respond to the wide growing challenges posed by non-communicable diseases, she added.

ALBERTO TEJADA, Minister of Health of Peru, said that non-communicable diseases were considered "lifestyle diseases", and could be more detrimental in middle income countries than in poor ones, with resulting catastrophic costs. Those diseases were not an accident of biology, but epidemics to be explained by economic and environmental changes. However, the good news was that today the international community knew far more about how to prevent such diseases, and should do what was in its power to implement such prevention.

While strides had been made in curtailing the harmful effects of tobacco and alcohol, in terms of diet there remained much to do, and the international community must defend the culinary traditions of its peoples by focusing on natural foods, and control advertising about processed and "junk" food. WHO had warned against such dangers, in particular with regard to children's diets, such as in schools. Taxes on junk food should also be increased, as had been done with tobacco, and breast feeding should be encouraged for the first six months of life. In addition to prevention, the international community must work to strengthen its plans to meet the needs of those who were already ill, particularly the poorest, and provide access to appropriate care.

LUIS ESTRUCH RANCANO, Vice Minister for Public Health, Cuba, said life expectancy in Cuba was now 75 years, and Cuba's Government had sought to reduce non-communicable diseases. It had reduced the rate of tobacco use by 38 per cent in 10 years. To reduce the rate of high blood pressure, the Government had instituted ways to reduce public consumption of salt and sugar. Cuba's Government had worked to strengthen the national primary health-care system, with a focus on prevention and improved attention to children and women. It had adopted a multisectoral approach involving various ministries to promote sports and the reduction of alcohol and tobacco consumption. New laws were being drafted in that regard. The central Government was working with civil society to make women and young people aware of the risks of alcohol and tobacco use.

The Government was seeking alliances with the food industry to reduce sugar and salt content in foods, he said. The Council of Ministers had adopted a 2011-2015 programme to improve intersectoral health strategies. The global economic crisis and the increasing effects of climate change had put poor countries in a more difficult position as they attempted to tackle challenges. As part of efforts to contribute to international scientific collaboration, thousands of Cubans had offered medical services abroad. No country was free of the economically unsustainable effects of non-communicable diseases. Clear economic policies were needed to combat them.

MAHMOUD MOHAMED FIKRI, Undersecretary for Health Policy Affairs of the United Arab Emirates, said that shifts in modern society due to lifestyle changes were leading to an increase in the prevalence of cardiovascular, respiratory and other chronic diseases. Non-communicable diseases were the cause of 45 per cent of health problems today, and were set to increase to 60 per cent in the future. Those major killers needed government action to control them.

The United Arab Emirates Council of Health Ministers had adopted major and significant declarations, such as the Riyadh Declaration on diabetes, the Non-Aligned Movement declaration on cardiovascular diseases, the declaration on diabetic patients, and the declaration on non-communicable diseases and diabetes, in addition to measures to control tobacco. The Council had been awarded a prize from the WHO in 1997. In order to fight non-communicable diseases, the United Arab Emirates was adopting a policy initiated in Bahrain for the whole region, to combat non-communicable diseases, and had also adopted a comprehensive policy to combat diabetes within the guidelines of the WHO and the international forum on diabetes, which took place in Dubai in 2010.

RAED ARAFAT, Under-Secretary of Health of Romania, said he believed the prevention of non-communicable diseases would reduce poverty, since most of the expenditure for treatment in small and middle-income countries was paid either within a private system, or took the form of informal payments. The important role and responsibility of Governments to respond to the challenges of non-communicable diseases, as well as an essential need for effort and commitment from all sectors of society to generate effective responses to prevent and control non-communicable diseases, was evident. Health must be taken into account in all policies, he stressed.

Continuing, he said the approach should be twofold: prevention and early detection and treatment. He observed that Romania recognized the critical importance of strengthening health systems, including infrastructure, health care, strengthening human resources in health and other health and social protection systems, especially in developing countries, in order to respond in an efficient and equitable way to health care needs of people with communicable diseases. At the national level, he emphasised a number of initiatives being undertaken by his Government in support of goals of the Declaration, and lauded the United Nations for its efforts in promoting awareness together with an integrated policy to reduce global inequalities generated by non-communicable diseases.

MURAT TENCER, Head of the Department of Cancer Control of the Ministry of Health, Turkey, said non-communicable diseases were the most serious and dangerous problem facing mankind. Cancer control was vital in tackling that problem. It was essential to create national cancer control units. Otherwise, all discussions on tackling cancer would be inconclusive. Regional strategies were needed to tackle cancer, which was becoming increasingly serious in developing countries. The lack of coordination was an obstacle. Better coordination among non-

governmental organizations was seriously needed in developing countries. He stressed the need to create national cancer control institutes. The international community should promote their creation. Such institutes must have a degree of independence from health ministries. They must have a scientific dimension and access to regional resource mechanisms.

They must effectively cooperate with non-governmental organizations and patient advocacy groups in prevention and screening, human resources and capacity-building, he said. Pointing to Turkey's national cancer control programmes and strategies, he said the Government had invested 2.3 billion euros. Turkey had 170,000 new cancer cases annually. The Government was focused on prevention, early screening and raising public awareness about the disease. It had cancer screening and dialysis centres that tested thousands of people annually. The Government would set up 54 cancer treatment centres in the country by 2023. Turkey was an active member of the Asia-Pacific Organization for Cancer Prevention, among other regional organizations. Turkey was ready to share its regional and international experiences and support with others.

MICHEL TOMMO MONTHE (Cameroon) said his country would cooperate and collaborate to the fullest with all partners in order to combat non-communicable diseases. Such diseases were a new challenge to global efforts to improve health throughout the world. While the international community gave priority attention to combat communicable diseases, meanwhile the main four non-communicable diseases received very little attention in developing countries until they became an epidemic. The development of those chronic diseases required an assessment over the years. In the countries of Africa, it was a major threat. The situation was all the more worrying in that, by 2030, non-communicable diseases were expected to cause five times the deaths of communicable diseases, including in low and mid-income countries.

The international community should ask how it had arrived at such a situation, with a threat at the world level, he said. There was one reality seen everywhere, which was the changes in lifestyle following advances in science, technology and development. While some aspects of progress had improved the quality of life, many lifestyle aspects were in fact detrimental to health. Without such harmful practices, many non-communicable diseases would be prevented. Awareness had increased over the past several years and, since 2000, the world health assembly had adopted a number of measures. In 2008 the assembly adopted the plan of action to counter non-communicable diseases, particularly in low- and medium-income countries. In Cameroon, health policies were focused on communicable diseases and on achieving the Millennium Development Goals, but had not escaped the emergence of non-communicable diseases. There were only four years to go to 2015 to achieve the Millennium Development Goals, but the marked increase in non-communicable diseases in developing countries was seriously compromising the achievement of the goals.

* * * * *

For information media • not an official record