Informal interactive civil society hearing on the prevention and control of noncommunicable diseases

Thursday, 16 June 2011, General Assembly Hall
Provisional Program[1]

Opening Plenary
10.00 - 10.45

H.E. Mr Joseph Deiss, President of the General Assembly: Opening remarks—Time: 0:00:00-00:10:05

> "Nearly two-thirds of global deaths each year are due to NCDs...The decision to convene the high level meeting was an acknowledgement by the General Assembly that the prevalence of NCDs around the globe is such that it warrants a concerted global response. Furthermore, the response needs to go beyond the health sector as there are much broader economic and social drivers for these diseases. This hearing represents a significant milestone on the preparation for the September meeting on NCDs…"

Dr. Asha-Rose Migiro, Deputy Secretary-General—Time: 00:10:05-00:16:15

> "Together, you make up a remarkably diverse group: academics, medical and public health experts, community leaders, health activists, philanthropists, business executives, and others all committed to addressing this public health threat…The global community is only now coming to grips with the size of the burden. NCDs are the leading cause of death globally, taking the heaviest toll in developing countries….It is necessary to put to rest the myth that NCDs are diseases of affluence…"

Dr. Ala Alwan, Assistant Director-General of WHO—Time: 00:16:30-00:26:40

> [Speaker cites WHO 2011" Global Status Report on NCDs": http://www.who.int/chp/ncd_global_status_report/en/index.html] "The major determinants lie in sectors like agriculture, finance, education, trade, industry, and urban development and unless concrete and decisive action is taken to prevent and control NCDs, efforts to combat poverty and promote inclusive and sustainable growth will be seriously undermined.…[In numerous recent consultations,

[1] The official draft agenda for the June 16th event is available on-line: http://esango.un.org/event/documents/NCDProgram.pdf

Part I: http://www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-original-language.html and

Part II: http://www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-part-2.html

members] highlighted that the epidemic of NCDs is overwhelming health systems and is contributing to poverty in low income populations and is slowing economic growth in emerging economies…The opportunity presented by the High Level Meeting in unprecedented. By integrating the prevention and control of NCDs into global discussions on health and development we will be addressing a major threat to health, poverty and includive growth. We will be discussing a more balanced distribution of the benefits of globalization. And this gives us an occasion for great optimism."

HRH Princess Dina Mired (Jordan), Director-General, King Hussein Cancer Foundation—Time: 00:27:15-00:37:00

"We need to get NCDs on the global agenda…NCDs remain completely ignored…**We face what has been described by [UN Secretary General] Ban Ki Moon as 'a public health emergency in slow motion.'** Communicable diseases…attract all of the attention, all the action, all the funding…even though a person in the developing world may survive, AIDS, malaria, and tuberculosis thanks to the great global efforts taking place, chances are that very same survivor will eventually die prematurely from an NCD, and thereby putting all those great efforts to waste. One fact is sure: NCDs are the clear winners in the business of dying…A man in Cambodia said, 'I wish I had AIDS and not diabetes.' If he had AIDS he could have been treated for free in a modern facility, but since he only had diabetes, no affordable health care was available…

Our efforts to deal with these risk factors decisively have not matched the efforts of these companies to invade the developing world. Tobacco and food companies, losing their markets in the strictly controlled and regulated environments of the developed world, are now taking advantage of the low regulation and low taxes of the developing world as they try to secure a sizable market share…And NCDs are becoming a major impediment to the achievement of the Millennium Development Goals…"

[The speaker described her son's diagnosis with leukemia and her father's creation of a world-class cancer treatment centre.]

We need to ensure that NCDs acquire a new label: 'Urgent Action Required Now!'"

Roundtable one:
The scale of the challenge
10.45 – 12:00

Moderator: **Morgan Binswanger**, Lance Live Right Be Strong Foundation

Eminent person: **Dr. Betsy Nabel** (USA), President, Brigham and Women's Hospital
Dr. Mira Shiva (India), Health Action Int'l and Initiative for Health & Equity in Society
Dr. Tom Frieden (USA), US Center for Diseases Control and Prevention—Time: 1:06:30-1:11

" We are able to set the course of epidemiology in the future…[When it comes to NCDs, unlike the weather] the best way to predict the future is to change it."

Dr. Trevor Hassel (Barbados), Healthy Caribbean Coalition—Time: 1:11:15-1:16:00

"These diseases in the region are resulting in a non-sustainable economic and fiscal impact with, for example, hypertension and diabetes reducing the [Gross Domestic Product] by some 3%-8% in some Caribbean countries."

Professor David Bloom (USA), Harvard School of Public Health—Time: 1:16:00-1:22:45

"NCDs also appear to be well ensconced on the radar screens of the business community [according to the World Economic Forum's 2010 survey of 14,000 business leaders in 139 countries. However,]…economic policy makers [like Ministers of Finance and their senior advisors] tend to see NCDs as an issue that is confined to the health sector, not an issue for economic development and productivity and poverty mitigation. That misperception needs to be redressed….**NCDs undermine labour's contribution as a factor of production by causing disability and death, the loss of both physical and human capital….And that economic burden of NCDs is likely to be disproportionately concentrated among the poor. That is because the poor typically score badly in terms of the risk factors for NCDs…[and] the main asset the poor possess is their labour and that is the asset that is most threatened by NCDs.**

We are estimating the cost of NCDs in 2010 and we are also projecting that cost out until 2030….our preliminary result indicate a substantial economic burden at this point in time which will evolve into a staggering economic burden over the next two decades…**We also estimate foregone [economic] output that will amount to $35 trillion over the next two decades due to a key group of NCDs over the 25 year period from 2005 to 2030**…That represents seven times the current level of global spending on health. It is also enough money to wipe-out two-dollar-a-day poverty throughout the world for 25 years.[2]…**If [economic advisors of policy-makers] care about economic growth and poverty reduction, it would be downright irresponsible to ignore NCDs… Intervention will be costly, but not intervening is likely to be far more costly**."

