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Expectations for the United Nations high-level meeting on noncommunicable diseases

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The United Nations General Assembly's decision to convene a high-level meeting on the prevention and control of noncommunicable diseases (NCDs) worldwide in September 2011 is a major, timely opportunity to elevate chronic diseases onto the global stage and to encourage action by individual governments.¹ Just as the 2001 United Nations General Assembly Special Session on HIV/AIDS was a pivotal moment in the global response to AIDS, there is hope that the September session on NCDs will become an historic rallying point.

How shall we judge the success of the meeting? If Member States can address the following five critical elements, then new measurable goals and means of building accountability may be within reach.

First, the meeting should put a spotlight on the true scale of morbidity and mortality caused by NCDs and the economic consequences for households, health systems and national economies. It should result in an endorsement of the World Health Organization (WHO) Action plan for the global strategy for the prevention and control of noncommunicable diseases² and a commitment to a study of their projected economic impact as well as the cost of preventive action.

Second, governments should commit to developing national NCD plans by convening, for example, a multisectoral national task force or commission to elaborate country-specific strategies and targets. WHO could support countries in this process. These plans should be required by 2013, with updates on specific targets by 2015 and continuous monitoring by the United Nations.

The third key element of success is financing. It is unlikely that there will be new funds pledged at the meeting. In fact, it could be detrimental to focus on raising a specific amount of funding as this might distract governments from other key tasks. Rather than establishing a new institution such as a Global Fund for NCDs or expanding the mandate of the

Global Fund to Fight AIDS, Tuberculosis and Malaria, we suggest three feasible financial avenues. These are: (i) seeking joint financing mechanisms such as public-private partnerships;³ (ii) investing in health system reform to deal better with NCDs, e.g. supply of essential drugs and devices, health worker retention, provision of diabetes care through primary providers; and (iii) including NCDs as a line item in government health budgets and donor reporting systems to help monitor budgetary allocations.

A fourth requirement is the commitment of governments to strengthening national regulation of NCD risk factors, including pushing for change in the food and beverage industry. This should put into force regulatory frameworks to reduce consumption of trans-fatty acids, salt, alcohol and sugar.

Finally, incentives and mechanisms to encourage cross-sectoral action and coordination are central to sustained progress. Finance ministries need to budget sufficient funds; agriculture ministries to reduce subsidies for harmful crops; trade ministries to enlarge access to essential medicines; urban planning and transport ministries to create opportunities for greater physical activity; and education ministries to ensure that school environments provide healthy diets through banning the sale and distribution of harmful foods in schools and promoting health education.

Tobacco control efforts could lead discussions in each of these areas given that there have been considerable policy gains. These include the WHO Framework Convention on Tobacco Control and the practical assistance provided to governments through WHO's MPOWER resources; commitments of more than US\$ 500 million from the Bloomberg Family Foundation and the Bill & Melinda Gates Foundation; and increasing attention to the role of tobacco in bilateral trade agreements, in taxation policy and in agriculture.

Despite such progress, there is still much work required to curb tobacco use as it is the single most important risk factor for NCDs and kills an estimated 5 million people annually. If the United Nations Secretary-General makes a strong declaration to support the WHO Framework Convention on Tobacco Control in New York this year, this will add significant weight to previous commitments to the Convention made in Geneva. While tobacco use is declining in most wealthy countries, it is increasing in many poor countries of the world, with profound consequences for the future of public health and development. As stock prices for tobacco continue to rise – underscoring the confidence of the markets in tobacco – clear decisions must be made on overcoming barriers to implementation of the WHO Framework Convention on Tobacco Control. These include: investment treaties and associated pressures to open markets; agriculture and loss of employment, and subsidies for harmful crops; difficulties in regulating the private sector; illicit trade in cigarettes and tobacco smuggling; and constraints to implementing tobacco taxation.

We hold high expectations for what can be achieved at this high-level meeting, especially if Member States are willing to develop and support a strong outcomes document with agreed set targets and reporting mechanisms to ensure accountability to commitments. This is a crucial first step in stemming the global epidemic in NCDs. ■

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