Discussion Paper

Regional High-level Consultation in the European Region on the Prevention and Control of Noncommunicable Diseases

Hosted in Oslo by the Government of Norway

25-26 November 2010

Co-sponsored by UNDESA and WHO

Foreword

In May 2010, the UN General Assembly passed resolution A/RES/64/265 on noncommunicable diseases (NCDs). This step is of historic significance in global health and development, as the resolution recognizes the enormous human suffering, premature death and the seriously negative socioeconomic impact caused by the growing burden of NCDs in all countries in the world. The resolution calls for global and national action at the highest level to address this development issue.

To galvanize action to address the rising prevalence, morbidity and mortality of non-communicable diseases worldwide and their socio-economic impact, with a particular focus on the development challenges faced by developing countries, the United Nations General Assembly will be convening a High-level Meeting in September 2011, with the participation of Heads of State and Government, on the prevention and control of NCDs. This is the second time a health issue has been debated at the United Nations General Assembly with the participation of Heads of State and Government -- the first being for HIV/AIDS.

Raising the priority given to NCDs in health and development has been one of the key priorities of WHO's work since the development of the Global Strategy for the Prevention and Control of NCDs and its endorsement by the World Health Assembly in May 2000.

As part of the preparatory process for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs in September 2011, a Regional High-level Consultation, hosted by the Government of Norway, will be held from Thursday, 25 November 2010, to Friday, 26 November 2010 in Oslo. The Regional Consultation is intended to help Member States in the WHO European Region prepare for the High-level Meeting. The aim of the Regional Consultation will be to develop and submit a contribution to the High-level Meeting. It will be hosted by the Norwegian Ministries of Foreign Affairs and Health and Care Services.

This discussion paper is written primarily for Member States attending the Regional Consultation. We hope that the consultation will support Member States in taking concrete decisions that can make a difference in the global struggle against one of the major challenges for development in the twenty-first century.

NCDs are a threat to European development and security that neither countries in the Western part nor in the Eastern part of the European region can afford

In the last 40 years, European countries have made striking progress in the forestalling death and extending life, as evidenced by rising life expectancy and falling infant mortality rates. Yet health is by no means assured for all citizens in European countries. The four types of noncommunicable diseases (NCDs) -- cardiovascular diseases, cancers, chronic respiratory diseases and diabetes -- are now the most common causes of premature death and disability in the majority of developed countries, economies in transition, as well as developing countries.

In the WHO European Region, NCDs are the leading causes of death. In particular, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes account for 8.1 million deaths in 2004 (i.e. 86% of the total number of deaths in the region), including 1.5 million deaths before the age of 60 years. Three out of four premature deaths from NCDs in the European region occur in low- and middle-income countries (i.e. 1.1 million). If action is not scaled up, deaths from NCDs will increase from 8.1 million (2004) to 8.6 million (2015)[1]. These diseases are largely preventable by means of effective interventions that tackle four common modifiable risk factors, namely: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes. Despite the ample resources available in the European region, compelling ideas and approaches which have been adopted in some countries, have not taken hold in all European countries.

From this perspective NCDs are a development issue because the social, economic, and physical environments in low- and middle-income countries in the Eastern part of the European region (and beyond) afford their population much lower levels of protection from the risks and consequences of NCDs than in the Western part of the European region, where people tend to be protected by better living and working conditions and more comprehensive interventions. (For instance, Figure 1 illustrates how the lower income countries in Europe have higher standardized mortality rates from circulatory diseases than the richer countries.) These factors result in extensive differences in the health status of the population among the 53 countries of the region, including the incidence and social distribution of NCDs. The most striking differences across the region occur between the ages 15 and 59. For 30 year old males, the risk of death before reaching 45 is nearly 5 times smaller in the Western part of the European region than in countries with a high adult mortality in the Eastern part. This gradient is almost 50 per cent smaller for women, but remains significant[2]. The distribution of the NCD risks also varies within countries based on a gradient determined by socio-economic factors.

[1] WHO Global Burden of Disease, 2004

[2] Sixty-fifth session of the United Nations General Assembly. Follow-up to the outcome of the Millennium Summit. Note by the Secretary-General transmitting the report by the Director-General of the World Health Organization on the global status of non-communicable diseases, with a particular focus on the development challenges faced by developing countries. September 2010.

