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Official Records

President: Mr. Al-Nasser (Qatar)

The meeting was called to order at 3:10 p.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The President (*spoke in Arabic*): As previously announced, the Assembly will first hear presentations by the co-Chairs of the three round tables of the High-level Meeting, followed by a statement by the Mayor of New York City.

I now give the floor to His Excellency Mr. Andrew Lansley, Secretary of State for Health of the United Kingdom and co-Chair of round table 1.

Mr. Lansley (United Kingdom) It is my honour to present the outcome of round table 1, which met yesterday to address the rising incidence, the developmental and other challenges, and the social and economic impact of non-communicable diseases (NCDs) and their risk factors.

A total of 38 contributions were made by national delegations, by non-governmental organizations and by international intergovernmental organizations. There was a common sense of urgency and a very honest acknowledgment of the size of the burdens we face. Shared views emerged of the best ways to tackle these problems. Alongside the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting, the Moscow Declaration on healthy lifestyles

and NCDs was widely recognized as a visionary document for the prevention and control of NCDs.

Participants were clear about the scale of the problem. NCDs, including cardiovascular disease, cancers, diabetes and chronic lung disease, are today the leading causes of death and disease worldwide. They share four major causative risk factors: tobacco use, unhealthy diet, lack of physical activity and the harmful use of alcohol.

We heard of the need — indeed the shared responsibility — to acknowledge the magnitude of the NCD challenge and to act now. Some 300 million lives have been lost since the call for Millennium Development Goals Plus was made a decade ago. Our round table noted that low- and middle-income countries are experiencing faster growth and compressed timelines for mounting an effective response to the threat of NCDs. There is a common experience across low- and middle-income countries of a rising tide of NCDs, particularly over the past three decades.

Many of these countries are now suffering from a double burden of disease, infectious and non-communicable, which are hitting already overstretched public health services hard. To enable us to respond, a stronger information and research basis is required. There is still insufficient statistical data on NCDs, particularly in low- and middle-income countries, where current capacities for surveillance of NCDs are often inadequate.

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The rapidly increasing burden of NCDs in low- and middle-income countries over the past decade has remained relatively hidden. A large proportion of people at high risk remain undiagnosed in low- and middle-income countries, and even those diagnosed have insufficient access to treatment at the primary health-care level. We therefore need stronger surveillance to map and monitor NCDs and their risk factors and determinants as an integral part of national health information systems, not least because monitoring provides the foundation for advocacy, policy development and global and national action.

But there is not only a human burden from those diseases; there is also a significant economic one, as Director-General Margaret Chan told us yesterday. We heard how NCDs are reducing productivity in workforces. Around 30 per cent of deaths due to NCDs in low- and middle-income countries occur during working age, compared to only 13 per cent in high-income countries. As a result, nations are experiencing increased health-care costs, weakened national economic development and, ultimately, negative impacts on gross domestic product.

As Commissioner John Dalli pointed out, NCDs reduce people's ability to work while they are still in the prime of life. With a substantial proportion of household income being spent on health care in low-income countries, there is a double impact of high health-care costs and reduced household incomes. Costs for NCD-related health care, medicines, tobacco and alcohol displace household resources that might otherwise be available, for example, for education.

There are already people dying unnecessarily before their time. All our speakers were clear. We cannot delay developing our health systems to deal with this rising tide. We must strengthen health systems across the board for communicable and non-communicable diseases alike, with a particular emphasis on primary care. We need specialized human resources in health systems. Health workers need to be recruited, trained and retained in order to recognize, assess and manage NCDs. Issues of universal coverage and financial sustainability must be addressed as part of an overall approach, and we need to build and strengthen capacity for research and development. The experience of programmes like those for HIV/AIDS and malaria show the power of bringing to bear global cooperation and innovation on a health problem.

At the same time, we need health systems not simply to treat disease but to be reoriented towards preventive action — preventing the onset of disease rather than merely treating the symptoms, working proactively to avoid costs, both human and economic, rather than feeling the impact on the household and taxpayer purse.

For example, we heard about the clear linkages between maternal and child health and non-communicable diseases. Not only is improper nutrition during pregnancy associated with stillbirths and pre-term births, but it also leads to higher rates of diabetes and high blood pressure later in life. In turn, high blood pressure and gestational diabetes present serious risks to both the mother and the baby.

NCDs are also a gender issue. There is a wide disparity in risk of NCDs between men and women, differences in access to diagnosis and treatment, and linkages with the empowerment of women and the education of girls. It was also noted that the burden of caring is unequally shared between women and men.

At our round table, we heard calls to strengthen political commitment at the highest levels of government. A range of sectors needs to be involved: agriculture, education, transportation, urban design and — beyond Government — academia, civil society, the private sector, religious leaders, and the community as a whole.

This shared responsibility should mean, as our colleague from Guyana told us, that it is time now to be aggressive, not timid. We must integrate NCD prevention and control into national and global sustainable and human development agendas. Many delegations emphasized the importance of healthy behaviours and raising public awareness.

However, as His Excellency the President of Nauru, noted, lifestyle change is difficult. Responses presented include a wide range of schemes, such as school-based food and nutritional programmes, reformulation of foods, tobacco control, regulation of marketing and infrastructures for promoting physical activity, as Mr. Jacques Rogge, from the International Olympic Committee, reminded us.

Strong appeals were made that there should be coordinated investment internationally in tackling NCDs alongside, and not detrimental to, the work already proving successful on infectious diseases.

Furthermore, action on NCDs should not focus solely on the big killers, but must also recognize and give sufficient weight to needs in mental health, oral health, musculoskeletal disorders, violence and injuries and sickle-cell disease.

Contributors were equally clear that, as we develop targeted strategies on particular conditions or risk factors, we must see the bigger picture of what drives disease prevalence. We need to act on the social determinants of health. Participants recognized the clear link between those social factors and higher levels of mortality and morbidity from NCDs.

These are the social determinants: how we are born, grow, live, work and age. So, as Dr. Nancy Brinker, the WHO Goodwill Ambassador for Cancer Control, eloquently put it to us, where you live should not determine whether you live. These social determinants drive the prevalence and impact of disease. Social inequalities lead directly to health inequalities, so our efforts to combat risk factors must be led by a drive to act on those social determinants of health — the causes of the causes.

In summary, the main conclusions from the many, very effective contributions were that country-level leadership is needed. The tide of NCDs can be turned by Government-led action, in close collaboration with civil society and the private sector. But we are, as our colleague from India reminded us, all inextricably and globally linked in our struggle.

Strong country-level leadership needs visible, global support. We heard clearly that international organizations such as the World Health Organization and the World Bank stand ready to provide that support as well as the shared experience and strategies created bilaterally and regionally.

In the face of the rising prevalence of NCDs, our round table was clearly focused on moving forward from an analysis of the problem to strategies to respond and action to deliver targeted gains. A stronger information and evidence base, enhanced health-care systems, a focus on prevention, a whole-of-Government approach and a multisectoral response, targeted strategies on key risk factors, and, not least, a recognition that we must give all of our peoples, from birth, as they grow and work through their lives and as they age, the opportunities, the security and the quality of life which will lift the burden of disease and give all of us more years to our lives and more life to our years.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Pál Schmitt, President of the Republic of Hungary and co-Chair of round table 2.

President Schmitt: I deemed it a great honour to serve as co-Chair, along with the Minister of Health of Mexico, His Excellency Salomón Chertorivski Woldenberg, of this round table. I am happy that, thanks to the high level of participation and the valuable contributions made, we could consider this difficult issue with an open mind and creativity.

We all agreed that non-communicable diseases (NCDs) represent a major threat, especially to low- and middle-income countries. This round table addressed the best successful practices in place in countries with different income levels; discussed the affordable and cost-effective actions and measures that can be implemented; identified priorities for strengthening national capacities; and reviewed the lessons learned in promoting intersectoral actions. Finally, the round table enabled a discussion of priorities in the forging of new alliances between sectors, Government departments, communities, non-governmental organizations (NGOs) and the corporate sector.

A total of 43 statements were made by national delegations, NGOs and intergovernmental organizations. The key message included an emphasis on the great urgency of addressing NCDs through the implementation of affordable and cost-effective best practices — we called them “best buys” — that have been properly tested in the field in order not to lose momentum. Stress was also placed on the pressing need to invest in prevention and care as an integral part of sustainable socio-economic development in order to tackle NCDs comprehensively. Best buys and other effective measures aimed at reducing risk factors can be implemented only through the active engagement of non-health sectors; to that end, an effective mechanism for intersectoral action should be created.

There is a need for reports and packages aimed at addressing NCDs and risk factors, including preventive and curative actions and access to medicines. Health-care systems need to be strengthened, particularly at the primary health care level, in order to work towards universal access to basic health care for people with NCDs, including essential medicines. Also key is the development of appropriate capacities and institutional mechanisms for the health sector to engage

systematically across Government and other sectors to address the health dimensions of daily activities.

Training health personnel in adequate numbers and ensuring their even distribution is a must in order to ensure appropriate national capacity to tackle NCDs in order to achieve universal coverage, especially through primary health care and social-protection mechanisms aimed at providing access to health services for all.

The need to consider health-care professional migration issues and address the problem of “brain drain” was emphasized. Calls were made to ensure that cancer, diabetes, cardiovascular disease, chronic respiratory disease, mental disorders, disabilities and other ailments are tackled within the framework of a strengthened health system based on a primary health care-based system.

The existence of initiatives to combat NCDs in a growing number of countries provides a strong foundation to make greater progress in the coming years through increasingly robust efforts.

NCD policies and plans need to be aligned with strong national plans. Strengthening political commitment and according higher priority to NCD programmes are key factors in strengthening national capacities to tackle NCDs. Guidance on effective policies and strategies to address capacity gaps are available and need to be used. Growing national capacities for combating the NCD epidemic indicate that there are significant opportunities for progress in the coming years.

Furthermore, more prevention gains may be achieved by influencing public policies in domains such as trade, food, pharmaceutical production, agriculture, urban development, pricing, advertising, information and communications technology and taxation policies than by changes that are restricted to health policies and health care alone.

The priorities that countries can implement to overcome NCDs and their risk factors include, inter alia, a comprehensive approach involving an operational integrated plan to tackle NCDs and their risk factors, including both the prevention and treatment aspects. Although such an approach should be aimed at targeting the population as a whole, it should not overlook groups that are in vulnerable situations. There is a need for multisectoral action in

which policymakers follow successful approaches aimed at engaging non-health sectors on the basis of international experience and lessons learned. This should include cooperation in implementing key NCD activities that brings on board multiple sectors.

Also required is the establishment of surveillance and monitoring frameworks for NCDs that monitor exposure, risk factors and determinants, outcomes, including morbidity and mortality, and health system responses, interventions and capacities that are fully integrated into national health information systems. It is also important that measurable, standardized core indicators be adopted. Achievement targets must be set for countries. Their health-care systems must be strengthened to address NCDs via redirecting existing organizational and financial arrangements.

Conventional and innovative means to finance reforms, based on strengthened primary health care capacities and improved health system performance, can be implemented to improve NCD control outcomes. Prevention and control measures that are clearly cost-effective — as I mentioned, the “best buys” — should be adopted and implemented, as should population-wide interventions that can be complemented by individual health-care interventions.