Speakers from the floor

Mr. George Hacker (USA), Centre for Science in the Public Interest and the Global Alcohol Policy Alliance—Time: 1:31:20-1:34:40

"Vested interests must be excluded from policy making and program development. Alcohol purveyors, whose prime objective is profit, have no place at the table, for the simple reason that they have a substantial conflict of interest: reducing excessive alcohol consumption reduces their sales. Any stake-holder role they might play should be judged not by their contribution of funds to "partnership"

[2] Dr. Bloom's final report will include country-by-country will include country-by-country estimate of the current and forecast future costs of the unchecked burden of disease.

initiatives or their creation of high-visibility, yet intentionally ineffective and self-serving, "prevention" programs, but rather by their support for the many public-health policy approaches proven effective in saving lives and reducing disease."

Dr. Shiriki Kumanyika (USA), International Association for the Study of Obesity—Time: 1:37:30-1:39:00

"We have to resist pressures from the commercial interests that are providing the foods that lead to obesity…We call on the Summit to charge the WHO…to work with the U.N. Committee on Nutrition and other U.N. agencies to develop a food supply policy that meets development, environmental and health goals."

Ms. Paula Johns (Brazil), Alliance for Control of Tobacco—Time: 1:35:00-1:36:40

"We [in Brazil] are known as global tobacco control leaders. And due to a high level of national political leadership we have been able to implement some fundamental FCTC measures. In 1989, 35% of our population smoked. Today, 17% of the population smokes in Brazil." [But brazil needs to fully implement the treat and the tobacco companies and its allies are challenging laws in Brazilian courts.

Dr. John Seffrin (USA), American Cancer Society (TBC)

Dr. Jean-Luc Eiselé (Switzerland), World Health Professionals Alliance

Ms. Heather Selin, International Union Against Tuberculosis and Lung Disease—Time: 1:40:15-1:42:30

"The single most effective measure within a comprehensive strategy to reduce tobacco use is to raise taxes on tobacco products. No other intervention even comes close to taxes in terms of impact [by reducing the amount smoked, preventing children from starting to smoke, protecting non-smokers from exposure to smoke, and inducing smokers to quit]…Higher tobacco taxes increase government revenues. Yes. We know that all countries have a long list of spending priorities. But the Union strongly urges government to devote some revenue from tobacco taxes for preventing noncommunicable diseases whether these be tobacco control, essential asthma medicines, support for nutritious local and unprocessed food, or the design of facilities to promote physical activity. So we can tax tobacco, save lives and increase government revenue. What an opportunity. We must do this."

Roundtable two:
National and local solutions
12:00 - 13.00
15.00 - 16.30

Moderator: Morgan Binswanger, Lance Live Right Be Strong Foundation

Panellists
Eminent Person: **Dr. Tom Frieden** (USA), US Center for Diseases Control and Prevention—Time: 1:59:00-2:09:14

"When we look back on this process years from now, let's hope that we don't say that when all is said and done, quite a bit more was said than done. We have a unique opportunity to activate the global community to reduce preventable illness and death.

Young adults all over the world are dying from preventable illnesses at very high rates and we can do a lot about it. Making sure that what happens out of this process is real will depend to a great degree on pressure from civil society. It will be quite important that we identify proven scalable interventions and then hold societies and governments accountable for scaling them up. What measures can be managed and unless we have clear, measurable indicators we won't be able to hold ourselves and our countries and the global community accountable for progress.

I spent many years doing tuberculosis control in this country and other countries around the world and then I began working on the NCDs and I realized that as difficult as TB control is, tobacco control is much more difficult because the TB bacteria do not pay-of politicians to allow it to continue to spread. They don't brand themselves as light TB to seem more attractive. They don't spend billions of dollars to convince people that it's cool to get TB. Or fund scientists to say that TB is really not so bad. Or fund cultural events to convince people that it is a positive force in society. **And because so many of the NCDs depend on and are fuelled by industrial interests that are in conflict not only with the health of society but with most other industries in society, it is a critical indicator of good governance that countries implement proven, effective interventions** starting with first and foremost with the interventions in the Framework Convention on Tobacco Control and illustrated by the EMPOWER package of interventions promoted by the WHO and many other organizations.

If we look at where we are today with tobacco control, there has undoubtedly been progress. There is a global commitment to progress and since 2008, hundreds of millions of people are now better protected by tobacco control interventions. And yet, less than one in ten people in the world is protected by any of the key interventions in the EMPOWER strategy. We have a long, long way to go. More countries understand the burden of tobacco use. More countries are implementing smoke-free places which save lives and don't hurt business.