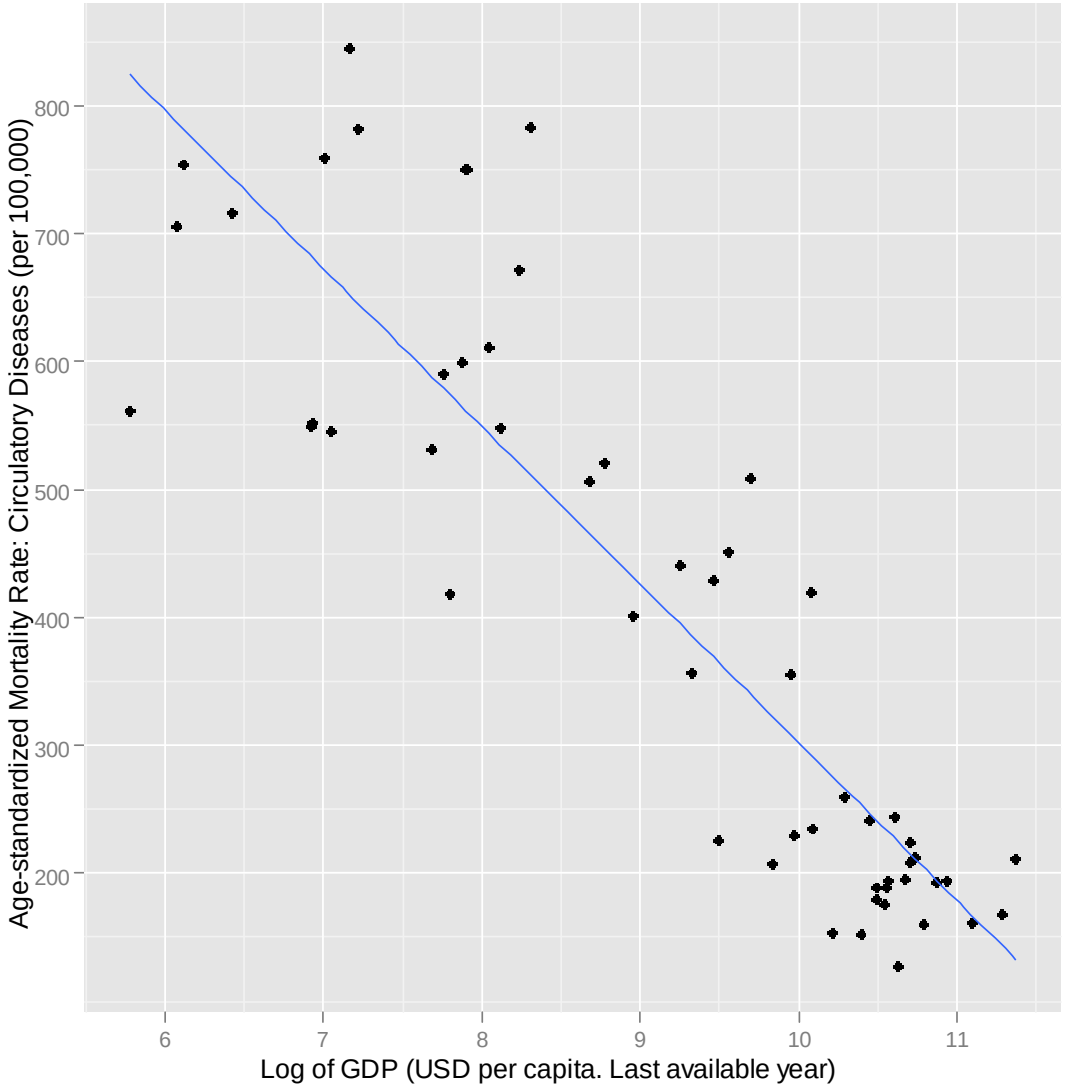

Figure 1. Reduction of Mortality from Circulatory Diseases with increasing GDP Per Capita (in Member States of WHO/Europe using data from last available year. Source: European HFA Database)

NCDs are also a major concern in the high-income countries of the European region: with demographic changes resulting in an increasing ageing population, the treatment of NCDs and related disabilities represent a growing burden and an equity challenge to health and social welfare systems, which need to be recalibrated to withstand the increasing demand for health-care needs.