With respect to sustainable development, the NCD epidemic has had a substantial negative impact on human and social development. NCD prevention must be included among the priorities of national development initiatives and related investment decisions, based on the national situation. Strengthening prevention and control of NCDs must also be considered an integral part of poverty reduction and development assistance programmes.

Civil society institutions and groups are uniquely placed to mobilize political and public awareness and support for NCD prevention and control efforts, and to play a key role in building capacity and supporting NCD programmes.

Business can also make decisive and important contributions to addressing NCD prevention challenges. Responsible marketing to prevent the promotion of unhealthy diets and other harmful behaviours, as well as product reformulation to promote access to healthy food options, are examples of approaches and actions that should be implemented by the corporate sector. Governments are responsible for monitoring those necessary actions.

In the context of sustainable health financing, the financing of prevention and health-care interventions remains a major impediment to achieving progress. Financial allocations for NCD prevention are often inadequate, as many low-income countries have no domestic funding available at all. Increasing taxation on tobacco and alcohol is possible in many countries and could generate proceeds of which a portion would be allocated to health, thus bolstering national policies and plans. Taxes and controls on other harmful products, such as sugary drinks and industrialized foods high in salt or trans-fat, should also be considered. Furthermore, tax regulation initiatives should be applied to healthy foods and beverages.

I understand that participants in round table 2 proposed the following actions related to the shared responsibility to make prevention work worldwide: prevent a major proportion of the NCD burden by reducing exposure to tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol, using “best buys” interventions affordable in all countries; consider various settings for action, particularly schools, workplaces, households and communities; and sustain health financing through innovative approaches such as earmarking revenue from alcohol and tobacco taxes. Further, it is important to stress the creation of school-based interventions as one way to promote healthy lifestyles and prevent NCDs. An innovative approach would involve communication tools such as the social media domain.

Shared responsibility to advance multisectoral action could be strengthened by developing national multisectoral plans and establishing effective multisectoral coordination mechanisms and cross-cluster action teams, in particular with ministries of agriculture, education, finance, planning, social affairs and welfare, trade and transport.

The shared responsibility to scale up access to NCD essential health-care services in all countries must be strengthened by integrating NCD policies and plans within broader efforts on health system planning; providing cost-effective screening and early detection and treatment services for people at high risk of heart attack, stroke and curable cancers; establishing policies to ensure universal access to essential medicines through efficient procurement and distribution; providing viable financing options and policies for high-quality generic medicines; developing and using evidence-based guidelines for the treatment of major

NCDs; providing training for health workers at all levels of care; and developing health financing policies aimed at universal coverage.

The shared responsibility to set targets and measure results requires the monitoring of NCDs and their risk factors; the strengthening of national information systems by implementing a surveillance framework that monitors key risk factors, morbidity and mortality and health-system capacities relating to NCDs; and the setting of standardized national targets and indicators consistent with internationally agreed monitoring mechanisms.

Finally, capabilities, knowledge, empathy and wisdom are humankind’s treasures. We are obliged to use them for the benefit of our most valuable treasure, human life, which is irreplaceable.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis and co-Chair of round table 3.

Mr. Douglas (Saint Kitts and Nevis): The discussion of round table 3 addressed the importance of fostering international cooperation in assisting countries in addressing non-communicable diseases (NCDs). I should point out that we concluded our discussions at 1 p.m. today, so I want to thank our facilitators for preparing the summary that I am presenting.

International cooperation was interpreted by participants in its broader sense. That included cooperation among Governments, between Governments and international organizations, and with all relevant sectors, both public and private, working at inter-country level. The round table discussions highlighted areas where coordinated action and international solidarity are important to advancing national and international surveillance and monitoring of non-communicable diseases and their risk factors, reducing exposure to risk factors, and strengthening the care and treatment of people with NCDs.

A total of 42 interventions were made by national delegations, non-governmental organizations and members of the corporate sector. What were some of the key messages that emanated from this round table discussion?

First, participants believed that we are entering a new frontier in public health to which international

cooperation and coordination will be vital. It was recognized that in our increasingly globalized world, national action alone will not be sufficient to address the rising tide of NCDs. The lessons learned from international action on tackling HIV over the past 10 years provide examples of international cooperation that should be quite useful as we move forward in addressing the NCDs of today.

Secondly, the stark intra- and inter-country health and economic inequities related to NCDs were clearly acknowledged. The role of poverty in increasing NCD risk, and the impact of NCDs on poverty and development were highlighted. Participants recognized the importance of international cooperation in increasing our own collective understanding of NCD-related inequalities, and the need to integrate NCDs into official development assistance programmes around the world.

Thirdly, international instruments such as the Framework Convention on Tobacco Control were acknowledged as being critical tools needed for scaling up action to address NCDs. Continued dialogue on possible additional global frameworks, trade-related codes of conduct and other international instruments was encouraged.

Fourthly, the importance of sharing information and experiences was repeatedly emphasized throughout the statements. Tackling NCDs was seen as an opportunity to increase South-South cooperation as well as inter-country, regional and international collaboration. Professional networks were acknowledged as important mechanisms for sharing experience and stimulating research into cost-effective interventions for addressing NCDs, particularly in low-resource settings. In that regard, many participants took the opportunity during this round table to share their own national experiences.

Fifthly, many participants raised the importance of developing time-bound targets in order to hold ourselves to account, monitor progress and ensure continued attention to and investment in combating NCDs.

Finally, permit me to identify some key areas where international cooperation was thought to be particularly important in addressing NCDs. The first is strengthening national surveillance, regarding which we recognize that the current lack of critical national data needed to guide policy development and

international assistance was highlighted by many participants. We emphasized that international assistance to address this issue was urgently needed.

The second is strengthening international collaboration in order to engage in constructive dialogue with the commercial sector to develop trade-related practices that protect and promote healthy consumption. Many participants in this round table sought to encourage internationally coordinated action to tackle pressure from the pharmaceutical industry and engage productively with the private sector.

The third is marketing and advertising, whose positive and negative aspects, including modern communications such as social media, were also highlighted. Internationally coordinated action to optimize the benefits of modern communications in promoting healthy lifestyles was discussed, as was the importance of international efforts to limit the negative effects of advertising and marketing.

The fourth was the key role of international coordination and collaboration in developing international standards and harmonizing regulation, particularly on food standards. We believe that this point, which was raised by a large number of participants, is critical.

The fifth is access to medicines and technologies. The issue of access to affordable medications was raised by a number of participants. The importance of this must be remembered as we scale up our actions to combat NCDs. I recalled our own experiences with regard to HIV/AIDS, which were highlighted as possible models for addressing some of the access issues that confront us today. This was acknowledged as a complex issue, where the right balance — and I emphasize the right balance — between cost to the consumer and reasonable profit to the pharmaceutical companies must be found and pursued.

That is the summary of our round table.

The President: I now give the floor to The Honourable Mr. Michael Bloomberg, Mayor of the City of New York.

Mr. Bloomberg: For those who have come to our city for this meeting and for the upcoming session of the General Assembly, welcome to New York. We are always delighted to host visitors. I am honoured to have this opportunity to address the Assembly.

Improving public health has long been one of my passions. That is why I am devoted to enhancing one of the world's pre-eminent schools of public health, my alma mater, the Johns Hopkins University, which is dedicated to saving lives, millions at a time. Public health remains an intense focus of my philanthropic work as well as of my public service as Mayor of the City of New York. Without a doubt, the greatest public health challenges in the world today are those that participants have identified, namely, the dangers of chronic non-communicable diseases.

The increase in cardiovascular disease, cancers, diabetes and chronic respiratory diseases, as the World Health Organization (WHO) warns, has reached epidemic levels. Each year, unless we head off this epidemic now, tens of millions of people across the globe, especially in low- and medium-income nations, will be subjected to crippling pain and disability caused by cardiovascular disease and cancer. Tens of millions more will be left speechless and immobile by debilitating strokes, or maimed and enfeebled by diabetes. Tragically, tens of millions of others will face early and painful deaths, leaving families bereft and often impoverished.

We have made reducing non-communicable diseases the focus of public health policy here in New York City, a city of about 8.4 million people. I am happy to report that we have had considerable success as a result. This is fundamental to the fact that for New Yorkers today, life expectancy has increased faster and remains higher than for Americans overall. Between 2001 and 2008, life expectancy in our city grew by more than a year and a half. That is an outcome we take pride in and that we have worked hard to achieve. I believe all nations worldwide can achieve similar success.

At the outset of my Administration, we recognized that non-communicable diseases, especially heart disease and cancer, far outstripped all other causes of death in our city, and that the single most effective thing we could do to reduce them was to discourage smoking. Since then, we have implemented a range of policies aimed at achieving precisely that goal. We have, for example, made New York City's bars and restaurants, like our other workplaces, smoke-free. Recently, we extended that ban to our parks and public beaches.

We have also mounted hard-hitting educational media campaigns that graphically depict the dire consequences of smoking. We have made smoking cessation programmes far more widely available and, very importantly, we have increased the excise taxes to make cigarettes purchased in our city the most expensive in our nation, at about \$11 a pack.

Here are the results of those efforts. Before 2002, the proportion of adult smokers in our city had been constant for many years, at roughly 22 per cent. Today, that has dropped to 14 per cent, the lowest on record. There are now some 450,000 fewer adult smokers in our city than there were in 2002. That means we have already saved at least 1,500 lives a year. Most encouraging of all, the proportion of public high school students who smoke has been cut by more than half, from 18 per cent to just 7 per cent. That will save even more lives in the years ahead. Such results can be, and must be, replicated worldwide, because when it comes to preventing tobacco-related illnesses and death, we are in a race with time, a race we cannot afford to lose.

Here is what is at stake. By the end of the decade, WHO expects that there will be 7.5 million tobacco-related deaths worldwide every single year. Some 80 per cent of those deaths will take place in the world's low- and middle-income countries, where tobacco companies have stepped up their marketing briskly. As economists put it, the tobacco industry is getting the world's poor hooked before Governments can respond. Unless we respond, the results will be 1 billion premature deaths worldwide during the twenty-first century. That would be a calamity of the first magnitude. That is why I have also made tobacco control a priority of Bloomberg Philanthropies.

Since 2006, we have established partnerships with Governments and citizens' groups around the world to implement public policies designed to defeat the global tobacco epidemic. Those policies are familiar to many participants. They carry out the intent of the historic Framework Convention on Tobacco Control, the world's first public health treaty, which has been ratified by some 170 nations.

Many nations are now taking action. For example, two years ago the Brazilian state of São Paulo mandated comprehensive smoking-free public places. Since then, six more Brazilian states have followed suit. Turkey has adopted similar policies nationwide, and also mandated graphic cigarette pack

warnings and raised tobacco taxes. So far this year, Nepal, Lebanon, Argentina, Ecuador and other nations have enacted comprehensive tobacco control laws.

