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Official Records

President: Mr. Al-Nasser (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

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 Acting President: I now give the floor to His Excellency Mr. Jorge Venegas, Minister for Public Health of Uruguay.

Mr. Venegas (Uruguay) (*spoke in Spanish*): It is my honour to participate in this High-level Meeting on Non-communicable Diseases on behalf of the countries members of the Union of South American Nations (UNASUR).

In its brief lifespan, UNASUR has provided an excellent forum for our Ministers of Health to discuss our problems and propose regional solutions to them, building a shared community of interests and concerns.

We therefore endorse the statement to be delivered by the representative of Argentina in his capacity as Chairman of the Group of 77 and China, because we are convinced that chronic, non-communicable diseases (NCDs) represent a global epidemic that is responsible for much of the morbidity and mortality in our countries and for the consequent drain on our financial resources.

Concerned about risk factors and determinants of health, UNASUR has established a technical group with competencies in these areas and in the promotion of health. Its goal is to promote joint regional efforts to tackle problems such as the epidemics of overweight and obesity, diabetes, high blood pressure and high cholesterol.

UNASUR countries are watching with concern this globalization-related process whereby unhealthy lifestyles have become increasingly common. The growing urbanization of our countries is a deterrent to physical activity, exacerbated by, on the one hand, increased exposure to television, video games and computers, and on the other the widespread consumption of unhealthy fast foods, which together give rise to an increased incidence of overweight and obesity as well as of diabetes at younger and younger ages.

All UNASUR countries are committed to combating poverty. Poverty is exacerbated, however, by the suffering related to an NCD. Medications are of vital importance for those who suffer from these diseases. However, large numbers of people throughout the world, particularly in the less developed countries, have no access, or only unreliable access, to such medications.

We in UNASUR have been working very hard to ensure access by all citizens to medicines, as we deem these to be a public good and believe that access to them is a sine qua non for the enjoyment of the right to health. We place health above any trade interests. We

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are therefore striving to make use of the existing flexibilities in the Trade-Related Aspects of Intellectual Property Rights Agreement, as confirmed by the Doha Declaration of 2001. We participated actively in the process of the adoption by the World Health Organization (WHO) of the global strategy and plan of action on public health, innovation and intellectual property, with a view to enhancing universal access to medicines without any limitation or restriction to specific diseases.

We believe that if we are effectively to combat NCDs, States must play a leading role in terms of providing coordination among all sectors and devising promotional and regulatory measures. The Framework Convention on Tobacco Control has provided us with valuable lessons. It is thus necessary to replicate these by promoting healthy environments aimed at increasing levels of physical activity; reducing sodium, sugar and saturated fat intake, and eliminating trans-fats in processed food; increasing the consumption of fruits and vegetables; reducing calorie intake; providing more information to consumers; protecting children from advertisements touting unhealthy food and drink; and reduce harmful alcohol consumption by means of effective public policies to minimize access to it.

As we stated earlier, there exist important tools in that respect, including the WHO Framework Convention on Tobacco Control of 2003; the WHO Global Strategy on Diet, Physical Activity and Health of 2004; and the WHO Global Strategy to Reduce the Harmful Use of Alcohol of 2010.

The Millennium Development Goals have made it clear that when clear, delimited and easy-to-communicate goals are formulated, it becomes easier to build alliances and develop frameworks for cooperation suitable to producing concrete results in terms of health. Hence we welcome the holding of this High-level Meeting, because we believe it is key that we should agree upon clear objectives and concrete goals at the global, regional and national levels in the area of chronic NCDs, such as the follow-up and evaluation of the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President: I now give the floor to His Excellency Mr. Marty Natalegawa, Minister for Foreign Affairs of Indonesia.

Mr. Natalegawa (Indonesia): I am honoured to participate in this important High-level Meeting on behalf of His Excellency Mr. Susilo Bambang Yudhoyono, President of Indonesia, who is also the current Chair of the Association of Southeast Asian Nations (ASEAN).

Today we are addressing a grievous global concern: the prevention and control of non-communicable diseases. This is an issue that has a strong impact not only on national development gains but also on the human right to life. We therefore wish to thank the Secretary-General for providing us with an enlightening report (A/66/83) on this issue.

First of all, on behalf of ASEAN, let me present our regional perspective on the matter at hand.

For ASEAN member States, non-communicable diseases are a major challenge that compounds the deadly impact of communicable diseases. A 2010 report by the World Health Organization (WHO) showed that non-communicable diseases caused some 36.1 million deaths in 2008. Eighty per cent of these deaths were caused by four main non-communicable diseases. And low to middle income families suffered 80 per cent of these deaths.

According to WHO, NCDs-related deaths will increase by 17 per cent over the next decade. Among ASEAN communities, deaths due to NCDs can increase from the current 2.6 million to 4.2 million people.

At the global level, NCDs are affecting mostly working-age adults, thereby eroding the most productive generation in the world today and thus reducing the gross domestic product of low- to middle-income countries by as much as 5 per cent. This is one reason why poverty is so widespread and why many countries suffered in backwardness.

Hence, we in ASEAN are working hard and in concert to address this grave challenge. In our view, prevention is the key to resolving the problem. Prevention is and will always be our priority. We are therefore carrying out four major prevention strategies.

First and foremost, we in ASEAN are strengthening our health systems and infrastructures. These efforts include mainstreaming NCD prevention and control alongside efforts to prevent and control infectious disease in national development programmes, and enhancing operations in health

facilities from the lowest to the highest levels. They include raising the capabilities of human resources for medical care and developing effective referral systems.

We are also improving our surveillance systems of the diseases and the modifiable risk factors. We are working towards universal health coverage and providing service packages that cater to the needs of people with chronic NCDs. In brief, we must have a comprehensive health system and infrastructure for addressing NCDs. This is not an option; it is an imperative.

Secondly, we are strengthening our national health policies and accelerating programmes for tobacco control. We will not be content only with passing laws that heavily tax cigarettes; we will also consider using the revenues derived from sin taxes to support NCDs prevention. We will continue to promote a smoke-free environment in order to protect our people from secondary smoke. We are aligning national policies on agriculture, trade, industry and transport to improve diets, encourage physical exercise and reduce harmful alcohol use. We are implementing community-based intervention for early detection of factors of major NCDs.

Thirdly, we are strengthening partnerships for health. The need for international cooperation for public health cannot be overemphasized. Although the Millennium Development Goals do not include targets for the reduction of NCDs, individual efforts by ASEAN member States warrant complementary coordinated support from our partners. We appeal to our international partners to fund and align NCD prevention and control efforts with their other development programmes, such as those of the MDGs and climate change programmes.

We urge our development partners to fund research on the unique public health problems of our region. We call on the international community to help us ensure that essential pharmaceutical products and medical devices are available to the region. This will help avert the devastating socio-economic impact of NCDs on our societies.

In short, partnership among countries is a must among developed and developing countries and at the global, regional and bilateral levels.

Last but not least, we are ensuring the involvement of all stakeholders. To effectively respond

to the challenges posed by NCDs, we must enlist their participation. ASEAN is therefore committed to implementing a whole-of-government, people-centred approach involving civil society, the private sector and community organizations.

By taking these steps, we in ASEAN are confident that we will be able to contribute significantly to the global reduction of the NCD death rate in this decade.

At the national level, Indonesia is grappling with the double threat of communicable and non-communicable diseases. The impact of NCDs is affecting not only the urban populations but also the rural poor. This is compounding the basic problem of poverty.

To address this challenge, in 2006 we established a special unit in the Ministry of Health and tasked it with advocating NCDs control and strengthening the legal framework for that. We have also given priority to minimizing the common risk factors: tobacco use, alcohol abuse, unhealthy diet and physical inactivity. We are now simplifying and increasing taxes on tobacco to control the consumption of this deadly commodity.

Indonesia also is committed to implementing the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. To support global efforts to address NCDs, Indonesia hosted a Regional Meeting on Health and Development Challenges of NCDs in Jakarta in March 2011.

The scale and virulence of non-communicable diseases require unprecedented political commitment at the highest political levels to address this global issue. That commitment must therefore be incorporated into the global agenda of the international community. That is why we are holding this high-level meeting.

Let us not waste this opportunity. Let us seize this moment to secure global commitment for a coordinated response to this challenge. That means mobilizing resources and building a genuine global partnership. These should be clearly stated in the Political Declaration adopted in this meeting (resolution 66/2, annex).

Finally, we call on the international community to include progress in the fight against NCDs as a component of the MDG-Plus beyond 2015.

The Acting President: I now give the floor to His Excellency Mr. Chen Zhu, Minister for Health of China.

Mr. Chen Zhu (China) (*spoke in Chinese*): On behalf of the Chinese Government, I would like to extend my deep appreciation to the General Assembly for its vision and political will to convene the High-level Meeting on Non-communicable Diseases (NCDs). I also wish to extend my appreciation to the President of the Assembly for his outstanding work in organizing this successful meeting.

Today, globalization has led to an unprecedented level of interdependence among countries and interwoven interests. Health factors and social determinants for NCDs exist in every country. Therefore, the prevention and control of NCDs are an inevitable option for our common interests and the pathway to health that leads to the common development of all mankind.

Member States should take advantage of this High-level Meeting to build consensus, adopt scientific and effective measures for prevention and treatment and actively respond to the challenge of NCDs. To that end, I would like to make three proposals.

First, we should strengthen our own national health systems and integrate the health agenda into all policy-making processes. Governments should attach as much importance to health as to economic development. In particular, NCD prevention and treatment should be made a priority of national development strategies. Governments should play a leading role to create a supportive environment with favourable policies, increase financial input, establish multisectoral cooperation and coordination mechanisms and mobilize all sectors of society to participate in preventing and treating NCDs.

Secondly, we should enhance international collaboration and achieve mutual complementarity. Through mechanisms such as South-South cooperation and the Brazil, Russia, India, China and South Africa (BRICS) framework, developing countries should scale up their technological exchanges and sharing of experience. We should continue to promote North-South dialogue in order to expand technology transfer and financial support from developed economies to the developing world, according to the needs of the recipient countries.

The World Health Organization (WHO) should play a leading role in health governance in order to promote balanced development of the global health system and to continue to build capacity for NCD prevention and control.

Thirdly, we need coordinated intervention and a stronger global consensus. The international community must firmly implement the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. We should embrace concepts such as a healthy life expectancy, as well as other more specific, measurable and universally applicable goals and indicators for NCD prevention and control and incorporate them into the Human Development Index. We should continue to push for including NCD prevention and control as an indicator in the Millennium Development Goals.

China is home to about one fifth of the world's population. NCDs have become the number-one threat to the health of the Chinese people. They currently affect more than 260 million Chinese, accounting for 85 per cent of deaths and 69 per cent of the country's disease burden. Any rapid increase in NCDs will lead to a shrinking labour supply, an eroding quality of life and a growing socio-economic burden. NCDs have become an enormous potential obstacle to China's economic and social development, and we should lose no time in preventing and controlling such diseases.

The Chinese Government is pursuing a comprehensive, coordinated and sustainable concept of scientific development, whose core is putting people first. The Government has announced that one of the core targets of its twelfth five-year plan for national economic and social development is to increase Chinese average life expectancy by one year. Effective prevention and treatment of NCDs is a key measure in this regard.

The focus of China's ongoing health-care reform is on achieving universal basic health coverage for the country's 1.3 billion people. The Government will increase investment in the health sector, give priority to public health and basic medical services, and reprioritize the allocation of health resources in order to help integrate disease prevention with treatment.

Currently, China is forging ahead with the "Healthy City" drive throughout the country, and more and more local Governments have included health promotion in their development strategies. Applying

information and communications technology in the health sector, in areas such as the electronic personal health profile project, will enhance the robustness and efficiency of the management of NCDs such as hypertension and diabetes and of health care for the elderly, both of which are being extensively delivered as part of basic public health services in both urban and rural areas in China.

Meanwhile, the Chinese Government actively participates in international exchanges and cooperation for NCD prevention and control. It is working to promote the achievement of global initiatives within the framework of the United Nations and WHO. Through cooperation mechanisms such as BRICS health ministers' meetings and by maintaining its long-standing practice of sending medical teams to developing countries, China continues to explore new ways of cooperating internationally in the area of prevention and control of NCDs. China spares no effort in providing medical assistance to the developing world, within the scope of its capacity.

The Acting President: I now give the floor to Her Excellency Ms. Kathleen Sebelius, Secretary for Health and Human Services of the United States of America.

Ms. Sebelius (United States of America): I am honoured to represent the United States today at this very important meeting.

For many years, the international community has joined forces to battle infectious diseases. Working together, we have reduced the devastating toll taken by illnesses such as malaria and HIV/AIDS. While much work remains to be done, we have shown that when the nations of the world come together, we can achieve great improvements in health.

Today, we are here to discuss how we can marshal the same international commitment and collaboration to confront chronic diseases, which are a growing burden for the United States — where they account for 7 out of every 10 deaths — and for so many other countries around the world.

Under President Obama, the United States has made taking on chronic disease a major focus. Last week, for example, we announced a new initiative to prevent one million heart attacks and strokes over the next five years. And our First Lady, Michelle Obama,

is leading a national effort to end childhood obesity in a generation.

We have also made chronic disease a focus in our research and global health programmes. Later this week, along with other public and private partners, we will be announcing a major new Clinton Global Initiative Commitment to help promote smoke-free workplaces around the world. We are also launching a global public-private partnership to support tobacco-cessation efforts, using mobile phone technologies that are now widely available in middle- and low-income countries.

These partnerships reflect our belief that in order to turn the tide on chronic disease, we must recruit partners from outside government and outside the health sector. To stay healthy, people need more than high-quality care. They also need clean air and water, nutritious, affordable food and healthy living spaces. We need to work with partners who can help us achieve those goals.

In the years to come, we must maintain our focus on chronic disease, even as we also continue our work to reduce the toll of infectious disease around the world. The United States welcomes the opportunity today to learn from the public health efforts of our neighbours around the globe and to ask what steps we can take together to reduce the burden of chronic disease on all the people of the world.

The Acting President: I now give the floor to His Excellency Mr. Mohammad Hossein Niknam, Acting Minister of Health and Medical Education of the Islamic Republic of Iran.

Mr. Niknam (Islamic Republic of Iran): This timely high-level event provides us with an ideal platform for sharing views, information, ideas and experiences, for coming up with proposals for remedies and for forging effective collaborative partnerships in the implementation of realistic but effective health development programmes in common areas of concern relating to non-communicable diseases (NCDs).

NCDs have traditionally been more prevalent in affluent societies. However, they are becoming increasingly common in many developing countries, in particular among less affluent groups. The Eastern Mediterranean region, like others, is suffering a heavy burden of NCDs, and Iran is no exception. The total burden of disease for NCDs in Iran is 45 per cent for

men and 33 per cent for women. Being overweight, obesity, arterial hypertension, inadequate physical activity and hypercholesterolemia are seen to be the greatest risk factors.

Taking into account this situation and through the National Millennium Development Goals Master Plan and the fifth National Development Plan, Iran is implementing a series of programmes and initiatives aimed at reducing the burden of NCDs. Among these programmes, I would like to mention the prevention and control of common NCD risk factors, the imposition of taxes to curtail unhealthy habits such as tobacco consumption, the execution of mass public information and educational campaigns, fostering food industry regulations, and the screening of blood pressure levels and glucosemia.

The Non-Communicable Diseases Risk Factors Surveillance System was introduced in 2004 and has led to the completion of six large-scale surveillance surveys. Further, comprehensive cumulative national data has been compiled, based on age, sex and location, to facilitate the effective monitoring and implementation of policies geared towards the control and prevention of NCDs.

The integrated NCD control and prevention programmes comprise a series of measures that are being implemented. Among them, the following are noteworthy. The cardiovascular diseases control programme focuses on reaching out to rural areas and the myocardial infarction registry. The national cancer control programme has a special focus on colorectal and breast cancers. The diabetes control and prevention programme targets both rural and urban areas. The national newborn congenital hypothyroidism screening programme has coverage of more than 90 per cent. The tobacco control programme is a major focus of Iran's health policy. The control and prevention of nutritional deficiencies promotes iodization and fortification programmes focused on promotion of physical activities. There is also a genetic control programme, an asthma and allergy control programme and, last but not least, an osteoporosis care plan.

I would like to conclude my remarks by mentioning that, as a sign of its commitment to promoting regional and international cooperation, on 25 and 26 October 2010 the Islamic Republic of Iran hosted in Tehran the first regional meeting of a series of World Health Organization regional consultations on

the prevention and control of NCDs. In our view, only through closer and meaningful collaboration at all levels, especially in such areas as legislation, resource mobilization and information- and knowledge-sharing, will we succeed in our endeavour to prevent and combat NCDs.

The Acting President: I now give the floor to His Excellency Mr. Andrew Lansley, Minister for Health of the United Kingdom.

Mr. Lansley (United Kingdom): More than half a century ago, our predecessors came together to tackle the greatest health challenges of their day — infectious diseases. In subsequent decades, their collective and sustained actions saved the lives of millions. Our efforts to combat infections like malaria and HIV must go on, but today we also face the new challenges of non-communicable diseases (NCDs).

Increasing and yet often avoidable, NCDs were previously thought of as diseases of relative affluence. In societies in which development brings opportunity, they can disproportionately affect the poorest in our societies and kill millions of people every year. As development brings change, lifestyles change too, as does the burden of disease, exposing people to environments and pressures that dramatically change disease prevalence. The human burden of disease is great and the economic burden of non-communicable diseases equally so, and it threatens to overwhelm the capacity of our health-care systems.

We need to act with boldness and determination to improve environments, lifestyles and choices. Promoting better health and the prevention of NCDs can no longer be seen as solely the responsibility of our health departments. We need a whole-of-Government approach based on an understanding that, if we are to reduce the burden of these diseases, we must tackle the social determinants of health and reduce health inequalities.

Aligning the objectives and actions of all parts of national and local Government and all health-care providers behind a simple set of measurable outcomes — that is what we are doing in England. We have developed a single outcomes framework that places the emphasis on prevention, improves the environment within which we live to make it healthier, gives health-care professionals and local communities the freedom and resources to achieve these outcomes, and empowers individuals to take charge of their own

health with a life-course approach to supporting them in those decisions, which also brings all parts of civil society together, including industry, to promote healthier lives.

While regulation and taxation both play important roles — the United Kingdom's effective control of smoking and tobacco being an obvious example — in a free society we cannot just legislate these problems away. The Elimination of Obesity Act 2011 does not and will not exist.

We need to engage with people and businesses. In addition to being part of the problem, the food and drinks industry can be part of the solution. In England, under voluntary agreements food producers are eliminating artificial trans-fats and reducing the levels of salt in their food. Drinks companies are reducing the amount of alcohol and restaurants are publishing the number of calories. We have more plans, and more ambitious plans, ahead. Making the healthy choice should not only be the right choice; it should be a positive choice, an easy choice, and even a fun choice.

You cannot inoculate against alcoholism. There is no jab to prevent obesity. There is no silver bullet to stop people smoking. But with an emphasis on prevention, physical activity and personal and corporate responsibility, and with unified Government action, we can make a big difference.

I hope that, in decades to come, our successors will look back and see that now was when the tide began to turn. With progress and development came not only opportunity and increased life expectancy, but healthy life expectancy — not just adding years to our lives, but life to our years.

The Acting President: I now give the floor to His Excellency Mr. Djamal Ould Abbas, Minister for Health, Population and Hospital Reform of Algeria.

Mr. Ould Abbas (Algeria) (*spoke in French*): At the outset, I wish to convey the warm greetings of Mr. Abdelaziz Bouteflika, President of the Republic of Algeria, who had the honour to preside over the General Assembly in 1974. It is an honour for me to participate in the Assembly's work during the High-level Meeting on the Prevention and Control of Non-communicable Diseases.

