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The Political Declaration of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases: Commitments of Member States and the way forward

Executive Summary

1. Noncommunicable diseases, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of death. Globally, they cause more deaths than all other causes combined, and they strike hardest at the world's developing populations. These diseases have reached epidemic proportions, yet they could be significantly reduced, with millions of lives saved and untold suffering avoided, through prevention, early detection, and timely treatment. In the Eastern Mediterranean region, noncommunicable diseases are responsible for an average of 53% of all deaths and in some countries up to 80% of all deaths.

2. As the impact of noncommunicable diseases increases, and as populations age, annual deaths due to such diseases are projected to continue to rise worldwide, and the greatest increase is expected to be seen in the Africa and the Eastern Mediterranean regions. Nearly 80% of deaths due to such diseases occur in low- and middle-income countries. Noncommunicable diseases kill at a younger age in developing countries. Up to 50% of those who die from such diseases die below the age of 60 years in some countries of this region, compared to less than 10% in European countries. Morbidity, disability and premature death reduce productivity, and exert a seriously negative impact on sustainable development, particularly in developing countries. Since most health care costs must be paid directly out of pocket by patients in poorer populations, the cost of health care for noncommunicable diseases creates a significant burden on household budgets for lower income families, particularly in countries with weak health systems.

3. A large percentage of noncommunicable diseases are preventable through the reduction of the four main shared risk factors: tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol. Much of the disease burden and human suffering can be avoided by implementing the vision of the global strategy and adopting the tools to reduce the related risk factors. The Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted by Heads of State and Government in September 2011, provides a road map for Member States and WHO in addressing the noncommunicable disease epidemic, guided by the WHO Global Strategy for Prevention and Control of Noncommunicable Diseases and its related action plan. Governments are expected to adhere to the commitments included in the Political Declaration, by strengthening national action against noncommunicable diseases in the three key components of the global strategy: surveillance, prevention, and management. Members of the Regional Committee are invited to discuss concrete approaches for scaling up the fight against the epidemic in the Region. The United Nations General Assembly will review the progress made by countries and the international community in implementing the commitments of the Political declaration in 2013 and 2014. Each country will therefore be expected to develop an action plan to implement the commitments within the next two years.

Introduction

4. This document presents the magnitude and health and socioeconomic implications of the epidemic of noncommunicable diseases, globally and in this region, and reviews prevention and control strategies, including the Political Declaration endorsed by Heads of State and Government during the Sixty-sixth session of the United Nations General Assembly (*1*). The document provides an outline of actions required by all governments including the request to establish, by 2013, multisectoral national plans for the prevention and control of noncommunicable diseases. The epidemic is far advanced in the Eastern Mediterranean Region and the need for concerted action is urgent. Members of the Regional Committee are invited to discuss concrete approaches for scaling up the fight against the epidemic in the Region.

Health burden (*2*)

5. Noncommunicable diseases, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of death. Globally, they cause more deaths than all other causes combined, and they strike hardest at the world's low- and middle-income populations. These diseases have reached epidemic proportions, yet they could be significantly reduced, with millions of lives saved and untold suffering avoided, through prevention, early detection, and timely treatment. In the Eastern Mediterranean region, noncommunicable diseases are responsible for an average of 53% of all deaths and in some countries up to 80% of all deaths.

6. As the impact of noncommunicable diseases increases, and as populations age, annual deaths due to such diseases are projected to continue to rise worldwide, and the greatest increase is expected to be seen in the Africa and the Eastern Mediterranean regions. While popular belief presumes that noncommunicable diseases afflict mostly high-income populations, the evidence tells a very different story. Nearly 80% of deaths due to such diseases occur in low- and middle-income countries. Mortality and morbidity data reveal the growing and disproportionate impact of the epidemic among lower income populations. Noncommunicable diseases kill at a younger age in developing countries. Over 50% of those who die from such diseases die below the age of 60 years in some countries of this region, compared to less than 10% in European countries.