The progress we are seeing on tobacco is encouraging action on other fronts as well. To fight diabetes and heart attacks, for example, in New York we have also taken the lead in promoting healthier eating. In 2008 we became the first jurisdiction in the United States to require restaurant chains to post calorie information on menus and menu boards. Surveys now tell us that customers who observe these postings buy food with fewer calories. In 2009 we enacted the first restriction on cholesterol-free artificial trans-fat in the city's food service establishments. Our licensing of street green cart vendors has greatly increased the availability of fresh fruits and vegetables in neighbourhoods with high rates of diet-related diseases.

We have also led a national salt-reduction initiative and engaged 28 food manufacturers, supermarkets and restaurant chains to voluntarily commit to reducing excessive levels of sodium in their products. And we have mounted a public education campaign, highlighting the ways that consuming sugar-sweetened drinks contributes directly to the obesity epidemic that plagues far too many New Yorkers, especially our children.

Bloomberg Philanthropies has also begun to address another major and non-contagious cause of death and disability in the world with another vital change in the fabric of our daily life, that is, improving road safety, especially in rapidly motorizing nations. We have identified 10 low- and middle-income countries that account for nearly half of road deaths globally. In partnership with Governments and non-governmental organizations, we have begun to improve life-saving policies. Those include, for example, passing and enforcing seat belt laws and laws requiring motorcyclists to wear helmets. We have also focused on traffic engineering that improves road safety, and on upgrading urban transport that not only unclogs crowded roads and streets but that also enhances air quality and quality of life.

The problems of modern life are deeply interrelated, and so, thankfully, are their solutions. As Chair of the C40 Cities Climate Leadership Group, I can say that improving transit and other steps that cities around the world are taking to shrink their

carbon footprints have the immediate additional benefit of also improving air quality and public health. In fact, one of the key lessons we have learned is that making our environment healthier often creates such multiple benefits.

Before I conclude, let me also quickly touch on four other lessons. First, we have learned that changing the social and physical environment is more effective than changing individual behaviour alone. Making workplaces and places of entertainment smoke-free, reconfiguring city streets to make them safer, creating ways for consumers to find healthy foods are social and physical changes that not only make the healthiest route, but are also the ones easiest to follow.

Secondly, and this is very important in today's world, healthy solutions are not necessarily costly; far from it. New York's smoke-free air act, our restrictions on trans-fats and other requirements concerning calorie postings in restaurants cost virtually nothing in public funds to implement. Raising cigarette taxes raises public revenues.

Thirdly, collaboration with the private sector, as in the national salt-reduction initiative, and with non-governmental organizations, as in traffic safety efforts worldwide, is very important. Collaboration across borders among national and local Governments and agencies is also critical. The challenges before us are too vast and complex for individual Governments to overcome alone.

Fourthly, and finally, while Government action alone is not sufficient, it is nevertheless absolutely essential. There are powers that only Governments can exercise, policies that only Governments can mandate and enforce, and results that only Governments can achieve. To halt the worldwide epidemic of non-communicable diseases, Governments at all levels must make healthy solutions the default social option. That is, ultimately, Government's highest duty.

As one of the spiritual founders of the United Nations, America's Franklin Delano Roosevelt, once put it, "the State's paramount concern should be the health of its people". So why do we not all resolve to renew our efforts now to address the worldwide crisis of non-communicable diseases and bring better health and greater hope to all the people of our good Earth.

Statement by the President

The President (*spoke in Arabic*): Allow me to express to all participants my profound gratitude for the results achieved at this meeting. The past two days of intense discussions were a clear indication that the international community is standing shoulder to shoulder in its efforts to combat non-communicable diseases.

I wish to express my gratitude to the two co-facilitators, Her Excellency Ms. Sylvie Lucas, Permanent Representative of Luxembourg, and His Excellency Mr. Raymond Wolfe, Permanent Representative of Jamaica. I would also like to express appreciation to the Secretary-General, His Excellency Mr. Ban Ki-moon, for his pioneering efforts on this issue and for his report on the prevention and control of non-communicable diseases (A/66/83), which provided important inspiration for the Political Declaration we have adopted (resolution 66/2, annex).

I would also like to thank the co-Chairs of the round tables held in the framework of the High-level Meeting; the Director-General of the World Health Organization (WHO), Ms. Margaret Chan; the Mayor of the City of New York, the Honourable Michael Bloomberg; and all the participants for their contribution to ensuring a successful outcome of this meeting.

In the Political Declaration adopted yesterday, the Assembly has emphasized, in one clear voice, that non-communicable diseases (NCDs) will no longer be excluded from international discussions on development. There is now a clear mandate and responsibility to confront this challenge of epidemic proportions, which curtails economic growth and widens social disparities. The Declaration will resonate for years to come and guide the efforts of the international community to comprehensively and decisively address the risk factors and underlying determinants of health.

Going forward, we will need to monitor the implementation of our commitments very closely. The General Assembly will, at its sixty-seventh session, consider options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership.

At the same time, WHO will be preparing recommendations for voluntary global targets before

the end of 2012. WHO was also tasked with developing indicators and a monitoring framework before the end of next year. Therefore, these next steps, as well as the progress report of the Secretary-General and the review and assessment of implementation of the Political Declaration in 2014, will allow us to measure real-time progress in addressing these serious threats to health and development. The task of political leaders will be to promote and implement this new initiative. Nations and peoples around the world are looking forward to the Assembly's efforts to implement the Declaration.

Let me also recognize the important role of civil society organizations as we proceed to implement the Declaration. Those entities will be key partners in service delivery, outreach and awareness-raising activities.

I would like to offer an observation. It seems to me that attention to public health lacks balance. Focus has been increasingly given to a limited number of diseases, while those who suffer, for example, from other physical and mental diseases do not seem to enjoy the same level of attention, even though these diseases are no less serious.

While the four diseases discussed over the past two days are critical, they are by no means the only non-communicable diseases that create a major challenge to development and livelihoods. In particular, mental health, including depression, is a major threat to the health and well-being of people worldwide. Going forward, I would encourage the Assembly to broaden its definition of non-communicable diseases to include these other conditions, while maintaining the same degree of focus and vigilance in its efforts.

Health and development are issues dear to my heart, and I focus on them intently. I will continue to provide all possible assistance to the Assembly in its efforts during the sixty-sixth session and beyond.

After two days of debate and despite the many challenges we face, I remain optimistic about our ability to lead the way in tackling the world's foremost health threat and to advance our social and economic development in the decades ahead. Above all else, however, I am counting on the Assembly and its partnership. Together, we can save many, many lives.

I now give the floor to His Excellency Mr. Adam Fronczak, Under-secretary of State for the Ministry of Health of Poland.

Mr. Fronczak (Poland): It is a great honour for me to participate in this debate and to have the opportunity to share national experiences at this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs).

While recognizing the primary role of national Governments in preventing and controlling NCDs, it is necessary to emphasize the importance of international cooperation, in particular the engagement of highly competent institutions, such as the World Health Organization (WHO).

Although the international community has already undertaken many actions to combat non-communicable diseases, we still have much to do. I would like to point out that, in the framework of bilateral cooperation, we have implemented many initiatives related to improving health policy and the health-care system, preventing disability, reducing health inequality, increasing health awareness and its impact, and fighting non-communicable diseases, which is the subject of our meeting today.

Currently, Poland is facing the great challenge of presiding over the Council of the European Union. It was clear to us that health — an issue that concerns everyone — had to be included in the list of priority objectives for our presidency, which constitutes an opportunity for Poland to present its initiatives and achievements, as well as its ongoing and planned activities.

When discussing the issues of public health and the fight against non-communicable diseases, one has to take into consideration factors affecting health. These are understood as well-being, and not just as the absence of disease. Important issues include lifestyle, occupational health risk factors and genetic determinants of health. It is particularly important to meet the public health challenge posed by non-communicable diseases not only by focusing on reparative medicine but also by addressing prevention, prophylaxis, education and the promotion of good health. Strategic actions that take into account populations' needs, that emphasize positive impacts on health and that employ a multidisciplinary approach to

the problem of non-communicable diseases will be necessary.

Currently, in this field of cooperation, we place most emphasis on two issues: reducing health inequality and fighting against non-communicable diseases. As far as reducing health inequality in society is concerned, we are concentrating on the issue of public health in health policy and the role of promotion, prophylaxis, education and prevention as tools enabling us to shape health-conscious attitudes from the early stages of life to active old age. We are also focusing on diminishing health, social and economic inequalities for the elderly.

Mr. Boolell (Mauritius), Vice-President, took the Chair.

In the fight against chronic non-communicable diseases, we are concentrating particularly on lifestyle issues and on combating addictions. Over the past 40 years, European countries have made significant progress in preventing death and prolonging life, as reflected in longer life spans and decreases in infant mortality.

As far as the issue of smoking and alcohol abuse are concerned, we must emphasize that those addictions constitute the main risk factors of diseases in Europe. Our experience in analysing them leads to the conclusion that it is necessary to apply a global approach to the problem. Europe has the highest alcohol consumption rate in the world; consumption per capita is twice the worldwide average. Moreover, the alcohol consumption rate is growing fastest in countries with low and middle incomes, in which consumption previously was much lower.

Premature deaths — those occurring before the age of 60 — can be largely prevented by effective actions aimed at the four common modifiable risk factors. Better management of such actions can reduce morbidity, disability and mortality rates and improve health. Still, despite substantial resources being available in Europe — along with intriguing ideas and solutions that have been implemented in some countries — the situation in most European countries has not improved.

It is impossible not to appreciate the actions undertaken by the World Health Organization. The new Health 2020 strategic document and the Action Plan for implementation of the European Strategy for the

Prevention and Control of Non-communicable Diseases 2012-2016 should become our signposts. The synergy between the initiatives of the European Union and the United Nations should also be recognized, and I see our meeting as an excellent opportunity for the mutual reinforcement of actions. Those processes may also support the development of national policies for fighting non-communicable diseases, alleviate certain difficulties in the integration of national programmes, and accept the need for co-management of national policies in global policy.

We would also like to encourage our partners to join high-level discussions about the increase in the incidence of non-communicable diseases and its socio-economic context, referred to by the WHO in its reports. Poland also supports multisectoral consultations to focus attention on the means and tools for fighting non-communicable diseases as an integral part of global development.

At the global level, our agreements should indicate the methods for the implementation of measures aimed at combating non-communicable diseases. Considering the objectives mentioned earlier, the initiative to make those issues the priority in the operations of our meeting is particularly significant. I assure the Assembly that Poland will give its full attention to the comments, proposals, suggestions and recommendations of our partners, and will engage in an interactive dialogue in order to achieve the defined objectives. In realizing those initiatives, Poland counts on the support of the WHO, with its invaluable expertise and experience.

I would like to thank the United Nations and the General Assembly once again for organizing this Meeting, and I declare, in the name of Poland, our openness and dedication to the pursuit of our common goal.

The Acting President: I now give the floor to Her Excellency Ms. Veronika Skvortsova, Deputy Minister for Health and Social Development of the Russian Federation.

Ms. Skvortsova (Russian Federation) (*spoke in Russian*): In Russia as in the rest of the world, non-communicable diseases are the main cause of morbidity and mortality. They pose a threat to everyone's health and constitute a key macroeconomic and political factor affecting the development of society.