In that regard, I would like to thank the General Assembly and the Secretary-General for having convened this summit to develop and implement a

global plan of action for the prevention and control of non-communicable diseases (NCDs), in the wake of the First Global Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow on 28 and 29 April, and other regional ministerial conferences held under the auspices of the World Health Organization (WHO).

This summit is of great importance in the light of the significant increase in the incidence of such diseases in our countries and their considerable impact on the costs to national health systems, especially in countries of the South, as well as the challenges they present to equitable access to care, especially among the poorest and most disenfranchised populations. I will not repeat what has been said by previous speakers about the statistics; we all know them. I will, rather, come directly to two points.

My first point concerns my country, Algeria, where non-communicable diseases affect 10 per cent of the general population and 51 per cent of people over 60 years of age. Hypertension and diabetes alone affect 44 per cent of that age group, among whom 30 per cent are afflicted with at least one of the diseases and 50 per cent require long-term medication. Out of 100,000 persons, 104 have cancer. Of all deaths, non-communicable diseases account for 58.6 per cent, compared with 22.7 per cent from communicable diseases and 10 per cent from injury, violence or accident. Cardiovascular diseases cause the most deaths, at 44 per cent, followed by cancer at 16 per cent, respiratory illness at 7.6 per cent and diabetes at 7.4 per cent.

In 2003, the Algerian Government set up a programme to fight non-communicable diseases in an integrated and multisectoral way, engaging as well interest groups and civil society. Algeria follows the World Health Organization step-wise regional strategy for Africa concerning health risk factors and indicators. To fight tobacco use, Algeria ratified and put into force the WHO Framework Convention on Tobacco Control in 2007. Algeria has integrated the fight against NCDs in our national development plan, specifically as regards the health sector, which has entailed significant reforms. Algeria has also increased health-care funding, which now stands at 8 per cent of gross domestic product — which in 2010 amounted to more than \$200 per capita. Algeria recently established an innovative permanent funding mechanism, reflected in the 2011-2012 budget, to finance a special fund to fight cancer, and imposed taxes on toxic substances such as

tobacco, alcohol and soda. Algeria has launched a sweeping funding plan to strengthen capacity in the health-care system, providing infrastructure and equipment and increasing human resources.

To control cancer, which is a global tragedy, Algeria currently operates six treatment centres, to be expanded to 22 in 2014, with the acquisition of 57 of the latest generation radiation therapy linear accelerators. We have also set up 72 welcome centres for the care of cancer victims, all of them equipped to provide chemotherapy. In the matter of anti-cancer drugs, we took urgent action to provide the funding to prevent any interruption of treatment. All anti-cancer drugs are provided free of charge to any Algerian citizen.

Algeria subscribes to the outcomes of the Moscow world ministerial conference of ministers of health and the Brazzaville regional conference, both of which identified NCDs as a challenge of the highest priority. Algeria also agrees with the proposal to include non-communicable diseases in future Millennium Development Goals. Along those lines, we believe that the problem of access to drugs to combat non-communicable diseases should be directly addressed, and that innovative mechanisms should be created to ensure such access, especially in developing countries.

To that end, we strongly recommend the establishment of a global fund for NCDs, especially for cancer. The international community must mobilize to aid growth in the poorest countries and to help reduce their dependence in the matter of access to medicine by supporting their respective domestic industries.

A second subject I would like to address is one about which I am passionate. While terrorism is a brutal, violent killer, with its blood and destruction and its bombs' hellish blasts, non-communicable diseases as a whole, and cancer in particular, do their deadly work in grisly silence. We watch, powerless, as that global tragedy unfolds before us. So, what can we do, especially about the world citizens of the South, and in particular Africa?

First and foremost, we must grant them access to information, preventive tools, preliminary screening tests and early diagnosis, as well as radiation and chemotherapy. We know that for those who survive — I will not call it “live” — on \$100 a month, cancer treatments costing \$50,000 a year are entirely out of

reach. To earn \$50,000 those people would have to work 42 years — for one year's treatment. That is completely surreal, lunatic and unacceptable. We do not have the moral or human right to sit by, doing nothing, and watch the horrific slaughter.

We must therefore enlist our imaginations and creativity. Let us hope that the United Nations and the World Health Organization will embrace and promote the idea of a global anti-cancer fund. It would be a vivid beacon of hope for the women and men who have high hopes for this historic meeting, especially on the continent of Africa. We do not have the moral or human right to do nothing. Let us take action to ensure that every human being can end his or her life in dignity, rather than in disaster and ruin.

The Acting President: I now give the floor to His Excellency Mr. Yerzhan Kazykhanov, Minister for Foreign Affairs of Kazakhstan.

Mr. Kazykhanov (Kazakhstan): Modern society has come to understand the close connection between the quality, conditions and way of life of people and sustainable development. Improving quality of life is not only a goal in itself but also an important contribution to social development and to attaining the Millennium Development Goals (MDGs). Our goal is to stop the growing trend of premature mortality from chronic and non-communicable diseases, which still remains a serious obstacle for achieving sustainable development in the twenty-first century and is an important priority on the global agenda.

Kazakhstan is highly committed to the World Health Organization (WHO) 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. We support the efforts of WHO to cooperate with its international partners to ensure the monitoring of non-communicable diseases at the national, regional and global levels. The efforts of WHO in scientific research and data collection have made it possible to significantly raise the standard of non-communicable disease control.

We believe that a wider scope and higher quality of medical and sanitary measures to remove the risk factors in public health care are the most effective methods in lowering the incidence of non-communicable diseases. Therefore we encourage WHO and UNICEF to continue to develop the principles laid down in the 1978 Almaty Declaration on Primary Health Care. As mentioned in the Declaration, primary medical and

sanitary help still continues to be the best model for providing comprehensive services, including prevention and diagnosis in the early stages and long-term medical help through the engagement of civil society.

The Government of Kazakhstan continues to give high priority in our national plans to the control of non-communicable diseases through strengthening the health-care system. Significant measures have been taken for greater vigilance and control over tobacco products and lowering excessive alcohol consumption, and promoting physical activities and healthy eating habits.

Our country has achieved success in the implementation of the WHO Framework Convention on Tobacco Control. We have also adopted the Code on Health and Health Care and launched a large-scale national programme titled Healthy Kazakhstan 2010, which is aimed at promoting a healthy way of life. Our health-care system has adequate financing at the level of 3.2 per cent of the GDP. In 2013, we plan to introduce a unified national health-care system, which will provide a new model of financing for a guaranteed volume of free and result-oriented medical help.

In conclusion, let me express my confidence that we will achieve sustained long-term progress in the fight against non-communicable diseases in the framework of internationally agreed goals, including the MDGs.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Mwai Kibaki, President of the Republic of Kenya.

President Kibaki: Let me take this opportunity to congratulate the United Nations for organizing this High-level Meeting to discuss the prevention and control of non-communicable diseases globally.

Non-communicable diseases are a major public health concern in Kenya. Over 50 per cent of all hospital admissions and over half of all hospital deaths are due to such diseases. Heart diseases are responsible for 13 per cent of overall mortality, while cancer and diabetes contribute 7 and 4 per cent respectively.

In response to this reality, Kenya has taken preventive and curative measures to address the growing burden of non-communicable diseases. The country has established 45 diabetes comprehensive-care clinics and has trained more than 3,000 medical

practitioners in the management and prevention of diabetes.

Some of our preventive actions had to be anchored on legislative frameworks. In 2007, for example, Parliament enacted the Tobacco Control Law, which bans smoking in all public places. The law now prohibits tobacco advertisement and the sale of tobacco products to persons under 21 years old. In 2010 we passed the Alcoholic Drink Control Act to regulate the production, sale and consumption of alcoholic drinks. And recently, Kenya launched the National Cancer Strategy and is now finalizing a draft cancer bill to comprehensively guide the control and treatment of cancer.

Despite these efforts, serious challenges stand in our way as we try to set up adequate systems to deal with non-communicable diseases. This is due to many other priorities competing for our limited resources.

Non-communicable diseases are a major barrier to economic growth and social development. Their prevention and control must, therefore, be integrated into national and global development agendas. It is my hope that this meeting will reflect on strategies to strengthen our health systems, institute effective control measures and improve access to essential medicines, screening services and rehabilitation, as well as to provide long-term medical care to patients.

It is important to point out that effective technologies are still out of reach for many developing countries. We therefore encourage the establishment of partnerships and international collaborations that will facilitate the transfer of appropriate and affordable technology.

In Kenya, the Government encourages private players in the health sector to establish specialist units and hospitals that deal with these diseases. However, the cost of essential medicines and technologies for the treatment of cancer, diabetes and heart diseases remains beyond the reach of most patients. The challenge is indeed enormous, but it can be addressed through measures such as the Agreement on Trade-Related Aspects of Intellectual Property Rights under the World Trade Organization. That would enable the manufacture of, and access to, medicines and related products.

In conclusion, this meeting must be the beginning of concrete international commitments towards the

prevention, control and treatment of non-communicable diseases. It is my hope that this summit will come up with appropriate strategies, with specific targets and indicators, for dealing with these diseases. Most important, we must commit our Governments to strengthening our health systems and improve the health of our nations for the sake of sustainable development.

The Acting President: I now give the floor to His Excellency Mr. Jean Asselborn, Deputy Prime Minister of Luxembourg.

Mr. Asselborn (Luxembourg) (*spoke in French*): I would of course like to fully align myself with the statement made by Commissioner Dalli on behalf of the European Union.

This first High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases goes back to an initiative taken by the Caribbean Community, which I would like to commend. Luxembourg is proud to have been able to contribute actively, alongside Jamaica, to the elaboration of the Political Declaration we adopted this morning by consensus (resolution 66/2, annex).

I am convinced that the issue of non-communicable diseases has now emerged from the shadows. In the past, non-communicable diseases were often obscured or ill understood, and their negative impact on development went unrecognized. However, we know that these diseases strike a double blow to socio-economic development. They provoke a significant loss in national revenue and drag millions of people below the poverty line, which of course results in a huge loss of human life.

Since non-communicable diseases affect all countries, the response to this challenge must necessarily be global and universal. It requires unequalled political commitment. It is therefore crucial that this matter be placed on the agenda of the General Assembly here in New York.

It is also important to take full advantage of the work done in Geneva under the leadership of the World Health Organization (WHO). I refer notably to the WHO Framework Convention on Tobacco Control and to the strategies developed to fight the four main non-communicable diseases and their shared risk factors.

Our approach must first stress the prevention of non-communicable diseases, as that is the most effective and efficient way to obtain concrete results. It must also be multisectoral, by promoting health in all policies. Health, agriculture, education, sports, environment, trade and industry — the policies pursued in all those areas, among others, have a direct impact on the effectiveness of our response to a non-communicable disease crisis of epidemic proportions.

Finally, we must establish sustainable health systems by ensuring continued financing, good governance, adequate training for medical personnel, universal health insurance and access to essential medicines. These are stringent requirements, particularly at a time of economic crisis, but that also call for solidarity and equity. To establish sustainable health systems means supporting the right of everyone to the enjoyment of the highest possible standard of health — a fundamental right to which we all subscribe.

Luxembourg is already answering the call contained in the Political Declaration. The issue of non-communicable diseases is included in the health sector strategy of our development cooperation policy. Health is a priority to which we devote more than 11 per cent of our official development assistance, which in turn represented 1.09 per cent of our gross national income in 2010.

For many years, Luxembourg has contributed to strengthening health systems in its partner countries, for instance in Laos and in Senegal. In Mongolia, we are supporting a major programme for the development of cardiovascular health care, using the innovative approach of telemedicine. We also make increasing annual contributions to WHO to support its strategic objective of targeting chronic non-communicable diseases in developing countries.

In conclusion, allow me to welcome the fact that, after the first steps we have taken today at this meeting of the General Assembly, other steps will follow. Thanks to the Political Declaration we have adopted, adequate follow-up will be ensured in the years to come. I would like to assure the General Assembly that Luxembourg will continue to participate in this global effort to prevent and control non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister for Health of South Africa.

Mr. Motsoaledi (South Africa): As a Member State of the United Nations, South Africa congratulates the President for putting this item on the agenda of the General Assembly. We also welcome the report by the Secretary-General on non-communicable diseases (NCDs) (A/66/83).

South Africa recognizes the need for combating non-communicable diseases to be regarded as a development priority, rather than only a health concern. It is the view of the South African Government that a health-only approach will be unable to reverse the global mortality and burden due to non-communicable diseases, but that a whole-of-Government and whole-of-society approach is needed.

The Assembly must be reminded that in Africa, and in Southern Africa in particular, communicable diseases, specifically AIDS, remain the primary cause of mortality. In South Africa the mortality rate has nearly doubled over the past decade, mainly as a result of HIV and AIDS. That has contributed to massive human, social and economic consequences. Although significant progress in tackling HIV and AIDS has been made, HIV is now also a chronic disease. Considerably more investment is still needed to turn the tide of these twin epidemics. It is critical, therefore, that as global and national priorities expand, we ensure that we pay adequate attention to the prevention and control of both communicable and non-communicable diseases, as well as to achieving the Millennium Development Goals.

I shall provide just a few examples of risk reduction and control of NCDs in my country. Many representatives may be aware that South Africa has been one of the leading countries on the implementation of the Framework Convention on Tobacco Control. We will continue to strengthen legislation to further reduce the impact of tobacco use.

On improving surveillance, South Africa recently adopted regulations making the reporting of cancers compulsory. South Africa has also just adopted regulations to reduce the use of trans-fats, and is currently drawing up regulations to reduce salt content in processed foods. With a view to a whole-of-Government and development approach to the prevention and control of NCDs, an inter-ministerial

committee made up of nine ministers has been established to come up with legislative and other solutions to combat harm from alcohol and other drugs.

At a recent summit on non-communicable diseases held in preparation for this meeting, the South African Government and its partners from various sectors set a range of targets to prevent and control NCDs. In that context, South Africa welcomes the Political Declaration (resolution 66/2, annex) and pledges its commitment to the attainment of its goals and to working with the World Health Organization to develop global targets. In order to achieve such targets, effective partnerships need to be established to increase prevention, screening and access to treatment technologies, including affordable vaccines, diagnostics and drugs.

To prevent non-communicable diseases globally, South Africa urges the international community to put pressure on the food industry to reduce harmful foodstuffs, promote healthy eating habits worldwide and increase pressure on the alcohol industry to reduce the harmful effects of alcohol — for example, by ceasing to advertise what is for many a highly dangerous product. All partners must also collaborate to achieve a tobacco-free world.

My main message today is that reducing non-communicable diseases requires attention to a number of broad social, economic and behavioural determinants of health involving many sectors, and that combating both communicable and non-communicable diseases in an integrated and comprehensive manner is fundamental to both improved health and development.

The Acting President: I now give the floor to Her Excellency Ms. Agnes Binagwaho, Minister of Health of Rwanda.

Ms. Binagwaho (Rwanda): This summit is a watershed in the health of our global population. Let us not forget what happened in this very Hall 10 years ago during the 2001 special session on HIV/AIDS. That meeting fundamentally changed the way that HIV was fought in developing countries. It was also a starting point for access to treatment for HIV-positive people.

Now we are targeting non-communicable diseases, which include cardiovascular disorders, diabetes, cancer, chronic respiratory diseases and many other illnesses. That is very important, because we can no longer ignore their significance as contributors to

morbidity and mortality in Africa. In fact, it is in low- and middle-income countries that many are suffering from these diseases.

We all know that non-communicable diseases contribute to poverty in a vicious circle, creating a barrier to socio-economic development and affecting economies of countries like Rwanda through the absenteeism caused by those diseases.

Over the past decade, Rwanda has made significant progress towards the prevention, treatment and control of communicable diseases, and we are on track towards achieving the Millennium Development Goals. Thanks to that effort, Rwanda has seen under-five mortality reduced by more than half, and under one-year mortality reduced by more than 42 per cent. We have also achieved universal access to HIV treatment and we can now treat HIV as a chronic disease.

We have strengthened our health sector, so that 95 per cent of Rwandans benefit from insurance and from performance-based financing across the whole health sector. That success is going to help us to build programmes to fight non-communicable diseases. Now that we have a life expectancy of over 50 years, we plan to tackle hypertension, cardiac disease and all the other diseases I mentioned earlier.

I should also note that Rwanda is aware of the need to both treat and protect the population against the emerging risk factors that accompany urbanization, the globalization of trade and marketing and the progressive increase in unhealthy lifestyles — a pattern that can be seen in so many industrialized countries.

We intend to begin our research on the prevalence of non-communicable diseases in Rwanda next year, but we already know that non-communicable diseases can account for approximately 25 per cent of the country's disease burden. Based on that figure, unless we systematically and strategically address our care and delivery for non-communicable diseases, we will continue to have a significant gap in our current health-care system. We will never achieve full development if we do not seriously tackle non-communicable diseases.

At this moment, most of our citizens must simply endure non-communicable diseases, since they cannot afford treatment. That was once the case for HIV, malaria and tuberculosis. We want to make what is unaffordable today history. Without decreasing the

attention we currently give communicable diseases, we want to tackle non-communicable diseases.

We have begun by creating several departments to coordinate the fight against non-communicable diseases and by developing several initial strategies and policies. We have adopted a law prohibiting smoking in public areas. We have taxed tobacco and reserved a part of the revenues for the welfare of the population. And we have begun to provide specific services, especially for fighting cancer, by designing national programmes for human papilloma virus detection and vaccination, as well as for breast cancer detection. But that is just the beginning; we want to go further.

I remember how, in the case of HIV and other communicable diseases, we began in a similarly slow fashion. We now have universal access. That gives me hope. Since we have managed to reduce mother-to-child transmission of HIV to less than 2 per cent, I believe that global solidarity can help all countries combat all those diseases. Certainly, that will require more doctors, more nurses, more drugs and greater laboratory capacity, but also more solidarity.

The Acting President: I now give the floor to His Excellency Mr. Leslie Ramsammy, Minister of Health of Guyana.

Mr. Ramsammy (Guyana): With the convening of this High-level Meeting on non-communicable diseases (NCDs) and the adoption of the Political Declaration (resolution 66/2, annex), NCDs have now rightly assumed a place of prominence as a global threat that needs to be addressed as an emergency. The world now appropriately acknowledges that the NCDs constitute a new front in the fight to promote global public health and in the fight against poverty.

We offer congratulations to the co-facilitators, Ambassador Wolfe of Jamaica and Ambassador Lucas of Luxembourg, for guiding the negotiations, which culminated in a consensus document on a timely basis.

Guyana recognized at an early stage that the efficacy of the efforts pursued at the national level needed to be complemented by regional and global consideration and action. Guyana has played an active role in advancing the NCD agenda at the regional and global levels, calling since 2001 for a Millennium Development Goals (MDGs) expansion — an MDG+ — to include globally led agreements for the

fight against NCDs, and making it a focus during its presidency of the sixty-first session of the World Health Assembly.

Guyana has worked with other member States of the Caribbean Community (CARICOM) to ensure a regionally coordinated response to NCDs. In this regard, it will be recalled that CARICOM was instrumental in facilitating the General Assembly's consideration of the issue of NCDs. It was not accidental. The decision was informed by the gravity of the development challenge that NCDs posed for all CARICOM member States.

The Declaration contains many measures that will save lives in the short term and contribute to creating a healthy society, which will assist in the prevention of NCDs in future and assist also in reducing and eliminating poverty. We therefore call for the full implementation of the Political Declaration, including early agreement on global targets, a monitoring framework and a substantive and collaborative partnership of global stakeholders to facilitate continued action on NCDs; a call for greater access to affordable, safe, effective and quality-assured medicines, and improved access to palliative and rehabilitative services, particularly at the community level; reoriented trade and agricultural policies to facilitate the provision of healthy local foods; and the provision of increased and sustained human, financial and technical resources from all sources, including through innovative approaches.