More doctors and other health professionals are recognizing that, in the phrase of one tobacco company line: 'A doctor who smokes is worth $100,000 to the tobacco industry.' And that everyone working in

the health care sector should be an advocate for tobacco control. An increasing number of countries are implementing pack warnings, implementing hard-hitting ads, restricting advertising and inviting civil society to ensure that tobacco companies are complying with laws restricting tobacco companies. And are increasing taxes on tobacco which has been noted this morning is the single most effective way to reduce tobacco use. Success is possible. Here in New York City we were able to reduce adult smoking by 25% and teen smoking by more than 50% in just six years, but the country of Uruguay has shown that it is possible to do even better. In just two years, Uruguay was able to reduce adult smoking my 25%. And progress in Brazil and other countries of African and Asia with high rates of smoking like Hong Kong and Singapore show that progress really is possible and tobacco control can be a model for other NCD control efforts.

Restricting and reducing the amount of sodium in our diet is another critically important area where progress is possible. And countries such as the UK and Finland have shown that substantial reductions are possible, within reach and require collective action in order to achieve. Most of us consume far more sodium than we need, as much as 8-10 times as much as our physiological requirement. And what we see in many of our countries with the age related increase in blood pressure may in fact not be inevitable by may be the result of environmental influences that can be changed.

Artificial trans fat is another product that made its way into our food supply. It increases bad cholesterol. It reduces good cholesterol. It's worse that saturated fat. And it is possible as has been shown in this country to eliminate artificial trans fat and at the same time reduce saturated fat by 10%-20%.

Obesity is an enormous challenge for all of us to deal with. We do not yet have proven interventions to reverse the obesity epidemic but we know that what is likely to be effective is the same thing that has been effective in tobacco control. Addressing price, so than unhealthy foods are more expensive and healthy foods are less expensive. Addressing image so that our children are not exposed to an inundation of advertising for unhealthy foods and we promote healthy foods and water. And exposure so that we increase exposure to healthy foods in commerce, in schools in child cares, and day cares, and workplaces and we reduce the exposure to unhealthy foods.

Physical activity is, we know, the wonder drug. It does everything we would want to do. It reduces everything we would like to reduce. It is critically important for physical and mental health. And We don't yet have proven interventions to scale it up on a societal basis but we know that the built environments very important and in countries such as t Colombia has shown the way in piloting interventions that may be able to be scalable and have a major impact.

[…comments re clinical interventions…]

The time to act is now. As countries develop, market forces and increasing purchasing power tend to promote an increase in tobacco use, an increase in consumption of unhealthy food and beverages including alcohol, and a decrease in physical activity. Even in developed countries we are responding

far too slowly to the epidemic of heart attacks, strokes, cancer, and diabetes. There is a need to make policy changes now before things get even worse. The faster we act, the more progress we can make.

Civil society will be essential to create that political will and we must recognize that the private sector and industry also has a heavy stake in ensuring a productive workforce and lower healthcare costs.

Margaret Mead said, 'Never doubt that a small group of committed individuals can change the world. Indeed it is the only thing that ever has.'

Thank-you for all your work in pushing for the prevention and control of non-communicable diseases. And I hope we will have a very effective process over the coming months so that years later we can be proud of how much was done to prevent preventable illness in this world."

Ms Shoba John (India), Framework Convention Alliance—Time 2:18:30-2:25:00 minutes

"Over 6 million people die from tobacco diseases [annually]…The legally binding…Framework Convention on Tobacco Control… is one of the most widely embraced treaties in the United Nations system with 178 parties as of now covering about 87% of the world's population….Governments need to accelerate the implementation of the Treaty… Just as tobacco control is a public health issue, it is a development issue and there if we want to make sure that the Millennium Development Goals reach their full potential in reducing poverty in the world, it is important that tobacco control indicators and NCDs are included in future Millennium Development Goals as MDGs, whether we call them successor goals to MDGs or as MDGsPlus in the immediate future."

Dr. Louise Kantrow (USA), Int'l Chamber of Commerce—Time 2:25:15-2:31:00 minutes

"[Founded in 1919, ICC represents tens of thousands of companies in more than 130 countries.] "Business has an interest in curbing non-communicable diseases for a variety of reasons including having productive employees, providing products, services, technical support to manage NCDs and maintaining a beneficial long-term relationship within the community with which it works…Industry has taken action that includes public declaration of commitment to reform food formulation, consumer information, responsible marketing, promotion of healthier lifestyles and promotion of healthier lifestyles. In fact, cooperative partnerships with industry have already led to many favourable outcomes related to diet and physical activity. Initiatives by the food industry to reduce fat sugar and salt content of processed foods and portion sizes, to increase innovation an increase healthier choices, Industry is also partner with NGOs to encourage more active healthier lifestyles which have contributed to health gains world-wide. With the proliferation of information and communications technology any useful tools, including mobile devices, for example, in countries where there is high mobile phone technology penetration phones can be used for prevention, health promotion, diabetes education and treatment of cardiac arrhythmia. […comments re diagnostic equipment and pharmaceutical drugs…] **We know that all companies have an interest in ensuring that they have a healthy and resilient workforce to maintain their competitive edge. In fact, 54% of the world's people are employees.** As employers,

businesses can have an impact on the health of their employees and those employees can impact their families and their communities. In addition, businesses that have work-related wellness programs to prevent NCDs can have an influence on their supply chain as they share experiences with their colleagues. NCDs are a society matter and therefore require a whole of society and whole of government solutions. **Enterprises in all sectors in both the public and private domains are happy to play their part on a voluntary basis** along-side all other actors in combating the effects of NCDs on economies. However, the solutions are not only global but local and solutions must be adapted to meet the needs of the local community…**Any global action should allow member states to adopt national policies that align their national policies and interests that are culturally relevant.** A multi-sectoral approach is needed to curb NCDs and the private sector will play its role and at the same time, we also urge governments to look at NCDs in a holistic way. NCDs are not only a challenge for the Health Ministry as I mentioned this morning. Other ministries must be involved. All relevant ministries must be involved to work together to find solutions to prevent NCDs."

