

## KEY LANGUAGE ON NCDs AND DEVELOPMENT

### 2011 Fourth United Nations Conference on the Least Developed Countries

73. Efforts at development of human capacities in least developed countries have been affected by high incidence of poverty, mass unemployment, high population growth rates, poor health and nutrition outcomes, as evidenced by high child and maternal morbidity and mortality rates and the high burden of undernutrition, by the prevalence of communicable diseases, including HIV/AIDS, malaria, tuberculosis and polio, as well as the growing burden of non-communicable diseases.

*Action by least developed countries  
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(g) Address country-specific high-burden health problems and maintain programmes to reduce vulnerability to HIV/AIDS, malaria and other communicable and non-communicable diseases.

### 2011 World Conference on Social Determinants of Health

4. We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security

8. We recognize that we need to do more to accelerate progress in addressing the unequal distribution of health resources as well as conditions damaging to health at all levels. Based on the experiences shared at this Conference, we express our political will to make health equity a national, regional and global goal and to address current challenges, such as eradicating hunger and poverty, ensuring food and nutritional security, access to safe drinking water and sanitation, employment and decent work and social protection, protecting environments and delivering equitable economic growth, through resolute action on social determinants of health across all sectors and at all levels. We also acknowledge that by addressing social determinants we can contribute to the achievement of the Millennium Development Goals

16.1 We, Heads of Government, Ministers and government representatives, solemnly reaffirm our resolve to take action on social determinants of health to create vibrant, inclusive, equitable, economically productive and healthy societies, and to overcome national, regional and global challenges to sustainable development. We offer our solid support for these common objectives and our determination to achieve them.

(v) Take forward the actions set out in the political declaration of the United Nations General Assembly High-Level Meeting on the Prevention and Control Noncommunicable Diseases at local, national and international levels – ensuring a focus on reducing health inequities;

### 2011 Brazil, Russia, India, China, South Africa (BRICS) Beijing Declaration

7. Despite our diversity, the BRICS nations face a number of similar public health challenges, including inequitable access to health services and medicines, growing health costs, infectious diseases such as HIV and tuberculosis (TB), while also facing growing rates of non-communicable diseases. The major challenge facing us is how to

provide health care to millions of people, in particular among the most vulnerable segments of our populations.

10. In light of the theme of the meeting “Global Health- Access to Medicine”, which aims to promote innovation and access to affordable medicines, vaccines and other health technologies of assured quality, in support of reaching MDGs 4, 5, 6 and 8 and other public health challenges, we have identified the following priority areas:

- I. Collaboration to strengthen health systems and overcome barriers to access to affordable, quality, efficacious, safe medical products, vaccines and other health technologies for HIV/AIDS, tuberculosis, viral hepatitis, malaria and other infectious diseases and non-communicable diseases.

### **2011 United Nations High-Level Meeting on NCDs**

21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life, and that poverty, uneven distribution of wealth, lack of education, rapid urbanization and population ageing, and the economic social, gender, political, behavioural and environmental determinants of health are among the contributing factors to the rising incidence and prevalence of non-communicable diseases;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;

### **2011 Moscow Declaration**

IV: *Note* that policies that address the behavioural, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented to ensure the most effective responses to these diseases, while increasing the quality of life and health equity.

VI: *Recognize* that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are caused not only by biomedical factors, but also caused or strongly influenced by behavioural, environmental, social and economic factors.

VII.

*Affirm* our commitment to addressing the challenges posed by NCDs, including, as appropriate, strengthened and reoriented policies and programmes that emphasize multisectoral action on the behavioural, environmental, social and economic factors.

11. Effective NCD prevention and control require leadership and concerted “whole of government” action at all levels (national, sub-national and local) and across a number of sectors, such as health, education, energy, agriculture, sports, transport and urban planning, environment, labour, industry and trade, finance and economic development

### **2011 UN Economic and Social Council (ECOSOC): Theme: Education**

11. We note that quality education can provide the knowledge, capacity, attitudes, skills, ethical values and understanding necessary for lifelong learning, and better physical and

mental health, including through the prevention and control of maternal mortality, HIV and AIDS and other communicable and non-communicable diseases.