For that reason, we call on Member States to work together to support the follow-up processes, such as the development of national plans by 2013, the development of global targets and indicators, including the overall goal of reducing preventable deaths from NCDs by 25 per cent by 2025; and to monitor trends and assess the progress made in the implementation of national strategies and plans.

Guyana supports the appointment of an envoy or representative on NCDs to promote aggressive action and to foster national and regional collaboration.

We believe that greater consideration must be given to the existing MDG Goal 8, target 8e and indicator 13, to meet the need for better access to affordable, quality medicines, technology and diagnostics. Similarly, existing MDGs address the need for better nutrition, improved and expanded

immunization, elimination of gender disparities and improved environmental control.

We need more robust implementation of the World Health Organization's 2003 Framework Convention on Tobacco Control (2003). Guyana believes that the global minimum standard for trans-fats and salt are appropriate global actions and that we must not be shy in applying such standards. We believe that the Global Strategy to Reduce the Harmful Use of Alcohol must be strictly applied, and we support the call for a global no-alcohol day.

Guyana calls for the world to join us in celebrating Caribbean Wellness Day on the second Saturday of September each year, a day established by the Caribbean heads of Government at their Summit held in Port of Spain in 2007. We must agree on a package of publicly guaranteed health-care services for NCDs that becomes an entitlement for citizens everywhere.

While Guyana is grateful that the High-level Meeting has now made a response to the NCDs a priority development issue, we are disappointed that there are only references to the neuropsychiatric disorders. We believe that these disorders have too great an impact on the disease burden and should be given more consideration at the global level than is presently provided for.

The President took the Chair.

The President (*spoke in Arabic*): I now give the floor to Her Excellency Ms. Nicola Roxon, Minister for Health and Ageing of Australia.

Ms. Roxon (Australia): Australia is delighted to be participating in this historic United Nations meeting on the global challenge of non-communicable diseases (NCDs). NCDs pose a growing threat to our health systems, our societies and our economies. And because NCDs strike already disadvantaged communities and countries harshly, the threat of NCDs risks further entrenching poverty and disadvantage around the world. So we must act now, or too many people will continue to suffer and die from illnesses that are largely preventable, and our health systems simply will not cope.

The Australian Government is strongly committed to action on non-communicable diseases, internationally and at home. In Australia, we have put prevention of chronic disease, and strengthening our

primary-care system to better treat NCDs, at the very core of our Government's health reform agenda.

We are taking action on a range of fronts: through research and social marketing campaigns, and support for preventative health efforts across Governments, industry and the broader community. We are also providing support to developing countries to prevent and better control NCDs, especially in our own region, the Pacific, which has some of the highest NCD rates in the world.

At the global level, I am pleased to announce today that Australia will provide a further \$4 million to the World Health Organization (WHO) to implement its Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as part of the approximately \$4 billion on health assistance to developing countries that we will provide over the next five years.

Australia is also building on our existing work on NCDs in the Pacific with a \$25 million commitment to help Pacific island countries tackle these problems, focused on building the evidence base for effective interventions and cost-effective prevention strategies, and addressing the wider social determinants of health.

Today, I want to talk in particular about an issue which is a major focus for Australia: tobacco control. Unlike on other risk factors, the evidence on tobacco is crystal-clear. We know the harms; the research evidence is unequivocal. If we do not take steps to tackle tobacco, WHO estimates that the number of people dying each year from tobacco-related illness will rise from nearly 6 million per year now to more than 8 million by 2030.

Australian Governments have for many years been tough on smoking by world standards. We are now taking this strong record of comprehensive action further with the world's first plain-packaging laws for tobacco. From next year, all tobacco products in Australia will be sold in packs that will be required to have the same packaging, in the same unattractive dark brown colour. Graphic health warnings will cover most of the pack. There will be no brands, no logos and no colours. In fact, I have a mock-up here of what tobacco packs will look like in Australia when these laws come into effect next year.

Australia is the first country to have taken up the WHO challenge to take this step. As a result, the Big

Tobacco giants are fighting desperately, through massive advertising campaigns and threats of legal action. They are fighting vigorously because they know that plain packaging will hurt them by reducing sales. And they know that if Australia succeeds in being the first country to implement these laws, we will not be the last.

The Australian Government is very confident that we can withstand these threats and challenges. In fact, the more the tobacco companies fight, the more we know we are on the right track.

Fighting back, as Dr. Chan said this morning, against Big Tobacco requires resources and political will. But saving lives and improving the health of the global community is an investment that will pay a huge dividend. I therefore urge all members to consider how their countries can take the next steps too, using the Framework Convention on Tobacco Control as the mechanism for reform. The fight against Big Tobacco is one which, together, we can win.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. John Seakgosing, Minister for Health of Botswana.

Mr. Seakgosing (Botswana): Non-communicable diseases (NCDs) — cardiovascular diseases, diabetes, cancer and chronic respiratory diseases — account for more than 60 per cent of global deaths, of which 80 per cent occur in developing countries. The main contributing factors to these diseases — lack of physical activity, poor nutrition, smoking and alcohol use — are on the rise all over the world. Underlying factors, such as the ageing of the population and the modernization of our societies, are also steadily contributing to the ever-growing burden of NCD risk factors, disabilities and deaths. While the burden may seem insurmountable, we should not be discouraged. We can have a tremendous impact on NCDs and associated risk factors by implementing a comprehensive approach that focuses not only on improving knowledge and awareness, but on reformulating the policies, laws, regulations and environments that govern our behaviours, as well as putting in place a health-care system that can adequately detect and manage these diseases.

The Botswana delegation is honoured to attend this High-level Meeting and aligns itself with the outcome document (resolution 66/2, annex) related to the rising epidemic and its impact on the social and

economic development of countries around the world. National surveys and selected studies conducted in Botswana indicate that NCDs and their risk factors are prevalent — specifically, tobacco use, alcohol use and unhealthy diets.

While Botswana is viewed as a middle-income country that has achieved significant milestones in health and development, we need to ensure that the progress we have made is not reversed by the rising tide of NCDs and diminishing investment. It is important that resources be increased at the national, regional and international levels.

The Government of Botswana supports the recognition of the dual burden of communicable and non-communicable diseases. The public health burden of NCDs and appropriate ways by which to intervene pose unique challenges to developing and middle-income countries.

In Botswana, we are still experiencing high rates of morbidity and mortality due to communicable diseases such as HIV/AIDS, tuberculosis and malaria. We must not ignore these continued threats, but build on past successes to face the new public health threats of the twenty-first century.

We welcome the assertion that the whole of society, and not just Governments alone, needs to respond to this epidemic. Coordination from the highest level of Governments and concerted efforts from many other sectors of society — the private sector, civil society and industry — are required to mount a comprehensive public health response to NCDs.

As we continue to develop and implement our NCD strategy in Botswana, one of our main priorities is to establish a broad-based coalition that includes representatives from many sectors of our society. That would be an important effort that would lead to greater ownership and sustainability of the interventions and policies we intend to implement.

What is very clear is that we can no longer ignore the importance of NCDs and their impact on the global population and their quality of life. In order to address the public health crisis effectively, I challenge everyone here today to set a bold course for the future. We must not be afraid of facing the problem head on. Botswana has experience in this regard, having instituted a 40 per cent levy on alcohol and increased

its enforcement of laws that help to prevent alcohol abuse.

We are in the process of writing a similar type of law with regard to tobacco use, which will be more in line with the World Health Organization Framework Convention on Tobacco Control. We intend to take a hard look at the levels of sodium in our food supply. This is not an easy path to take, I can assure the Assembly, but it is the right one. Those legislative initiatives, coupled with supportive interventions and programmes, will ensure our success for the future. I have no doubt that we will be contributing to a healthier tomorrow.

For those of us who have lived with the significant burden of HIV/AIDS, we remember a similar meeting 10 years ago, which led to a comprehensive response to the epidemic. Last June, at the High-level Meeting on AIDS, world leaders agreed on bold new time-bound targets related to the prevention of new HIV infections, increasing the number of people on treatment and decreasing tuberculosis-related deaths associated with HIV.

We again find ourselves called together to bring much-needed global attention to a significant health issue. Yet, where are the targets related to NCDs? How would we know that we are on the right path without a well identified finish line? What should we strive for, if there is no light at the end of the tunnel? And where and how do we get the resources to achieve our targets?

Many competing interests await all of us when we return home. What we decide and agree upon during this meeting will help us as Government leaders to set a national course for NCD prevention and control.

Let me conclude by saying, let us not be deterred by the scope of the problem. Let us not be swayed by competing priorities. Let us be bold in the face of NCDs and chart a successful course for the future.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Joseph Yieleh Chireh, Minister for Public Health of Ghana.

Mr. Chireh (Ghana): It is my pleasure to join previous speakers in congratulating you, Sir, on your election as President of the General Assembly at its sixty-sixth regular session. We trust that with your wealth of experience you will be able to steer the

deliberations of this session to a fruitful conclusion. We would also like to assure you of our cooperation and support towards a successful outcome for this High-level Meeting.

The delegation of Ghana takes this opportunity to associate itself with the statement made by the Argentine Republic on behalf of the Group of 77 and China.

The increasing burden of non-communicable diseases (NCDs) poses a serious threat to global public health and security. Although diseases such as HIV/AIDS, malaria and tuberculosis are a major burden for developing countries, the death rates for the NCDs are higher. NCDs are estimated to be responsible for half of all deaths.

The epidemiological transition in Ghana has brought about a double burden of disease — communicable and non-communicable. At present infant and adult mortality from infectious diseases is steadily decreasing, and death rates are falling. Life expectancy in Ghana is steadily increasing, and the population is ageing concurrently. As the number of adults relative to children rises, the most common health problems are becoming those of adults, producing a surge in NCDs. Recent changes in diet and the social environment and the adoption of unhealthy lifestyles have resulted in the high burden of NCDs.

Apart from sickle-cell disease, which is genetically linked, the other major NCDs — cardiovascular diseases, diabetes, cancers and chronic respiratory tract infections — share common and modifiable risk factors, namely tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. This clearly underscores the fact that there is a lot that we can do to reduce the incidence and devastating effects of non-communicable diseases. By promoting healthy lifestyles, we should be able to bring down the disease burden due to NCDs.

To address the menace in Ghana, so far we have put in place the following measures. A national policy on NCDs has been developed. A public health bill with tobacco control as an integral part has been put before our Parliament. We have finalized a national strategy for cancer control in Ghana. We have developed a national sickle-cell strategic plan, and implementation has started with the scaling up of newborn screening and care of affected children. In the past four years we have been implementing a regenerative health and

nutrition strategic plan with the promotion of healthy lifestyle activities throughout all 10 regions of Ghana. Finally, mass sports to encourage physical activity are being promoted.

The Government of Ghana is committed to the fight against NCDs and will continue to provide the needed political leadership and resources for the prevention and control of NCDs. Ghana urges the World Health Organization to continue to provide the much-needed technical assistance and direction to developing countries as we engage in this battle against NCDs. The Commonwealth Secretariat deserves commendation for the crucial role it has played and continues to play in the fight against NCDs.

The President: The Assembly will now hear an address by His Excellency Mr. Heinz Fischer, Federal President of the Republic of Austria.

President Fischer: As we all know, successful efforts to tackle non-communicable diseases (NCDs) need to involve a range of government sectors and cross-cutting public policies. In Austria, 10 comprehensive and measurable health objectives for the coming 20 years are currently the subject of a structured political dialogue under the leadership of the Federal Minister for Health. A wide range of societal as well as government sectors are involved, in line with existing international health goals. Among the member States of the European Union, Austria happily ranks second in terms of health care expenditures on a per capita basis and the number of hospital beds.

The burden of NCDs in the European region is rising as a consequence of unhealthy lifestyles and unfavourable socio-economic conditions. Austria is confronted with problems — similar to developments in the European region — of obesity, lack of sports, smoking and alcohol consumption, especially among the young population.

Responding to these challenges, our Government launched the National Nutrition Action Plan, which follows a horizontal “health in all policies” strategy with measures regarding nurseries, kindergartens and schools. It contains, for example, guidelines for school catering. The Federal Minister for Sports, in cooperation with the Ministry of Health and other relevant stakeholders, is developing a national action plan for physical activity. Based on up-to-date scientific information, the recommendations establish how much physical activity is necessary in order to

positively affect health according to age groups. These recommendations are the first to provide suggestions in terms of intensity.

The Austrian health policy emphasizes its prevention strategies, tackling the increasing number of persons with diabetes by adopting a federal quality guideline on diabetes mellitus type 2. The goal of this disease-management programme is to prevent patients from suffering complications associated with diabetes through prevention, early detection, diagnosis, quality-based care and therapy. Furthermore, we focus on the role of psychosocial factors and influences on mental health. Following recommendations by the World Health Organization and the European Union, Austria has started the formulation of a national cancer plan.

What we need is strong political leadership to give sufficient impetus to the fight against NCDs. Governments need to include future-oriented decisions in their policies across a wide range of different government departments, not just the ministries of health. People need to change their lifestyles and behaviours. The prevention and control of NCDs have to be part of our daily life.

The President: I now give the floor to His Excellency Mr. Urmas Paet, Minister for Foreign Affairs of Estonia.

Mr. Paet (Estonia): I thank the Secretary-General for convening this first High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs). It is timely that this highly important and growing issue of non-communicable diseases is discussed at a high level at United Nations Headquarters. At the same time, I would like to reaffirm the leading role of the World Health Organization (WHO) as the primary specialized agency for health, in coordinating and promoting global action against non-communicable diseases.

Estonia welcomes the adoption of the Political Declaration (resolution 66/2, annex) earlier this morning, in which Governments commit to strengthening their national health policies and to reducing risk factors associated with tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol. These are commitments that developing and developed countries can share alike.

In many countries, non-communicable diseases pose a huge but avoidable burden on human capital and

the economy. The global population will reach 7 billion people, but the demographic situation in the world is changing in two opposing directions.

On my continent, Europe, societies are ageing, but the years lived in good health can be further extended. Evidence shows that this result is effectively achievable through systematically applied preventive activities. Non-communicable diseases cause significant disability and early loss of work capacity as well as premature death.

On the other hand, the number of young people in the world has never been higher, and most of them live in the developing world. It is important that we promote sexual and reproductive health and rights, since the key to informed decisions is their access to a comprehensive health service package, together with sexuality education.

Non-communicable diseases have particularly strong socio-economic impacts on developing countries. They are also greatly affecting the achievement of the Millennium Development Goals, which, as we know, are falling short of the targets in many countries. Estonia has increasingly supported the development of health systems in developing countries, such as Afghanistan. We continue to support the efforts of different United Nations organizations, such as UNICEF and the United Nations Population Fund, in their actions to improve access to health care, particularly for girls and women, throughout the developing world.

We know that the work to address NCDs must be comprehensive and consistent, and that it takes time to see first results. A systematic approach that encompasses health promotion, disease prevention, health care and actions directed towards influencing activities of other sectors is needed. Such an approach is well described in the WHO European Region charter entitled "Health Systems for Health and Wealth", also known as the Tallinn Charter. Tackling NCDs means comprehensive investments in health systems — in health promotion, disease prevention and health care. All sectors must be aware of the impact their actions may have on health and have health enhancement in mind.

In line with the Tallinn Charter, Estonia has a comprehensive five-point multisectoral approach for tackling NCDs. It covers social determinants of health, child and youth health, key risk factors, a healthy

environment and health-care services, which play a crucial role in producing sustainable gains in health. The national health plan provides an umbrella framework for specific disease-oriented health strategies.

The global response to reduce premature morbidity and mortality from non-communicable diseases should be effective, comprehensive and integrated into the global health agenda as well as in national health systems.

The President: I now give the floor to His Excellency Mr. Juma Duni Haji, Minister for Health of the United Republic of Tanzania.

Mr. Haji (United Republic of Tanzania): I have the honour and pleasure to deliver the following brief remarks on behalf of the President of the United Republic of Tanzania, His Excellency Mr. Jakaya Mrisho Kikwete, who will not be here today because of other pressing engagements.

As a contribution to this important discussion on the prevention and control of non-communicable diseases (NCDs), Tanzania, in partnership with the Governments of Australia and Sweden, is hosting a side event this evening on oral health.

My delegation welcomes the convening of this High-level Meeting of the General Assembly to discuss the prevention and control of non-communicable diseases, which have become a major challenge to our health system.

Risk-factor figures for NCDs in my country are very high. The prevalence of tobacco smoking is 10 per cent and that of overweight people is 21.8 per cent. The rate of persons with elevated total cholesterol levels is 21.6 per cent, the rate of people with elevated blood glucose levels is 8.5 per cent, and per capita consumption of pure alcohol is 7.8 litres.

The burden of disease is equally alarming. The prevalence of diabetes is 5.3 per cent, of hypertension 30 per cent and of chronic obstructive pulmonary disease 12.6 per cent. The incidence of cancers is 21.2 per 100,000 people. Cervical cancer is the most common type. In addition to these four major groups of disease, in Tanzania 8,000 to 10,000 children are born every year with sickle-cell anaemia. Oral health, mental health, violence and injuries are also major challenges for us. As a result, the NCD mortality rate is

75.7 per 100,000 for men and 58.6 per 100,000 for women.

The cost of health care for NCDs is very high. The household cost for diabetes treatment is 25 per cent of the minimum wage. Between 73 and 92 per cent of people with heart disease spend more than 40 per cent of their non-food income on care and treatment. NCDs therefore impoverish families.

Poor communities are vulnerable to NCDs, as they go for cheap but nutritionally harmful foods and are exposed to unhealthy lifestyles, while the sedentary lifestyles of white collar workers put that group at risk. Therefore, NCDs have to be on the development agenda.

Tanzania has an NCD strategy that was launched in 2009 aimed at the prevention and control of NCDs so as to reduce the burden they present and ensure access to affordable NCD services. We now have an NCD unit at the Ministry of Health with an NCD national steering committee comprised of various stakeholders to provide oversight.

Tanzania faces the double burden of communicable and non-communicable diseases. As we focus on NCDs, we must not jeopardize the attention we are giving to the prevention and control of communicable diseases.

In conclusion, I would like to thank you, Mr. President, for giving Tanzania the opportunity to make its case here and hope we can achieve success regarding NCDs as we all did for HIV/AIDS.

The President: I now give the floor to Her Excellency Ms. Heidi Hautala, Minister for International Development of Finland.

Ms. Hautala (Finland): First of all, let me align myself with the statement of the European Union.

Non-communicable diseases (NCDs) are a growing problem in the developing world and a huge challenge to achieving the internationally agreed Millennium Development Goals. Developed countries, unfortunately, do not provide a very good example here, as their lifestyles are closely linked with many of these diseases.

At the same time, developed countries have accumulated a lot of experience on how to tackle non-communicable diseases. In Finland, for instance, pioneering work has been done in the area of the

prevention of heart and coronary diseases — the so-called North Carelia Project and the name of Mr. Pekka Puska, an outstanding expert, are familiar to many in the international context. The Finnish emphasis is on health promotion and primary health care. These are by far the best means in the developing world, too, to fight non-communicable diseases. The importance of health system strengthening cannot be overemphasized.

Health is affected by several factors, many outside the remit of the health sector itself. Healthy eating, for instance, is linked to agricultural policy, global rules for agricultural trade, other trade, urban planning, tax policy and educational systems. Since the 1940s, school meals have been a very important innovation to promote healthy eating in Finland.

Business and industry also have their responsibility. They can promote healthy lifestyles, but unfortunately they can also work against them to advance narrow, short-term economic interests. This must come to an end. Tobacco is perhaps the clearest example of a commercial product that is harmful to public health. It kills 6 million people each year, dramatically reduces the quality of life of millions, and is a massive burden on national health budgets. Finland has set itself the goal of being completely tobacco-free by 2040. We believe that this is a realistic goal.