Associate Professor Ruth Colagiuri (Australia), Int'l Diabetes Federation—Time 2:31:15-2:40:00

"The individual suffering. The fear. The pain. The guilt. The financial cost. The disadvantage to families. The lost jobs. The lost chances for education and prosperity. Or for the countries for lost productivity. Lost economic opportunities and the drain on human development. This is a recipe for disaster, not disaster in the future, but a disaster that is happening now. But we do know what to do about it. We know these risk factors are largely preventable.

The answer, I believe, is prevention, prevention, prevention…[comments about clinical prevention]…If you can afford it, do it. But remember that after you have counselled those patients, they have to go back into the same environment that made them obese and inactive in the first place. So I would put my money on the population health approach to primary prevention. So this approach means preventing risk factors or reducing risk factors in the whole population. Tobacco control is an example of the population approach another example is the reduction of salty fat and sugar and the banning of trans fat. No reduction required. No social marketing required. This is the default option. This is the way of making healthy eating the default option. The most important thing is that I would put my money in a healthy public policies approach.

What would you think of a country that would help a weaker nation to help them fight a battle. To help them fight their battles, defend their rights and stave off invasion while simultaneously providing the enemy with guns and weapons. **Because that is what we are doing to each other with our trade policies and our international policies. And through these policies we have created a toxic, obesogenic and inequitable global environment.**

Dollars matter more than people and we have created this global epidemic of NCDs and we are paying the price for it. So the health in all policies approach looks at all policies and the impact all policies have on health much as you look at building codes to build safe buildings…Don't keep investing in costly interventions that have failed to work over the past 20 years. Education and

personal choice is terribly important but it is only going to work if the environment allows it to work and if those choices are available…

Do take affirmative action on NCDs…The fragile and the poor are the most susceptible to NCDs, the most likely to be damaged by them and the least likely to be able to protect themselves against their consequences. This will create and exacerbate a poverty cycle that will damage the fabric of local communities and ultimately damage national prosperity and security…"

Professor Bongani Mayosi (South Africa), University of Capetown and African Heart Network—Time 2:39:15-2:44:00 minutes

[Dr. Mayosi argued that the UN's remit be revised to include endemic diseases affecting the billion lowest-income people—such as rheumatic heart disease and sickle cell anaemia and that prevention efforts include clinical services, including school-based school health systems.]

Ambassador to the United Nations **Dr. Josephine Ojiambo** (Kenya) Time 2:44:00-2:50:00 minutes

"Health must be place at the centre of the economy. Not as just a factor of the economy but as a central driving factor of economic growth." [The Ambassador talked about treatment and diagnostic services and the need for a national universal healthcare system in Kenya.]

Dr. Fernando Del Rosario, Ministry of Health (Mexico)—Time 3:00:00-3:05:00 minutes

"If we don't take action now. **There will be catastrophic loss for families. There will be enormous economic loss for economies. There will be lack of economic growth for companies. It is all going to be catastrophic as Dr. Bloom said…There must be health considerations in all policies."**

Video Part II
http://www.unmultimedia.org/tv/webcast/2011/06/informal-interactive-civil-society-hearing-on-non-communicable-diseases-part-2.html

Speakers from the floor

Ms. Patricia Lambert (South Africa), Campaign for Tobacco Free Kids—Time 0:06:00-0:11:00 minutes

"In the decade between 1994 and 2003, tobacco consumption fell in South Africa by 31%...The transition in 1994 to democracy provided a new government with an opportunity to refocus health policy….[T]he Ministry of Health and the government fixed on prevention as the best way to keep citizens healthy and to keep down health care costs… In addition to legislation, a sharp increase in the price of tobacco products and that taken up by taxation…

Governments need to do what governments do best, they pass laws to regulate society and the impose taxes to pay for government…

Governments need to think very clearly and very carefully about the influence that corporations can have on public health policy…Governments working along-side not-for-profit organizations need to create the messages, need to manage the messages, and need to deliver the messages. Both should be mindful of powerful effects of corporate advertising on the thinking and decision-making of people and, increasingly, on young people…

Not-for-profit organization should taken fully the mantle of calling governments to account, keeping them focused, and keeping them honest. And also, increasingly, becoming the watchdog of corporate activity that interferes with public health...Let this be a call to action."

Dr. Peter Lamptey, (Ghana) Family Health International—Time 0:11:00-0:13:15 minutes

[The speaker talked about clinical interventions, the need for resources and the value of integrating NCD response into existing clinical programs.]

Ms. Kate Armstrong (Australia), Caring and Living as Neighbours—Time 0:13:30-0:17:00 minutes

"Children as a vulnerable group are entitled to special care and assistance. In 1999, the international community made a clear international commitment to the rights of children with the adoption the International Convention on the Rights of the Child which guaranteed an all encompassing set of human rights, including a child's right to the highest attainable standard of health. The near universal ratification of this child rights-based convention makes a child rights based approach central to NCD discourse and policies…I call on the United Nations, UN Agencies, member states and the private sector to alongside civil society to address and **include children in all NCD policies as a matter of justice, not charity. We must not forget our future."**

Mr. Cary Adams (Switzerland), Union for International Cancer Control and the NCD Alliance—Time 0:17:15-0:20:15 minutes

"Every member state should be accountable and committed to develop a national action plan to reduce NCDs and strengthen institutional capabilities for NCD prevention and control…And member states should conduct national periodic progress reviews with the participation of civil society, people who live with or have survived NCDs, the private sector to measure progress and reset objectives and ambitions, reporting progress regularly to the United Nations."