7. A large percentage of noncommunicable diseases are preventable through the reduction of the four main shared risk factors: tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol. The four risk factors are all important for the four groups of diseases mentioned above: cardiovascular diseases, diabetes, cancers and chronic respiratory diseases.

Tobacco use: Almost 6 million people die from tobacco use each year. By 2020, this number will increase to 7.5 million, accounting for 10% of all deaths globally. Smoking is estimated to cause about 71% of lung cancer, 42% of chronic respiratory diseases and nearly 10% of cardiovascular diseases. The highest incidence of smoking among men is in lower-middle-income populations. Tobacco use is emerging as a major killer in the Eastern Mediterranean Region. In some countries, more than 50% of adult males are current smokers.

Insufficient physical activity: Approximately 3.2 million people die each year due to physical inactivity. People with insufficient physical activity are at 20%–30% increased risk of all-cause mortality. Regular physical activity reduces the risk of cardiovascular disease, including high blood pressure, diabetes, breast and colon cancer, and depression. The Eastern Mediterranean Region has the highest prevalence of insufficient physical activity. More than 40% of adults are insufficiently active. In all WHO regions, women are less active than men. The biggest difference in prevalence between the two sexes is seen in the Eastern Mediterranean Region.

Unhealthy diet: Adequate consumption of fruit and vegetables reduces the risk of cardiovascular disease, stomach and colorectal cancer. High salt consumption is an important determinant of high

blood pressure and cardiovascular risk; most populations consume much higher levels of salt than recommended by WHO for disease prevention. High consumption of saturated fats and trans-fatty acids is linked to heart disease. Unhealthy dietary patterns are rising quickly in countries of this region, particularly among lower resource populations. No serious action is being taken to address the aggressive marketing of unhealthy foods and beverages, particularly for children. Rising food prices are negatively influencing consumption patterns of processed foods in lieu of healthy foods, as they are cheap and widely available.

Harmful use of alcohol: Approximately 2.3 million people die each year from the harmful use of alcohol, accounting for about 3.8% of all deaths in the world. More than half of these deaths occur from noncommunicable diseases, including cancers and cardiovascular disease. The adult per capita consumption of alcohol is still low in this region compared to other regions. However, to prevent a rising trend, it is important for countries to implement the key evidence-based interventions recommended in the Global Strategy on the Harmful Use of Alcohol (WHA63.13).

8. The shared risk factors are responsible for an increasing magnitude of overweight and obesity, high blood pressure, high blood sugar and raised cholesterol. Worldwide, 2.8 million people die each year as a result of being overweight. Risks of coronary heart disease, ischaemic stroke and type 2 diabetes increase steadily with increased body mass index (BMI). Raised BMI increases the risk of cancers of the breast, colon/rectum, uterus, kidney, esophagus, and pancreas. The Americas and Europe have the highest rates of overweight followed by the Eastern Mediterranean Region. In some countries of this region, up to 70% of adults are overweight.

9. Raised blood pressure is estimated to cause 5.8 million deaths, about 12.8% of all global deaths. It is a major risk factor for cardiovascular disease. In this region, up to 40% of adults aged 25 years and over are estimated to have high blood pressure.

10. Overweight and physical inactivity predispose to diabetes. Epidemiological surveys reveal that the Eastern Mediterranean Region has the highest prevalence of diabetes in the world. Six out of the 10 countries with the highest prevalence of diabetes are reported from this region. In some countries, up to 25% of the adult population has diabetes.

Socioeconomic impact

11. There is now clear evidence that morbidity, disability and premature death due to noncommunicable diseases reduce productivity, and exert a seriously negative impact on sustainable development, particularly in developing countries. (*2*) These diseases strike disproportionately among people in lower socioeconomic positions. Noncommunicable diseases and poverty create a vicious cycle whereby poverty exposes people to the risk factors, and in turn, the resulting diseases may become an important driver to the downward spiral that leads families towards poverty.