Gender issues are central when talking about health promotion and sustainable development. Women often suffer most from the effects of poverty and illness, but even more importantly, they are powerful agents of change. Their behaviour and choices can make a big difference in efforts to tackle NCDs and other diseases. Maternal health and sexual and reproductive health and rights are also relevant in this context. Women's access to primary health care and their right to choose serve them, their families and society as a whole.

Poverty eradication and sustainable development are directly linked to health. People who live without access to the basic necessities of life, without good quality education, or in the margins of society do not have the means to make healthy choices. Basic education and health education have a crucial role here; they are also very cost-effective ways to promote health.

As with any aspect of sustainable development, primary responsibility lies within each country and

with the commitment and accountability of each Government to its people. Development assistance can only have a catalytic role. Domestic resources must be mobilized. Some health promotion activities — for instance taxing tobacco, alcohol, or unhealthy food and beverages — are in fact very cost-effective. At the same time, of course, international cooperation is needed.

The role of civil society in health promotion is crucial. One example of that is that our delegation includes representatives of three non-governmental organizations — one working on heart disease, one working on cancer, and one working on diabetes. A very good example of their work is the so-called Better Choice symbol, developed by the Finnish Heart Association to help consumers make healthier choices.

Mr. Zinsou (Benin), Vice-President, took the Chair.

In addition to being a value in itself, health is an important factor in promoting positive economic development. A healthy population is a productive population. NCDs have a major social and economic impact. They slow down economic development. Let me also mention that there are also many synergies between health and a green economy, such as cycling.

We must also continue to tackle such communicable diseases as AIDS, as was pointed out by the Tanzanian Minister a moment ago. HIV/AIDS has become a chronic disease, and is linked to non-communicable diseases in many cases. Many developing countries are in fact faced with the double burden of communicable and non-communicable diseases. That is why, for Finland, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, for instance, are key partners in promoting the HIV/AIDS and the closely linked sexual and reproductive health rights agendas.

We want to see the World Health Organization (WHO) continue to be the lead actor in global health promotion. It gives strategic guidance to Member States and coordinates their international response. WHO has been the forerunner in the fight against tobacco. The Framework Convention on Tobacco Control is an unprecedented piece of international legislation, extending into many areas outside health, such as trade, customs and taxation. It should serve as an example for addressing other harmful products as well.

The United Nations as a whole has a central role to play in promoting sustainable development and the achievement of the Millennium Development Goals, very much including in the area of health. It is crucial to continue pushing forward with United Nations reforms in order to make sure that the United Nations system can respond in the best possible way to the challenges it is faced with.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Yasmina Baddou, Minister of Health of the Kingdom of Morocco.

Ms. Baddou (Morocco) (*spoke in Arabic*): Great effort is required in the current circumstances to combat non-communicable diseases through a multisectoral strategy, a precautionary approach, the promotion of healthy lifestyles, early screening and the creation of appropriate regulatory taxation frameworks. We therefore believe it important to mobilize international mutual cooperation, and in particular support for developing countries in improving their health sectors, building their capacities, benefiting from successful experiences in the field of prevention, and containing non-communicable diseases.

Committed to international partnership in the fight against such diseases, Morocco has endorsed the guidelines of the World Health Organization as defined in its 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Morocco has proceeded to implement its national integrated initiative for the prevention and monitoring of non-communicable diseases, with the involvement of local and municipal authorities, various ministries and non-governmental organizations.

To that end, Morocco has enacted several multisectoral policies and strategies, including its national initiative for human development, launched by His Majesty King Mohammed VI in May 2005 and aimed at combating all forms of poverty and social marginalization and at meeting the people's basic needs in marginalized areas. Other initiatives include a national literacy programme, the Green Morocco project to guarantee food security, a national charter for the environment and sustainable development, the Sport for All strategy, and the establishment of a national centre for food safety. All of these initiatives seek to promote healthy lifestyles, counter risk factors, strengthen the capacities of the health-care system, promote the availability of affordable medicines and

basic medical coverage, mobilize additional resources through the taxation of tobacco and alcohol products and the implementation of an epidemiological survey of these diseases and their risks, and promote research and development.

The Moroccan experience in the fight against non-communicable diseases has expanded in recent years with the strengthening of partnerships and increased societal awareness. In that regard, the Ministry of Health, with the support of the Lalla Salma Association against Cancer, has developed its national plan for the prevention and control of cancer for the period 2010-2019. The plan, which is based on the World Health Assembly resolution on cancer prevention and control adopted in May 2005, sets out a strategic agenda for the next decade that is based on the efficient and rational use of existing resources to better respond to the needs of patients. The plan also serves as a model for strategies to fight other non-communicable diseases. In addition, the Lalla Salma Association has launched a national plan to fight tobacco use in schools, commercial entities and hospitals.

Morocco has also set up national programmes to prevent and control diabetes and cardiovascular, coronary and respiratory diseases, so as to reduce illness and mortality and improve quality of life for patients and their families.

Against the backdrop of the current difficult global economic situation, Morocco believes that we must coordinate our joint efforts to formulate a collective, coherent and efficient response to combating non-communicable diseases.

On this occasion, the Kingdom of Morocco would like to urge that consideration be given to the idea of establishing a voluntary, sustainable and permanent fund to combat non-communicable diseases and facilitate the implementation of the Political Declaration (resolution 66/2, annex) we have adopted at this meeting. The purpose of such a fund would be to assist developing countries burdened by high levels of non-communicable diseases in implementing the Declaration, including the commitments therein and other challenges.

In that regard, the Kingdom of Morocco reiterates its full readiness to continue to support the tireless efforts of the United Nations. We are prepared to cooperate with all international partners in responding

to the challenge of preventing and tackling non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. James Reilly, Minister of Health of Ireland.

Mr. Reilly (Ireland): There is an old saying that your health is your wealth. In Ireland, we put it even more strongly. We say that your health is more important than your wealth. Health, to us, is better than wealth. That saying goes back many centuries; it is a proverb that touches on a global truth. Health is not just an individual issue, but an issue that affects the productivity and economic well-being of nations. This is only the second high-level United Nations meeting on health; and today's Political Declaration (resolution 66/2, annex) is a significant step to mandate action at the highest level.

Historically, the focus has been on infectious diseases. It is only relatively recently that we have come to appreciate the potential of non-communicable diseases (NCDs) to extinguish individual well-being and crush developing economies. When we look at increased longevity in nations such as Ireland, it is easy to attribute that achievement to medical science — easy, but wrong. More than half of those extra years have nothing to do with advances in medicine. They are due to improved living conditions, clean water and better nutrition.

While 50 per cent of the advances have been due to medical advances, a substantial chunk of those are due to vaccinations. The bottom line is that what we describe as interventive medicine has been much less important than is sometimes believed. It is safe to predict that the next great advance will be along similar lines — helping individuals make life-changing decisions about prevention and management. We must make the right thing to do the easy thing to do, because it is in all of our interests, within families, communities and nations.

That is why today is such a landmark step in the process of dealing with the creeping catastrophe of non-communicable diseases, which now account for nearly two of every three deaths per annum worldwide. Every year non-communicable diseases kill 9 million people under the age of 60. It is a major emerging health threat with enormous destructive potential for all countries, and for Ireland.

Our demographics mean that the level of non-communicable diseases such as cancer, heart disease, stroke, respiratory diseases, diabetes and mental health will certainly increase over the next few decades. In addition, the Irish health-care system as it stands simply will be unable to cope with what is coming down the tracks. We are setting out to radically reform the Irish health system so as to guarantee equal access to high-quality health care for everybody in my country. The new system will give access based upon need, not upon ability to pay.

While the first step in this journey is the provision of universal primary health care, a major shift towards greater emphasis on prevention is imperative. We all have a moral, social and economic duty to deal with this creeping catastrophe, especially in developing countries, where we see the most rapid rise in deaths from non-communicable diseases. Those least able to cope with the health demands and consequences of this pattern are suffering, and will suffer, the most.

Prevention is crucial. Approximately two thirds of the predicted disease burden is caused by risk factors that can, and must, be prevented. Prevention is always better than cure. But it is cure that gets the headlines and the investment. People at risk must be identified early, at the level of primary health care. They also need to be treated at that level as far as is possible.

Our guiding principle is to treat the patient at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. Now we are coming to a quite different understanding. We are coming to a new understanding that in any one country, it is not the department of health within a Government that carries the sole responsibility for improving the health of a nation. The departments that are dealing with the environment, transport, education, the workplace and with children all have a huge contribution to make. While intra-governmental cooperation is necessary, today's meeting underscores the need for inter-Government cooperation, if we are to really tackle NCDs.

Ireland, for example, was a world leader in banning smoking in the workplace. That happened despite what seemed to be insurmountable opposition. Our workplaces, including theatres and public houses, changed. In due course, some of our non-communicable

disease statistics will change as a result — not as a result of medical change, but of an environmental one.

Now we need to draw on the lessons of this success when we tackle alcohol misuse, poor diet and lack of physical exercise. At the end of this process, we must have a public health policy that supports and fortifies our capacity for early disease detection, risk assessment, mitigation and control. We have a lot of difficult choices to make, particularly when taking on the various interests that stand in our way. But the health of our people comes first — way before business interests. The threat of non-communicable diseases has the power to smother our social and economic life. The Political Declaration is a significant step in dealing with that threat.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Liow Tiong Lai, Minister of Health of Malaysia.

Mr. Liow (Malaysia): In our pursuit of economic development, we should not lose sight of our nations' health. Despite strong evidence of an ever-increasing burden of non-communicable diseases (NCDs) worldwide, our response has not been proportionate.

Malaysia is extremely encouraged by the leadership of the World Health Organization (WHO) in pushing the NCD agenda forward. Our meeting today marks an important milestone in our global efforts to strengthen NCD prevention and control. In December 2010, Malaysia began implementing a national strategic plan for non-communicable diseases. In order to support the whole-of-Government approach laid out in the strategic plan, a Cabinet committee was formed to promote a healthy environment, with representatives from 10 ministries and chaired by the Deputy Prime Minister. Malaysia sees this committee as a very important vehicle for furthering the policy and regulatory agenda, since responsibility for that agenda belongs chiefly to ministries other than the Ministry of Health. The outcome of the committee's first meeting, held on 4 April, was a commitment from the Ministry of Education to improve screening and intervention for obesity in schools.

The commitments on the prevention and control of NCDs to be made by the Heads of State tomorrow will be a strong advocacy tool that will be used in Malaysia to marshal the support of all related ministries and agencies in promoting the NCD agenda. Learning from the lessons of HIV/AIDS on the strong

and positive role to be played by non-governmental organizations (NGOs), we will use the Malaysian Health Promotion Board to further develop and increase the capacity of related NGOs to play a more proactive role, particularly in community-based NCD risk-factor intervention. The lessons we have learned from global and national infectious disease outbreaks include the importance of having a preparedness plan, the need for cooperation and information-sharing between countries and global agencies, and taking advantage of institutional memory to adapt and modify methods that have been used successfully.

World leaders must act immediately and responsibly to deliver key changes in the Political Declaration (resolution 66/2, annex) adopted at this meeting. To that end, I agree wholeheartedly with Ms. Margaret Chan of WHO, who once said that which gets measured gets done. It is important to set clear, measurable and time-bound targets, and we propose that the indicators presented by WHO at its Global Forum and the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow in April 2011 be incorporated into the Declaration.

The United Nations Political Declaration on HIV/AIDS (65/277) adopted in June also endorsed taking advantage of the important flexibility guaranteed by the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in order to ensure that trade does not violate patients' rights. While the promotion of international trade is important, especially within a rules-based trading system, WTO should provide flexibility, and to developing countries in particular. Malaysia does not want to see the introduction of new generic drugs obstructed and delayed because of various parties' conflicting interpretations of national TRIPS legislation and regulations.

With the growing numbers of people suffering from NCDs, many countries are faced with a huge challenge in the form of providing adequate access to the medicines essential to the management of these diseases. In Malaysia, where comprehensive health care is provided to the people, the use of generic drugs optimizes financial resources and ensures that all cases detected are treated. Malaysia will continue to strengthen the components of its health-care system by raising awareness and encouraging people to come forward for screening. Individuals identified as being

at risk will receive early intervention to prevent diseases and their complications. Although screening will increase health spending, it is more cost-effective than treating diseases later on, when they have developed with complications. This conclusion is supported by the WHO projection that a 10 per cent increase in NCDs results in an annual drop in economic growth of 0.5 per cent.

Malaysia is committed at home and will show its commitment on this global stage in forging a framework from our collective agreements on NCDs.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Simon Power, Minister for Justice of New Zealand.

Mr. Power (New Zealand): Non-communicable diseases (NCDs) represent a major threat to the economy and health of populations in all countries. Death and disability from NCDs have reached epidemic proportions. They push poor people further into poverty. They impede the achievement of the Millennium Development Goals (MDGs). The World Economic Forum ranks NCDs as one of the top global threats to economic development, which is impeded by the imposition of an unmanageable burden on health systems.

New Zealand is confronting the magnitude of the problem not only for our own people, but also among our Pacific island country neighbours. More than 40 per cent of the adult population in some Pacific countries has diabetes. This is projected to double by 2030. NCDs are having a massive impact on those countries' potential for social and economic development.

New Zealand recently hosted the fortieth anniversary meeting of the Pacific Islands Forum, at which leaders expressed concern about the potentially devastating economic consequences of NCDs and their impact on MDG achievement when the region is already struggling to meet the 2015 targets. Rapidly rising expenditure on NCDs is now reaching well over 50 per cent of the total health budget of many island countries. If unabated, NCDs have the potential to undermine four of the main factors driving economic growth: labour supply, productivity, investment and education.

Leaders called for quick and decisive action to address this rapidly unfolding crisis from

Governments, the private sector, civil society, regional and international organizations and development partners. New Zealand therefore welcomes the opportunity to focus attention on this regional and global crisis and to consider what can be done.

New Zealand supports the life-course approach to NCDs. This begins at conception. Prenatal malnutrition and low birth weight create a predisposition to obesity, heart disease and diabetes later in life. Improving care, especially primary health care, before and during pregnancy can reduce risk during a child's early and later life. Actively addressing the common risk factors at any stage of life can also reduce the risk of NCD-related illness and death.

NCDs are not just a health issue. They require a whole-of-Government approach and innovative strategies across such sectors as health, education, agriculture, the environment and economic development. In New Zealand, the combined efforts of academia, civil society and Government have, for example, supported multisectoral efforts to reduce harm from tobacco use. Our aim is to have an essentially smoke-free country by 2025. Substantially reducing tobacco consumption will significantly reduce NCDs, with considerable health benefits for individuals and countries. We urge countries that have not yet done so to become party to the World Health Organization Framework Convention on Tobacco Control.

New Zealand remains a consistent supporter of Pacific countries in their efforts to address NCDs, and a contributor to international research on NCDs. We know that the knowledge and expertise to prevent deaths and disabilities from NCDs exists. With this meeting, we now have the political commitment to those solutions. New Zealand stands ready to maintain the momentum generated by this meeting. Averting the NCD crisis is essential to ensuring that present and future generations have the chance to live long, healthy and productive lives.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatima AlBeloushi, Minister for Health of Bahrain.

Ms. AlBeloushi (Bahrain) (*spoke in Arabic*): It is the pleasure and honour of the Kingdom of Bahrain to participate in this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs).

Over the decades, Bahrain has succeeded in eradicating many non-communicable diseases. It is thanks to prevention policies that we have been able to eliminate almost all childhood diseases through vaccination programmes that provide 100 per cent coverage against measles, mumps and rubella. The vaccination rate for polio and other childhood diseases has reached 96.4 per cent. We have succeeded in implementing the Millennium Development Goals on health. Child mortality was reduced to 7.2 per 100 births in 2009, and in the same year we had only six maternal deaths.

Like other countries, Bahrain monitors changes in NCDs. In 2010, 16 per cent of NCD deaths were due to cardiovascular diseases and 13 per cent to tumors. Increased national screening for 19- to 65-year-olds in 2007 has shown that 14.3 per cent of the population has diabetes. Those who suffer from high blood pressure account for 38.2 per cent of the population and from high cholesterol, 40.6 per cent. The overweight are 32.9 per cent of the population. Studies have shown that the percentage of smokers among those people in Bahrain is just over 19.9 per cent.

We are currently working on a new national screening programme for 2012 with a view to addressing the current situation with respect to NCDs. We have adopted the international prevention and control strategy and included it in our Government's list of priorities. We have established a plan of strategic objectives through 2030, which aims to preserve the nation's health by strengthening preventive measures and care.

We have three major initiatives under way. They are intended, first, to strengthen the health-care system via prevention, early screening and national policies for the fight against NCDs and chronic diseases, and also the promotion of healthier lifestyles. We have set up a council for strengthening health care, with the participation of municipalities and provinces. Our Council of Ministers has set up a national committee on the prevention of NCDs, with all concerned stakeholders participating.

With regard to risk factors, we have adopted empowerment policies with a view to stopping consumption of tobacco products. This is being carried out in conjunction with the World Health Organization Framework Convention on Tobacco Control. We have also taken measures to prohibit the advertising of

tobacco in all media and have banned smoking in all closed places. We have also adopted a nationwide strategy on diet and physical exercise. We are establishing partnership initiatives across the country with municipalities and provinces and civil societies to fight NCDs.

We have also looked at and identified the needs of society in the area of the prevention and control of NCDs. We have set up 23 clinics and primary care services and early-screening centres across the Kingdom specializing in NCDs and chronic diseases. This is in addition to opening clinics for healthy people and their early screening.

In regional partnership initiatives, we are working with the regional office for the Middle East with a view to implementing a regional strategy on NCD prevention. We started working with our partners in the Gulf Cooperation Council last January with a view to developing a joint Gulf plan on the prevention of NCDs. All this is set out in the Manama Document adopted in 2011. It has seven strategic objectives and benchmarks, and the Gulf countries are implementing a mechanism for annual review and follow-up of those objectives.

The global scourge of non-communicable diseases is one of the main threats to development in the twenty-first century. NCDs have a harmful impact on the economies of many countries and hinder the implementation of the Millennium Development Goals. They do not affect only individuals and societies; they affect health-care systems more generally. Therefore, we would like to reiterate the importance of the content of the document adopted, as well as the importance of national Governments and their efforts to address NCDs and the importance of including relevant governmental and non-governmental stakeholders and sectors in the fight against NCDs. There is also an important regional and international role in the sharing of successful experience, enabling legislation and building capacity so as to arm ourselves with the requisite mechanisms for addressing NCDs.

If we are to succeed in our fight against non-communicable diseases, we need an evaluation and monitoring mechanism. Therefore we need to adopt an international framework for follow-up and evaluation based on an implementable set of regional, national and international benchmarks.

Finally, Bahrain wishes to reiterate its full support for the document adopted by the High-level Meeting (resolution 66/2, annex). Please be assured that we will work assiduously in all areas to fight against non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Talalelei Tuitama, Minister for Health of Samoa.

Mr. Tuitama (Samoa): I bring greetings to this Assembly from the Government and people of Samoa. Samoa congratulates the United Nations on the inclusion of non-communicable diseases (NCDs) in the agenda of its 2011 General Assembly. The evidence of the devastation caused by NCDs to human health worldwide is well documented. This can no longer be ignored as NCDs have a negative impact on development at all levels.

Small island countries like Samoa make up the Blue Continent in the South Pacific. The Blue Continent rises up from the vast blue ocean that surrounds us, which over the years has provided unlimited fishery resources that are beneficial to many countries of the world. Yet the small Pacific island countries themselves are challenged by limited opportunities and the increasing fragility and vulnerability of resources due to global economic crises and environmental degradation, which disrupt proactive efforts to promote and sustain good health, not to mention the huge efforts being made to manage and control NCDs.

Non-communicable diseases have reached a crisis level, heralding a major health and development emergency in our part of the world. For Samoa, it is our topmost health priority as it affects our population, including those in younger age groups, at an alarming rate. Twenty-three per cent of Samoan adults aged 25 years and older are diabetic, 21 per cent are hypertensive, and the percentage of the population that is obese, with its attendant health risks, stands at more than 50 per cent. The direct link between NCDs and the leading causes of morbidity and mortality in Samoa are therefore clear and undisputed.