For the Russian Federation, the health of its citizens is an absolute priority. In the course of 10 years, health financing has increased over sixfold. Against the backdrop of an actively pursued national health-care reform, we are implementing a nationwide fight against tobacco and alcohol abuse and pursuing strategies to promote healthy diets, encourage participation in sport and foster healthy lifestyles. At the same time, we are implementing priority national programmes to fight and prevent the most common and socially impactful non-communicable diseases. Those measures have allowed us within less than five years to increase life expectancy in Russia by almost four years, to reduce the rate of mortality by more than 9 per cent, and to improve health indicators.

At the initiative of the Government of the Russian Federation and the World Health Organization (WHO), the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases was held in Moscow in April 2011. The Moscow Conference played a key role in the preparation and holding of today's High-level Meeting. We wish to thank all participants for their active engagement, consideration and adoption of the Moscow Declaration, as well as the special WHO resolution adopted on its basis.

Promoting healthy lifestyles, addressing risk factors and creating a common preventive environment constitute the real way forward to reduce the burden of non-communicable diseases. However, that goal can be achieved only through joint actions of the whole society, including Government and all State sectors, ministries and agencies, the business sector, civil society and individuals. The development of a cohesive and system-wide health-care policy at the local, national and regional levels is the goal by which the success of global initiatives and activities will be defined.

Russia is increasing its contribution to global health care. According to an agreement with WHO, more than \$36 million have been allocated for a project to fight non-communicable diseases in other countries. The main purpose of the project is to implement the provisions of the Moscow Declaration aimed at developing the monitoring of non-communicable diseases and health determinants, controlling risk factors and preventing non-communicable diseases, improving health care for people suffering from non-communicable diseases, and fostering international

partnerships and strengthening global multisectoral cooperation.

Understanding that non-communicable diseases are inextricably linked to mother and child health, the Russian Federation will also allocate \$75 million to a five-year programme to reduce infant and child mortality as part of the Muskoka Initiative of the Group of Eight. Aware of the possible link between non-communicable diseases and certain infectious diseases such as HIV/AIDS, Russia has contributed \$270 million towards development of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In May next year we are to adopt a WHO resolution that should set out specific terms for further collective action.

I would like to conclude with the words of the Prime Minister of the Russian Federation, Vladimir Putin, at the opening of the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control:

“The principles of healthy lifestyles and the need to combine efforts to fight non-communicable diseases should without doubt become the defining items on the global agenda aimed at meeting the Millennium Development Goals. We need to have already reached certain landmarks by 2015. The professional community, Governments and organizations all over the world still have time before 2015.”

May we all succeed in our efforts.

The Acting President: I now give the floor to His Excellency Mr. Sohibnazar Rahmonov, Deputy Minister for Health of Tajikistan.

Mr. Rahmonov (Tajikistan) (*spoke in Russian*): Allow me to thank the presidency of the General Assembly for the invitation to take part in this significant and pivotal forum for all people on the prevention of non-communicable diseases. We believe that this meeting will effectively unite the efforts of the international community in combating this contemporary scourge of humanity, namely, non-communicable diseases (NCDs,) which are achieving epidemic proportions in many countries.

It is well known that many indicators of the health and lifestyle of populations depend upon a multitude of objective and subjective factors, including, in particular, genetic, geographic, socio-political and economic factors.

Following the collapse of the Union of Soviet Socialist Republics, Tajikistan faced a serious economic predicament due to unexpected emerging problems linked to energy, communication and information isolation that inevitably affected the core health indicators of the entire Tajik nation. The period of civil war exacerbated the country's economic situation. In response to those conditions, the Government of Tajikistan undertook decisive, ambitious steps to reform the national health-care system and medical education. In hindsight those efforts appear entirely justified and timely.

My country has mainstreamed evidence-based medicine into practical medicine, thus enabling us to conform national diagnostic and treatment procedures with international standards. We have enhanced the management quality of clinical practices and facilitated the work of practising doctors.

We are well aware that the mental and physical health of the nation's people is a national asset of vital capacities that defines society's further progress in its economic, social and cultural development.

Epidemiological research among the adult population has enabled us to ascertain the prevalence of certain risk factors of ischaemic heart disease. As part of that research, we detected a high rate of smoking, including tobacco chewing, among men. In the general population, arterial hypertension was identified in more than 22 per cent of the adult population. To a lesser degree, the prevalence rates of risk factors including obesity and high cholesterol were also detected.

In step with the problems detected, the country adopted a national programme on the prevention, diagnosis and treatment of ischaemic heart disease. As part of the programme's implementation, general investments in heart surgery and services in the Republic have risen more than 100 per cent over the past 10 years. That has led to significant reductions in cardiovascular morbidity and mortality rates and has allowed us to mainstream new diagnosis and treatment technologies.

In view of the high rate of smoking in Tajikistan, we adopted a law to limit the use of tobacco products, which has already paid dividends. The Republic is successfully implementing a national programme on the prevention, early diagnosis and treatment of diabetes and oncological diseases.

Tajikistan, like any developing country, continues to face problems related to the increasing severity of NCDs. As a result, losses in economic and human terms remain high and rise in step with the population's urbanization, as well as its ageing.

The economic and financial crisis of modern society has worsened the situation. Yet making progress in modern medicine and health care will not be possible without sufficient funding. All of those issues dictate the fundamental need for additional resources and their more effective use in critical areas, while at the same time developing multifaceted preventive interventions tailored to each member of society, each collective and the entire population and based on the specific social, cultural, ethnic, climatic and geographic factors in a situation of limited resources.

The Acting President: I now give the floor to Her Excellency Mrs. Fatima Franco, Deputy Minister for Health of Ecuador.

Mrs. Franco (Ecuador) (*spoke in Spanish*): We in the Ministry of Health of the Republic of Ecuador would like to express our satisfaction with the agreement expressed at this and previous meetings regarding progress in the collective and global development of actions and strategies to prevent and control chronic non-communicable diseases.

For Ecuador, the concept of well-being is one of the guides of our actions. It represents a state of well-being and abundance, shifting the paradigm to a State where the well-being of people is not subjected to economic interests.

Under this concept and in the framework of the national policies, of the position of the member States of the Union of South American Nations and of the proposal by the Group of 77 in the setting of the Political Declaration of this great meeting (resolution 66/2, annex), Ecuador emphasizes its support along two lines.

First, we refer to universal access to medicines and to the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Ecuador reaffirms its support for the explicit mention of the use of the flexibilities in that Agreement, as they will enable us to reduce barriers to access to medicines through promoting the legitimate claim that the right to health is a human right. That is

reaffirmed in the Doha Declaration and in the Global Strategy on Public Health Innovation and Intellectual Property.

Furthermore, we believe it is necessary to promote international cooperation in the mobilization of resources and technical assistance in capacity-building aimed at implementation of the flexibilities of the TRIPS Agreement, especially in the developing and least developed countries. This support will encourage and complement actions and strategies established by those countries to improve the quality of life of their inhabitants.

The second area that Ecuador supports is the issue of tobacco consumption, which involves a conflict of interest between the tobacco industry and public health. It is therefore important for Member States to adopt the measures established in the World Health Organization Framework Convention on Tobacco Control and integrate them into their national policies and programmes. In that regard, this year Ecuador enacted its organic law on tobacco control and regulation.

We are aware that the fight against tobacco consumption is one of the tools that can be used to reduce the incidence of chronic non-communicable diseases. We believe that this platform could be replicated to give impetus to the establishment of global commitments that could become an international standard for the prevention and control of diabetes, a disease that has caused about 1.3 million deaths around the world and is the leading cause of death in Ecuador. We extend a special invitation to the food industry to join in this struggle.

Eager to safeguard the primacy of public health, Ecuador encourages all Member States to work together and develop international standards that will enable us to implement new and innovative strategies to combat chronic non-communicable diseases.

The Acting President: I now give the floor to Mr. Munawar Saeed Bhatti, Additional Foreign Secretary of the Ministry for Foreign Affairs of Pakistan.

Mr. Bhatti (Pakistan): We would like to thank the President for organizing this High-level Meeting of the General Assembly on Non-communicable Diseases.

As an active member of the Group of 77, Pakistan recognizes the role played by the Group. We

particularly appreciate the role played by Caribbean countries in drawing the world's attention to this important issue.

Eighty per cent of all deaths related to non-communicable diseases (NCDs) are in low- and middle-income countries and constitute 50 per cent of the total disease burden. In Pakistan, NCDs are among the top 10 causes of mortality and morbidity, causing almost 25 per cent of total deaths. The cost of diabetes alone is between 2 and 4 per cent of gross domestic product. Diabetes-related costs can eat up 15 to 25 per cent of a household's disposable income, which leads them to cut down on expenditures on other basic requirements. This High-level Meeting provides us a welcome opportunity to express our political resolve to address that challenge.

In order to address NCD-related challenges, Pakistan is considering a number of cross-sectoral policy interventions. These include high-level political commitment and the involvement of communities and health care providers in creating awareness of and preventing NCDs, mapping existing health facilities and assessing their capacity to address NCDs, establishing uniform standards for the public and private sectors alike, incorporating NCD prevention and control into poverty reduction strategies, promoting research and building human resource capacities, and developing partnerships with all stakeholders, including international organizations.

Before I conclude, I must highlight that partnerships with the international community can play an important role in the prevention and control of NCDs, especially by helping developing countries in research and development and by sharing technology. The leading pharmaceutical companies should fulfil their corporate social responsibility by ensuring the availability of affordably priced medicines for the prevention and control of NCDs, particularly in developing countries.

The Acting President (*spoke in French*): I now give the floor to the representative of Monaco.

Ms. Picco (Monaco) (*spoke in French*): First of all, allow me to thank the Secretary-General for the quality of his report (A/66/83), and the World Health Organization (WHO) for playing a leading role in the international community's struggle to prevent and control non-communicable diseases, with the World Health Assembly approving the Global Strategy for the

Prevention and Control of Non-communicable Diseases in 2000.

Diseases that we now describe as epidemics — cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, but also neuro-degenerative, rare and congenital diseases — are the leading causes of death in the world, as more than 3 of every 5 people die from one of them.

Developing countries and the inhabitants of low-income countries suffer the most. That is why the Principality of Monaco is deeply involved in the implementation of health programmes as part of its development cooperation activities. With an official development assistance allocation equivalent to €300 per year per inhabitant, the Principality of Monaco channels about half of that amount to fund initiatives in the health and social sectors. This funding is used to provide training for health care personnel, fight malnutrition, improve access to safe drinking water and treat children suffering from leukaemia, as well as to build or renovate health centres and health-care infrastructure.

As far as the prevention and control of non-communicable diseases is concerned, Monaco is committed to working with non-governmental organizations, health institutions and international organizations, in particular WHO. The Government of the Principality has therefore established several partnerships with hospitals so that Monaco's health entities can help to improve and build the skills of medical workers in countries partnering with its Office of International Cooperation, with a view to reinforcing the health-care capacities of those States.

Through those partnerships, Monaco has been able to provide hospital care for children whose conditions are inoperable in their countries of origin. Since the project's inception in 2008, medical care has been provided to 139 children with heart or orthopaedic conditions.