12. The rapidly growing burden of noncommunicable diseases is accelerated by the negative effect of globalization, rapid unplanned urbanization and increasingly sedentary lifestyles. People in this region are increasingly eating foods with higher levels of total energy and are being targeted by marketing for tobacco, alcohol and junk food, while availability of these products increases. Overwhelmed by the speed of growth, many governments are not keeping pace with the ever expanding need for policies, legislation, services and infrastructure that could help protect their citizens from noncommunicable diseases.

13. It is also important to mention that people in lower socioeconomic positions fare far worse. Vulnerable and socially disadvantaged people get sicker and die sooner as a result of noncommunicable diseases than people in higher socioeconomic positions; the factors determining position are education, occupation, income, gender, and even ethnicity. There is strong evidence for

the correlation between a host of social determinants, especially education and prevalent levels of noncommunicable diseases and risk factors.

14. Since most health care costs must be paid directly out of pocket by patients in poorer populations, the cost of health care for noncommunicable diseases creates a significant burden on household budgets for lower income families, particularly in countries with weak health systems. Treatment for diabetes, cancer, cardiovascular diseases and chronic lung diseases can be protracted and therefore very expensive. Such costs can force families into catastrophic spending and impoverishment. The cost to health care systems from these diseases is high and projected to increase to levels that will progressively overwhelm the capacity of high-income countries.

Vision and road map to arrest the increasing magnitude and reduce the burden

15. The Global Strategy for the Prevention and Control of Noncommunicable Diseases endorsed by the World Health Assembly (WHA53.17, 2000) continues to provide a sound vision for the struggle against noncommunicable diseases. The strategy has three key components that are essential for any global, national or subnational initiative to prevent and control noncommunicable diseases: 1) surveillance, to map and monitor the epidemic of noncommunicable diseases and their causes; 2) prevention, to reduce the main risk factors; and 3) strengthening health care for people already affected by noncommunicable diseases.

16. The 10 years that followed endorsement of the global strategy have witnessed major policy work and strategic initiatives that have resulted in the development and endorsement by the World Health Assembly of three key tools to support Member States in translating the strategy into concrete action: the WHO Framework Convention on Tobacco Control (WHA56.1, 2003), the Global Strategy on Diet, Physical Activity and Health (WHA57.17, 2004) and the Global Strategy to Reduce the Harmful Use of Alcohol (WHA63.13, 2010). Much of the disease burden and human suffering can be avoided by implementing the vision of the global strategy and adopting the tools to reduce the related risk factors.

Surveillance

17. The essential components of noncommunicable disease surveillance constitute a framework that all countries, without exception, should establish and strengthen. These components are: a) monitoring exposures (risk factors); b) monitoring outcomes (morbidity and disease-specific mortality); and c) assessing health system capacity and response.

18. In order to remedy the serious deficiencies in surveillance, all three components should be strengthened and core indicators should be adopted for monitoring. Surveillance of risk factors should receive the highest priority and vital registration and reporting of cause-specific mortality should be strengthened. Monitoring of the capacity and response of health system, in terms of policies and plans, infrastructure, human resources and access to essential medicines is necessary.

Prevention

19. Interventions to prevent noncommunicable diseases on a population-wide basis are not only achievable but also cost-effective. The income level of a country or region is not a barrier to success. In the presence of political will and commitment, low cost solutions can work anywhere to reduce the major risk factors for noncommunicable diseases.

20. While many interventions may be cost-effective, some are considered “best buys” – actions that should be undertaken immediately to produce accelerated results in terms of lives saved, diseases prevented and heavy costs avoided. A best buy is an intervention that is not only highly cost-effective but also cheap, feasible and culturally acceptable to implement. The best buys to reduce major risk factors for noncommunicable diseases are the following (*2*).