Over the past two decades, Samoa has responded by putting legislation in place to minimize risk factors. Currently, we are finalizing the content of a 2011 food bill that will help control the incoming flow of cheap and non-nutritious junk food. We are consistently developing, implementing and reviewing relevant

policies to help Samoa with lifestyle issues. We are doing the same with our NCD policy, which provides strategic direction for programmes to prevent, control, eliminate and minimize the devastation of NCDs and their related disabilities.

The Samoan Government has embarked on an integrated whole-of-country, one-health approach, premised on the principles of health promotion and primary health care, to dictate and give direction to our prevention programmes. Political support is strong, with the engagement of parliamentarians through a parliamentary advocacy group for healthy living that is chaired by the Speaker of the Legislative Assembly and whose members include Cabinet ministers and parliamentarians. Another high-level political group with the same focus is a women in leadership group advocating for health, which is led by women parliamentarians.

The high incidence of NCDs contributes to the vicious circle that impedes the ability of small island developing countries like Samoa to raise and sustain its levels of social and economic development. But we are determined to put our people's health at the centre of our trade and economic policies. We are committed to ensuring that the social determinants of health are central to all development efforts. After all, development is for the people and future generations, and not the other way around.

For many years now, we have continued to manage NCDs through diagnosis and treatment within the constraints of our health system and limited resources, which is becoming quite expensive and may soon become unsustainable. That is why the Government has pledged a stronger commitment to continuing to promote healthy living and health protection at the national level.

The year 2011, as the year of NCD advocacy, saw the launch a month ago of a bilateral initiative between Samoa and our sister country American Samoa. The outcome was a joint NCD prevention and control agreement to address the situation on our islands. The statement urges our two Governments to declare the current NCD epidemic a national health and development emergency. Continuing to strengthen health systems through health promotion and primary health care was identified as one of the critical areas to address immediately.

At the regional level, and in collaboration with the World Health Organization and the Secretariat for the Pacific Community, we are engaged in the implementation of regional programmes to control and minimize the devastation that NCDs wreaks on health and development in our Pacific island countries. Samoa collaborates with many Pacific island countries to revitalize the 1995 Ministerial Declaration on healthy islands, which translates into practical terms the settings approach for healthy lifestyles in communities, schools, marketplaces, workplaces and churches. These two approaches to health are for us both doable and affordable, given our limited resources. These approaches are multisectoral and help to increase the participation of everyone, including those outside the realm of the health sector.

The road ahead for us to reverse the NCD epidemic is arduously long, challenging and overwhelming. This is inevitable, as most of the social determinants responsible for the growth of NCDs in our country are outside the health sector's control or imposed on our country by exogenous factors. The incidence of NCDs is no longer just national, region-specific or a concern merely of the developing world. It is a global epidemic requiring global action. Piecemeal approaches are doomed to fail. Doing nothing will only aggravate the situation. We therefore call on the United Nations to recognize, support and help fight this epidemic.

Samoa supports the long-term vision of achieving the eight Millennium Development Goals, which will eventually eliminate global poverty. We strongly feel, however, that the Millennium Development Goals will not have fulfilled their purpose unless we recognize and address the threat posed by the NCD epidemic that is now killing over half of the world's population and thus perpetuating poverty.

The most vulnerable are the poor living in the developing and underdeveloped countries of the world. For the most part, they are the voiceless victims of industrial, trade and economic policies, which often fail to include health and well-being concerns and instead focus only on financial gain for a few at the cost of the early and painful deaths of many.

In conclusion, Samoa adds its voice to urge the United Nations to consider non-communicable diseases as included in Millennium Development Goal 6, where it refers to the reduction of diseases. With such

enhanced emphasis and focus, the devastation of NCDs and the threat to our people will finally be recognized as one development issue that must be accurately streamlined into the social, political, cultural and economic development efforts of all nations.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Yakov Litzman, Minister for Health of Israel.

Mr. Litzman (Israel): The human race has made great strides in the past century. Life expectancy has doubled owing to miraculous medical achievements and the ability of our health systems to diminish the threat of infectious diseases. With this rise in life expectancy, our health systems are faced with a new challenge today: an alarming rise in non-communicable diseases (NCDs). Today, NCDs represent 80 per cent of the burden on global health services and 60 per cent of the global mortality rate.

NCDs are a global issue. Combating NCDs does not lie only within the jurisdiction of independent health ministries; it also demands collaboration within our countries, across different sectors. It requires the combined efforts of the private and public sectors and the active participation of civil society and the media. Finally, it requires significant collaboration between countries.

Like all countries in the world, Israel has felt the devastating pain of NCDs and wants to be a part of the solution.

Studies have shown that the morbidity and mortality of NCDs are not equal among all sectors of our society, which includes citizens from over 90 countries. Therefore, we must strive to provide the best possible service to all people within our society, be they Jews, Muslims or Christians.

The Government of Israel has enacted a number of policies to promote awareness of early detection and to find cures to diseases that currently have none. Israeli scientists have gained a reputation for their cancer research, which is widely shared in the international scientific literature.

My Ministry has introduced immunization against hepatitis B. That programme has helped to reduce the morbidity of the disease and diminish its deadly side effects, such as liver cancer. We have also introduced immunization against the human papilloma virus in girls and young women, which will reduce the

morbidity of cervical cancer. More than 70 per cent of women aged 50 or over are screened for breast cancer, a disease that affects approximately one in eight women in Israel. New cutting-edge technologies for prevention, screening, diagnosis and treatment of NCDs have been added to the services provided by the National Health Insurance Law.

Israel's commitment to fighting NCDs is also reflected in its wide range of partnerships throughout the developing world. For example, MASHAV — Israel's agency for international development cooperation — and Insulin for Life Australia recently donated medical supplies to Tonga for the treatment of diabetes. MASHAV is also leading the fight against neglected tropical diseases in Ethiopia, where it is facilitating groundbreaking workshops on de-worming.

We must effectively deal with the causes of these diseases before we turn our sights towards their possible cures. We must galvanize the public behind this cause. We must promote better nutrition, educate our people about the effects of alcohol and tobacco use, and work to diminish environmental pollution.

As it is written in the Holy Bible, these commandments are not in heaven. God has given us the opportunity to lead our people, especially our young people, to better health. Investing in this cause and putting NCDs on the national and international agenda help to ensure a brighter future for all of us. Israel looks forward to working in collaboration with our neighbours and countries all over the globe on this crucial issue.

Allow me to end with an expression of hope and prayer. An Israel Defense Forces soldier, Gilad Shalit, kidnapped by terrorists, is being held by force in the Gaza Strip. Two weeks ago we marked his birthday, his fifth in captivity. Not a single person has been allowed to visit this boy for more than 1,900 days. Not his parents. Not a doctor. Not even the Red Cross. We are all responsible for the lives and well-being of our citizens. I issue a call from this Hall to all countries of the world: let Gilad Shalit go free! The international community must do all in its power to bring Gilad home.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sabyrbek Djumabekov, Minister for Health of Kyrgyzstan.

Mr. Djumabekov (Kyrgyzstan) (*spoke in Russian*): The Kyrgyz Republic welcomes the report of Secretary-General Ban Ki-moon on the prevention and control of non-communicable diseases (A/66/83).

We note with concern that in the Kyrgyz Republic, as in many countries, non-communicable diseases (NCDs) are the leading cause of morbidity and premature death among the population. Cardiovascular disease is the leading cause of death in Kyrgyzstan. There is a rising incidence of malignancies, which have become the third leading cause of death in the country. Moreover, since 2000, the incidence of type 2 diabetes in the Kyrgyz Republic has increased by 72 per cent. High blood pressure is one of the most widespread diseases in Kyrgyzstan. Epidemiological data show that more than 20 per cent of the country's population — more than one million people — suffer from hypertension.

Unfortunately, I must note that the Kyrgyz Republic is one of the countries in an unsatisfactory epidemiological situation as far as cancers are concerned. Recent population mortality data show that cancers are one of the leading causes and have a social and economic impact on society. In 2010, general mortality from cancer in the Republic was more than 50 per cent, while in the capital, Bishkek, it was 60 per cent.

We have studied the epidemiology of non-communicable diseases and their incidence among the working-age population. We are planning to conduct a joint comprehensive international epidemiological survey with the participation of foreign scientists from India, Kazakhstan and Russia.

Since 2009, we have taken a set of measures to improve the quality of oncology services, with emphasis on the early detection and prevention of malignancies. Among the most promising developments are the projects along the lines of the International Atomic Energy Agency.

The tobacco epidemic is spreading, especially among young people and women. According to the global survey on tobacco smoking, about 20 per cent of students in Kyrgyzstan from 13 to 15 years of age have already tried smoking, and half of them have become regular smokers. Given the high level of morbidity and mortality from respiratory diseases, a nationwide smoking-prevention programme has been set up through the mobilization of rural health committees. So

as to prevent NCDs in Kyrgyzstan, specific efforts are under way to raise patients' awareness regarding primary and secondary prevention of cardiovascular diseases through the provision of booklets on measures to counter NCDs.

In view of the swift proliferation of NCDs, we have deemed it timely to implement, as a matter of priority, a comprehensive prevention programme and national strategies in the area of health care. It is hoped that these projects will have a significant impact on lifestyles and the spread of risk factors, leading to a lower incidence of cardiovascular and other diseases.

In order to ensure a comprehensive approach to the strengthening of the health-care system on the basis of primary medical care, there is a need to provide, at all levels, adequate training for medical personnel and to strengthen national capacities. In that connection, I call on all of our potential donor partners to increase their investment in measures aimed at the prevention of NCDs.

The Acting President (*spoke in French*): I now give the floor to The Honourable Leona Aglukkaq, Minister of Health of Canada.

Ms. Aglukkaq (Canada): The Government of Canada is concerned about the rising rates of chronic diseases, which are the leading causes of death in Canada.

The Political Declaration (resolution 66/2, annex) puts a priority on prevention; we have already done this in Canada. Last fall, Canada's health ministers endorsed a declaration on prevention and promotion. We are committed to promoting healthy living, preventing disease and reducing health disparities.

Individuals can make healthier choices in their everyday lives to reduce their risks, but we know that promoting good health is everyone's business. That is why solutions should involve a broad base of partners such as non-governmental organizations, all levels of Government and different sectors whose activities have a bearing on health.

Canada is taking action in many ways. We have created a strong environment favouring the reduction of smoking in Canada. Our results are impressive. Canada's smoking rate has dropped from 25 per cent in 1999 down to 17 per cent. That is a historic low for Canada.

Canada's federal, provincial and territorial Governments are concerned by the rising rates of overweight and obesity, particularly among Canada's children and youth. One in four children is affected; we must reverse the present trends. To help with this, we are looking to partner with organizations, including the media, to promote messages of healthy eating and living.

The Government of Canada also continues to make significant investments to address non-communicable diseases (NCDs) in our indigenous populations. We hope that we can share our experiences and learn from others to make meaningful progress.

In the area of mental illness, Canada is pleased that the language in the Political Declaration recognizes the linkages between mental and neurological disorders and NCDs.

The desire to alleviate human suffering is enough reason to increase our efforts to curb NCDs. However, they also cost the Canadian and global economies billions and billions of dollars every year. These are challenges that we in Canada will solve as a society and as part of the global community. Prevention must be the foundation for our action on NCDs, both domestically and internationally.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Anne-Grete Strøm-Erichsen, Minister of Health and Care Services of Norway.

Ms. Strøm-Erichsen (Norway): Prevention is key in the fight against non-communicable diseases (NCDs). We know that preventing chronic diseases is a great investment for the benefit of people and the economy. If we do it right, the prevention of NCDs will contribute to economic growth and reduce social inequalities in health within and between countries.

In order to prevent NCDs, national Governments must take the lead. Risk factors such as tobacco and obesity must be addressed, using policy instruments at the population level. National health systems must be strengthened. But an effective strategy does not rest with the health sector alone; cross-sectoral action is needed in order to respond effectively to the NCD challenge. We need active involvement on the part of the urban planning, finance, industry, trade, education, culture and agriculture sectors.

We need to pay close attention to different stakeholders' roles with regard to NCDs. That is why Norway has included two members of civil society in our delegation to this meeting.

We know from experience that setting targets and goals is useful in order to achieve progress. "What gets measured gets done", as many speakers have noted in their statements. In this regard, the World Health Organization (WHO) plays a leading role. Through WHO, we must develop targets, indicators and a monitoring framework for countries to apply in their national settings.

Reducing tobacco consumption is one of the most efficient measures to prevent NCDs. The tobacco industry has taken legal action against a number of parties to the WHO Framework Convention on Tobacco Control, including Norway. This is unacceptable. No party to the Convention should allow the tobacco industry to intimidate us in fulfilling our legal obligations to protect public health.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Philippe Courard, Secretary of State for Social Integration and the Fight against Poverty of Belgium.

Mr. Courard (Belgium) (*spoke in French*): Belgium would like to stress certain important factors in the framework of the combat against non-communicable diseases (NCDs).

Given the increasing attention paid to the issue of non-communicable diseases, we must begin to think in different ways about our health-care policies. That will not be just a matter of adapting health-care systems, but will involve taking health into account in all policies.

We deem it crucial to reflect on the future role of ministers of health in the management of the health-care sector. We must take a visionary approach and advocate for health where, unfortunately, it has not yet been taken into account. Health is not just a budget item but a proven and significant factor in promoting economic growth, even as it has its own particularities and values.

We should also remodel our health systems, where compartmentalization is increasingly problematic. Non-communicable diseases, which often require long-term care and better coordination among health

professionals, represent a significant challenge to those systems.

Primary health care, including the family doctor, should have a central role. To that end, it is not a matter of specific new investments to tackle the problems. Rather, there should be an internal reorganization that relocates the comprehensive, multidisciplinary and long-term care for the patient to the primary health-care level. That will not only allow us to streamline care that is often dispersed throughout various different programmes, services and institutions, but will also assure the patient access to basic, quality care.

Political action should be guided by good practice and good policy with regard to those who are ill. This requires an integrated and societal approach that goes beyond the limits of health-care systems. Patients should be involved in the treatment of their diseases. We should commit to increasing the autonomy of patients so they can define their objectives, especially in cases of multimorbidity, where a narrow biomedical approach is no longer justified.

Inequalities in the field of health are also a major issue. We notice, for instance, that in the so-called rich countries, those most affected are the people with a low income. Chronic diseases, such as non-communicable diseases, are the main cause of health expenses, which are often difficult for patients to bear. For that reason, and in this time of financial crisis, we have to pay particular attention to that fact and make special efforts to fight those inequalities with regard to health. The health-care system should be a unifying factor and not a force for marginalization. The fight against inequalities should be a key element in all of our strategies in this context. We should assure ourselves that these policies contribute to the reduction of health inequalities.

We should focus on early, proactive and effective interventions, on secondary prevention, on access to affordable care, and on the implementation of new care models, particularly in the field of primary and community health care. I would therefore like to appeal to all countries to engage in the battle against non-communicable diseases and to formulate their own policies on the issue, centring them on the patient. The principle of "health in all policies" should be applied here. In other words, we should connect all parties involved, across all sectors.

It is important that we put in place initiatives in the field of prevention and innovative health care that bring an added value. Only global strategies that combine prevention, the patients' experience, the

excellence of doctors, innovative research and the support of public authorities will allow us to mobilize an effective fight against non-communicable diseases.

The meeting rose at 6.25 p.m.



General Assembly

Sixty-sixth session

5th plenary meeting

Monday, 19 September 2011, 6 p.m.

New York

Official Records

President: Mr. Al-Nasser (Qatar)

In the absence of the President, Mr. Zinsou (Benin), Vice-President, took the Chair.

The meeting was called to order at 6.25 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 Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Maithripala Sirisena, Minister for Health of Sri Lanka.

Mr. Sirisena (Sri Lanka): I consider it an honour and a privilege to address this gathering on dealing with the prevention and control of non-communicable diseases (NCDs).

At present, Sri Lanka is in the process of rapid development in all fields. Four decades ago, our average life expectancy was about 40 years. Today, that has been almost doubled. This is due to our achievements in maternal and child health services and the prevention and control of communicable diseases.

We have a major challenge before us now: the rise of non-communicable diseases, some of which are reaching epidemic proportions. More than 60 per cent of deaths are due to non-communicable diseases. Many Sri Lankans die prematurely from heart diseases, diabetes, hypertension and strokes.

I would like to express my appreciation for the services rendered by the United Nations specialized

agencies — especially the World Health Organization and its South-East Asia Regional Office and Country Office for Sri Lanka, and the World Bank — and the Japan International Cooperation Agency for their advice, support and cooperation in controlling these diseases.

We have committed ourselves to prevent and control non-communicable diseases by formulating a national NCD policy, creating a separate Non-communicable Disease Control Unit within the Ministry of Health and appointing qualified NCD medical officers for each district. The Sri Lankan Government has allocated sufficient annual grants specifically to control non-communicable diseases.

I take this opportunity to request the General Assembly to establish a global fund to prevent and control non-communicable diseases. I consider the United Nations to be the apex body that can provide support to prevent and control non-communicable diseases in Sri Lanka. I also take this opportunity to thank the international community for assisting to rebuild Sri Lanka. We need that continued support.

With the political commitment and the priority given to NCD prevention and control, we are confident that Sri Lanka can be a lead country in the region in implementing an effective nationwide NCD programme. Our policy objective is to reduce premature mortality due to chronic NCDs by 2 per cent every year for the next ten years.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.



The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Arturo Bendaña, Minister for Health of Honduras.

Mr. Bendaña (Honduras) (*spoke in Spanish*): I am happy to extend warmest greetings to the Assembly on behalf of the Government of the Republic of Honduras, led by President Porfirio Lobo Sosa, at today's meeting on a subject of the utmost importance.

My country has followed this process from the outset, conscious of and steadfast in our commitment to support, together with all Member States, the proposals contained in the Declaration of this High-level Meeting (resolution 66/2, annex), including, inter alia, health, education and welfare. But above all, it enables us to fight the epidemic of overweight and obesity.

Statistics show that the current chief causes of death worldwide are chronic diseases, among them myocardial infarction, stroke, diabetes and chronic obstructive lung disease. In Honduras in particular, 47 per cent of women are overweight or obese. National studies conducted in 2010 concerning death in women of reproductive age show that the main causes are external injuries and cancer. Another public health problem is chronic kidney disease, which is increasing every year, principally due to diabetes and hypertension. Our institution is therefore in the process of setting up a histocompatibility testing laboratory.

Similarly, we have made necessary changes in our organizational structures, establishing strategic alliances designed to tackle the prevention and control of risk factors such as overweight, obesity, alcohol abuse and tobacco use. Among other efforts, Congress has enacted and we have implemented a national law on tobacco use. Since the act's adoption, in Honduras smoking in any enclosed space, including bars and discothèques, has been banned. Tobacco advertising is prohibited and health warning labels on packaging are compulsory. We are also working hard to ensure that the law is observed nationwide.

At present, we are formulating national standards for controlling and preventing chronic non-communicable diseases (NCDs), using as a framework the four diseases and four risk factors cited in the Ministerial Declaration following the high-level consultation on obesity held in Mexico City in February. However, we have also established national standards for maternal and neonatal care, which require body-mass index

records as well as testing for hypertension, diabetes, cardiopathy and anaemia.

The epidemiological burden and estimated direct costs that such pathologies represent impose a high strain on the health system of the region in terms of specialized care, hospitalization, medicines, medical supplies and equipment, disabilities and premature death. We should also remember that such burdens continue to raise costs for households and thus in turn result in greater poverty.