Mr. Emer Rojas (Philippines), Global Cancer Ambassador, American Cancer Society—Time 0:20:20-0:23:00 minutes

[Mr. Rojas talked about raising awareness and early detection.]

Dr. Richard Roberts (USA), World Primary Care Alliance—Time 0:23:20-0:26:35 minutes

[Dr. Roberts talked about universal access to clinical interventions for NCDs.] "My biggest fear with this initiative is not that we are going to try too much, but that we are going to try too little."

Dr. Sidney Smith (USA), World Heart Federation and the NCD Alliance—Time 0:27:20-0:29:00 minutes

"We heard about the importance of sodium. We heard about tobacco and we heard about diet….Tobacco, sodium, sugar, diet. The opportunity is to act now….I hope that Obama is here is September. If she can't come, I hope her husband is here." [Dr. Smith talked about treatment, screening, government, funding and the contributions of civil society organizations.]

Dr. Sandeep Kishore (USA) Young Professionals Chronic Disease Network—Time 0:35:00-0:37:30 minutes

[The speaker called for changes to the education of health professionals.]

Moderator: **Morgan Binswanger**, Lance Live Right Be Strong Foundation

[The moderator invited the panel to comment on the speaker's intervention and on the topic of social justice.]

Ms Shoba John (India), Framework Convention Alliance—Time 0:38:00-0:39:30 minutes

[Ms. John called for collaboration among advocacy groups in civil society, and the whole of government approach.]

Dr. Louise Kantrow (USA), Int'l Chamber of Commerce—Time 0:39:30-0:41:00 minutes

[The Speaker talked about the history of the United Nations and ICC's access.] "We all want to be part of the solutions. Businesses can only survive and can only flourish in societies that are healthy and that strong and thrive. We are committed to be part of the solutions. With the proliferation of information and communication technologies we will be making major contributions. The medicines that are required for the solutions in terms of the NCD issues. The business is committed to being part of that solution."

Ms. Eva Maria Ruiz de Castilla (USA), Int'l Alliance of Patient Organizations—Time 0:41:15-0:43:30 minutes

> "We represent 350 million patients world-wide." [The speaker discussed the importance of patients in driving agenda and collaboration with other parts of civil society.]

Dr. Vash Mungal-Singh (South Africa), Heart and Stroke Foundation of South Africa—Time 0:44:15-0:46:00 minutes

> [The speaker talked about the importance of doing more than just including NCDs into the Millennium Development Goals.]

Associate Professor Ruth Colagiuri (Australia), Int'l Diabetes Federation—Time 0:46:20-0:47:30 minutes

> **"I don't think anybody here would remain to be convinced that NCDs are a development issue. So, why would you have a development issue that is not included in development goals?"**

Government of New Zealand—Time 0:47:45-0:49:30 minutes

> [Question re obesity and diabetes re maternal health and nutrition and links to sexual and reproductive health.]

Ambassador to the United Nations **Dr. Josephine Ojiambo** (Kenya)—Time 0:50:00-0:52:00 minutes

> [The Ambassador spoke generally about health, development and the consensus development, and engaging the UN regional bodies, and the importance of social epidemiology.]

Mr. Rajendra Pratap Gupta (India) Disease Management Association of India—Time 0:52:30-0:57:00 minutes

> **"We don't want our next generations 40 years from now sitting in this room 40 years from now saying that we were the irresponsible generation that didn't take care of us**…I expect from the General Assembly coming is a dedicated session for child health." [The speaker surveyed the attendees on the prevalence of high blood pressure, diabetes, cancer, cardiovascular disease, etc. in their immediate families.] "NCDs is not about 15% or 20%. It is about 100%."

Mr. Bill Jeffery, International Association of Consumer Food Organizations (IACFO) [and the Centre for Science in the Public Interest, Canada]—Time 0:57:45-1:01:40 minutes

"Governments must issue regulations to promote the consumption of what the World Health Organization calls 'disease protective' foods and discourage 'disease causative' foods. But the capacity of national governments to enact such regulations is strongly discouraged by the World Trade Organization's official reliance on Codex Alimentarius Commission standards. The Codex Commission is a joint commission of the World Health Organization and Food and Agriculture Organization whose standards are based on current and essentially previous national legal approaches, not hopeful new approaches.