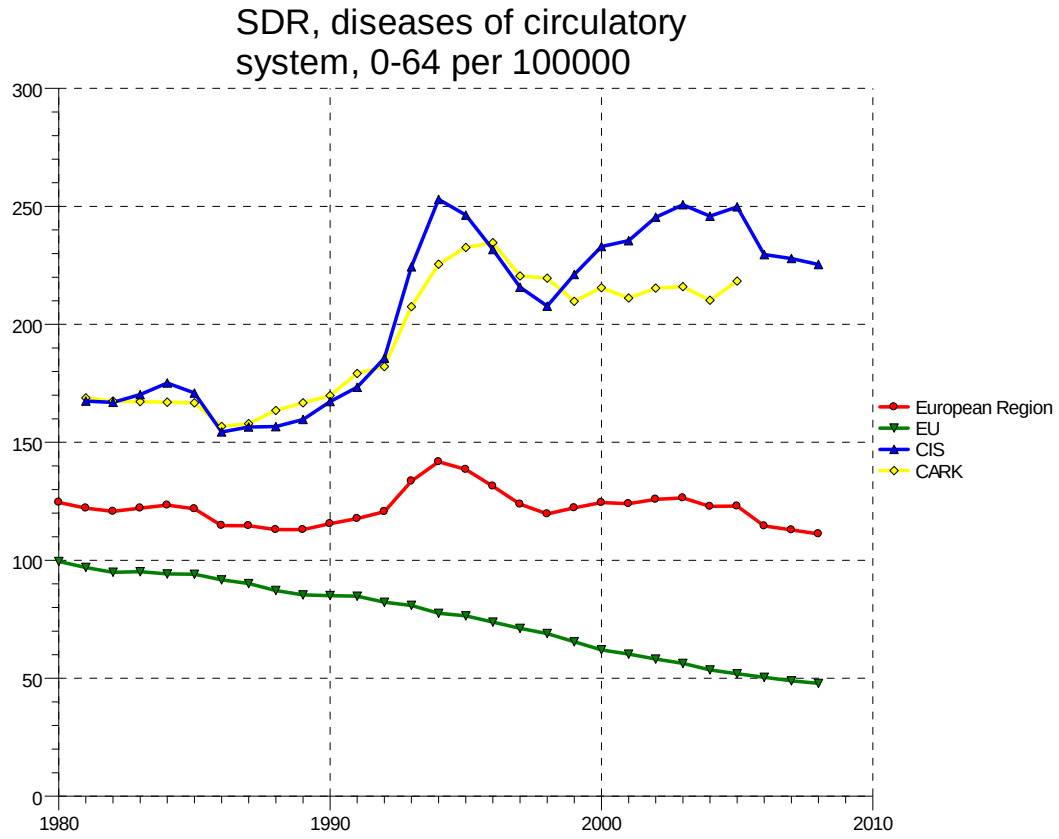

Figure 2. Age-Standardized Mortality from Circulatory Diseases for people aged 0-64 years in various sub-groupings of WHO/Europe Member States (Source: WHO/Europe HFA Database)

Figure 2 illustrates the deep link between premature mortality from circulatory diseases with varying levels of development in the Member States of WHO/Europe. While these rates in the European Region as a whole are level or declining, there are dramatic differences across the Region. Circulatory mortality below 65 years is declining, on average, in the European Union (EU), but the same is not so in the rest of the Region, where a divergence is seen with rising rates in the Commonwealth of Independent States (CIS) and the Central Asian Republics and Kazakhstan (CARK).

Much has been learned about the causes of NCDs in the European region during the last four decades. Health care is an important determinant of health. Unhealthy behaviors are important determinants of health. But while premature death rates have declined in most countries in the Western part of Europe, this has not been the case in some of the countries in the Eastern part of Europe, where premature death rates are increasing at an alarming rate, especially among the poorest populations. And within most European countries, great discrepancies in health outcomes from NCDs and life expectancy continue to occur along the social scale. It is the factors in the non-health sectors that influence behavioral choices and determine access to health services in the first place.