For Governments, implementing prevention is a challenge and halting the epidemic will not be easy. We will have to overcome obstacles and rely on the support of the industrial and business sectors. We recognize this problem at the regional level, addressing it across the board through the Council of Central American Ministers of Health and the Central American and Dominican Republic Health Sector Summit, with the support of the Technical Commission for Chronic Non-communicable Diseases and Cancer, based on the Declaration of Mexico and Guatemala.

Since participating in the Mexico summit, I have requested the support of my country's President and First Lady in dealing with this issue through every Government department. Adopting the Political Declaration (resolution 66/2, annex) adopted at this meeting will prepare present and future generations to adopt healthy lifestyles and behaviour.

We must not forget that non-communicable diseases and their risk factors are closely linked to achievement of the Millennium Development Goals, such as eradicating extreme poverty and hunger; reducing child and maternal mortality; combating HIV/AIDS, malaria and tuberculosis and other serious diseases; and promoting international cooperation.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Slaheddine Sellami, Minister for Health of Tunisia.

Mr. Sellami (Tunisia) (*spoke in Arabic*): Allow me to begin by offering my appreciation and gratitude to Secretary-General Ban Ki-moon, who has spared no effort in organizing this meeting, which gives concrete form to international hopes to establish an effective strategy for combating non-communicable diseases (NCDs).

I would also like to proudly emphasize the fact that this meeting is being held at the same time as we

are witnessing the Arab Spring, which has helped to promote solidarity among the peoples of the world in their determination to apply all their potential to improving the prosperity and dignity of humankind. Tunisia reaffirms the importance of the resolutions adopted by various sessions of the General Assembly and the World Health Organization (WHO), as well as the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Tunisia fully endorses that document and is committed to working for its implementation at the national level.

In addition, Tunisia is aware of the importance of the lofty objectives of this meeting and calls for affirming people's right to health at all political and institutional levels. In order to achieve this, we must work transparently to meet our peoples' social and economic needs, particularly where health is concerned.

In Tunisia as in many other brotherly and friendly countries, we are going through very heady but promising transitional times. The international community should not just stand by and watch, but should support us through the speedy implementation of short- and long-term programmes and measures to help us realize the aspirations of our peoples.

In our country as in others around the world, NCDs are a widespread health problem. Numerous studies have shown that they are proliferating rapidly, as are the concomitant dangers. Tunisia welcomes the convening of this meeting and the establishment of an integrated and coordinated plan to prevent and control NCDs.

We stress the need for prevention and monitoring, which make it possible at least to delay the onset of NCDs and their symptoms by changing eating habits and lifestyles. I would also like to emphasize that Tunisia has adopted and implemented the WHO's recommendations in this regard, including in its food and sport strategies and campaigns against cancer and diabetes. We have thus acquired a great deal of experience that we are happy to share with brotherly and friendly countries.

The establishment of a multilateral network for preventing and controlling NCDs is extremely important, and we are investigating how best to promote such a network through Government organizations and civil society. Containing this major

problem calls for mobilizing human and material resources within the health-care system, particularly in terms of medications and evaluation of the socio-economic impact of NCDs, while simultaneously working towards early prevention of such risk factors as tobacco consumption, poor nutrition, lack of physical activity and unhealthy lifestyles among children.

Tunisia takes this opportunity to appeal to all developed countries and donors to take steps and adopt mechanisms that will allow us to respond to the needs created by the current political social and economic changes and to achieve comprehensive sustainable development.

In conclusion, I wish this meeting every success and welcome the adoption of the Political Declaration (resolution 66/2).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Ona, Secretary of the Department of Health of the Philippines.

Mr. Ona (Philippines): In recent years, the Philippines has noted the global emergence of non-communicable diseases (NCDs) as a major threat to public health alongside the unresolved issue of infectious diseases.

The health profile of our country has changed considerably, given the increase in life expectancy, rapid urbanization and lifestyle trends. Current data shows that the leading causes of morbidity and mortality are communicable and non-communicable diseases. Among the 10 leading causes of mortality, seven are non-communicable diseases, such as diseases of the heart, diseases of the vascular system, malignant neoplasm, accidents, diabetes mellitus and renal disease. As to the leading causes of morbidity, hypertension is fourth and diseases of the heart seventh.

The chronic care and lifelong treatment, as well as the catastrophic costs associated with interventions for acute attacks and complications, have become a source of great economic burden and inequity among our population. We likewise recognize that injuries, accidents and mental health disorders are additional burdens that require parallel attention. We note that non-communicable diseases have also been specifically linked to risk factors such as tobacco use, unhealthy

diet and physical inactivity, among others. These risk factors can all be modified, thus making these diseases and the resulting premature deaths highly preventable.

The Philippines is fully committed to addressing the issues of lifestyle-related non-communicable diseases. The country's health reform agenda of universal health care works on three fronts to achieve financial risk protection for all, improve access to quality health services, and focus on attaining our Millennium Development Goals (MDGs) through our MDGmax campaign, which includes non-communicable diseases.

Financial risk protection is being increased through rapid expansion of the national health insurance programme using national subsidies to enrol the poor. Benefit delivery is being improved through case rate schemes that ensure zero co-payment for the poor for 22 of the most common medical and surgical procedures, including packages for radiotherapy, hysterectomy, mastectomy, thyroidectomy, essential hypertension and cardiovascular accidents. Access to quality hospitals and health-care facilities is being improved through the upgrading of the infrastructure and equipment of all our health facilities throughout the country.

The Department of Health's complete treatment packs for hypertension and diabetes are being provided at the lowest cost, so as to give the poor access to a month's complete supply of their maintenance drugs. MDGmax incorporates a focus on NCDs, along with the health-related MDGs. Community health teams are being fielded to visit all families in the country, in particular those belonging to the two poorest quintiles of our population, to provide key health services and health messages, including those for a healthy lifestyle.

Recently, the country formulated a framework focusing on strengthening the prevention and control of lifestyle-related non-communicable diseases anchored on the following strategies: adoption of an integrated, comprehensive and community-based response to combat chronic lifestyle NCDs; intensified health promotion strategies and secondary prevention directed at the reduction of risk factors to prevent morbidity and mortality; and, lastly, a multi-stakeholder approach to strengthening systems to provide an enabling environment for the adoption of a healthy lifestyle.

The country strongly supports the call for action to strengthen the prevention and control of chronic

lifestyle related non-communicable diseases. Programmes and strategies addressing the common modifiable risk factors of these diseases, such as tobacco use, physical inactivity, unhealthy diet, stress and alcohol use, have been instituted. Smoke-free environments are promoted through such activities as the annual Red Orchid Award to local Governments and Government offices. Priority legislation is restructuring the sin taxes to deter youth from smoking. Continuing implementation of the Clean Air Act is being pursued.

We need to take measures to foster production of food crops and products consistent with a healthy diet and to promote the regulation of food through appropriate labelling standards. We need to expand our disease registries for NCDs and establish more extensive surveillance systems that capture all the data needed to track and manage NCD morbidity and mortality, its risk factors, and the capacity of the health system to address NCDs.

The urgent need to combat this growing menace is borne out by data and experience. The key ideas, targets, indicators and strategies to bring the health sector closer to the outcomes sought regarding NCDs have been established. This enormous task will engage our efforts in the long run and require reforms to build health systems that can tackle the peculiarities of preventive measures and chronic care that NCDs require. Information across teams of professionals tackling NCD co-morbidities, access to lifelong health services, and multisectoral partnerships for health promotion are just some of the challenges health systems face in seeking successful outcomes. Let us commit ourselves to winning, and to starting now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Charles Sigoto, Minister for Health and Medical Services of the Solomon Islands.

Mr. Sigoto (Solomon Islands): I thank you, Sir, for giving me the floor to make a statement at this very important meeting. The prevalence of non-communicable diseases (NCDs) in the Pacific has reached epidemic level, claiming six out of 10 lives. The huge costs associated with NCDs have placed great stress on our limited health resources. This development is already undermining Solomon Islands' social and economic development and creating pockets of poverty around the country.

Addressing NCDs calls for a national and global system-wide approach. Based on current statistics, 80 per cent of NCD deaths occur in the developing world. NCDs are thus regarded as a development issue as well.

Solomon Islands is located in a disaster-prone region. The impact of climate change has brought an increased frequency of droughts and floods, sea-level rise and loss of biodiversity, triggering food and water insecurity. These disasters have pushed portions of our population from their traditional ancestral lands to urban centres, where they rely ever more on imported food. These populations in particular become more vulnerable to NCDs.

For Solomon Islands, time is of the essence. We are one generation away from reaching the tipping point, when managing NCDs will become a challenge. Prevention remains the cornerstone of our policy. We have therefore put in place our NCD Strategic Plan 2011-2015. Like any other developing country, we will need increased, predictable and sustained external resources. In the short to medium term, official development assistance remains the lifeblood of our national programme.

I say this against a background in which any NCD programme, to be successful, will need to include national primary health coverage for a population scattered across a chain of more than 900 islands stretching 1,800 km. This will need political, practical and financial investments.

I am pleased to say that my country is in the midst of developing a new strategy of moving health resources and services to the rural areas, where 85 per cent of the population reside. There is currently a huge disparity in health services between rural and urban populations in Solomon Islands, and we are working to correct that. We will be encouraging partner countries to invest more in the health services in the informal sector.

Work has already started, using a sector-wide approach with our development partners, including the Australian Government Overseas Aid Program, the Japan International Cooperation Agency, Taiwan, the Secretariat of the Pacific Community, the World Bank and United Nations agencies such as the World Health Organization, UNICEF and the United Nations Population Fund. However, much more needs to be done, and we look forward to a collaborative effort

spearheaded by the Ministry of Health and other central agencies and line ministries in an integrated manner.

Thirdly, there needs to be a global effort to guarantee access to affordable, safe and effective quality medicine, including diagnostic services matched with skilled manpower to deliver such services. Too often NCD-affected populations are reluctant to get tested, as usually there is only limited treatment available. We must ensure that everyone receives adequate treatment, since we have sufficient finance and medication to turn things around.

My delegation regrets the emphasis on market concepts in the NCD outcome document (resolution 66/2, annex). For many people in developing countries this is a social justice issue — it is a human right that everyone should enjoy the highest attainable standard of physical and mental health, especially when many of us have narrow-base economies and operate on the periphery of the international system.

Managing the inherent risks of NCDs cannot succeed as a standalone policy but must be embedded within a multisectoral, cost-effective, population-wide intervention. We are a least-developed country. The Istanbul Programme of Action, once implemented, will call for simple investment in smallholder farmers, allowing our populations to shift from slash-and-burn techniques to commercial agriculture. We need technology and infrastructure to establish food banks and phase out environmentally unfriendly and destructive economic operations such as logging.

My delegation would like to acknowledge the Republic of China, Taiwan, for the life-saving assistance it has provided to my country. Taiwan has not only constructed our national referral hospital but continues to provide teams of visiting specialist doctors who perform life-saving surgery, especially for the growing number of the people who have fallen through the cracks of NCD-prevention campaigns. We wish to acknowledge their Observer status at the World Health Assembly over the last three years. We would like to see a similar reception accorded to Taiwan in other United Nations specialized and treaty bodies, including the International Civil Aviation Organization and the United Nations Framework Convention on Climate Change.

The recent Pacific Health Ministers' meeting held in our capital, Honiara, concluded with a communiqué

declaring that NCDs are now an epidemic and a crisis in the Pacific. This was further endorsed by the Pacific Island Forum leaders in Auckland, New Zealand. We therefore look forward to and anticipate a positive outcome from these two days of meetings. There has to be a global commitment to supporting and further strengthening the regional position and plans that have been made by our leaders in both Honiara and Auckland.

Solomon Islands has invested in South-South cooperation to combat NCDs. We have today sent 72 students to study medicine on this side of the world, and we are hoping to send an additional 15 this year. We remain grateful to the Cuban Government for its offer of assistance. Support given by Cuba complements investment we have in students studying in Papua New Guinea and Fiji. We also are grateful to our two Pacific neighbours.

Let me close by stating that there is a tendency to say the right thing in such high-level meetings but to fail to walk the talk when we leave New York. We all know what needs to be done, but we continue to lack the political will to do the right thing. We pray this will not be the case following this High-level Meeting. We can only urge everyone here that, whatever commitment made here, let us act on it with haste, as lives depend on it and are at stake.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sambuu Lambaa, Minister for Health of Mongolia.

Mr. Lambaa (Mongolia) (*spoke in Mongol; English text provided by the delegation*): It is of the utmost significance that the General Assembly has decided to convene a High-level Meeting on the Prevention and Control of Non-communicable Diseases, as the number of people affected by such diseases is increasing rapidly due to urbanization and lifestyle factors such as diet and nutrition, physical activity, alcohol and tobacco use.

Non-communicable diseases (NCDs) are the leading causes of morbidity and mortality among the adult Mongolian population. Over the past 10 years in Mongolia, as in other countries in our region, heart disease and cancer have been the leading causes of death and represent the majority of adult deaths.

I would like to take this opportunity to thank the United Nations for the ongoing technical and financial

support provided to the Government of Mongolia by the World Health Organization for the prevention and control of non-communicable diseases. This assistance has served to advance our national programme and integrate international best practices for disease prevention and control.

In 2008, my Government entered into a compact with the Millennium Challenge Account, which included \$339.1 million for a health project on the prevention and control of NCDs and road traffic injuries. This national project has greatly accelerated the pace of introduction of internationally recognized prevention, early detection and case management services, and public education and training for Mongolian professionals.

The Government of Mongolia is proud that it has significantly increased its contribution to public education on NCD risk factors through excise taxes on tobacco and alcohol. These taxes have generated resources for a health promotion fund to reduce rates of smoking and alcohol abuse. As a result of these and other combined measures, the pace of deaths caused by the most common non-communicable diseases has levelled off and early detection of these diseases has improved.

Despite these achievements, tobacco use — one of the most common risk factors contributing to NCDs — is rising among key target populations, including mothers and youth. This has serious implications for our country and the health of future generations. In addition, alcohol consumption and substance abuse have increased among youth and is now a major factor contributing to accidents, road traffic injuries, crime, violence and unemployment. Studies have shown that alcohol abuse is also associated with poverty in Mongolia.

From this rostrum, I would therefore like to take this opportunity to draw the attention of representatives attending this High-level Meeting to the following important matters. My Government stresses the importance of developing and endorsing an international convention on alcohol control, similar to the WHO Framework Convention on Tobacco Control, to guide the combined efforts of the international community. My Government stands fully committed to cooperating on this initiative.

In conclusion, I would like to reiterate Mongolia's firm commitment to the Action Plan for the

Global Strategy for the Prevention and Control of Non-communicable Diseases adopted by the World Health Assembly, and to assure the Assembly that my Government stands fully committed to adopting and implementing the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Onyebuchi Chukwu, Minister of Health of the Federal Republic of Nigeria.

Mr. Chukwu (Nigeria): I will read out a statement by Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria.

“I join other representatives in congratulating the President of the General Assembly on convening this very important meeting on non-communicable diseases (NCDs). I would also like to commend the Secretary-General for his detailed report (A/66/83). This has provided insight into the challenges that lie ahead and motivated the world to action. I am honoured to be part of history as the world tackles this matter of great concern to the global community, Africa and my own country, Nigeria.

“We all know that non-communicable diseases are a spectrum of diseases, usually chronic in nature, typically non-contagious or non-infectious and causing long-term debilitation and disability. They are a major killer and are responsible for 60 per cent of global deaths, with 82 per cent of this burden occurring in low- and middle-income countries. This is further compounded by their co-morbidity with communicable diseases, and together they pose serious and increasing challenges to the health systems in developing countries.

“This increasing prevalence is threatening to erode all the gains we have made in the fight against communicable diseases. The major NCDs ravaging our populations include cardiovascular diseases, diabetes mellitus, cancers, chronic respiratory diseases, hemoglobinopathies, especially sickle cell disease, mental health disorders, road traffic injuries, violence, with morbidity varying from country to country.

“Among the known hemoglobinopathies, the one peculiar to us is sickle cell disease. More

than 20 per cent of our population 15 years of age and above have the sickle cell trait. Every year, an estimated 150,000 babies are born with sickle cell disorder. One sure way of eliminating sickle cell disease is by genetic counselling and screening. However, those who already have the disorder must be taken care of because they have the right to life, and we have taken the following steps.

“At the national level, hospitals have sickle cell units and a national sickle cell centre was established in Lagos. Recently, having recognized the challenge that sickle cell disorder and its attendant stigma poses to the attainment of Millennium Development Goals 3, 4, 5 and 6 and to further strengthen what we are doing, the Government established four new special centres for the control and management of the disease. We have plans to expand this and to include research aimed at improving the lives of people affected by this and other NCDs.

“Today, 8 million Nigerians are hypertensive, while 4.8 million are living with diabetes mellitus. Each year, 100,000 new cases of cancer are diagnosed in Nigeria and the burden of chronic respiratory diseases, many of them tobacco-related, is similarly heavy.

“I am happy that trauma and injuries from road traffic accidents have been included in the NCDs agenda. While a significant proportion of our population die from both communicable and non-communicable diseases, an equally significant proportion who were healthy are being killed by road traffic accidents. Annually, 10,000 Nigerians die from road traffic accidents. It is therefore pleasing to note that the United Nations Decade of Action for Road Safety is bringing attention to this issue. We should use the opportunity of the declaration to address all the factors that contribute to road traffic accidents.

“There is a need to pay greater attention to the issue of mental health. This aspect of health has largely been neglected, as only one-fifth of those affected receive treatment. The world should support these efforts at this meeting.

“Malnutrition has been identified as a factor for most of the NCDs. Poor nutrition has continued to remain an issue in Nigeria and the

rest of Africa, affecting children and adults alike. Worldwide patronage of fast food and refined food establishments has led to excessive intake of salt and refined sugar. Of interest is the high caloric intake resulting from these sugars, promoting overweightness and obesity.

“Women and children are considered to be a high-risk group in the development of nutritional disorders. Micronutrient deficiencies during pregnancy predispose babies to the development of anaemia, low birth weight and congenital malformations. Childhood malnutrition has an effect on the mental and physical development of children later in life. In Nigeria, we are dealing with these issues through a deliberate policy of fortification of certain foods, such as salt, with iodine and milk and bread with vitamins.

“The consequences of NCDs are poor health and serious economic loss. For instance, heart disease, stroke and diabetes alone cost my country an estimated \$800 million annually, which is expected to rise to \$7.6 billion cumulatively by 2015. This is an unacceptable economic loss. It is my hope that this meeting will come out with global commitments that will strengthen the international resolve ultimately and drastically to reduce the burden of NCDs.

“We in Nigeria are doing our best to meet the challenge that non-communicable diseases pose to our health, our livelihood and our progress. Indeed, the development and prioritizing of the health sector through the implementation of a national strategic care development plan is a critical part of my Government’s transformation agenda. The national health plan is structured as a vehicle for action at all levels of the health-care delivery system, including the achievement of the Millennium Development Goals and other national, regional and international health goals and priorities.

“NCDs are not only controllable — that is the good news — but they are also preventable. So Nigeria, realizing the threat of NCDs, has decided to take major steps to respond to this epidemic. We have developed a national policy on NCDs. We have also banned advertisements and the use of tobacco products in public places

since 1990. Our federal capital, Abuja, has led the way and is a tobacco-free city. We have also signed and ratified the World Health Organization Framework (WHO) Convention on Tobacco Control. The process of domestication of the WHO treaty is ongoing, and the National Assembly has recently passed the National Tobacco Control Bill.

“The challenge of human resources in health, including adequate funding, screening and the provision of diagnosis and treatment infrastructure for NCDs are all militating against the process of achieving appreciable progress in combating NCDs. The global community’s fight against NCDs requires considerable effort in tackling major non-communicable diseases in developing countries, which bear 80 per cent of the burden.