Monaco has also developed a partnership with the International Atomic Energy Agency in the framework of its Programme of Action for Cancer Therapy, the objective of which is to improve the quality of life of cancer patients by building capacities in screening, diagnosis, radiation therapy and palliative care.

The improvement of global health is an essential component of global socio-economic development and,

therefore, in achieving the Millennium Development Goals. In that regard, as all of us have emphasized, the prevention and control of non-communicable diseases cannot be undertaken outside the multilateral framework and without setting up multisectoral partnerships. In tackling this new challenge, we must make the most of our experience in the fight against HIV/AIDS, tuberculosis and malaria.

The Acting President: I now give the floor to the representative of the Bolivarian Republic of Venezuela.

Mr. Valero Briceño (Bolivarian Republic of Venezuela) (*spoke in Spanish*): My delegation aligns itself with the statements made by the representative of Argentina at the 7th meeting on behalf of the Group of 77 and China, and by the representative of Uruguay at the 4th meeting on behalf of the Union of South American Nations.

More than 60 per cent of deaths worldwide are caused by non-communicable diseases (NCDs). They are the main cause of death in the world. Developing countries, especially those with the poorest and most needy populations, suffer the most from these diseases.

There is a link between health and poverty. That is why we must urgently reorient political action and make it more human-centred. Governments must prioritize their social responsibilities over the interests and profits of the big economic and financial corporations. It is indisputable that capitalist practices have failed and that we must take radical steps to reverse the commercialism of health care, guaranteeing free or low-cost access to medicines. We must therefore promote the transfer of technology and of the requisite capacities to developing countries in line with national needs and realities.

In Venezuela, the human right to health is enshrined at the constitutional level and is governed by the principles of freedom from cost, universality, comprehensiveness, equality, social integration, multi-ethnicity and multiculturalism.

The right to health is a basic human right, and in consequence, the promotion of, respect for, access to and realization of this right is an inalienable commitment of the Bolivarian Government. Our 2009-2013 national health plan was designed with the full, active and organized participation of the people. Through the plan, we have enhanced, in a universal manner, comprehensive attention to health and the

right to health. The qualitative improvement in the quality of life of all men and women in Venezuela is demonstrable.

Despite the awful financial turmoil caused by neoliberal policies around the world, our revolutionary Government continues to guarantee the continuity of its successful social programmes. These have drastically reduced extreme poverty, eradicated illiteracy and guaranteed free access to health care throughout the country.

Social investment is the primary axis of our national budget allocations. In 2010, more than 60 per cent of fiscal revenue was reserved for social investment, and over the past decade such spending totalled more than \$400 billion. About 9 per cent of the national budget for 2011 was reserved for the health sector. This represents an increase of more than 7 per cent since 1999, when the revolutionary Government of Hugo Chávez Frías commenced. This policy has led to several significant improvements in the health sector.

First, pain management medication is being distributed free of charge for chemotherapy through our national oncology programme. Secondly, the network of cancer centres in the country has been strengthened, and chemotherapy and radiation therapy are provided either free of charge or at a very low cost. Thirdly, workshops have been held on the promotion of a healthy lifestyle, during which informational and educational materials were distributed with messages designed to promote life-enhancing practices. Fourthly, a national anti-tobacco programme has been implemented, which includes a resolution that bans smoking in enclosed spaces that came into force recently, in mid-2011. Fifthly, projects and measures have been developed aimed at cleaning up the environment in order to combat diseases caused by environmental factors. Sixthly, 22 new hospitals have been built.

Thanks to the construction of the Dr. Gilberto Rodríguez Ochoa Latin American Children's Cardiology Hospital, 80 per cent of children born with heart problems are cared for free of charge. That has substantially reduced child mortality, which currently stands at 13 per 1,000 in Venezuela, while the average for Latin America is 29 per 1,000. Ten years ago, only 2 per cent of children born with heart problems had

access to free health care. This cause of infant mortality is the most common in Venezuela.

In August 2011, President Hugo Chávez Frías approved the creation of the National Cancer Institute, which will be involved in research and teaching programmes as well as policy formulation and statistics in coordination with the national network of cancer hospitals and medical services.

In conclusion, I would like to state that international cooperation and the implementation of commitments for official development assistance and of the flexible provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights are the main axes for the implementation of policies to guarantee access to medicine and thus the human right to health.

The Acting President: I now give the floor to the representative of San Marino.

Mr. Bodini (San Marino): As this is the first time that I speak during the sixty-sixth session of the General Assembly, I would like to congratulate Ambassador Al-Nasser on his election as President of the General Assembly. I would also like to thank the Secretary-General for his strong support for the success of this High-level Meeting on the Prevention and Control of Non-communicable Diseases.

Non-communicable diseases (NCDs) have reached epidemic proportions and are the biggest cause of death worldwide. This scourge creates in our societies not only an increasing social and psychological tragedy, but an unaffordable financial burden for all of us. It is estimated that by 2030 the cumulative loss of output to the global economy could be between \$30 and \$47 trillion — a staggering amount of money that, in an economic environment of increasing resource scarcity, is totally unacceptable. The increasing cost of health care worldwide is a serious threat to sustainable development and to the achievement of the Millennium Development Goals.

Life expectancy in San Marino, the country that I am honoured to represent, is well above 80 years, one of the highest in the world. We believe this is a result of a Mediterranean diet and an efficient national health system. However, even for our country, the financial burden of such a system is becoming a matter of concern.

We therefore believe that early prevention among our youngsters and specific campaigns against the use of cigarettes and alcohol and in favour of appropriate diet and exercise are very efficient and cost-effective tools to limit the spread of NCDs. We also believe that there should be a stronger joint effort between the public and the private sector, as well as non-governmental organizations.

We welcome the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), and we strongly believe that all of us should strengthen our national policies and create more efficiency in our health systems.

Moreover, we believe that expanded international cooperation is very important for small countries like ours, as well as for the developing and least developed countries.

In conclusion, I would like to add that efforts to find new cures should be enhanced with effective financial and fiscal incentives, so that the cost of new therapies for lifelong NCDs can be affordable for the largest number of patients.

The Acting President: I give the floor to the representative of Mauritania.

Mr. Ould Hadrami (Mauritania) (*spoke in French*): It is a great honour to take the floor before the General Assembly, which is meeting to discuss the issue of the prevention and control of non-communicable diseases (NCDs), one of the most serious and widespread threats to health care in the twenty-first century. I would like to take this opportunity to commend the Secretary-General for his excellent report (A/66/83).

At the global level, as proven by the latest report of the World Health Organization (WHO), non-communicable diseases are the primary cause of mortality. In 2008, the deaths of almost 9 million people under the age of 60 were attributable to NCDs. Ninety per cent of these premature deaths happened in low- or medium-income countries.

In the African region, non-communicable diseases and infectious diseases are an incessant and increasing dual burden and a source of disability and premature death. In Mauritania, the main chronic

illnesses are cardiovascular diseases, diabetes, cancer and related diseases, and mental diseases.

An epidemiological study carried out in June 2008 showed the frequency and seriousness of these pathologies by revealing their prevalence in the last 64 years: hypertension, 22.4 per cent; diabetes, 6 per cent; use of tobacco, 32.7 per cent in men; high cholesterol, 14.8 per cent; and overweight, 58 per cent. Cancers remain one of the main reasons for medical evacuation abroad, followed by cardiovascular disease.

In the field of mental health care, a study in Mauritania carried out in cooperation with the World Health Organization Lyon office and the WHO bureau in Nouakchott showed the following results: 35 per cent of individuals sampled had at least one mental problem, 20 per cent had problems with anxiety, 19 per cent had mood problems, and 2.4 per cent showed some psychotic problems.

Given the breadth of these challenges, our country is firmly committed, together with our partners, to combating them. The following arrangements are among those adopted to effectively address these pathologies.

An NCD treatment centre, a national anti-tobacco programme and a national mental health programme have been set up. We have created national specialized treatment centres for certain non-communicable diseases, including the Neuropsychiatric Centre of Nouakchott. The National Oncology Centre was established in 2008, financed by the Mauritanian State itself, which has been effectively contributing to the treatment of cancer since the creation of the radiotherapy unit in 2011. The National Cardiology Centre was set up in 2009. There is a national health insurance fund, which has expanded to include a number of social categories and which will bolster other structures of medical treatment.

Moreover, from an early date, Mauritania entered the international process organized to combat these diseases. It actively participated in the WHO African Region Ministerial Consultation on Non-communicable Diseases held in Brazzaville from 4 to 6 April 2011, which led to the adoption of the Brazzaville Declaration on Non-communicable Diseases. It also participated in the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow on 28 and 29 April, and now

the High-level Meeting of the General Assembly on NCDs that we are honoured to participate in here.

The outcome document sanctioning the work of the current High-level Meeting should set as a priority the prevention and control of NCDs by ensuring the participation of all public sectors in partnership with civil society, the private sector and communities, as well as the promotion of good governance to prevent conflict or the interruption of the provision of services.

Health-care systems must be strengthened by attributing particular attention to, *inter alia*, funding and training of health-care personnel and developing their loyalty; the provision and distribution of medication, vaccines and medical equipment; and the improvement of infrastructure and basic cost-efficient and evidence-based services for the treatment of NCDs. It is also necessary, we believe, to advocate for the integration of health care into all multisectoral policies in order to address the problems of NCDs and their risk factor determinants.

The Acting President: I now give the floor to the representative of Greece.

Mr. Mitsialis (Greece): Non-communicable diseases (NCDs) are a challenge of epidemic proportions in our times. That conclusion is commonplace today. Those who have to deal with such diseases, in Government or in the professional sector, face this reality every day.

Also commonplace is the fact that NCDs are part of today's way of life. Unhealthy diet and obesity, smoking, excessive alcohol consumption and lack of physical exercise are worldwide phenomena. The impact of the economic crisis on health is likely to worsen the situation even more by strengthening its social determinants.

In Greece, 40 per cent of the population suffer from chronic conditions. Almost 55 per cent of Greeks are overweight, and 49 per cent are smokers. In the World Health Organization (WHO) European region, NCDs account for an estimated 77 per cent of the total disease burden and 86 per cent of deaths. In the European Union, NCDs result in more than 800,000 premature deaths annually.

Cardiovascular diseases cause half of all deaths in Europe. The relevant cost for the European Union economy is estimated at approximately €200 billion a year. In a time of recession, when Governments are

looking for ways to curtail spending, NCDs and chronic diseases threaten not only lives but also our economies and the development of our societies.

All these facts force us to change our attitude. Addressing NCDs leads to a better life for citizens, but it ensures the sustainability of our health systems.

Greece welcomes this year's United Nations High-level Meeting on Non-communicable Diseases. It is a significant occasion to discuss the issue and act at every level of governance, whether it be global, national or local.

Greece is committed to the principles discussed in Moscow last April. We recognize that States and Governments should be mobilized. We believe that there is no better way to do so than through international collaboration. We acknowledge the importance of the leading role of the United Nations, and the role of WHO on the matter is very significant.