So, in our view, we need to use international laws to drive, not suppress effective nutrition standards. We need legally authoritative international nutrition standards, whether established by Codex with a renewed mandate, the World Health Organization, or other parties, standards to ensure that :

1. Food commodity standards and other commercial practices promote **reducing sugar, salt, refined flours, trans fatty acids, and animal fatty acids, and increase whole grains and non-starchy fruits and vegetables;**
2. We need to ensure that **consumption taxes, pricing controls and agri-food subsidies** promote healthy diets and do not discourage them;
3. We help develop further strategies to **prevent** and mitigate the harmful effects of **commodity price shocks, especially for nutritious foods;**
4. We need government **food procure policies**—particularly in regard to schools and workplaces—to encourage healthy eating physical activity;
5. We need **food labelling, advertising and school curriculum** policies are regulated in such a way to ensure that objective information is paramount;
6. We need to ensure that medical education and clinical treatment emphasize prevention before, not after, a heart attack or the onset of type II diabetes. (See the full technical statement at: http://cspinet.org/canada/pdf/final.iacfo-un-summit.nutritionadvice.pdf)

Question for the International Chamber of Commerce: "We all heard this morning from Dr. Bloom of the Harvard School of Public Health about the tremendous, the staggering economic repercussions of NCDs. He was talking about trillions of dollars of an economic burden globally. And I look at some of the measures that the food industry has taken on a voluntary basis. You referred to some. One that we've seen is **in the European Platform. Efforts to reduce the amount of sodium in the European food supply. It sounds like a big number: 820 tonnes of salt. It's actually a tiny number…It is a small fraction of 1% of current intake and a very small fraction of what public health advocates are calling for. You'd have to reduce by thousands of times more.** And so it seems to me and I put this to you: **Are you doing the rest of your members a service by not being critical of the poor performance of the food industry in their voluntary measures? Are we going to see a more productive workforce** throughout the economy if we continue to take these cautious approaches."

Dr. Louise Kantrow (USA), Int'l Chamber of Commerce]—Time 1:02:00-1:02:35 minutes

"As we mentioned earlier. Many of our members and associations are contribution. **Large companies. Small companies all need a healthy labour force and a healthy society within which they operate.** Many of our participating organizations, associations are committed to working with governments in terms of making their food products more healthy, in terms of improving their labelling and working with governments to achieve the desired goals and improvements in their performance."

Christie Daniel (Canada), Health Bridge Foundation— Time 1:02:45-1:04:45 minutes

"Telling people that they should eat healthy foods will not likely be effective if their local markets are disappearing and if healthy foods are unaffordable."

Dr. Kingsley Akinroye, (South Africa) African Heart Network—Time 1:05:00-1:07:00 minutes

[The speaker talked about the importance of clarity and persistence in advocating to governments, the importance of community health insurance, and increasing the capacity of developing countries to manufacture drugs, rather than import them.]

[Name Inaudible] (Mexio), Ministry of Health—Time 1:07:15-1:08:45 minutes

[The speaker spoke about negotiating the price of patented drugs and gaining quick access to generics.]

Mr. Saaid Akron Hussein (Bangeldesh), Agakan Health Care Trust—Time 1:08:50-1:13:15 minutes

[The speaker described the importance of monitoring and national NCD strategies and various treatment, drug therapies, and school-based health programs.]

Dr. Habib Benzian, (Phillipines) Fit for School—Time 1:13:30-1:17:00 minutes

"School health falls between health and education. Nobody feels responsible. Programs often lack rigour of implementation and do not reach the potential than they could have.…School health reaches children at an age when they are very receptive for interventions targeting behaviour change and acquire lifelong skills to enable them to lead healthy lives. School health programs have the advantage o, yes, improving health, but also yielding education benefits. School health programs lead to less dropout, better concentration, and better performance of children."

Ms. Afsan Bhadelia, Cancer de Mama, Harvard Global Equity Intiaitive, and Global Taskforce on Expand Access to Cancer Care and Control per Director Felicia Knaul —Time 1:17:30-1:19:00 minutes

[The speaker mentioned a number of programs operating in Latin America and the need for evaluation.]

Patti Rundall (United Kingdom), International Baby Food Action Network—Time 1:19:15-1:22:35 minutes

"[Concerning public-private partnerships and multi-stakeholder forums], [i]ndustries have actually gathered the words like 'sustainability,' 'creating shared values' and people are listening and believing it. I sit on the [European Platform] multi-stakeholder panel in Brussels…but the standards get lowered…**When you have a multi-stakeholder panel, you inevitably lower your standards. And I don't think we would have got anywhere with infant feeding if we had had to do that, if the UN System had to bring its standards down to meet what the industry wants.** So that's my concern, that we are now moving into a phase where NCDs are being perceived not only as an industry problem—yes these or corporate driven diseases, a lot of them—but **they are seeking to make a lot of money out of NCDs. And this cannot be right. They are the ones that have actually caused this problem.** They need to deal with it and do what member states and governments tell them to do. It is not their role to tell us and governments what they want us to do and to come to some sort of meaningless compromise that won't handle and won't stop this terrible problem….

There is a statement. More and more NGOs are signing onto this statement which we will be delivering to the President of the UN General Assembly calling for there to be a distinction between business not for profit organizations which we call BINGOs, so Business NGOs and Public Interest NGOs [which we call PINGOs]…And to develop a code of conduct that sets out a clear framework for what types of conflicts of interest are acceptable and which are not… Member States are going to need their help desperately because there is absolutely no clarity at the moment."

Ms Shoba John (India), Framework Convention Alliance—Time 1:22:45-1:23:45 minutes

"NCDs are a new part of the [Millennium Development Goals] that were not recognized before."

Dr. Louise Kantrow (USA), Int'l Chamber of Commerce—Time 1:23:50-1:24:15 minutes

[The speaker discussed collaboration, generally.]

Associate Professor Ruth Colagiuri (Australia), Int'l Diabetes Federation—Time 1:24:15-2:40:00

"I don't think the medical curriculum has changed substantially since…the 1930s…**I think the issues raised about food and trade and the WTO are very telling and that is the reason we do need health in all policies approach**…We need to start…in our own countries in our governments. Workplace health. In the UN and its agencies need to have a health in all policies approach."