National policies in sectors other than health have a major bearing on the risk factors for NCDs and are contributing to a surge in premature deaths

The rapidly growing burden of NCDs is driven by population ageing, globalization of trade and marketing, and rapid unplanned urbanization:

- The interaction of ageing and the NCD epidemic is complex. Ageing can, and should, be a healthy process, and should not be seen as a process of degeneration. In fact many of the richer economies of Western Europe, despite having an older population, have lower standardized mortality rates from circulatory disease. On the other hand, despite the lower relative risk of mortality at young age, the larger numbers of older persons results in increasing demands on the health service. Preparing for changing patterns in the volume and composition of service delivery should be a policy priority. Early emphasis on primary care can lead to better prevention and healthier ageing.

- Globalization drives risk in populations in complex ways. Populations in all European countries are now consuming diets high in total energy, fats, salt and sugar. The increasing consumption of these foods is driven by factors related to availability, cost, less time to prepare food, increased production, promotion and marketing of processed foods and those high in fat, salt and sugar. A significant proportion of global marketing is now targeted at children and underlies unhealthy behavior.

"Healthy diets" cost more in Europe: there is a clear inverse relationship between energy density of foods and their energy cost, meaning that the more energy-dense diets are associated with lower daily food consumption costs.

- Rapid unplanned urbanization creates conditions in which people are exposed to new products, technologies, and marketing of unhealthy goods, and in which they adopt less physically active types of employment. Weak urban planning can further reduce physical activity levels by discouraging walking or cycling.

Fuelled by these underlying drivers, almost 60% of the disease burden in Europe is accounted for by seven leading risk factors: high blood pressure, tobacco, alcohol, high blood cholesterol, overweight, low fruit and vegetable intake and physical inactivity[3]. Tobacco smoking is the highest lifestyle-related risk factor in the WHO European Region[4], but almost at the same level as alcohol[5]. The region has the highest alcohol intake in the world and a per capita consumption twice as high as the world average. Furthermore alcohol consumption is increasing in the countries where it used to be lower in the region, and in many cases this are those where consumption used to be on the lower and coincidently low- and middle-income countries in many cases.

[3] WHO Global Burden of Disease, 2004
[4] WHO Report on the Global Tobacco Epidemic.The MPOWER package. World Health Organization, 2008
[5] Global Health Risk. Mortality and burden of disease attributable to selected major risks. World Health Organization 2009.

Overweight and obesity are one of the greatest public health challenges of the 21st century in Europe. Obesity prevalence has tripled in many countries since the 1980s, and the number of people affected continues to rise at an alarming rate, particularly in children. On average 24% of the children aged 6-9 years old are overweight or obese (based on the 2007 WHO growth reference for children and adolescents and the WHO Childhood Obesity Surveillance Initiative), a signal of the nutritional transitions that go hand-in-hand with economic changes.

Physical inactivity, together with diet, is an important part of the problem, both in relation to NCDs and obesity. Reintroducing adequate levels of health enhancing physical activity has emerged as a major challenge that cannot be addressed through traditional health promotion interventions, but requires multisectoral approaches which address policies affecting the different settings of daily life through a life-course approach.

The physical environment is increasingly emerging as a major determinant for NCDs: for example, outdoor air pollution shortens life expectancy by, on average, 8 months in European cities, and indoor air pollution leads to the loss of 2.2 million DALYs per year in EU; exposure to hazardous chemicals, e.g. through occupational exposures, or chronic ambient exposure, may increase the risk of some forms of cancer[6].

Furthermore, affordable and accessible primary health care services in both the public and private sectors for the early detection of NCDs, like breast and cervical cancers, high blood pressure and diabetes, often perform below expectations in both the public and private sectors. Access to essential medicines for NCDs is significantly lower than access to drugs for acute conditions in some countries in the region. The poorer the country, the wider this gap becomes. Other weak elements often include appropriate policies, trained human resources, adequate access to basic technologies, standards for primary health care, and well-functioning referral mechanisms. In some countries, health systems consist of an inefficient hierarchy with political objectives that are at odds with public health.

Finally, NCDs are closely linked with communicable diseases. For example, diabetes is associated with 6% of new TB cases in the highest burden countries; and smoking is associated with over 23% of TB cases. Anti-retroviral therapy itself increases the risks of developing heart disease, and diabetes. HIV increasingly requires chronic care, similar to NCDs[7].

NCDs are also undermining the attainment of the Millennium Development Goals (MDGs). The links between NCDs and HIV/AIDS, tuberculosis, and child and maternal health mean that NCDs need to be tackled if the MDG targets are going to be achieved in low-income countries of the European region.