Risk factor	Best buy interventions
Tobacco use	Raise taxes on tobacco Protect people from tobacco smoke Warn about the dangers of tobacco Enforce bans on tobacco advertising
Harmful use of alcohol	Raise taxes on alcohol Restrict access to retailed alcohol Enforce bans on alcohol advertising
Unhealthy diet and physical inactivity	Reduce salt intake in food Replace trans fat with polyunsaturated fat Promote public awareness about diet and physical activity
Cardiovascular disease and diabetes	Provide counselling and multi-drug therapy for people with medium-high risk of developing heart attacks and strokes Treat heart attacks (myocardial infarction) with aspirin
Cancer	Provide hepatitis B immunization, beginning at birth, to prevent liver cancer Screen for and treat pre-cancerous lesions to prevent cervical cancer

21. In addition to the best buys, there are many other cost-effective and low-cost population-wide interventions that can also reduce risk factors for noncommunicable diseases. They include nicotine dependency treatment, enforcing drink–driving laws, promotion of adequate breastfeeding and complementary feeding, restrictions on the marketing of foods and beverages that are high in salt, fats and sugar, especially to children, and the introduction of food taxes and subsidies to promote a healthy diet.

Health care

22. In addition to population-based interventions like the best buys mentioned above, health systems should ensure access to essential health care interventions for those who already have noncommunicable diseases or are at high risk of developing them. Many of these interventions are cost-effective and affordable and include: treatment with low-cost generic medicines that reduce the risk of death or vascular events; early detection and treatment of cervical cancer; rational and evidence-based treatment of diabetes to prevent complications; and administration of aspirin for people who develop myocardial infarction.

Country capacity and current status in the Region

23. According to WHO surveys conducted in 2000 and 2010, the capacity of countries of the Eastern Mediterranean Region to prevent and control noncommunicable diseases is generally inadequate and uneven. Many countries have at least one policy, plan or strategy to address such diseases or their risk factors but most of these are developed for individual risk factors or diseases rather than integrated and multisectoral policies and plans; most of them are either not operational or are insufficiently funded. The global survey on assessment of national capacity conducted by WHO in 2010 showed that while 80% of countries in the Region had special units for noncommunicable diseases in the ministries of health or relevant public health institutions, only six national prevention and control plans were operational.

24. There has been an encouraging increase in awareness among policy-makers in this region of the need to address noncommunicable diseases and prevent the increasing exposure to their risk factors. However, this awareness has not always been translated into concrete action. For example, in the area

Table 1. Examples of the potential health effects of multisectoral action

Noncommunicable diseases risk factor	Sectors involved (examples)	Examples of multisectoral action	Desired outcome
Tobacco use	– Legislature – Ministries of finance, education, agriculture, trade – Local government – Civil society	– Full implementation of WHO Framework Convention on Tobacco Control – Crop rotation and exchange – Smoke-free cities – Tax increases – Elimination of illicit trade in tobacco products	– Reduced tobacco production and consumption, including second-hand smoke exposure
Physical inactivity	– Ministries of finance, transport, education, labour, urban planning, sports/youth – Local government – Private sector – Civil society	– Urban planning /re-engineering for active transport and walkable cities – School-based programmes to support physical activity – Incentives for work site healthy-lifestyle programmes – Increased availability of safe environments recreational spaces – Mass media campaigns	– Increased physical activity
Harmful use of alcohol	– Legislature – Ministries of trade, industry, education, finance, justice – Local government – Private sector – Civil society	– Tax increases – Bans on alcohol advertising – Restricted access to retailed alcohol – Reduced drunk driving	– Reduced harmful use of alcohol
Unhealthy diet	– Legislature – Ministries of agriculture, trade, industry, education, urban planning, energy, transport, social welfare, environment – Private sector – Civil society	– Reduced amounts of salt, saturated fat and sugars in processed foods – Eliminate industrially produced trans-fats in foods – Controlled advertising of unhealthy food to children – Promotion of fruit & vegetable intake – Offer of healthy food in schools and other public institutions and through social support programmes – Economic interventions to drive food consumption (taxes, subsidies) – Food security	– Reduced use of salt, saturated fat and sugars – Substitution of healthy foods for energy-dense micronutrient-poor food – Reduced obesity