Professor Bongani Mayosi (South Africa), University of Capetown and African Heart Network—Time 1:27:30-1:28:00 minutes

> "Whole of government approach. A Whole of society approach…We need a whole of life approach…**Governments must lead…There is a lot they can do without new money. They can legislate. In fact they can raise money with taxes and make sure these measures are implemented.** Let's not forget the bottom billion. Let's not forget them again."

Dr. Josephine Ojiambo (Kenya), Ambassador to the United Nations**—**Time 1:28:00-1:29:00 minutes

> [The ambassador commented on dental health fluoridating water, rehabilitation, accountability, and focussing on youth beyond 2015.]

Mr. Fernando [surname inaudible] (Mexico), Ministry of Health—Time 1:29:00-1:30:00 minutes

> [The speaker addressed the importance of universal access to medical treatment.]

Roundtable three:
What is needed to enhance global cooperation?
16:30 – 17:30

Eminent Person: **Dr. Sania Nishtar** (Pakistan), Heartfile—Time 1:36:00-1:51:00 minutes

> **"There are governments and their mandate is to formulate policy, set standards, regulate, ensure that there is oversight, make sure there is no conflict of interest**…Then there is the UN Family. We **recognize that the WHO has a lead role in this as an agency that convenes, that provides global norms, that sets standards, that provides technical support to countries…When we talk about stakeholders, there is a delicate issue that has to be grappled. There is a difference between partnerships and the words cooperation and collaboration and interaction…We have to ensure that the public interest is paramount…and that is the first point I wanted to make**.
>
> **The second point I want to make is about the enabling mechanism…[such mechanisms could help implementing existing norms and] they could also be constructive for getting input for new global frameworks and norms that might be at some point needed…**
>
> The reality is that when you talk about policies and when you talk about resources in a global context, then you have to look vertical because the action has to happen at a country level…
>
> Within this whole transformation that we are trying to catalyze, Countries have to cognizant of their responsibilities to create the right institutional arrangements, the policy frameworks, the regulatory

arrangements, the norms and standards and oversight bodies …WHO must be resourced appropriately…We have to talk about new money, where, what and why…and raising resources internationally and locally…

We have to talk about accountability…and an expert body to report back to the UN General Assembly on a biennial basis to reporting back on the progress on the targets that are stipulated in the outcomes document…and national NCD commissions…the Outcomes Document should provide clarity on the stakeholders, the mandate and the mechanism."

Panellists

Dr. Tazeen Jafar (Pakistan), Aga Khan University, Karachi—Time 1:51:20-1:56:30 minutes

"About a billion people in the world have uncontrolled hypertension. There are about a billion smokers and a billion are overweight or obese, and the vast majority living of these people are in developing countries." [Dr. Jafar talked about research topics and alliances among institutes.]

Dr. Scott Ratzan (USA), Int'l Fed'n of Pharmaceutical Manufacturers & Assns and his Group's NCD Taskforce—Time 1:55:30-2:02:30 minutes

[The speaker described his Federation and its activities, the use of medicines and vaccines, and partnerships.]

Dr. Rachel Nugent (USA), Center for Global Development and the University of Washington—Time 2:02:40-2:11:30 minutes

[The speaker talked about sources, trends, research, and priorities in development assistance funding.] "Less than 3% of all development assistance was linked to NCDs in 2008…We need to look more at the nutrition link and how can we bring more programs into existing programs for maternal and child health…Find out what it takes to deliver more fresh fruits and vegetables to communities…Expense of food. Be sure that the school lunches and breakfasts…are not overfeeding kids with empty carbohydrates just to get more calories into them…we can do better than that."

Mr. Morten Wetland (Norway), Norwegian Ambassador to the United Nations—Time 2:11:40-2:15:15 minutes

"[Norway] provides around 1.1% of our GDP in official development assistance and 15% of that goes to global health because we believe it is the best investment you can make as donors to invest in a health population and so we have been tripling the part of aid that goes to health in the past decade…Among the most effective measures that can be taken to prevent people from starting smoking in the first place

is, of course, to raise the sales tax on tobacco…Under-using tobacco sales as a source of revenue is a way of under-using the tax base of the country you come from. [i.e., as a source of leveraging resources domestically]…The lion's share of the financial contributions still go to the poorest countries where communicable diseases are relatively speaking a more important source of death than in middle income countries and countries like mine….**The [Framework Convention on Tobacco Control] is unique. It is the first of its kind that deals with disease as such and we may see maybe other instruments of that quality and calibre in the future dealing with the other issues before us and which have been the topic of discussions here today. There are several lifestyle diseases which are largely untouched by the legislative power and the treat-making capacity of this House and we need to be prepared to have a serious discussion about that when we meet in the forum.**"

Speakers from the floor

Mrs. Janet Voûte (Switzerland), International Food and Beverage Alliance—Time 2:16:40-2:20:00 minutes

"The International Food and Beverage Alliance is composed the 10 world's largest food and beverage companies…including: Coca-Cola, Ferraro, General Mills, Grupo Bimbo, Kellogg's, Kraft Foods, Mars, Nestle, Pepsico, and Unilever…[The speaker listed five 2008 promises to the WHO to: reformulate foods, improve labelling, to restrict foods high in fat, sugar, and salt to children, promoting healthy lifestyles, and working in partnership, as well as companies hiring companies to monitor their progress.]