[6] Costs of Inaction on Environmental Policy Challenges: Summary Report. OECD 2008.
[7] Stuckler D, Basu S, McKee M. Drivers of inequality in Millennium DevelopmentGoal progress: a statistical analysis. PLoS Med. 2010 Mar 2;7(3):e1000241. PubMed PMID: 20209000; PubMed Central PMCID: PMC2830449; and Mendis S. The policy agenda for prevention and control of non-communicable diseases. Br Med Bull. 2010 Nov 8. [Epub ahead of print] PubMed PMID: 21059733.

Health gains can be achieved much more readily by tackling the social and environmental determinants of NCDs than by making changes in health policy alone

Policy decisions of sectors like agriculture, trade, finance, taxation, food production, pharmaceutical production, industry, education, transportation and urban development can have a major influence on the population levels of risk factors like tobacco use, unhealthy diet, physical inactivity, overweight and obesity and the harmful use of alcohol. Therefore, gains can be achieved much more readily by influencing public policies in these sectors than by making changes in health policy alone.

Strategies for reducing risk factors for NCDs aim at providing and encouraging healthy choices for all. They include multisectoral policies and plans, as well as programmes related to surveillance, advocacy, legislations, environmental interventions, health-system strengthening, and community mobilization. As the underlying determinants of NCDs lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors. Different settings may be considered for action, for example, schools, workplaces, households and local communities.

Low-cost policy interventions ("best buys") exist to reduce the level of exposure of individuals and populations to risk factors for NCDs. Among such interventions are structural measures to increase price and reduce availability of unhealthy lifestyles. In order for these interventions to be implemented successfully in low- and middle-income countries, concerted involvement of governments in high-income countries is needed to help build managerial capacity among line ministries, district authorities and civil society in economies in transition and developing countries.

To reduce tobacco use, countries in the region have started to implement the provisions of the WHO Framework Convention on Tobacco Control, including six cost-effective policy interventions to (a) monitor tobacco use and tobacco-prevention policies; (b) protect people from tobacco smoke in public places and workplaces; (c) offer help to people who want to stop using tobacco; (d) warn people about the dangers of tobacco; (e) enforce bans on tobacco advertising, promotion and sponsorship; and (f) raise tobacco taxes and prices. Taxes on tobacco are the single most effective intervention to reduce demand for tobacco. A price increase of 10% would reduce smoking by about 4% in high-income countries and by about 8% in low- and middle-income countries.

To promote healthy diet, countries in the region have started to implement the actions recommended in the Global Strategy on Diet, Physical Activity and Health in order to (a) promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children; (b) develop a national policy and action plan on food and nutrition; (c) establish and implement food-based dietary guidelines and support the healthier composition of food by reducing salt levels, eliminating industrially produced trans-fatty acids, decreasing saturated fats and limiting free sugars; (d) provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices; and (e) prepare and put in place a framework for promoting responsible marketing of foods and non-alcoholic beverages to children. Planning regulations can restrict the number of fast food restaurants and places selling alcohol or tobacco – or at least prohibit their proximity to schools.

To promote physical activity, countries have started to (a) develop and implement national guidelines on physical activity for health; (b) implement school-based programmes; and (c) ensure that physical environments support safe active commuting and create space for recreational activity. Car use can be discouraged through congestion charges and limiting parking. Homes and workplaces need to be built in a way that promotes a healthy lifestyle too.

To reduce the harmful use of alcohol, countries have started to implement policy options and interventions available for national action which are included in the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the 10 recommended target areas:

- Leadership, awareness and commitment
- Health services' response
- Community action
- Drink-driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance.

The health sector has a stewardship role in exerting influence across all sectors of government and in adopting approaches to policy development that involve all government departments

All countries in the European region are challenged to establish new, or strengthen existing, policies and plans for the prevention and control of NCDs as an integral part of their national health (development) plans and broader public policy frameworks. In accordance with the Action Plan for the Global Strategy for the Prevention and Control of NCDs, such policies should encompass the following three components, with special attention given to dealing with to gender, the needs of the poor and vulnerable ones, as well as persons with disabilities:

- The development of a national multisectoral framework for the prevention and control of NCDs. This includes (i) the establishment of a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health; (ii) develop and implement a comprehensive policy and plan for the prevention and control of NCDs, and for the reduction of modifiable risk factors; and (iii) evidence-based legislation, together with fiscal and other relevant policies, that are effective in reducing modifiable risk factors and their determinants.

