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International Diabetes Federation

Less than 100 days to UN Summit

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We have now entered the last 100 days before Heads of Government and Heads of State convene in New York for the world's first ever UN High-Level Summit on Non-Communicable Diseases (NCDs). Critical negotiations have already begun on the Outcomes Document, which will include measurable commitments towards global progress on diabetes and related NCDs. The International Diabetes Federation (IDF) and our sister federations in the NCD Alliance have been laying the foundations for a successful UN Summit over the last year, seizing this once-in-a-generation opportunity to change the health policy landscape.

As the Summit approaches, now is the time to focus on the big questions. We must ask ourselves, what will success look like? What is achievable in terms of deliverables? How will we be able to gauge success after September? As WHO Director General Margaret Chan said at the Global Ministerial Conference on NCDs in Moscow in April, "Without global goals, this is not going to fly – what gets measured gets done."

For IDF and the NCD Alliance, success is encapsulated in the 34 recommendations contained in our Proposed Outcomes Document for the Summit. They provide the holistic approach vital to the complex challenges we face. The NCD Alliance has recently developed a summarized version of the detailed Proposed Outcomes Document[1] to facilitate country-level advocacy. The four headlines and ten priority actions of this 'pocket guide'[2] are now being used widely by the NCD civil society movement, including IDF's member associations.

1. Leadership and international cooperation

Firstly, political leadership at the highest national and international level will be one of the most important outcomes of the UN Summit and a key determinant of long term change. Four pillars of leadership are required to translate the opportunity of the Summit into real change for the millions of people living with diabetes and other NCDs. Fusing the UN, governments, civil society and the private sector into an NCDs Partnership will enable us to replicate the success of the Stop TB Partnership, bringing strategic consistency to the various actors in the NCD response. We are not asking for a new UN agency for NCDs. We want a flexible partnership with a mandate to convene the most important stakeholders.

Sustained leadership must drive the cross-sector coordination to reverse the tide of NCDs. Multiple sectors need to be involved in designing and delivering national NCD Action Frameworks. We want one NCD Coordinating Authority working across government and other sectors, one national NCD Plan and one country-level Monitoring and Evaluation System to avoid duplication. World leaders must commit to implementing a 'whole-of-government' response, as policy decisions in different policy sectors can exacerbate the current epidemic and stymie or even reverse current Millennium Development Goals (MDGs) progress. We want all policy sectors to know how their decisions impact on health and may

[1] NCD Alliance Proposed Outcomes document: http://www.idf.org/webdata/docs/Final%20UN%20Summit%20Outcomes%20Document.pdf.

[2] NCD Alliance Pocket Version of the Proposed Outcomes Document: http://www.ncdalliance.org/sites/default/files/rfiles/Pocket%20Version%20of%20NCD%20Alliance%20Proposed%20Outcomes%20 Document.pdf.

therefore inadvertently be driving both health inequality and NCDs.

International cooperation is closely linked to leadership and the contentious question of funding. At a time when resources are scarce, increased investment in NCDs will seem a challenging option for governments. However, the costs of inaction are large and measurable and long-term investment makes sound economic and human sense. Investing in prevention, early diagnosis and treatment of NCDs now will prevent spiralling healthcare costs in the future. It will save money, lives and misery. Investing in NCDs will result in considerable social and economic gains and improve health outcomes for NCDs but also for a wide range of infectious diseases and chronic conditions. Undiagnosed and unmanaged diabetes does not disappear. It reappears downstream in the health system as costly complications including blindness, renal failure and amputation. Who can argue against taking cost effective action now to prevent such misery?

Investment must come from both domestic and international sources for low- and middle-income countries. International partners will play a special part in supporting further action on NCDs in low income countries by aligning these diseases with other priority development programmes, particularly the MDGs. NCDs are inextricably linked to MDGs and are part of the MDG agenda, not a competitor. Diabetes, for example, drives 15% of new TB cases in India every year. The evidence shows that unmanaged NCDs are hindering achievement of the MDGs. It makes sense therefore to integrate NCDs into development assistance programmes and encourage innovative financing mechanisms and better procurement policies that will deliver better health.