of tobacco control, and despite the fact that almost all countries are parties to the WHO FrameworkConvention on Tobacco Control, only three countries have implemented a total ban on tobacco use in public places; very few have applied tax changes that are in line with WHO recommendations, with prices remaining low in most countries; only three countries have imposed a comprehensive ban on all types of tobacco advertising; and almost half the countries have not yet applied pictorial health warnings on tobacco packs.

25. Engagement of non-health sectors, which is essential for risk factor reduction, has not been given the attention it deserves. Table 1 shows the areas when such engagement is crucial. The capacity to initiate and strengthen intersectoral action for noncommunicable disease prevention is often weak. Most population-wide interventions must originate outside the health sector, requiring support from other government sectors, civil society, academia, media, and nongovernmental organizations to achieve success.

26. Accurate data from countries are vital to reverse the progressive rise in death and disability from noncommunicable diseases. However, surveillance for noncommunicable diseases and their risk factors is patchy and fragmented in most countries and are often not be integrated into national health information systems. Reliable population-based cancer registry data are available in only a small

number of countries. Mortality statistics are weak and most countries of the region do not report complete and reliable cause-specific mortality data. Improving country-level surveillance and monitoring must be a top priority in the fight against these diseases.

27. In many countries, the main focus of health care for noncommunicable diseases is hospital-centred. Capacity to detect and manage them at an early stage at the primary health care level is often limited. A large proportion of people with cardiovascular diseases and diabetes remain undiagnosed. When a diagnosis is made, it is frequently at a late stage of the disease with acute events of late term complications, requiring expensive high-technology interventions like cardiac surgery, renal replacement therapy, and radiotherapy or chemotherapy for advanced cancer. Expanding the package of primary health care services to include essential noncommunicable disease interventions is central to any health system strengthening initiative. A strategic objective in combating these diseases must be to ensure early detection and care using cost-effective and sustainable interventions.

The United Nations Political Declaration

28. The Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted by Heads of State and Government in September 2011, provides a road map for Member States and WHO in addressing the noncommunicable disease epidemic, guided by the WHO Global Strategy for Prevention and Control of Noncommunicable Diseases and its related action plan (WHA61.14, 2008). Governments are expected to adhere to the commitments included in the Political Declaration, by strengthening national action against noncommunicable diseases in the three key components of the global strategy: surveillance, prevention, and management. In addition, the Political Declaration specifically requests WHO to scale up its technical support and capacity-building to countries, develop a global monitoring framework and recommendations for a set of voluntary global targets, and exercise a leading and coordinating role within the United Nations system towards updating the action plan.

29. The Political Declaration is a major breakthrough in international health. In addition to acknowledging the pressing need to address the rapidly increasing magnitude of noncommunicable diseases and their devastating impact on health and socioeconomic development, the Declaration emphasizes that:

- the highest level of political commitment should be given to prevention and control of noncommunicable diseases;
- governments have the primary role and responsibility to address the rising magnitude of noncommunicable diseases, including the promotion of healthy environments and lifestyles;
- governments need to integrate noncommunicable disease policies into the national development agenda;
- all sectors should be engaged and a whole-of-government approach is needed;
- the roles and responsibilities of other stakeholders, in particular civil society and the private sector, clearly defined in the Declaration, should be emphasized;
- international cooperation, including collaborative partnerships, should be strengthened;
- monitoring and evaluation, guided by global and national targets and using standardized indicators and methodologies, should be initiated as soon as possible.