Mr. Francis Thompson (Canada), Framework Convention Alliance —Time 2:20:10-2:22:40 minutes

"I am passionate about tobacco taxes…**The people who see the impact of low tobacco taxes are in the health sector and the people who have the power to do something about it are in finance. And until you get the two to talk to each other, for the most part, not much happens. And what that means, practically is that we need to have a mechanism at the national level to engage finance and any other ministries that need to be involved, to get together and have a plan for tobacco taxation. That recognizes that tobacco tax is the single most effective tool in tobacco control that we have….We need to…have the World Bank routinely talking to people about tobacco taxes…Even in 2009, total tobacco tax revenue world-wide was more than $167 billion and that's with very low levels of tobacco taxation in much of the world…At a time when people are saying it is difficult to deal with NCDs because finances are very tight…If finances are tight, how come we are not using this using huge potential tool, tobacco taxes.**

Mr. Robbert de Kock (Switzerland), World Federation of the Sporting Goods Industry—Time 2:23:00-2:26:45 minutes

[The speaker talked generally about physical activity and partnerships.]

Mrs. Bola Ojo (South Africa), African Heart Network—Time 2:26:50-2:29:00 minutes

> "Political action is absolutely crucial, especially in the regions….The issue around misapplication of resources, a limit on the political interference in the implementation of the post-summit action plan. …**We talked about partnerships…their responsibilities need to be clear. We've heard concern about the ethics of those partnerships. Who should be in? Who should be dealt with with a long spoon? Do we have the same goals?...**What I don't want to see is to save children with vaccinations only to turn them into orphans with NCDs."

Mrs. Ann Keeling (Belgium), International Diabetes Federation and the NCD Alliance

> "[The speaker talked about building the NCD alliance from four disease groups "from nothing" two years ago.] "We are here and we are united…Within a generation…there will countries where the majority of people have diabetes." [The speaker talked about heads of state attending the event in September, and that there be public-private-people partnerships.]

Closing Session
17.30 - 18.00

Chaired by Dr. Deiss **H.E. Mr Joseph Deiss**, President of the General Assembly

Closing remarks **Sir George Alleyne** (Jamaica), Director Emeritus of the Pan American Health Organization

Summary of the speaker's remarks:

The speaker indicated that more than 400 organizations registered for the event. He called on their continued involvement. There were some differences at the margins but there was overwhelming agreement.

He said: "The private sector has many different colours and coats and civil society itself is also not a homogenous entity and there are some actors within each one of these broad headings with whom we would strain to find the mutuality of interest that is a fundamental precursor to effective cooperation."

The following is a summary of Sir George Alleyne's 14-point summaryof common themes to move forward to the UN through the President:

1. The universal value of health. Everyone has the right to universal access to those sanitary measures and health care services. To deny them of either in the context of NCDs is a manifestation of social injustice.

2. NCDs pose a staggering economic impact which is born disproportionately by the poor.

3. The issue of NCDs must be elevated and maintained at a political level.

4. NCDs are categorically a development issue and they need greater attention from official and philanthropic donors.

5. As the WHO and Lancet have pointed out, there are best buys and need holistic approach is needed and there is a "start here" list in terms of tobacco control, salt reduction, and others.

6. There is a need for a clearing house and a global mechanism for sharing social marketing and information technology ideas.

7. There has to be a collective action through a multi-sector approach, within government, civil society, private sector.

8. Primary and secondary prevention must be the priority across the life course, especially in relation nutrition in the first 1,000 days of life.

9. Health systems are crucial for the response: universal access, need for human resources, and the information systems for monitoring for evaluation/accountability and to work with the communicable disease community and UNICEF communities, women's groups, occupational health, environmental health groups.

10. It is urgent to deal with NCDs but it it important to deal with children's health generally.

11. "Industrial influences may be in conflict with not just the health goals, but also the needs of industries. There needs to be appropriate regulation of industries that drive the risk factors and this is a sign of good governance."

12. There are lessons to be learned from the way that AIDS are addressed.

13. Many of the NCDs are directly related to the MDGs and there is no need for an either/or approach.

14. "Unlike the weather, we can control NCDs. The best way to predict the future is to control it."

"In every great social movement in history…there is naturally initial inertia…The essential problem has been how to raise the issue high enough on the political agenda and to maintain it there, as without that, there will be no material progress. We have learnt that to overcome this inertia, and we will overcome, it is necessary not only to frame the debate appropriately, but to have the people, the institutional and the moral resources, to do so…[and to frame it as economic and human costs, but also as] a matter of social justice.

I would only ask that you show that passion for continuing, that passion without which nothing great is ever achieved…[And in the words of Winston Churchill] The High Level Meeting is not the end, not the beginning of the end, but hopefully the end of the beginning…All partnerships tend toward a state of entropy, unless there is energy to sustain them. There are enough of us willing souls within and without organizations to try to supply some of that energy…

I would ask you to continue to do what you do well…I would ask you to agitate, to educate, to integrate, and to communicate…Let me end by paraphrasing a friend of mine [Dean of the Harvard School of Public Health] Dr. Julio Frenk, 'It is the power of the right ideas to change the ideation of those in power that has made the greatest differences to life in our time.'"

H.E. Mr Joseph Deiss, President of the General Assembly: Opening remarks—Time: 2:53:45-2:58:00

"The longer we wait for addressing the challenge of NCDs, the higher the burden will be in social, in economic, and in health terms. This is true for any country."