



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

9 September 2011

Excellency,

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

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

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

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

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

Joseph Deiss

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

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

Introduction

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

Participation

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

Programme of the high-level meeting

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

Plenary meetings

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

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

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

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

Round tables

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

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

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

Round Table 1:

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

Round Table 2:

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

Round Table 3

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

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

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

Annex A:

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

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

Round tables

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

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

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

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

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

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

Dr. Wonchat Subhachaturas
World Medical Association

Mrs. Donna Hrinak
International Food and Beverage Association

Prof. David Bloom
Harvard School of Public Health

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

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

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

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

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

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

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

Dr. John Seffrin
American Cancer Society

Mrs. Ann Keeling
International Diabetes Federation

Dr. Kingsley Akinroye
African Heart Network

Dr. Pankaj Chaturvedi
Tata Memorial Hospital

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

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

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

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

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

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

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

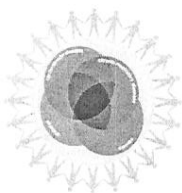
Mr. Borge Brende
World Economic Forum

Ms. Indrani Thuraisingham
Consumers International

Dr. Srinath Reddy
World Heart Federation

Sir George Alleyne
PAHO

UN Representatives: *WHO*
UNDP
UNRWA
FAO
ITU



2011 UN High-level meeting on NCDs

General Assembly • United Nations • New York

19–20 September 2011



UNITE IN THE FIGHT AGAINST NCDs

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

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

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

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

Overview

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

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

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

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

Key issues

NCDs are hidden, misunderstood and under-recorded

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

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

NCDs curtail economic growth

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

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

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

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

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

NCDs impact the achievement of internationally agreed development goals

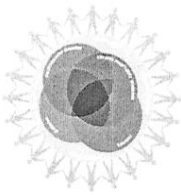
- NCDs have a negative impact on family income, because a substantial proportion of household income is spent on health-care in low-income countries.
- Costs for NCD-related health care, medicines, tobacco and alcohol displace household resources that might otherwise be available for education.
- Improper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

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

Way forward

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

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2011 UN High-level meeting on NCDs
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19–20 September 2011



UNITE IN THE FIGHT AGAINST NCDs

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

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

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

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

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

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

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

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

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

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

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

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

Key issues

Best buys

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

Priorities for action

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

– Surveillance and monitoring

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

– **Health systems**

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

– **Civil society and private sector**

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

– **Sustainable health financing**

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

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

Way forward

Shared responsibility to make prevention work worldwide

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

Shared responsibility to advance multisectoral action

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

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

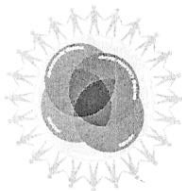
- Integrate NCD policies and plans into wider health system planning
- Provide cost-effective early detection and treatment services for people at a high risk of heart attacks and strokes and curable cancers
- Establish policies that make essential medicines accessible for all through efficient procurement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

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

Shared responsibility to set targets and measure results

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

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

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

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

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

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

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

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

Key issues

Fostering international cooperation to monitor NCDs

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

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

Fostering international cooperation to reduce exposure to NCD risk factors

Tobacco control as a blueprint

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

Promoting healthy diet

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

Developing innovative mechanisms for sustainable health financing

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

Strengthening multisectoral action

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

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

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

Fostering international cooperation to strengthen health care for people with NCDs

Investing in health systems and moving towards universal coverage

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

Delivering effective international aid for NCD prevention

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

Improving access to medicines

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

Way forward

Developing an updated global multisectoral action plan

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

International coordination

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