- The integration of the prevention and control of NCDs into the national health (development) plan. This includes (i) the establishment of an adequately staffed and funded noncommunicable diseases unit within the Ministry of Health; (ii) establish a high-quality surveillance and monitoring system; and (iii) incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system, with emphasis on primary care.

- The strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with NCDs. This includes (i) ensuring that the infrastructure of the health system, both the public and private sectors, has the elements necessary for the effective management and care for chronic conditions; (ii) implementing and monitoring cost-effective approaches for the early detection of breast and cervical cancers, hypertension and other cardiovascular risk factors; (iii) take action to help people with NCDs to manage their own conditions better, and provide education, incentives and tools for self-management and care; and (iv) develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

International development agencies in the European region must start supporting intervention projects for the prevention and control of NCDs, exchanges of experience among stakeholders, and regional and international capacity-building programmes for low - and middle-income countries if the high mortality and disease burden experienced in the Eastern part of the European region are to be comprehensively reduced.

In all low- and middle-income countries of the European region, and by any metric, NCDs now account for a large enough share of premature death and poverty to merit support from international development agencies

Public policy makers in countries in Europe have placed the prevention and control of NCDs at the forefront of efforts to improve health outcomes. The World Health Organization's Regional Committee for Europe adopted the European Strategy for the Prevention and Control of Noncommunicable Diseases in 2006, as a strategic framework for action. To this end, 31 per cent of Member States in the WHO European region have a unit or department in the Ministry of Health dedicated to noncommunicable diseases, while 28 per cent of European countries are implementing a nationally-approved policy document for the prevention and control of noncommunicable diseases.

The European Strategy for the Prevention and Control of Noncommunicable Diseases builds on the Global Strategy for the Prevention and Control of Noncommunicable Diseases, which was endorsed by the World Health Assembly in 2000 (resolution WHA53.17) which considered the four types of noncommunicable diseases and their four risk factors together in order to emphasize common causes and highlight potential synergies in prevention and control. In 2008, the World Health Assembly endorsed the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (resolution WHA61.14) which considered the same four types of noncommunicable diseases and their four risk factors together. Likewise, United Nations General Assembly resolution A/RES/64/265 adopted in May 2010, underscored the need

for concerted action in order to address the "four most prominent non-communicable diseases, namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes" noting that these diseases "are linked to common risk factors, namely tobacco use, alcohol abuse, an unhealthy diet, physical inactivity and environmental carcinogens". An Action Plan for the European Strategy for the Prevention and Control of Noncommunicable Diseases is being developed in consultation with Member States and International Partners, and will be presented to the Regional Committee for endorsement in September 2011.

These strategies call on international partners to include the prevention and control of noncommunicable diseases as an integral part of work on global development and in related investment decisions, and to support the implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes. Despite this increasing recognition of the pressing need to address the growing magnitude of noncommunicable diseases and their risk factors and the negative impact on socioeconomic development, however, official development assistance to support low- and middle-income countries in the European region in building sustainable institutional capacity to tackle noncommunicable diseases remains insignificant. If the high mortality and heavy disease burden experienced by low- and middle-income countries in the European region (and beyond) are to be comprehensively reduced, global development initiatives must take into account prevention of noncommunicable diseases. As the Action Plan states, instruments like the Millennium Development Goals provide opportunities for synergy, as do strategies for poverty reduction.

Converting aspirations into achievements in the European region will require unprecedented commitment from European leaders at the High-level Meeting in New York in September 2011

The High-level Meeting on NCDs in September 2011, officially called the 'High-level Meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases' will take place in September 2011 in New York, as decided in the first operative paragraph of UN General Assembly resolution A/RES/64/265 adopted on 13 May 2010. The High-level Meeting on NCDs in September 2011 will be convened with the participation of Heads of State and Government.

