

NCD Alliance partners and supporters unite at the Civil Society Interactive Hearing

Call for participation of Heads of State at the UN Summit

On 16 June 2011, 350 representatives from NGOs, civil society organizations, the private sector, and academia met in New York City in preparation for the United Nations High-Level Meeting (HLM) on Non-Communicable Diseases (NCDs) taking place on 19–20 September. NCD Alliance, partners and supporters were out in force to ensure that our [Proposed Outcomes Document](#) was communicated in a consistent manner to maximize the chances of integration into the HLM “Outcomes Document”. This is critical to ensure a successful summit with clear monitoring, reporting and accountability mechanisms.

Highlights

1. [Strong support and presence of NCD Alliance partners and champions](#)
2. [Civil Society must 'agitate' for change: Sir George Alleyne](#)
3. [Heads of State cannot ignore NCDs anymore if they care about the health of their economies](#)
4. [Roundtables and common themes from the NCD hearing](#)
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Strong support and presence of NCD Alliance partners and champions

The NCD Alliance was incredibly well represented with a large percentage of the attendees being part of the Alliance, members of the Common Interest Group or involved through the numerous working groups established in the last six months. When Ann Keeling, Chair of the NCD Alliance and IDF CEO, asked attendees to raise their hands if they were involved with the NCDA and its activities, over half the participants did so.

The day opened with a speech from the President of the UN General Assembly, HE Mr Joseph Deiss. We later we found out that he was impressed with the number of attendees which he considered to be well above the norm for such meetings and we believe there were 60 member states represented which shows a high level of commitment.

Then came a speech by HRH Princess Dina Mired of Jordan, the Director-General of the King Hussein Cancer Foundation and UICC Ambassador, who spoke on behalf of civil society. She emphasized what was required from the Summit in order for it to be considered a success and talked of her own family and country experience in addressing cancer in Jordan. In her opening remarks, Princess Dina Mired thanked the NCD Alliance for its civil society campaign over the last two-and-a-half years, calling for a global response to the NCD epidemic and steering towards the goal of a successful high-level meeting.

Agitate, educate, integrate and communicate!

George Alleyne, Director Emeritus, Pan American Health Organization, called on all of us to agitate, to educate, to integrate and to communicate.

“Agitation in the sense of stirring the consciousness of all, particularly the political decision makers and the consciences of some. I have yet to see a placard for reducing impotence from diabetes. I have yet to see a placard for reducing blindness due to diabetes. I have yet to see a placard advocating for the increased use of morphine for palliation as so many of our people die in pain.

Educate – education in its true sense of bringing into the light the facts and dispelling the myths related to NCD, and informing all our publics of the gravity of the crisis and the availability of solutions that work.

Preach integration of the services necessary. It is good for people and good for governments.

But above all there is the need to communicate not only horizontally, but vertically as well and there is no shortage of material for your communications.”



Heads of State cannot ignore NCDs anymore if they care about the health of their economies

Speakers emphasized the need for urgent action as NCDs are increasingly frustrating social and economic development. Health systems in all countries will not be able to cope with the projected burden of NCDs. Governments need to be clear that the cost of intervening is much less than the cost of not intervening. The economic burden of NCDs is already substantial and will become 'staggering' over the next two decades. Economic policy makers need to better understand that NCDs pose a significant economic threat as they are so expensive to treat and they undermine the labour contribution to production. There is also a substantial opportunity cost as the money spent on treating preventable disease could be better spent elsewhere. Many speakers highlighted the need for a response that is integrated – not

competing – with existing initiatives. There was strong endorsement of the need for a clear monitoring and accountability framework as part of the global response to NCDs, with measurable indicators that countries can report against.

Roundtables and common themes from the NCD hearing

The hearing was split into a series of three roundtables, which effectively were panel discussions followed by statements made from the floor. The moderator for the day was Morgan Binswanger from LIVESTRONG, an NCD Alliance partner.

The first Roundtable discussion considered the scale of the challenge being faced globally due to NCDs.

The second Roundtable was titled “National and local issues”. The third roundtable was titled “What is needed to enhance global cooperation”. Although the hearing was supposed to be interactive, the time available for genuine discussion was somewhat limited, given there were so many planned speakers.



In summary, George Alleyne, who thanked Ashley Bloomfield of WHO for his help, addressed the common themes from the day, noting:

1. The universal value of health. All persons have the right to those sanitary and social measures necessary to protect and preserve their health. To deny them such in the context of NCD is a manifestation of social injustice
2. The current macroeconomic impact of NCD is already significant and the projections are staggering. The burden will be borne disproportionately by the poor. In this as in other areas there is need for further research.
3. The issue of the prevention and control of NCD has to be elevated to the political level and interest there maintained.
4. NCD are categorically a development issue and attention to them should be included in the country's development agenda. The Paris Declaration speaks to the alignment of development assistance to national development priorities. There is need for ideas and strategies to attract the philanthropic community to funding for NCD.
5. There are effective interventions for the prevention and control of NCD, and WHO has provided a list of “best buys”. A holistic approach is needed, but countries are counseled to look at a “start here” list. It behooves all countries to invest as a priority in the interventions that are of proven value, notably in the area of tobacco and salt.
6. There may be a need for a “clearing house” to facilitate knowledge transfer. But in addition, use of modern social marketing technology is critical. Health is one such approach. The world needs some type of global forum as an enabling mechanism to facilitate global cooperation.
7. Collective action is essential to make the “game-changing” steps required for the optimal approach to the prevention and control of NCD. A crucial aspect of this collective action is multi-sectoral cooperation. The sectors within government as well as the sectors within the State (public sector, private sector, civil society) must be brought together.
8. Primary and secondary prevention are both essential and in the context of the former, interventions across the life course are critical. The particular case of nutrition must be addressed.
9. Strengthened health systems are crucial for the response and there were three critical aspects mentioned-human resources, universal access and information systems which are essential for the monitoring, evaluation and accountability mechanisms that are necessary. At the level of the health systems there are opportunities to work with the communicable disease community-the maternal and child health community. This brings into focus the need for the various UN agencies such as UNICEF, FAO and others to be involved. There are other groups which must be involved-women's groups, those concerned with environmental issues such as climate change and those addressing occupational and work place issues.
10. Some industrial influences may be in conflict with the health goals. The appropriate regulation of these industries which drive risk factors for NCD is a sign of good governance.
11. There are lessons to be learned from the HIV experience.
12. Many of the MDGs are directly related to NCD, so there is no need for an either/or approach. The UN Resolution called for the HLM to deal primarily with four NCD that share four common risk factors.
13. Unlike the weather, we can control NCD. The best way to predict the future is to control it.

16 June Programme: www.un.org/en/ga/president/65/issues/fprogram.pdf

www.ncdalliance.org

Key quotes and webcasts

During the hearing, more than 50 participants took part in panel discussions or gave statements from the floor. Some of the key quotes are here:

“By the grace of God, I am here today, able to say “I am the mother of a cancer survivor” *HRH Princess Dina Mired of Jordan, The Director-General of the King Hussein Cancer Foundation, and UICC Ambassador*

“To do justice by our duty as the voice of all those who have been affected by NCDs, and to protect the lives of all those who will be affected by them in the coming years, we need to ensure that NCDs receive a new label marked “urgent action required now.” *HRH Princess Dina Mired of Jordan, The Director-General of the King Hussein Cancer Foundation, and UICC Ambassador*

“90 million avoidable deaths from NCDs will occur worldwide within the next decade if nothing is done. We're angry and we want action!” *Ann Keeling, Chair [NCD Alliance](#) and IDF CEO*

“Heads of State and Heads of Government must attend the NCD Summit and join their national delegations. Public, private and people partnerships, the ‘triple P’, are the way forward.” *Ann Keeling, Chair [NCD Alliance](#) and IDF CEO*

“On behalf of the UICC and the NCD Alliance I reaffirm that we, working as members of civil society, are committed to partner with Member States to deliver local, proven, cost effective solutions that work, not from September, but from today.” *Cary Adams, CEO, Union for International Cancer Control UICC*

“If our goal is to stop kids from starting to smoke, raise tobacco taxes...We can tax tobacco, save lives and increase government revenue. What an opportunity – we must do this!” *Heather Selin, spokesperson for the International Union Against Tuberculosis and Lung Disease*

“The time to be polite about this may have passed: we have to tell the world this is a crisis that belongs to all of us, and that now is the time to make noise”, *Johanna Ralston, World Heart Federation, CEO*

“I hope Obama is here in September, if she can't come I hope her husband is here” to emphasize the importance of representation by Heads of State or Government at the Summit in September. *President of the World Heart Federation, Professor Sidney Smith*

“NCD prevention and control should not be seen as competing with other development and health priorities, and solutions must be integrated with existing initiatives. The interactive hearing is an important input into the preparation for the forthcoming High-level Meeting on noncommunicable diseases.” *President of the General Assembly, HE Mr Joseph Deiss*

Watch the recorded UN Civil Society Hearing:

Within [Part 1 > www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-original-language.html](http://www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-original-language.html)

- @ 16 minutes 30 seconds: Dr. Ala Alwan, Assistant Director General of WHO
- @ 31 minutes 10 seconds: HRH Princess Dina Mired, Director-General, King Hussein Cancer Foundation and UICC Ambassador
- @ 52 minutes, 45 seconds: Dr. Betsy Nabel, global cardiology leader and president of Brigham and Women's Hospital
- @ 1 hour, 11 minutes, 20 seconds: Dr. Trevor Hassell, Healthy Caribbean Coalition
- @ 1 hour, 40 minutes: Heather Selin, the International Union Against Tuberculosis and Lung Disease
- @ 2 hours, 39 minutes: Prof Bongani Mayosi from the Pan African Society of Cardiology

Within [Part 2 > www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-part-2.html](http://www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-part-2.html)

- @13 minutes, 15 seconds: Kate Armstrong, Caring and Living as Neighbours, NCD Alliance Child-Focused working group
- @ 17 minutes: Cary Adams, CEO, Union for International Cancer Control and NCD Alliance
- @ 25 minutes, 50 seconds: Dr. Sidney C Smith, Jr, President of the World Heart Federation
- @ 1 hour, 36 minutes: Dr. Sania Nishtar of Heartfile in Pakistan
- @ 2 hours, 26 minutes, 40 seconds: Bola Ojo of the African Heart Network
- @ 2 hours, 30 minutes, 30 seconds: Ann Keeling of the NCD Alliance

For hearing background information

www.un.org/en/ga/president/65/issues/ncdiseases.shtml and www.who.int/nmh/events/2011/informal_hearing/en/index.html