Commitments of Member States

30. As mentioned above, the Political Declaration provides a clear road map for countries to follow and focuses on priority actions that are feasible and affordable. Progress will be assessed during the Sixty-eighth UN General Assembly in 2014. Like countries in other regions, Member States of the Eastern Mediterranean Region should take immediate steps to review and elaborate their health plans and put in place, by 2013, comprehensive national plans for prevention and control of noncommunicable diseases.

31. In the area of governance, countries are expected to[1]:

- integrate noncommunicable disease policies into health planning processes and the overall national development agenda (45a);
- promote intersectoral action through health-in-all-policies and whole-of-government approaches and establish, by 2013, national multisectoral policies and plans for noncommunicable diseases, taking into account the Global Strategy (33–42);
- strengthen capacity in intersectoral action;
- increase and prioritize budgetary allocations for addressing noncommunicable diseases, and explore the provision of sustainable resources through domestic, regional and intenational channels.

32. In reducing exposure to noncommunicable disease risk factors (42–44), countries will be required to:

- accelerate implementation of the WHO Framework Convention on Tobacco Control and existing WHA-endorsed strategies and recommendations, including the set of recommendations on the marketing of foods and non-alcoholic beverages to children;
- implement interventions to reduce salt, sugar and fats (43g);
- create health-promoting environments (43a) through legislation and enforcement and encourage policies that support the production of and access to foods that contribute to healthy diets (43h);
- promote community mobilization and health literacy (43b);
- promote breastfeeding and strengthen the implementation of the International Code of Marketing of Breast-milk Substitutes (43i);
- promote access to vaccinations to prevent infections associated with cancers (43j) and promote access to cancer-screening programmes (43k).

33. In improving health care for people with, or at high risk of developing, noncommunicable diseases (45), countries should:

- review health systems, address gaps and weaknesses and integrate noncommunicable disease interventions into primary health care (45b);
- prioritize cost-effective interventions for early detection and treatment;
- improve access to safe, affordable and quality essential medicines and technologies used to diagnose and treat diagnostics, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities (45p);
- improve access to palliative care services;
- explore viable health financing mechanisms including innovative financing approaches like tobacco and alcohol taxation (43c, 45d, l, 49);
- promote the production, training and retention of health workers (45j);
- strengthen capacity in health systems research.

34. In monitoring and evaluating progress (60–63), countries should:

- develop national targets and indicators based on WHO guidance (63);
- strengthen surveillance and monitoring schemes for noncommunicable diseases and integrate them into national health information systems (60).

35. In promoting regional and international cooperation, countries should:

- exchange best practices related to areas identified in the Political Declaration;
- encourage the continued inclusion of noncommunicable diseases in the development cooperation agendas and initiatives.

[1] The reference numbers in parentheses relate to the relevant operative paragraph of the Political Declaration.

Conclusion

36. The global noncommunicable disease epidemic exacts an enormous toll on this region, in terms of disease burden, human suffering and human development, in both the social and economic realms. No serious action is being taken to prevent the rapidly increasing rates of unhealthy behaviour and risk factors. In many countries, the epidemic already extends far beyond the current capacity of health systems to deal with it, which is why death and disability are rising disproportionately in the Region. This state of affairs cannot continue. There is a pressing need to intervene. Unless serious action is taken, the burden of noncommunicable diseases will reach levels that are beyond the capacity of all stakeholders to manage.

37. The action taken by the United Nations General Assembly through its Political Declaration on prevention and control of noncommunicable diseases provides a historic and unique opportunity for the Regional Committee to demonstrate leadership and take decisive action. The vision, the road map, and the clear recommendations made in the Political Declaration provide the way forward for Member States. The Regional Committee is therefore invited to set targets and indicators for implementing the key actions described above and to agree on a time frame and mechanism to monitor progress. The Political Declaration requests the Secretary-General, in collaboration with Member States and WHO, to present to the General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases. The rapidly changing lifestyles together with the progressively increasing magnitude of noncommunicable diseasesand the serious socioeconomic consequences are strong reasons for countries of this Region to lead the global struggle against noncommunicable diseases.

References

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