Currently, the Hellenic Government is working on the implementation of an ambitious health reform programme. By the comprehensive reorganization of our national health system, we are setting new priorities. In the case of NCDs, we are giving priority to preventing the main risk factors. Through education programmes and media campaigns, we are stressing the importance of physical activity and proper nutrition. We are also once again emphasizing the importance of the Mediterranean diet.

My country is implementing new regulations for school canteens. By discouraging the consumption of sugary beverages and high-fat or high-salt foods, we are encouraging not only children — but also their families — to make better choices and lead healthier lives. In addition, new structures for nutrition and physical activity in the Ministry of Health are aimed at promoting the message that a healthier lifestyle and protection against the scourge of NCDs are two sides of the same coin. Also, there is room for optimism in the fight against smoking, as the data show that there has been a notable decrease in tobacco consumption.

As part of our efforts, we are also considering new ideas on innovative financing for health and for tackling NCDs in particular. At the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow in April, Greece supported the proposal to introduce an international solidarity levy on tobacco.

Furthermore, Greece has agreed with WHO to establish in Athens a new WHO Athens office for NCDs, which will be exclusively dedicated to support for policies aimed at the prevention and control of non-communicable diseases throughout the 53 countries of the European region of the WHO. The relevant agreement was ratified by the Greek Parliament in March 2011. Its inauguration will take place this coming Friday, 23 September.

The Acting President: I now give the floor to the chair of the delegation of Tuvalu.

Mr. Pita (Tuvalu): I have the distinct honour to speak on behalf of the Prime Minister of Tuvalu, who, unfortunately, could not participate in this very important High-level Meeting, as he had initially intended, owing to unforeseen circumstances.

Health is undoubtedly a fundamental right for every human being on this planet and should be respected and protected with dignity. Given the profound changes in the world today as a consequence of the impact of global events, there is a critical and urgent need for all countries to work together in the promotion of good health for all peoples.

In that regard, Tuvalu welcomes and underscores the importance and timely convening of this High-level Meeting, which calls for an urgent global commitment in response on the prevention and control of non-communicable diseases (NCDs).

We all know that despite the seriousness of the impact of and the challenges posed by NCDs, the resources required to combat such challenges at all levels are not commensurate with the magnitude of the problem. As a consequence, 8 million people are dying prematurely every year in low- and middle-income countries from NCDs. Global economies are affected by the threat of NCDs, and efforts to integrate NCDs into health systems, particularly at the health-care level, are being marginalized.

At the recent meeting of the Pacific Islands Forum held in New Zealand, leaders declared: "The Pacific is in an NCD crisis", and called for urgent action by their respective Governments and all stakeholders, including development partners, to address this unfolding crisis.

Tuvalu is fully committed to cooperating in the implementation of regional programmes on NCDs. Furthermore, in response to the crisis, Tuvalu has

already taken decisive action through its national strategic plan for NCDs 2011-2015, with the mission of obtaining the highest standard of health for its people. The plan focuses on the four major risk factors of tobacco use, alcohol abuse, physical inactivity and poor nutrition. The Government of Tuvalu is also committed to developing and implementing strategies to strengthen human resources for health, including public health and community health workers, to ensure equitable access for people to NCD prevention, early detection, treatment and care. The plan further highlights the specific objectives and targets for the prevention and treatment of NCDs through cooperation on the part of all stakeholders, including Governments, the private sector and civil society.

Tuvalu welcomes the efforts made to accelerate the implementation of approaches to address the social determinants of NCDs, including malnutrition, and reduce the vulnerability of women, children and high-risk populations in our communities. However, like all other development partners, in the development that Tuvalu pursues as a small island developing State, lack of resources and capacity is a major challenge that it continues to encounter. That means that we need continued assistance from the international community through a stronger partnership to implement the programmes required for the prevention and control of NCDs in Tuvalu. In particular, we need universal access to affordable, high-quality essential NCD medicines and medical technologies for the diagnosis and treatment of diabetes, hypertension, asthma, cardiovascular disease and cancer, and the integration of NCD screening into maternal and child health programmes.

As a way forward, the Government of Tuvalu stresses the urgent need for its people, and encourages them, to change their lifestyles and diets to reverse the current situation of NCDs in Tuvalu. We believe that we can achieve this only through the implementation of appropriate education and awareness programmes, with the commitment of all the people of Tuvalu and continued support from the international community.

In this context, as a least developed country that continues to rely on official development assistance, Tuvalu strongly urges the international community and all development partners to honour their commitments through the urgent implementation of the Istanbul Programme of Action for the Least Developed Countries, adopted at the United Nations Conference

on the Least Developed Countries held in Turkey earlier this year.

In connection with this urgent need, Tuvalu wishes to acknowledge with sincere appreciation the continued contributions of and assistance provided by the Republic of China on Taiwan as one of its most committed development partners in the prevention and control of NCDs and the overall development of its health sector. In that regard, Tuvalu strongly urges this body to recognize that contribution, and urges in particular the World Health Organization (WHO) to extend the current participation of Taiwan in the World Health Assembly to meetings of its other subsidiary bodies. Taiwan's contribution to saving the lives of millions of people worldwide through its health collaboration merits its full participation in WHO meetings.

The cross-cutting issue to whose adverse impact my country is most vulnerable to is climate change. Tuvalu recommends that the issue of climate change be integrated and mainstreamed into the NCD platform.

To conclude, let us recall that if we want to save millions of people from NCDs, the time to act is now, not later. All countries and peoples must respond and work together in combating NCDs now and not later. As the Secretary-General highlighted in his 2011 priorities, success in rising to the challenge does not belong to any one of us; it depends on all of us together.

The Acting President: I now give the floor to the representative of El Salvador.

Mr. García González (El Salvador) (*spoke in Spanish*): At the outset, allow me to express, on behalf of the Government of El Salvador, our satisfaction at the convening of this important meeting of the General Assembly to consider the issue of the prevention and control of chronic non-communicable diseases (NCDs).

El Salvador shares the concern of the international community at the global mortality rate resulting from infectious and non-communicable diseases, which is exacerbated in the case of developing countries as a result of demographic transitions and the globalization of risk factors. This represents one of the greatest challenges to development in the twenty-first century.

El Salvador furthermore acknowledges the primary role and responsibility of Governments in

providing the first line of response to the challenges NCDs pose to our countries. We also acknowledge the role of the international community and the need to strengthen cooperation for development as a key complement to national efforts aimed at generating effective responses in the context of the prevention and control of chronic NCDs.

In this context, part of my country's success in preventing and combating non-communicable diseases is due to international cooperation. For years, it has provided resources so that the Government of El Salvador can have the tools to implement its priority health programmes. I would like to take this opportunity to thank the United States, the European Union, Spain, Japan, Cuba and Taiwan, among others, for their solidarity.

At the first ministerial consultation of the Americas on non-communicable diseases and obesity, which took place in Mexico in February, it was acknowledged that chronic non-communicable diseases are the main cause of death, premature morbidity and acquired disabilities in the Americas. The profound economic impact that these diseases have on our countries was also acknowledged. We agreed that the majority of these diseases are cardiovascular and respiratory diseases, diabetes and cancer, that they are the result of well-known risk factors such as smoking, alcohol consumption, unhealthy diets and lack of physical activity, and that public and intersectorial actions are required.

With regard to El Salvador and the other Central American countries, we wish to bring up a chronic illness that severely impacts the health of our peoples: chronic kidney disease. It is linked to environmental factors such as pollution and occupational risks related to agricultural practices that affect a growing number of people living in poverty, marginalization and vulnerability. This situation therefore requires the decisive support of Governments and international cooperation, as well as the establishment of new priorities and the design of new strategic approaches. We urge the Assembly to consider chronic kidney disease as a priority public health problem because of its high social, economic and human cost, and because it stands in the way of the development of our societies.

By the same token, we call for the taking into account of non-traditional risk factors not mentioned in

the Political Declaration (resolution 66/2, annex) but which are of great importance, such as workplace hazards and environmental pollution.

In conclusion, we reiterate our commitment and willingness to work on a national plan that addresses non-communicable diseases and their attendant risk factors in an integrated manner as part of the indicators of the Millennium Development Goals.

The Acting President: I now give the floor to the representative of Viet Nam.

Mr. Le Hoai Trung (Viet Nam): As this is the first time I take the floor, I would like to congratulate His Excellency Mr. Nassir Al-Nasser, the Ambassador of Qatar, for his election as President of the General Assembly at its sixty-sixth session. The delegation of Viet Nam wishes to express its great appreciation to His Excellency Mr. Ban Ki-moon, the Secretary-General, for his initiative in organizing this High-level Meeting.

We would like to align ourselves with the statements made at the 4th meeting by the representative of Indonesia on behalf of the Association of Southeast Asian Nations, and by the representative of Argentina at the 7th meeting on behalf of the Group of 77 and China.

Viet Nam shares the concerns of the international community over the growing prevalence of non-communicable diseases. Historically, non-communicable diseases are often associated with a high level of economic development. However, as we are now aware, this is no longer true. Statistics show that 80 per cent of the deaths related to those diseases are now in low- or middle-income countries, and more than 90 per cent of the people who die before the age of 60 are also in low- and middle-income countries. In those countries, non-communicable diseases not only pose a threat to public health but are also a serious challenge to development. They are thus undermining efforts toward the Millennium Development Goals.

Like many other developing countries, Viet Nam is facing a double health burden. While communicable diseases persist as a major health problem, non-communicable diseases have sharply increased. According to the World Health Organization (WHO), in Viet Nam non-communicable diseases cause more than 350,000 deaths annually, four times more than those from communicable diseases. Among the

non-communicable diseases, cardiovascular diseases accounted for 70,000 deaths, cancer 66,000 and diabetes 13,000.

Recognizing the negative impact of non-communicable diseases on its people and its socio-economic development, the Government of Viet Nam has identified the prevention of non-communicable diseases as one of the key priorities in national health strategies and policies. Viet Nam has implemented various programmes and strategies, such as the WHO Framework Convention on Tobacco Control, national strategies on nutrition and other policies on the reduction of alcohol abuse and for the prevention of a number of non-communicable diseases.

We also established monitoring systems for non-communicable diseases and have examined the risk factors. We have achieved encouraging progress, especially in controlling some of the non-communicable diseases and risk factors such as tobacco and alcohol. A draft law on tobacco control, prepared by the Ministry of Health, will be considered by the National Assembly.

Also recently, the Ministry of Health developed the 2011-2015 National Target Programme on the Prevention of Non-communicable Diseases. By implementing that Programme, Viet Nam is determined to reduce, by 2015, the number of patients that might be related to a number of non-communicable diseases.

Although the impact of non-communicable diseases is severe, they are preventable and can be controlled — if interventions are early. Viet Nam welcomes all international and regional initiatives to prevent such diseases. In that regard, I wish to express our appreciation for the efforts of the World Health Organization and to thank the Secretary-General, all United Nations organizations and other partners for the substantive preparations for this meeting. We share many of their recommendations. Viet Nam is committed to broad and effective international cooperation to address the issue of non-communicable diseases. We believe that together we can take significant and successful steps forward.

The Acting President: I now give the floor to the representative of Costa Rica.