“I want to take this opportunity to acknowledge the contributions of our partners, both international and local, in the areas of the prevention and control of NCDs in my country, and Africa as a whole. I also want to use this forum to again thank the Secretary-General for convening the High-level Meeting on AIDS last June, whose purpose was to review progress with a view to guiding and intensifying the global response to HIV/AIDS. That meeting provided us with the opportunity to renew our commitments and promote continued political will and engagement to lead us in a comprehensive response to halt and reverse the HIV epidemic and mitigate its impact.

“Let me remind everyone here that the point that we are making is that we must not take our eyes off of communicable diseases such as HIV/AIDS and malaria. The gains have been tremendous and they must be sustained. I want Member States to consider the promotion of health and life and the control of NCDs as a global developmental objective. I also want to invite Member States, through the United Nations, to incorporate combating NCDs as an important component of Millennium Development Goal 6.

“Finally, let me take this opportunity to call for more urgent and concerted efforts at the global level, in the true spirit of partnership, to

contain the scourge of non-communicable diseases.”

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sredoje Nović, Minister for Civil Affairs of Bosnia and Herzegovina.

Mr. Nović (Bosnia and Herzegovina) (*spoke in Bosnian; English text provided by the delegation*): It is my great pleasure and honour to address the General Assembly on behalf of the Council of Ministers of Bosnia and Herzegovina and my country’s health authorities in order to briefly inform members about activities undertaken by Bosnia and Herzegovina to prevent and control non-communicable diseases (NCDs).

Health, a complex process, is ever changing and is affected by numerous external influences, including factors in the physical, social and biological environments. Health care is not a matter for the individual alone, but for the wider community. Bosnia and Herzegovina has therefore opted for a multisectoral approach involving organized teamwork. Improving health requires ensuring basic preconditions — concerning peace, protection, education, food, income, a stable economic system, sustainable funding, social justice and equity. That is an important political objective of every country, including Bosnia and Herzegovina.

The world population’s health — especially in the countries of Central and Eastern Europe, including Bosnia and Herzegovina — is undergoing a process of significant transition. The health transition in Bosnia and Herzegovina has been driven by changes in the socio-political system and is reflected in the declining birth rate, the increase in the percentage of the population aged over 65, the overall structure of the population, an increase in mortality rates and changes in morbidity patterns.

Non-communicable diseases are the leading cause of death in Bosnia and Herzegovina and other countries in South-East Europe. Showing concern for equity and addressing the social determinants of non-communicable diseases require a whole-of-society response. This is closely linked to efforts to integrate health in all policies and public health efforts to promote health and prevent disease and promote individualized health care that combines prevention, control and management.

Bosnia and Herzegovina expresses its gratitude to United Nations agencies for their ongoing efforts to prioritize the fight against non-communicable diseases. Moreover, as the country chairing the South-Eastern Europe Health Network, Bosnia and Herzegovina expresses its appreciation to the United Nations and the World Health Organization (WHO), and in particular the WHO Regional Office for Europe, for supporting the implementation of various South-Eastern Europe Health Network activities.

I would like to take this opportunity to inform the Assembly that, on the occasion of the celebration of the Decade of Alliance for Public Health in South-Eastern Europe, the WHO Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank, the Regional Cooperation Council and the South-Eastern Europe Health Network, in cooperation with health authorities in Bosnia and Herzegovina, will organize the third Health Ministers Forum on the theme “Health in all policies in South-Eastern Europe: A shared goal and responsibility”, with the special participation of policymakers in South-East Europe from other governmental sectors and of the Regional Cooperation Council partners in South-East Europe. The Forum will be held in Banja Luka, Republika Srpska, Bosnia and Herzegovina, on 13 and 14 October.

The Forum is a milestone as a regional initiative within a larger process of improving health in South-East Europe in the context of the WHO Regional Office for Europe strategy, the Stability Pact for South-Eastern Europe and the future integration of the countries of South-East Europe into the European Union. The Forum is a part of a joint action plan of WHO and the Council of Europe for the countries of South-East Europe, namely, Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia.

The Forum, which marks a decade of concerted action in South-East Europe, will focus on European efforts at achieving equity and accountability in health, in line with major European resolutions, charters and declarations, treaties, frameworks and action plans, as well as the new WHO European health policy, Health 2020. The main purpose of the Forum is to introduce the values, priority areas and actions of Health 2020, including a health-in-all-policies approach, with the goal of achieving better health, equity and

accountability. That will lead to a renewed subregional commitment to public health in the countries of South-East Europe, which will sign the Banja Luka pledge. Two background documents are in preparation, on the themes “Health in all policies in South-Eastern Europe” and “Prevention and control of non-communicable diseases in South-Eastern Europe”.

Bearing all of this in mind, as well as the fact that a significant increase in non-communicable chronic diseases in the past few decades throughout the world, including in Bosnia and Herzegovina, poses one of the major health challenges to the overall global and social development of society, Bosnia and Herzegovina strongly supports the synergy among existing global health institutions. Bosnia and Herzegovina will therefore work on establishing a collaborative network, in close cooperation with WHO and in consultation with other international organizations in the field of health, so as to support the full and effective implementation of international conventions and strategies in the field of health. We will also work to develop and coordinate our own policies in order to achieve the best possible results.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Narayan Kaji Shrestha, Deputy-Prime Minister and Minister for Foreign Affairs of Nepal.

Mr. Shrestha (Nepal): I would like to begin by extending my sincere appreciation to the President for organizing this High-level Meeting on the Prevention and Control of Non-communicable Diseases. This is a historic opportunity for world leaders to express commitments and agree on concrete actions at the global level in the fight against non-communicable diseases (NCDs).

Non-communicable diseases are a global problem, and Nepal is not immune to them. In fact, Nepal suffers from the double burden of these diseases — communicable and non-communicable. Taking this issue as a priority, Nepal has already made significant progress in terms of assessing the situation of NCDs in Nepal and formulating policies to address them. Nepal’s national NCD risk factor survey of 2008 showed that one in three Nepali adults uses tobacco and drinks alcohol on a regular basis, which is a matter of great concern. As in other countries, consumption of junk food and lack of physical exercise is increasing in

the urban areas. Environmental pollution also contributes to a high risk of NCDs in Nepal.

Considering all these factors, Nepal is continuously working to improve the laws and policies on the control of NCDs. The Alcohol Control Act, the Tobacco Control and Regulation Act and the Food Act are already under implementation. The Tobacco Control and Regulation Act bans the sale of cigarettes to children under the age of 18 and to pregnant women, and prohibits smoking in public places. The Nepal health sector programme implementation plan for the next five years also focuses on NCDs as an important component.

We are also trying to set up a surveillance system for NCDs by incorporating NCD data in health-management information systems. We created a health tax fund in 1996 that currently generates about \$6 million; it is used to support the prevention and control of NCDs and for treating cancers. As we all know, cancer treatment is expensive and beyond the means of poor people. The Government of Nepal is providing financial support of up to 50,000 rupees to people below the poverty line for cancer treatment. We also provide free cancer treatment to children. It is difficult to sustain funding for such expensive treatments, and Nepal is exploring various options for health-care financing and social health protection.

Nepal believes that interventions targeted at modifying known risk factors are very effective and efficient in reducing the burden of NCDs. Cessation of smoking or alcohol use during pregnancy also has an immediate positive impact on foetal outcome, thus contributing to improved maternal and newborn health. Prevention of NCDs will minimize catastrophic health expenditures at the household level and will also lead to increased productivity.

The vicious circle of NCDs and poverty is more evident in the low-income countries. The increased threat of NCDs disproportionately affects the least developed countries, constraining their efforts to achieve the Millennium Development Goals. This ultimately undermines global efforts to reduce poverty.

The least developed countries are in urgent need of the development of national capacities, particularly in the areas of funding, governance, health information, the development of a health workforce and its retention, medical technologies and essential medicines, as outlined in the Global Strategy for the

Prevention and Control of Non-communicable Diseases. International support and cooperation in the area of research and development should help promote easy access to essential medicines, vaccines and medical technologies.

The Government of Nepal is working in close partnership with donors, the World Health Organization and other United Nations agencies, development banks and national and international organizations through a sector-wide approach to health. That approach has proved very effective in enabling us to achieve progress towards the Millennium Development Goals, especially Goals 4 and 5. This High-level Meeting has brought together all stakeholders, not just the ministries of health, in order to create a common understanding of the problems surrounding NCDs. I am confident that working together, we will be able to address the challenges more effectively. It is time for us to scale up our support for the implementation of our common vision.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Annette Widmann-Mauz, Parliamentary State Secretary at the Federal Ministry of Health of Germany.

Ms. Widmann-Mauz (Germany): It is a great honour for me to address the General Assembly today at this historic High-level Meeting on non-communicable diseases (NCDs). NCDs are among the leading causes of both death and disability worldwide. Unless we take bold action within the next decade, NCDs will become the most common cause of death in even the poorest countries of the world.

The burden of disease creates not only individual suffering but also an economic loss that threatens future growth and prosperity. Again, this is likely to affect emerging economies the most. We are therefore grateful that the international community has come together to express its will to intensify the fight against NCDs.

We already know a great deal about what we should do. The more affluent Member States have already had to face the growing challenges resulting from NCDs over the past decades. For many years now, Germany has put a strong focus on the prevention and control of NCDs. We are convinced that the main focus has to be on prevention. In that context, an integrated approach is required that focuses on population-based, non-disease-specific measures to

make it easier for people to adopt healthier lifestyles. Crucially, every individual has to contribute.

At the international level, Germany has actively supported the World Health Organization (WHO) and its lead on action against NCDs. The WHO, as all here are aware, has set out a strategic approach in the fight against NCDs and has already developed powerful instruments to reduce exposure to the main risk factors. These include the WHO Framework Convention on Tobacco Control, the Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health. Of course, we also have the WHO Global Strategy and an agreed Action Plan on the prevention and control of NCDs.

The general response to NCDs includes the establishment of binding norms to involve important actors. For example, efforts are under way to improve labour conditions, environmental quality and human rights. Germany has been at the forefront of such efforts, and thus was well placed to integrate public health awareness into advocacy for the further promotion of such norms.

Key elements of this policy are also part of Germany's international development cooperation policy, which includes a focus on prevention and the underlying social determinants of health and which emphasizes the strengthening of health-care systems and the establishment of social protection mechanisms. There is still a long way to go, and it will not be easy. But I am convinced that with intensified international and intersectoral collaboration, we will be successful.

Allow me to conclude by expressing my profound hope that the adoption of the Political Declaration (resolution 66/2, annex) will trigger coordinated efforts globally, with a sustained impact on NCDs worldwide.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health of Jamaica.

Mr. Spencer (Jamaica): This unprecedented summit obliges all of us to focus on a grave and increasing challenge to Jamaica, the Caribbean region and the entire global community. It is clear that the global burden and attendant threat of non-communicable diseases (NCDs) constitute one of the major challenges to development in the twenty-first century. As reported by the World Health Organization, the increase in incidence of such diseases worldwide suggests that

they are now responsible for more deaths than all other causes combined. NCDs are the world's number one killer and devastate poor as well as rich countries alike. Therefore, responding to NCDs is a moral, social and economic imperative.

It is therefore fitting that, in response to the leadership of the States members of the Caribbean Community, global attention has been accorded to the rising epidemic of NCDs at the highest level. On behalf of my Government, I express our appreciation to all Member States for working together in the spirit of partnership and for making this vision a reality.

As a Jamaican, I am proud to congratulate Ambassador Wolfe of Jamaica who, along with Ambassador Lucas of Luxembourg, served as a co-facilitator and guided the negotiations that culminated in the consensus document which we have adopted (resolution 66/2, annex). I also take the opportunity to express appreciation for the words of commendation conveyed by the President of the General Assembly and other speakers to both co-facilitators.

As the first comprehensive statement by Heads of State and Government at the global level of their commitment to address NCDs, the Declaration provides a good platform for the ongoing consideration by the General Assembly of the development and other impacts of NCDs. However, we are disappointed that the Declaration does not advocate more decisive action so that together we could save millions of the 52 million lives projected to be lost by 2030. Having recognized that there is a global threat which must be addressed urgently, the Declaration fails to commit the international community to ensuring increased and sustained resources to achieve this goal.

Although NCDs are a global challenge, they strike hardest at the developing world and lower-income populations. Strong evidence links poverty, lack of education and other determinants to NCDs and their risk factors. The epidemic creates a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs. There is also a clear link between the incidence of NCDs and the achievement of the Millennium Development Goals. Clearly, addressing NCDs comprehensively will help to eliminate poverty and create a more equitable world.

Notwithstanding our disappointment with the shortcomings of the Declaration, we have achieved some gains. We emphasize the need to scale up the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common NCD risk factors. We believe that that must include health promotion and primary prevention approaches, galvanizing actions for the prevention and control of NCDs, and integrating NCD policies and programmes into health planning processes as well as the development agenda.

Jamaica commits to those measures in the Declaration aimed at saving lives in the short term and at creating a healthy society which will assist in preventing NCDs in the future. These include the commitment to eliminating unhealthy industrial trans-fats in foods and the acknowledgment of the importance of all measures to reduce the consumption of tobacco. Our Government will continue to strive to increase access to affordable, safe, effective and quality-assured medicines and to improve access to palliative and rehabilitative services, particularly at the community level.

Issues at the macro-level which must occupy global attention, include the at-risk youth population, the potential for NCDs to increase poverty, the impact of NCDs on productivity and by extension gross domestic product growth, and the multiplicity of complications associated with NCDs and their impact on health systems. Importantly, the challenge posed by NCDs necessitates the full use of the flexibilities of the Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS), in accordance with the Doha Declaration on the TRIPS Agreement and Public Health. The use of such flexibilities is central to efforts to address NCDs, particularly cancer. NCDs fall squarely within the context of the provisions of TRIPS and Doha. As a compromise package in the negotiations, this relationship was not expressed explicitly in the Declaration, but needs to be reaffirmed in clear and unequivocal terms.

We believe that this High-level Meeting must result in a global consensus on a strengthened commitment to urgent action on NCDs and attendant risk factors. We urge the General Assembly to continue to take an active role in the response of Member States to this epidemic. Victory in this struggle demands the concerted effort of each and every member of the global community. To do nothing is not an option.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ihab Fawzi, Deputy Minister for Foreign Affairs of Egypt.

Mr. Fawzi (Egypt) (*spoke in Arabic*): Egypt attaches great importance to this High-level Meeting as a first step by the General Assembly to mobilize the political support and efforts of the international community to prevent and combat the spread of non-communicable diseases (NCDs). Egypt aligns itself fully with the statement delivered by the Chairman of the Group of 77 and China.

The spread of NCDs represents one of the main challenges to achieving all the Millennium Development Goals by 2015. During the past few years, a number of Member States have taken concrete and serious national steps to address the spread of NCDs at the national level, with the support of the international community.

The global threat and spread of NCDs constitute major challenges to development in our century, especially as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are responsible for two-thirds of deaths worldwide, 80 per cent of which occur in developing countries.

Alarming facts such as those necessitate a unified stand and effort on behalf of the members of the international community towards ensuring that the right of everyone to the highest attainable standards of mental and physical health are realized. This ongoing challenge requires national ownership to deal with the issues practically and effectively through a comprehensive, equitable and nationally owned framework in order to ensure that all people suffering from these diseases have access to effective prevention, treatment and care by the year 2030.

This endeavour requires special attention to strengthening the national capacities of Member States, developing countries, and especially African countries, taking into account the specificities of the communities and societies of each State and enhancing the abilities of every community to implement national awareness campaigns to address harmful and unhealthy lifestyles. That will require a considerable increase in international financial resources and assistance to help and strengthen national, institutional and human resource capacities and the provision of new and affordable medicines and technologies.

Egypt believes in the importance of strengthening international and regional capacities to combat the spread of NCDs and to provide appropriate assistance, including in the form of sharing successful experiences and lessons learned, in collaboration with the United Nations, the World Health Organization, and relevant international and regional bodies.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the financing gap for implementing NCDs-related programmes, but also to find radical solutions to the problems of trade-related intellectual property, especially as regards medicines, vaccines and diagnostics technologies. All of this must ensure that treatment is provided at affordable prices, particularly in developing countries, where the increased burden on individuals, families and communities, including impoverishment from long-term treatment and care costs, results in loss of productivity at the individual and family levels, threatening household incomes and leading to productivity loss at the national level, making NCDs a contributing factor to the spread of poverty and hunger.

These efforts should be complemented by an efficient rationalization of assistance directed towards supporting national, local and community level interventions, and strengthening the role of the family and civil society in combating the spread of NCDs, especially as regards the tobacco, medical and food and beverages industries, which have a shared responsibility to contribute to the promotion of healthy lifestyles, including by reducing tobacco consumption and promoting healthy and nutritional products.

Furthermore, the international community has an obligation to eradicate the root causes of the spread of such diseases, including by addressing the negative consequences of climate change, pollution and the economic and social challenges that increase the vulnerability of populations and societies to these diseases, especially in developing countries.

Today we emphasize our sincere determination to combat the spread of NCDs and affirm our firm political will and strong commitment to the principle of national ownership of all prevention, treatment, and care programmes; to strengthening international cooperation and assistance, without conditionality, in order to maximize our benefits; to enhancing our efforts to address the nationally identified determinants

of NCDs, in accordance with the specificities of each Member State and community, so as to realize our common goals and objectives; to intensifying international cooperation through a comprehensive review and assessment of the progress achieved and the use of modern technology at affordable prices in order to achieve the objectives of the Political Declaration (resolution 66/2, annex); to stepping up international cooperation through a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Thérèse N'Diri-Yoman, Minister for Health and Fight Against HIV of Côte d'Ivoire.

Ms. N'Diri-Yoman (Côte d'Ivoire) (*spoke in French*): It is an honour to take the floor during this High-level Meeting on non-communicable diseases (NCDs) before this Assembly. On behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara, I would like to convey to all international entities of the United Nations system the gratitude and recognition of the people and Government of Côte d'Ivoire for their commitment to settling the post-electoral crisis and in the process of re-establishing the peace and stability that are so crucial to economic development and social progress in our country.

The importance of the subject that brings us together today is reflected in the frightening global statistics on NCDs. Indeed, according to the World Health Organization (WHO), 11 years after the adoption of the Global Strategy for the Prevention and Control of NCDs, 36 million people die each year from such afflictions. In developing countries, the picture is more discouraging. Ninety per cent of premature deaths are due to NCDs among people under 60 years of age.

The health system in Côte d'Ivoire, which normally dedicates the bulk of its internal and external resources to combating infectious diseases, has been weakened by the crisis. Unfortunately, this post-crisis context has gone hand in hand with an increasing NCD burden. According to the cancer register of Abidjan published in 2000, 2,815 new cases of cancer were recorded in the city of Abidjan alone, with cancer among women, as well as primary liver and prostate cancers, leading the list. Among children, prevalence

rates were at 37.6 cases of cancer, with a predominance of lymphomas. Among metabolic diseases, in 2008 the prevalence of hypertension among adults over 25 years old was 33.4 per cent, and stood at 6.2 per cent for diabetes. For the same year, roughly 33 per cent of deaths in Côte d'Ivoire were due to NCDs, and 87 per cent of those cases affected people under 60 years old.

In Côte d'Ivoire, for women, 59 per cent of deaths are due to maternal or perinatal infection and malnutrition. There has been a spike in mental health pathologies during the recent crisis, as well as asthma and sickle-cell anaemia, for which an increase in doctor visits has also been registered.

Given this genuine problem for development, Côte d'Ivoire has increased its efforts by implementing national programmes to address specific public health concerns, such as nutrition, the fight against tobacco and alcohol addiction, and the effort to counter metabolic diseases such as hypertension, diabetes and obesity. Those programmes are intended to intensify prevention and improve medical care for these grave chronic diseases so as to capitalize on prior gains, such as the prioritization of chronic NCDs as a public policy concern in the national health development programme for 2009-2013, the financial commitment of the State via budget allocations to preventing and combating NCDs, the monitoring of risk factors according to the STEPS approach of the WHO, and tracking morbidity tied to diabetes and high blood pressure.