2. Prevention

The second headline area for action is NCD prevention. Cost-effective interventions can prevent or significantly delay the vast majority of NCDs. A successful approach hinges on the recognition that NCDs are not a result of an individual's action but are symptomatic of wider societal and environmental factors. The levers for change lie largely in the hands of governments and can be affected through the instruments that they control—legislation, regulation and taxation. The Framework Convention on Tobacco Control is a good example and we can look to NCD champion countries for best practices in legislation, regulation and fiscal measures to reduce the consumption of tobacco, alcohol and reduce the salt, trans-fat and sugar content in processed foods.

Summit commitments must also reflect the increasing focus on maternal and infant health and nutrition in NCD prevention. We have tended to focus heavily on over-nutrition and obesity when addressing NCD prevention but evidence increasingly shows that NCDs like diabetes are also fuelled by poor maternal health and nutrition. It is vital that we recognise this as an opportunity to halt the intergenerational transmission of NCDs that is reducing future generations to the same cycle of poverty and NCDs being experienced today. Our responses must focus on the two faces of NCD prevention—over-nutrition, and under-nutrition and poverty. It means we must remove any blame for NCDs from the shoulders of the individual. This gives policy makers yet another reason to invest in women's health and nutrition, and safeguard the health of future generations.

3. Treatment

A third vital element of the NCD response is early diagnosis, treatment and care of NCDs. Universal access to affordable and high-quality essential medicines and technologies remains a distant reality in many countries. Millions of people worldwide with NCDs do not have access to lifesaving essential medicines. Insulin has existed for 90 years yet children with type 1 diabetes in some parts of Africa have a life expectancy of less than a year due to the lack of availability of the drug that their lives depend on. In most industrialised nations, a person with type 1 diabetes can expect to live a long and full life. It is unacceptable that an accident of geography should arbitrarily govern who can access these essential medicines, determining who will live and who will die.

We must have proper resourcing for essential medicines and technologies, supported by a well-functioning and equitable health system. Two years ago, my predecessor former IDF President, Martin Silink, met a man with diabetes in Cambodia who told him ''I wish I had AIDS and not diabetes''. If he had AIDS he could have been treated for free in a modern health facility. But since he had diabetes, no affordable healthcare was available, and the cost of treatment was bankrupting his family. We do not want to repeat this situation for NCDs. As Ban Ki-moon said, ''success will come when we focus our attention and resources on people, not their illnesses; on health, not disease''. This approach does not imply a zero-sum game. Money we spend on NCDs should not be diverted away from other health issues but should be spent to drive a different type of health system that prioritises prevention, patient education and treats the whole person, whatever their disease. These changes to health systems would benefit patients with all diseases and conditions including AIDS, tuberculosis, and maternal and child health.

4. Monitoring, reporting and accountability

Finally, we must remember that the Summit is the first step to a global solution. There is life after the September High-Level Meeting, which is why the fourth and final headline area for action is to work together to monitor progress and ensure accountability. The NCD Alliance has recommended a high-level commission on accountability to include governments, donors, multilateral institutions, civil society and the private sector to drive and monitor implementation of UN Summit commitments. To reflect the long term nature of NCDs, a UN Decade of Action on NCDs will ensure that Non-Communicable Diseases stay at the top of the global agenda. It took just one generation to get to this crisis point for NCDs but it is going

to take significantly longer to get past it. To focus attention on activities and policies that create long-term sustainable change outside normal political cycles, a UN Decade of Action will maintain the international spotlight required to fight this complex challenge.

These four headline areas outline a way forward for the Summit but we need commitment from governments to act. Every country has a role to play in the fight against NCDs and can act immediately to stop this epidemic spreading. We must all use the next 100 days to bring these four headline areas to the forefront of the NCD response. We have the evidence, cost-effective solutions and with the Summit we have the political opportunity. Let us go forward and secure our common future.

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