Mr. Ulibarri (Costa Rica) (*spoke in Spanish*): We are pleased at the convening of this High-level Meeting. It has clearly recognized that non-communicable diseases

represent a grave problem not only with regard to health but also for development, due to their serious economic effects, primarily in the less advanced countries. Cardiovascular disease, cancer, chronic respiratory illnesses and diabetes are responsible for the deaths of three out of every five people in the world.

In Costa Rica, thanks to a decades-long effort, we have been able to establish a universal and efficient social security system. This public health system has enabled us to successfully tackle infectious diseases, but now we are dealing with a battle that may be more difficult.

Eight out of 10 Costa Ricans die from non-communicable diseases. For that reason, we believe this meeting to be essential. For two days it has brought us here to discuss and exchange experiences and best practices and to identify our limitations in tackling these diseases. Furthermore, in our country 23 per cent of deaths from non-communicable diseases are considered premature, in that they affect people under the age of 60. Not only does this mean irreparable loss of life, but it also has an impact on our countries' economic growth, with negative effects on the socio-economic well-being of the families affected.

In that regard, responses must come not only from the health sector; they must be multisectoral. In its most recent report, the World Health Organization (WHO) appeals to the international community to intensify its work in combating risk factors, both by passing laws and through education programmes that stress the importance of a healthy lifestyle, as well as through promoting the benefits of a healthy diet and physical activity from a very early age.

In our country, we have developed policies aimed at cutting salt consumption in order to avoid hypertension and reduce obesity, and information programmes on food and more balanced diets, among others. We have also ramped up cooperative programmes designed to lower risk factors, but we are aware that efforts on prevention and care must be increased if we are to have concrete results.

We also need greater commitment in the area of international cooperation and an effort to improve the conditions that will allow developing countries, including middle-income countries with high rates of non-communicable diseases, to access the financial resources they need to adequately equip their hospitals

and clinics with the latest technology and train their primary care, clinic and hospital staff. We call for the fulfilment of all official development assistance commitments and for promoting North-South, South-South and triangular cooperation in this area.

These past few days of discussion and the months preceding, in which we have been negotiating the Political Declaration resulting from this meeting (resolution 66/2, annex), should help bring about a drop in death rates from non-communicable diseases in the short term and give our populations a better life expectancy. According to WHO, deaths from non-communicable diseases are preventable as long as Governments commit to reducing their impact and educating the population. That is why we are here, to share our experiences and learn from others in order to formulate a joint global strategy aimed at reducing the impact of chronic non-communicable diseases worldwide. All our citizens deserve that.

The Acting President: I now give the floor to the representative of Liechtenstein.

Mr. Wenaweser (Liechtenstein): Non-communicable diseases (NCDs) have substantial negative impacts on human health and development. Demographic trends such as ageing, rapid and unplanned urbanization and the globalization of unhealthy lifestyles only point to a rise in NCD incidence in the future.

NCDs now impose their greatest burden on low- and middle-income countries, effectively hitting hardest those with the least capacity to cope. For many, effective treatment costs are too high. That either puts access to health care out of reach or in effect pushes those who receive treatment closer to or even below the poverty line. If we are to achieve the Millennium Development Goals (MDGs) by 2015, we must face this enormous challenge now.

We welcome the Political Declaration adopted yesterday (resolution 66/2, annex), with its strong focus on prevention and on population-wide measures that make it easier for people to adopt healthy lifestyles. The implementation of the Declaration will require multisectoral action to counter the behavioural, environmental, social and economic factors that contribute to NCDs. Integrative planning and care for NCDs and the overall strengthening of health systems, as well as targeted interventions, will be essential. We welcome the activities promoted in the Declaration that contribute to this end. In calling on the World Health

Organization (WHO) to develop a comprehensive global monitoring framework for NCDs by 2012, drawing a lesson from the MDG process, we have made our commitment to addressing NCDs.

We are happy to see that the issue of indoor air pollution from inefficient cooking stoves is addressed in the Declaration. Day after day, women and children suffer disproportionately from exposure to concentrations of toxins from indoor cooking fires, which contribute to a range of chronic illnesses and acute health problems and result in 1.9 million premature deaths annually. Simple, affordable solutions exist, and we support the work of the Women's Refugee Commission, the Office for the Coordination of Humanitarian Affairs and the Global Alliance for Clean Cookstoves.

In our own country, everybody, including children, has mandatory health insurance. From birth to age nine, insurance includes a series of preventive check-ups undertaken by family paediatricians. The Office of Health has focused extensively on promoting proper nutrition, including by providing counselling. A national campaign entitled "Live Consciously" has launched initiatives addressing nutrition, exercise, mental health and health in the workplace. In addition, health education in schools raises awareness on issues such as nutrition, physical activity, addictive behaviour and sexuality.

This High-level Meeting comes at a crucial time, when we can still achieve the health and development goals we have agreed to. We are confident that the focus on accessible and cost-effective preventive measures, coupled with the development of a new global framework for NCDs, provides a strong foundation for a comprehensive global response.

The Acting President: I now give the floor to the representative of Montenegro.

Mr. Šćepanović (Montenegro): It is my great honour to address the Assembly today on behalf of the Government of Montenegro.

The problem of non-communicable diseases has been raised to the level it deserves within the general debate, not just as a problem but as the major cause of death for citizens of our States. Malignancies, cardiovascular disease, diabetes and respiratory diseases cause the death of far more than half of our citizens. Such a problem deserves a response,

preventive measures and specific help and treatment at the national as well as the global level.

The Government of Montenegro has set a goal, in the report it submitted last year on the Millennium Development Goals, of reducing its death rate from chronic non-communicable diseases by 2015. Our activities are based on three main strategies: a strategy for the control and prevention of chronic non-communicable diseases, a national strategy for tobacco control, and an action plan for food and nutrition.

Bearing in mind that smoking is one of the leading causes of chronic respiratory disease, the Government of Montenegro has amended its law on limiting the use of tobacco products this year, which completely prohibited the use of tobacco in public places, restricted advertising and imposed severe penalties for non-compliance with the law. We believe that we are obliged, not only at the national level but through global action, in the short and medium term, to substantially reduce the number of users of those products, and in the long term to reduce that number to a minimum, in order to provide a longer and healthier life for generations to come. In addition to preventive action to reduce the number of smokers, it is important to promote healthy nutrition and increased physical activity and to work to reduce the excessive use of alcohol while monitoring the success of our strategy.

We all agree that the cost of intervention is lower than the cost of inaction, just as the cost of prevention is lower than the cost of treatment. The major part of our intervention should therefore be focused on efficient prevention at all levels, especially the multilateral level, in order to encourage all relevant stakeholders, particularly the media, to promote values that diminish the likelihood of these diseases developing.

In that context, close cooperation with food producers is of vital importance in order to reduce the harmful ingredients that are often the basis for the development of this type of disease. That cooperation should be undertaken in the widest context possible, including non-governmental organizations, governmental structures and international organizations.

The fight against non-communicable diseases is also closely linked to other Millennium Development Goals, especially the fight against poverty, because the death rate is closely connected to lifestyle and food

consumption. I therefore wish to use this opportunity to reiterate the importance of accomplishing the Millennium Development Goals, despite the global financial crisis that struck all our economies.

I believe that this High-level Meeting will appropriately define a set of preventive and control measures that will stimulate our national efforts and create conditions for us to achieve global results in the coming years. I believe it is especially important to design, under the auspices of the United Nations system, and the World Health Organization in particular, adequate measures of support for States with fewer opportunities and limited capacities for the efficient implementation of internationally agreed measures. In particular, ways should be found to provide help in the implementation of preventive measures and to ensure the availability of high-quality medicines, thereby decreasing the risk of the outbreak and spread of non-communicable diseases. Statistical control of the success of those measures should also be carried out.

Finally, I wish to thank all participants here today. I hope that this High-level Meeting, including conclusions from the topics discussed at the round tables, will result in an unequivocal and action-oriented plan to further the fight against this global problem.

The Acting President: I now give the floor to the representative of Myanmar.

Mr. Kyaw Tin (Myanmar): Allow me, first of all, to express our sincere thanks to the General Assembly and the World Health Organization (WHO) for organizing this important High-level Meeting focused on the prevention and control of non-communicable diseases (NCDs).

As a member of the Association of Southeast Asian Nations (ASEAN), Myanmar aligns itself with the statement made by His Excellency Mr. R. M. Marty M. Natalegawa, Minister for Foreign affairs of the Republic of Indonesia, on behalf of ASEAN.

As much has been said about the magnitude of the threat of NCDs by many preceding speakers, I hardly need to stress the urgency and importance of our efforts to curb NCDs worldwide. The global burden and threat of NCDs have indeed become one of the major challenges undermining social and economic development and the health of millions of people throughout the world.

It is alarming to note that NCDs are a major cause of over 60 per cent of global deaths, of which 80 per cent occur in developing countries. Their economic burden will have an even greater impact on the global economy in the next two decades. The burden and untimely loss of human life caused by NCDs are putting a heavy strain on development endeavours, posing obstacles even to achieving the Millennium Development Goals. The challenge of NCDs has thus become not only an important health problem but also a development issue that deserves the urgent attention of policymakers.

An effective response to the global problem of NCDs will require collective global action, with the active and informed participation of all stakeholders. We hope that this High-level Meeting will provide an opportunity to adopt a global strategy and measures, including the strengthening of national capacities to affectively address the prevention and control of NCDs in developing countries.

My own country, Myanmar, is included among the 23 high-burden developing countries that account for around 80 per cent of the total burden of chronic disease mortality. Fully aware of their impact on health and development, Myanmar has attached high priority to NCDs in its health and development plans. It is also cooperating with ASEAN in addressing this grave challenge.

At the national level, Myanmar has been carrying out NCD prevention and control activities, in line with the WHO 2000 Global Strategy for Surveillance, Prevention and Control of NCDs and its 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Our NCD control activities are implemented as vertical projects under our hospital care programmes in the national health plan for the period 2006-2011. To address the NCD burden more effectively, NCDs are defined as one of the main strategic areas in the national health plan, which covers various areas, including four major NCDs.

The control of smoking and consumption of tobacco products law was enacted on 4 May 2006. Early this year, the WHO 2010 Global Recommendations on Physical Activities for Health were adopted and adapted in Myanmar. We have also developed an action plan on physical activity for health as part of our measures for the prevention of NCDs.

A high-level national multisectoral mechanism will be established in the very near future to coordinate with all stakeholders, including sectors outside health. Moreover, Myanmar is in the process of enacting a national policy on the prevention and control of NCDs. Such national efforts of developing countries should be supported by the international community through the provision of financial and technical assistance.

Myanmar welcomes the outcome document adopted by this High-level Meeting yesterday (resolution 66/2, annex), which will set a new global agenda and generate political will to address the important issue of NCDs.

In conclusion, my delegation wishes to reiterate its commitment to participating actively in global and regional networks to enhance efforts for the prevention and control of NCDs.

The Acting President: I now give the floor to the representative of Cambodia.

Mr. Sea (Cambodia): My country wishes to align itself with the statement made at the 4th meeting by the representative of Indonesia on behalf of the Association of Southeast Asian Nations and with the statement made at the 7th meeting by the representative of Argentina on behalf of the Group of 77 and China.