It is expected that the High-level Meeting will focus on galvanizing action at global and national levels to address the health and socio-economic impact of NCDs through multi-sectoral approaches. It is expected that the High-Level Meeting will also generate global commitment and momentum to implement the Global Strategy for the Prevention and Control of Non-communicable Diseases and its related Action Plan. The scope and purpose of the High-level Meeting is subject to approval by the UN General Assembly, following a process of consultations with Member States and other relevant stakeholders. The President of the 65th Session of the United Nations General Assembly, Mr Joseph Deiss, has appointed H.E. Mr Raymond Wolfe, Permanent Representative of Jamaica in New York, and H.E. Ms Sylvie Lucas, Permanent Representative of Luxembourg in New York, to serve as Co-Facilitators and to lead these consultations, which are currently

ongoing with a view to concluding these consultations before the end of 2010. The final outcome of the High-level Meeting on NCDs will be decided by Member States based on a process of continued consultation with Member States and other relevant stakeholders until September 2011.

A chronological timeline of events leading to the adoption of UN General Assembly resolution A/RES/64/265, includes the following milestones:

May 2000 – World Health Assembly endorses the 'Global strategy on the prevention and control of NCDs', providing a global vision for addressing non-communicable diseases.

May 2003 – World Health Assembly endorses the 'WHO Framework Convention on Tobacco Control'.

May 2004 – World Health Assembly endorses the 'Global strategy on diet, physical activity and health'.

May 2008 – World Health Assembly endorses the 'Action Plan for the Global Strategy for the Prevention and Control of NCDs', which provides a roadmap for countries, WHO and international partners, and calls for action to raise the priority accorded to NCD in development work at global and national levels.

May 2009 – Participants at the ECOSOC/UNESCWA/UNDESA/WHO Western Asia Ministerial Meeting on NCDs adopt the 'Doha Declaration on NCDs and Injuries', calling for indicators on NCDs to be included in the MDGs.

July 2009 – During the General Debate of the ECOSOC High-level Segment, national and international leaders called on global development initiatives to take into account the prevention and control of NCDs and suggested that the UN General Assembly convenes a High-level Meeting on NCDs. During the UNDESA/WHO Ministerial Roundtable Breakfast on NCDs, a number of countries tried to secure support to integrate indicators on NCDs into the core MDG monitoring and evaluation systems. The resulting ECOSOC Ministerial Declaration calls for urgent action to implement the 'Global strategy on the prevention and control of NCDs' and its related Action Plan.

May 2010

- A/RES/64/265 is adopted unanimously by the UN General Assembly. The draft text of the resolution is brokered by the Caribbean Community (CARICOM). The resolution is co-sponsored by 78 countries, as well as Cameroon on behalf of the Member States who are Members of the Group of African States. Member States from the WHO European Region which co-sponsored the resolution include Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Israel, Italy, Kazakhstan, Luxembourg, Malta, Monaco, Montenegro, Portugal, Russian Federation, Serbia, Slovenia, Spain, Switzerland, Turkey and the UK.

September 2010

- Iraq and Oman host a side-event on NCDs during the High-level Plenary Meeting of the 65th session of the United Nations General Assembly on the Millennium Development Goals (New York, 20-22 September 2010) to raise awareness about the need to include NCDs in global development initiatives and in related investment decisions. The side-event was attended by more than 100 Member States and other relevant stakeholders.

- In the outcome document of the High-level Plenary Meeting of the 65th session of the United Nations General Assembly on the Millennium Development Goals (New York, 20-22 September 2010) adopted on 22 September 2010, Heads of State and Government commit themselves to strengthening the effectiveness of health systems and proven interventions to address the increased incidence of NCDs, and to undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental challenges posed by NCDs.

October 2010

- The President of the 65th Session of the United Nation General Assembly appoints the New York-based Permanent Representatives of Jamaica and Luxembourg, Ambassadors Wolfe and Lucas, as Co-Facilitators.

- The first Regional Consultation for Member States in the WHO Eastern Mediterranean Region was hosted in Tehran by the Government of the Islamic Republic of Iran (25-26 October 2010). The Regional Consultation is co-sponsored by WHO.

November 2010
- WHO convenes Informal Dialogue with NGOs and the private sector on 1 and 2 November 2010, respectively

- Norway's Ministers of Foreign Affairs, Environment and International Development, and Health and Care Services are convening the Regional High-level Consultation for Member States of the European Region. The Consultation is hosted in Oslo (25-26 November 2010) and is co-sponsored by UNDESA and WHO.

April 2011
- The First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control will take place in Moscow between 28-29 April 2011. The Conference will be jointly organized by the Russian Federation and WHO.

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Disclaimer

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