### **2010 Commission on Population and Development:**

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*Taking note with appreciation* of the initiative of the Government of the Russian Federation to organize an international conference on non-communicable diseases in Moscow in June 2011,

*(page 3)*

*Recognizing also* that an epidemiological transition is now under way in all regions of the world, indicating an increase in chronic and degenerative diseases, whilst high levels of infectious and parasitic diseases persist in many developing countries and countries with economies in transition, which are confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases,

*Recognizing further* that the emergence of non-communicable diseases is imposing a heavy burden on society, one with serious social and economic consequences, and that there is a need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which represent a leading threat to human health and development,

*(page 4)*

*Noting* the increase in the prevalence of non-communicable diseases, including, inter alia, cardiovascular disease, chronic respiratory diseases, cancer, diabetes in all countries and the developmental challenges posed by it as well as recognizing the importance of reducing the prevalence of major risk factors for non-communicable diseases, including, inter alia, tobacco use, harmful use of alcohol, where its consumption is not against the law, abuse of narcotic drugs and psychotropic substances, including amphetamine-type stimulants, unhealthy diet, obesity and lack of physical activity, as identified in WHO 2008-2013 Action Plan for the Global Strategy for the prevention and control of non-communicable diseases

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*15. Also urges* Governments to give increased attention to the prevention and control of non-communicable diseases, further taking into account the social and environmental determinants of non-communicable diseases, by, inter alia, taking action to implement the World Health Organization Global Strategy for the Prevention and Control of Non-Communicable Diseases<sup>14</sup> and its related Action Plan;

### **2010 ECOSOC: Theme: Gender**

(n) In this regard, we recognize the increasing incidence of non-communicable diseases and their impact on women, and stress the need for multi-sectoral responses and the integration of cost-effective interventions aimed at combating these diseases;

### **2010 Millennium Development Goals (MDG) Summit**

73 (k) Strengthening the effectiveness of health systems and proven interventions to address evolving health challenges, including the increased incidence of non-communicable diseases, road traffic injuries and fatalities and environmental and occupational health hazards;

(i) Undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, working towards a successful high-level meeting of the General Assembly in 2011;

### **2009 ECOSOC:**

“18. We also recognize that the emergence of non-communicable diseases is imposing a heavy burden on society, one with serious social and economic consequences, and that there is a need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which represent a leading threat to human health and development. In this regard, we:

“(a) Call for urgent action to implement the World Health Organization Global Strategy for the Prevention and Control of Non-Communicable Diseases and its related Action Plan;

“(b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications;

“(c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation;

“(d) Reaffirm the importance of the Framework Convention on Tobacco Control within the sphere of global public health and call upon States parties to the Convention to fully implement it.

“19. We express concern at the continued increase in road traffic fatalities and injuries

### **2009 Commonwealth Heads of Governments Meeting:**

We further note that poverty and NCDs are linked and that it is the poorest people who are most vulnerable to the impacts of these diseases. In many instances the costs associated with treating NCDs and related complications can push entire households into poverty, severely limiting family members’ prospects for the future, especially those of women and girls, on whose shoulders traditionally rests the burden of caring for the sick.

8. Noting that international cooperation is critical in addressing the phenomenon of NCDs, we call for their inclusion in global discussions on development, such as those which will occur within the framework of the ECOSOC 2010 Coordination Segment. We similarly declare our support for the call to integrate indicators to monitor the magnitude, trend and socio-economic impact of NCDs into the core MDG monitoring and evaluation system during the MDG Review Summit in 2010.

### **2002 World Summit on Sustainable Development (Earth Summit)**

19. We reaffirm our pledge to place particular focus on, and give priority attention to, the fight against the worldwide conditions that pose severe threats to the sustainable development of our people, which include..... communicable and chronic diseases, in particular HIV/AIDS, malaria and tuberculosis...

53 (o) Develop or strengthen, where applicable, preventive, promotive and curative programmes to address non-communicable diseases and conditions, such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, injuries, violence and mental health disorders and associated risk factors, including alcohol, tobacco, unhealthy diets and lack of physical activity.