Cambodia is challenged by the epidemic of non-communicable diseases (NCDs). While it is recognized that poverty, the globalization of trade and marketing, urbanization and other social determinants are among the principal contributing factors to the spread of NCDs, the burden of these diseases is a grave concern in Cambodia. The main risk factors are tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol, which lead to heart disease, cancer, diabetes and other chronic diseases.

In urban areas of Cambodia 6 per cent of adults have diabetes and 17 per cent have high blood pressure, while in rural areas 2 per cent of adults have diabetes and 10 per cent were found to be hypertensive. Eight in every 10 people in Cambodia have one or two risk factors for developing NCDs, and one in every 10 has three or more. NCDs accounted for 46 per cent of all deaths in 2008 — approximately 957 males and 592 females per 100,000 persons.

These diseases are largely preventable. Therefore, Cambodia has made its best efforts in responding to the

challenge of NCDs. My country commits to act in several ways.

First, we are developing and strengthening multisectoral public policies to maximize the positive impacts on NCD risk factors and burdens that result from policies of other sectors and to minimize their negative impacts.

Secondly, we are giving priority to the prevention and control of NCDs, ensuring complementarities with other health objectives and mainstreaming multisectoral policies to strengthen the engagement of other sectors.

Thirdly, we are implementing cost-effective policies such as fiscal policies, regulations and other measures to reduce common risk factors.

Fourthly, Cambodia is implementing effective national and global policies for prevention and control, including policies relevant to achieving the goals of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases.

Fifthly, we are integrating NCD-related services into primary health-care services through health systems.

Sixthly, we are promoting access to comprehensive and cost-effective prevention, treatment and care for integrated management of NCDs, including access to affordable, safe, effective and high-quality medicines.

Lastly, we are promoting, translating and disseminating research to identify the causes of NCDs and effective strategies for their prevention and control.

Cambodia fully supports the important role of the international community and international cooperation in assisting Cambodia and other developing countries in complementing their efforts to generate a successful response to NCDs.

The Acting President: In accordance with resolution 477 (V) of 1 November 1950, I now call on the observer of the League of Arab States.

Ms. Bahous (League of Arab States) (*spoke in Arabic*): Allow me to thank the United Nations on behalf of Mr. Nabil El Araby, the Secretary-General of the League of Arab States, for all the efforts made in various spheres of development. He wishes all success

in implementing the goals of the meeting, which is of interest to the populations of the Arab world and of the entire world. I also thank the World Health Organization for all its efforts and its guiding role in organizing this important meeting, especially in this period that the Arab region is going through, which requires that the Arab world and the international community pull together to realize the aspirations of the Arab population for a better world, including the right to health care, to a decent life, to prevention of non-communicable diseases (NCDs) and, of course, to improved medical services.

I wish to take this great opportunity to reaffirm that the League of Arab States, through its own health-care mechanisms — with the Ministers of the Arab Health Council at the head — attributes particular importance to our meeting and to its outcome.

The challenge of health care facing the Arab region in the sphere of NCDs and their risks, as well as the illnesses that continue to spread, is the greatest burden for Arab medical systems. They are the biggest obstacles to development. Cardiovascular and arterial illnesses are the primary cause of death, along with diabetes, cancer and hypertension at levels that pose a dual threat to individuals and to young, developing societies.

Research shows that the level of NCDs in our region is steadily rising, particularly among those between 15 and 59 years of age. These illnesses are a dual development challenge for our States in implementation of the Millennium Development Goals (MDGs), above all for the lowest-income States. They are spreading in societies that are still in the first stages of economic development and are suffering from a lack of resources for taking effective measures to combat them and their impact on young people — who are the most numerous in the Arab world. All these factors impact negatively on productive output and on socio-economic life.

In implementation of the resolutions of the League of Arab States at the summit of 2010 in Sirte and the meetings in Kuwait in 2009 and in Sharm el-Sheik in 2011, the Arab plan of action has been developed to improve basic medical services and family medicine in the Arab States for the years 2011-2016. The primary strategic goal of the plan is to combat NCDs through both integrating NCD services in national medical services and improving the quality

of care given to patients. I also speak of quick diagnosis and testing to reduce the economic and social burden for society in general.

All this is based on the principle of primary medical services and achievement of the MDGs. The Arab States have given priority to the subject. The Arab Group before the World Health Assembly in May this year called for the inclusion of NCDs in the MDGs. Also, in February this year the Health Ministers of the States of the Gulf Cooperation Council adopted the general framework for the national executive plans of the Gulf States for combating NCDs by implementing plans focusing on prevention, promotion of health care and supporting the special commissions on combating diabetes, cardiovascular disease, cancer, tobacco use and medical outreach and awareness.

An international Arab conference on NCDs will be held in 2012 in Saudi Arabia, in cooperation with the League of Arab States and the Council of Arab Health Care Ministers. Another Arab conference on maternal health will take place in Beirut in 2012, in cooperation with the United Nations Population Fund, as part of the ongoing Arab promotion of serious development partnerships to combat the dangers of NCDs, which increasingly threaten progress and development in the Arab world.

We are also interested in reducing NCD risk factors to which individuals and societies are exposed, such as smoking, unhealthy diets, lack of physical exercise, alcohol consumption and environmental pollution. We focus on promoting prevention and medical outreach programmes to combat these dangerous diseases.

Overall, the Arab region has made progress in improving medical services, but it is difficult for low-income, less developed Arab States to make tangible progress in this sphere, particularly in light of the challenges that the Arab States and the entire Arab region are facing. Therefore, the current and future stages will require consideration of the socio-economic impact of NCDs. It is important to benefit from positive experiences and data that can help developing States, especially the least developed, in their efforts to prevent and control these diseases.

Scientific research is of particular importance. Governments must increase their funding of scientific research on NCDs to provide accurate data and information that would promote national and

international initiatives to control them, including Arab national health plans of action, with an eye to fostering sustainable development.

Finally, I would like to thank the United Nations and the World Health Organization, including its Regional Office for the Eastern Mediterranean, for their earnest cooperation and regular support to initiatives of the League of Arab States and the Council of Arab Health Care Ministers in all spheres of health care. It is vital to integrate strategies to fight NCDs into national health and development plans and strategies. We must find a mechanism for appropriate funding and encourage Governments to lend their support and national resources to combat these diseases and to develop monitoring and implementation mechanisms. We should promote partnerships between Arab Governments and the private sector, including civil society, to fulfil our social responsibility. It is important to support individual countries in launching their own programmes and initiatives against these diseases and to foster partnerships among States to promote socio-economic development, improved public health and the right of all peoples of the region to universal health care, development and a decent life.

The Acting President: In accordance with resolution 57/32 of 19 November 2002, I now call on the observer of the Inter-Parliamentary Union.

Ms. Filip (Inter-Parliamentary Union): I am most honoured to deliver this statement today on behalf of Mr. Theo-Ben Gurirab, Speaker of the National Assembly of Namibia and President of the Inter-Parliamentary Union.

Today's High-level Meeting on the Prevention and Control of Non-communicable Diseases takes place at a critical time, as policymakers and health practitioners try to come to grips with the unprecedented impact of non-communicable diseases on citizens and societies.

For the Inter-Parliamentary Union, the spread and impact of non-communicable diseases are not just health issues; they are also political questions that have to do with lifestyles. Parliamentarians therefore have an important role to play in advocating for change in lifestyle and behaviour, helping citizens make healthy choices, standing up against the commercial interests of powerful corporations, allocating resources, and legislating and promoting constructive policies,

including increased taxation, reduced marketing and public awareness initiatives.

The most important message that should be shared with legislators around the world is that lives can be saved with effective regulations. We have heard throughout this meeting, for example, that tobacco use continues to be the leading preventable cause of death. In order to help overcome the non-communicable disease crisis, parliamentarians should make controlling tobacco use an urgent policy priority. Signing and implementing the World Health Organization Framework Convention on Tobacco Control is a first step in this direction. We hereby call on all parliaments to take action and translate that international instrument into sound legislative and regulatory frameworks at the national level.

We have no doubt that implementing change will be a challenging task. People in many parts of the world face major barriers to making healthy choices, and are instead confronted with social and other pressures that lead to unhealthy lifestyles. But a number of parliaments are taking action; the French Parliament has recently announced a policy to increase taxes on alcohol, tobacco and sugary drinks in order to boost its internal revenue and improve the health of the nation. Other parliaments are also undertaking similar initiatives.

We at the Inter-Parliamentary Union will be encouraging all of our member parliaments to join the global effort to combat non-communicable diseases. We will start by informing parliaments and raising awareness around the outcome of this week's High-level Meeting. We will further remain committed to engaging with legislators and sharing good practices with a view to building political momentum and helping parliaments create enabling legal environments for the prevention and control of non-communicable diseases. We look forward to working closely with everyone here throughout that process.

The Acting President: I now give the floor to Mr. Stefan Seebacher, Head of the Health Department of the International Federation of Red Cross and Red Crescent Societies.

Mr. Seebacher (International Federation of Red Cross and Red Crescent Societies): The International Federation of Red Cross and Red Crescent Societies (IFRC) appreciates the opportunity to address this

High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs).

No one can doubt that today NCDs are the leading threat to health and development. Yet these diseases could be prevented by eliminating shared risk factors. The impact of non-communicable diseases affects every country, but it is larger in middle- and low-income countries, where premature deaths caused by NCDs carry a huge economic and social burden.

While effective treatment of NCDs is essential, national policies on early action and prevention are critical. Preventing the onset of chronic illness will ultimately save Governments valuable time and money and relieve the burden on often overstretched health-care resources. The development of better and more accessible screening programmes, combined with wider public awareness, could also dramatically reduce the number of NCD-related deaths.

Humanitarian organizations such as the Red Cross and Red Crescent societies, whose staff and volunteers work closely with local communities, play an enormous role in bringing about changes in behaviour and attitudes towards health and lifestyle. We at the IFRC strongly believe that including NCDs in our health programmes is consistent with our Federation's Strategy 2020 to enable healthy and safe living. We have developed a framework for NCD prevention and control. The framework focuses on prevention, innovation, research, monitoring, evaluation, partnership and advocacy.

Prevention has to start at the community level, with people being better informed and better equipped to take care of their own health. That is precisely where our national Red Cross and Red Crescent societies can play a critical role in contributing to the global effort. In their auxiliary roles to Governments, national Red Cross and Red Crescent societies can work hand in hand with national authorities and other health actors to provide quality programmes and services. Such a contribution, largely based on prevention, would improve the inequitable conditions of daily living through resilience-based and community-based health programming, in line with the World Health Organization 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, with a strong emphasis on prevention.

The President returned to the Chair.

The potential of volunteers remains vital to implementing any NCD plan at the country level, with a community-based health approach with a specific focus on a holistic approach rather than vertical disease intervention. The Red Cross and Red Crescent National

Societies have a long-standing history of disease prevention and health promotion. In their complementary role to Governments, they are in a unique position to be pioneers in implementing NCD prevention programmes, using a holistic health approach.

The meeting rose at 6 p.m.