Additional goals focus on prevention and promoting health among the general public, with an emphasis on primary prevention and promoting healthy life styles and low-risk behaviours, strengthening infrastructure with the recent opening of a fourth kidney dialysis centre in the country's interior, subsidizing anti-cancer and insulin therapy, and treating cardiovascular diseases whose care requires equipment. My country has also broadened its support structures beyond its traditional institutional partners to include, inter alia, non-governmental organizations, the West African Health Organization, the African Union, patient organizations and the private sector.

Despite the difficult economic situation of Côte d'Ivoire, on 16 April the President of the Republic adopted an exceptional measure that waives the cost of all health services provided by public, semi-public and registered community establishments. Those services include doctor and clinic visits, medications, surgical

procedures, hospitalizations, birthing services and free caesarean procedures.

With respect to non-communicable diseases, on 11 August the Government of Côte d'Ivoire adopted a combined policy and action plan for 2011-2014 aimed at the prevention and treatment of NCDs, based on principles, strategies and methods to promote health. The comprehensive plan, involving all activities and ministerial departments that are dealing with non-communicable diseases, demonstrates our resolve to move forward and clearly indicates the actions necessary over the next for years.

With respect to strengthening prevention measures, promoting health and countering non-communicable diseases, the Government of Côte d'Ivoire would like to offer several proposals that could be extended to all. Those include support for the implementation of the 2011-2014 comprehensive plan for the prevention and control of non-communicable diseases; for the specialized training of Ivorian doctors in appropriate care methods for those suffering from chronic non-communicable diseases; for the creation of a radiotherapy unit; support for the combat against non-communicable diseases in low- and middle-income countries via a trust fund funded essentially through standard taxation of the production and sale of tobacco and alcohol.

In conclusion, Côte d'Ivoire reiterates its heartfelt gratitude for the unfailing support of the General Assembly in improving the country's health system. We thank the Secretary-General for convening this historic meeting. Côte d'Ivoire takes the opportunity to again commend the remarkable international solidarity of this meeting, because, as Mother Teresa said, the greatest suffering is to feel alone, unloved and abandoned by all.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Basile Ikouebe, Minister of Foreign Affairs and Cooperation of the Congo.

Mr. Ikouebe (Congo) (*spoke in French*): The Republic of the Congo is pleased to participate in the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We see the emergence of non-communicable diseases as an additional burden to be added to the scourge of communicable and tropical diseases that go unnoticed, as well as those addressed by Millennium

Development Goals 4, 5 and 6. Indeed, the epidemiological data has revealed the increasing role of non-communicable diseases in the morbidity and mortality of adults.

This is also true of hypertension, which in the Congo stands at 32.5 per cent. Given its related complications, this disease has become the first cause of death among adults, in particular by resulting in stroke. Two out of three Congolese over 55 years of age suffer from that disease. It is distinguished by its early appearance, affecting 20 per cent of adults between 25 and 34 years of age. The national rate of diabetes is 7 per cent, representing a silent epidemic given the lack of systematic screening.

Since 2009, however, the Government has been carrying out a strategy of minimum care packages in all primary health care centres and all health districts. Thus, at the operational level, the Government is improving delivery and access to care for patients with diabetes and the training of health professionals in this sector, with more efficient mobilization of logistical resources and improved health education on diabetes and other risk factors related to stroke.

With respect to sickle-cell anaemia, which is very common in the Congo, the heterozygote form has a 25 per cent prevalence rate. It is important to welcome here the commitment of the first ladies of Africa, whose high-level mobilization efforts have made this blood disease a medical priority. Also, based on the Congo's initiative, the General Assembly declared 19 June of each year World Sickle-Cell Anaemia Awareness Day.

The cancer registry in Brazzaville records on average 90 new cases each year. The most frequent cancers are those of the prostate, breast, liver and cervix. The burden of morbidity and mortality attributed to those diseases is growing year by year, and the Congo is making it a priority of its new health sector development plan for 2012-2016. Our strategic plan and integrated policy to counter non-communicable diseases are being drafted and will be finalized based on the guidelines of the World Health Organization (WHO).

During the regional consultation on the prevention and control of non-communicable diseases held in Brazzaville from 4 to 6 April, the African Ministers of Health adopted the Brazzaville Declaration, which outlines the shared position of the States members of the WHO African Region.

For the Congo, as is the case everywhere, health is at the heart of the concept of human development and an essential component of the poverty reduction strategy. The Government's health policy is based on the principles of equity, accessibility, decentralization and community participation.

Lastly, I reiterate the support of my delegation for the Political Declaration just adopted (resolution 66/2, annex) and hope that the issue of non-communicable diseases, which is so important, will be included among the development goals.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ghulam Nabi Azad, Minister for Health and Family Welfare of India.

Mr. Azad (India): At the outset, allow me to congratulate the United Nations on convening this High-level Meeting on the extremely important and topical issue of non-communicable diseases (NCDs). These have emerged as a leading cause of illness, disability and death and pose a mounting challenge to health-care practitioners, administrators and policymakers worldwide.

As far as India is concerned, we are faced with the triple burden of communicable diseases, new and re-emerging infections and an increasing incidence of non-communicable diseases. More than half of all deaths are now attributable to non-communicable diseases. However, we must recognize that conditions such as mental and neurological disorders also require special attention.

As India's Minister for Health, I am privileged to be here, and I believe that such a massive global effort will be very useful in sensitizing policymakers at the highest levels to the need to allocate sufficient resources to combat NCDs.

We are conscious of the fact that NCDs are not only a health issue but also a development issue, as they impact productivity and impoverish the society due to high health expenditures.

The Government of India has launched a national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke and the national programme for health care for the elderly. This has been taken up for implementation as a pilot project covering a population of 150 million in 100 inaccessible and most backward districts during the current financial year, 2011-2012, at a cost of \$275 million. As

I speak here today, screening for diabetes and hypertension is being carried out in those 100 districts in 21 states and in urban slums in 33 cities with a population of more than 1 million. Our target is to screen about 150 million people by 2012 under this pilot project. I believe this would be the largest such exercise attempted anywhere in the world. I am happy to state that this programme will be rolled out in the entire country in April 2012.

Our commitment to tobacco control remains firm. India was one of the initial countries to sign and ratify the Framework Convention on Tobacco Control. We have passed a very comprehensive Tobacco Products Control law, which bans smoking in public places, the sale of tobacco products to those below 18 years of age and the direct or indirect advertisement of tobacco products

India's technology innovations have led to affordable health care not only for our population but also for many other countries in the world. We must therefore address the issue of trade barriers, which restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, Including Trade in Counterfeit Goods (TRIPS) and the Doha Declaration on the TRIPS Agreement and Public Health.

This meeting provides us an historic opportunity to reaffirm our commitments in terms of both financial and human resources for combating NCDs. We need to make concrete commitments on sharing global resources, technical expertise and best practices to build capacity to combat NCDs.

In conclusion, let me reaffirm India's strong commitment to the outcome document and our firm resolve to prevent and combat NCDs by improving accessibility to and affordability of health care in a concerted and more collaborative manner.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Amenta Matthew, Minister for Health of the Marshall Islands.

Ms. Matthew (Marshall Islands): It is a distinct honour and pleasure for me to convey, on behalf of His Excellency President Jurelang Zedkaia and the people of the Republic of the Marshall Islands, our warmest "yokwe" greetings to the President, the Secretary-

General, heads of State and other delegates at this important global meeting.

As a Pacific small island developing State, the Marshall Islands is particularly burdened by non-communicable diseases (NCDs), given our unique geographical characteristics and constraints. NCDs were among the issues highlighted during the meeting of Pacific Island Ministers for Health, held in June in the Solomon Islands, and in the resulting Honiara Communiqué on the Pacific Non-communicable Diseases Crisis. This Communiqué has been affirmed in this month's statement from the Pacific Island Forum leaders. It signifies leadership for a strengthened and coordinated regional and global response to this crisis.

NCDs in the Pacific region, including the Marshall Islands, are mainly caused by lifestyle changes and are now becoming a serious epidemic. The Marshall Islands is urgently mobilizing to address this crisis through strong and appropriate steps that recognize the true emergency facing us. Our priorities include diabetes, as the Pacific is experiencing one of the highest prevalence rates in the world, and cancer, our leading cause of death, as well as contributing factors including alcoholism, obesity and smoking. These lifestyle-related NCDs are brought about by some issues that we can more readily address, including exercise and a healthier diet, and by underlying contributors such as poverty, unemployment and inequality.

Our low-lying atoll nation faces unique challenges in addressing food security. The global community must improve understanding of these crucial interlinkages. Given the prohibitive costs of NCD treatment and care, our vulnerable households are often caught in a cycle of debt, impoverishment and illness, resulting in barriers to education and entering the work force. That compounds the hurdles to achieving basic development goals.

Our Ministry of Health is already allocating substantial resources to treating NCDs — a clearly unsustainable trend that is likely to worsen in the future if nothing is done. The Marshall Islands, like other Pacific Island nations, faces capacity limitations in human and financial resources for addressing NCDs. However, we are guided by a handful of success stories such as our Wellness Center, which encourages healthy diets instead of medication.

The Republic of the Marshall Islands is fully committed to rapid implementation of the Healthy Islands Action Plan, which intensifies the use of preventive interventions. We stand behind the regional commitment made by the Pacific Island Forum leaders.

To provide the appropriate level of attention to this crisis, the United Nations and its Member States should now consider several key principles. First is that addressing NCDs will contribute greatly to our overall development goals, including the Millennium Development Goals. Secondly, the NCD crisis requires a coordinated global response, with stronger leadership at national, regional and international levels. Thirdly, national, multisectoral responses to NCDs are cost-saving and effective in addressing both NCDs and their underlying factors. Finally, the success of this High-level Meeting depends on sustained action and accountability.

The Marshall Islands continues to forge closer working relationships across all sectors and with regional and international partners to address NCDs. The Marshall Islands strongly supports the positive step and precedent set in 2009 by the World Health Organization in inviting Taiwan to participate as an observer in the World Health Assembly. Taiwan's valuable participation in that Assembly has significantly strengthened the global health network and deserves recognition at this Meeting. Such effective participation should be expanded, as the international community stands to gain.

The Republic of China on Taiwan is a primary partner in addressing NCDs, including through medical mobile missions in our local hospitals, donations of medical supplies and, most significantly, the treatment of cataract patients with diabetes. That important progress — and our gratitude — must not be overlooked.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatim Badjie, Minister of Health and Social Welfare of Gambia.

Ms. Badjie (Gambia): The Gambia is deeply concerned about the unprecedented rise of non-communicable disease (NCD) morbidity and mortality across the globe. I am very much convinced that NCDs thrive on rapid changes in our lifestyles, wherever we may be. By cutting down on tobacco use and alcohol abuse and being mindful of unhealthy diets and insufficient physical activity, as well as by putting

in place mechanisms for prevention, such as cancer screening and HVP vaccines for adolescents, and for management and treatment of NCDs such as hypertension and diabetes, experts have said that millions of lives can be saved globally each year.

The Gambia believes that the risk factors I mentioned are beyond the individual and cannot be addressed except through global unity and action, together with country-specific initiatives. Hence, the timeliness and importance of this is Meeting cannot be overemphasized.

Responding to the NCD challenges, I am pleased to state that the Gambia has taken the following initiatives. Mindful of the need to protect non-smokers, the Gambia legislated against public smoking through the enactment in 1998 of the Prohibition of Smoking (Public Places) Act. To reduce demand on tobacco consumption, the Gambia banned tobacco advertisement in the mass media through the 2003 Ban on Tobacco Advertisement Act. The Gambia also unconditionally ratified the World Health Organization (WHO) Framework Convention on Tobacco Control in 2007. Currently, in collaboration with the local WHO office, the Gambia plans to develop a national tobacco control strategy.

Mindful of unhealthy diets, the Government of the Gambia, through a back-to-the-land initiative, is promoting the cultivation and consumption of home-grown foods. The initiative has generated interest among the Gambian populace and has generally improved food security in the communities.

As we take stock of the global challenges of NCDs, I wish to remind the Assembly that here is an urgent need to commit more efforts and resources to addressing the determinants of NCDs within and across countries. There is a need to facilitate coordinated action within and among countries in sharing experiences and best practices on NCD prevention and control. We need to strengthen our health systems to effectively respond to the wide and growing challenges posed by NCDs.

Responding to that need, the Gambia is at this very moment finalizing a five-year integrated policy and action plan for NCD prevention and control. The Ministry of Health and Social Welfare is also in the process of establishing a health promotion directorate that will also house an NCD division. The policy and creation of the directorate are intended to give the

strategic push needed to address the promotion of health and the prevention of NCDs as members of the same family.

In conclusion, I think the time has come for the world to act fast and to translate the known scientific evidence on NCDs into realistic and concrete actions at all levels. We in the Gambia remain committed to this cause, and we are optimistic that the world, working together, can stem the unprecedented rise in NCDs. I therefore thank our international partners for their invaluable support in the prevention and management of communicable diseases over the past years, and for taking up NCDs more seriously.

The Acting President (*spoke in French*): I now give the floor to His Excellency, Mr. Alberto Tejada, Minister of Health of Peru.

Mr. Tejada (Peru) (*spoke in Spanish*): Non-communicable diseases, also known as lifestyle diseases, are a serious problem throughout the world. Today, far more people are affected by them in medium-income and poor countries. In addition to the cost in human pain from early deaths and disability, there are catastrophic costs for families and nations that perpetuate the cycle of poverty, undermining their development and well-being.

Non-communicable diseases are not an accident of our biology or an unforeseeable flaw in our genes. Rather, they represent an epidemic caused by environmental, technological and economic change that we have created by following a model of consumption that harms human health and the environment.

Still, there is good news. Today we know far more about how to prevent and treat such diseases. That is where our focus should be — on prevention. We need to move away from the dangers of excess weight, junk food, tobacco, alcohol abuse, sedentary lifestyles and poverty. President Ollanta Humala Tasso's Administration encourages and promotes socially inclusive development. We must focus on education and on developing public policies to make it easier for the whole population to lead healthy lives. Our current efforts on tobacco and alcohol offer a valuable example, but in diet and exercise we must find more effective measures.

We suggest the following. We need to protect local traditional cuisines that use whole, natural foods

and that are central to the identities of communities. We must limit the increasingly widespread advertising of processed junk food directed at all segments of the population. The World Health Assembly alerted us to that danger in its 2010 meeting, especially in regard to children. Schools must actively promote physical education and good nutrition and teach new generations better eating habits. We must improve production and the low-cost availability of natural food in order to encourage its widespread consumption. We also think junk food should be taxed, as tobacco is. No less important, we must encourage breastfeeding during the first six months of life, and enforce the laws about commercial substitutes.

We also believe that public policies should encourage physical activity and recreation, providing workplace spaces and safe, healthy outdoor spaces for that purpose. We need to enlarge our network of community health centres. Lastly, we must not neglect the sick, especially the poor, and we must grant them access to adequate care. I therefore assert the commitment of the Government of Peru to a policy of universal access to insurance coverage and medicines for all. In this, we lean on the principles of the World Trade Organization Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, of November 2011.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Luis Estruch Ranaño, Vice-Minister of Public Health of Cuba.

Mr. Ranaño (Cuba) (*spoke in Spanish*): Cuba appreciates the efforts made by the General Assembly, which 10 years ago first confronted the public health challenge of the AIDS epidemic. We are now focusing on a second issue of world importance — non-communicable diseases (NCDs). Cuba has participated over the past two years in the World Health Assembly meetings in Geneva and its regional ministerial summit conferences in Mexico and Russia. A general consensus has been reached on how to confront these difficulties confronting humankind.

Cuba faced a period when it had to deal with infectious diseases and high child mortality rates, a process that required the country's social transformation. We have achieved a child mortality rate of 4.5 per 1,000, with a rate of 6.3 per cent for children under five and a general life expectancy of 78 years.

Currently, 7 per cent of deaths are caused by infectious diseases and 67 per cent by NCDs. We have sought to conduct rigorous epidemiological monitoring for risk factors. As a result, tobacco consumption has fallen from 38 to 23 per cent in 10 years, while the incidence of obesity and hypertension pressure has increased. We have instituted awareness programmes to help reduce salt and sugar consumption, though in itself that is not enough to deal with the current situation with NCDs.

Today our country is tackling this epidemic in 10 main areas. We are strengthening primary health care. Cuba has free medical care accessible to all, and we are reforming our approach with greater attention to awareness and prevention. We are improving care for children and women, particularly regarding the issues under discussion. We have implemented a multisectoral approach with other ministries to the areas of promoting sport and reducing tobacco and alcohol consumption. Our improved social communication programme has helped us to raise awareness of risks and promote lifestyle changes. We are preparing new laws for adoption by the central Government, and working with every sector of civil society — including women, children, young people and farmers — seeking to have greater impact on risk awareness and behaviour.

We are also attempting to promote health in more practical ways. We produce 80 per cent of the medicines we need, but we are also seeking the cooperation of the food industry in order to reduce salt, sugar and trans-fats in its products. The Council of Ministers is currently working on a strategy for 2011 to 2015 to improve intersectoral strategies on risk factors.

Today, the global economic crisis, the growing effects of climate change and food insecurity, and the dangers of war and natural disasters are putting poor countries in a worse position to address the complex challenges presented by NCDs. In its 50 years of dealing with the American blockade and operating under the same challenges that we have discussed in the Assembly in the past, we call for joint scientific approaches and the sharing of lessons learned between all countries, and for continued international solidarity. For instance, more than 200,000 Cubans have offered their medical services abroad and trained human resource personnel in more than 78 countries. No country in the world is free of the fatal and economically unsustainable effects of NCDs, but if we

all work together pursuing clear policies, we can work to combat them.

The Acting President (*spoke in French*): I now give the floor to Mr. Mahmoud Fikri, Under-Secretary for Health Policy Affairs of the United Arab Emirates.

Mr. Fikri (United Arab Emirates) (*spoke in Arabic*): I am honoured to address the General Assembly on behalf of the Gulf Cooperation Council (GCC). At the outset, I would like to offer the President our thanks and appreciation for convening this important meeting, and to the Secretary-General for his report on this subject (A/66/83), whose recommendations we support.

Non-communicable diseases (NCDs) unquestionably represent a huge economic, social and health burden. They hinder global economic development and challenge national and international efforts towards reaching the Millennium Development Goals. The GCC therefore emphasizes the importance of prioritizing the issue of NCDs in our development programmes.

Our national, regional and international efforts should focus on providing financial support for NCD prevention and control programmes. Governments should undertake to combat these diseases at the national level. The GCC countries are keen to forge cooperative alliances and partnerships with the international community in providing assistance to developing and poor countries in supporting their development and health-care programmes.

The changes that have taken place in GCC countries due to population growth, the high cost of living, including lifestyle changes, and shifts in disease patterns have led to an enormous increase in the prevalence of cardiovascular disease, diabetes and respiratory and other chronic diseases. Of the region's health problems overall, 45 per cent are attributable to NCDs, and that figure is projected to reach 60 per cent by 2020. Diabetes and cardiovascular and arterial disease are the major killers in the GCC countries.

The health and economic burdens of NCDs are thus increasing, which has led our Governments to take swift action to control and combat them. Over the past four years, the Council of Health Ministers of the GCC countries, which with coordinates and develops common statements and declarations on health, has adopted a number of significant decisions,

recommendations and documents, such as the Riyadh Declaration on Diabetes Economics; the Al-Manama Declaration on the Economics of Cardiovascular Diseases; the Jeddah Declaration on Care of Diabetic Patients; and the Dubai Declaration on Diabetes and Chronic Non-Communicable Diseases in the Middle East and North Africa (MENA) Region. In addition, we also instituted a tobacco control programme in 1979 that received an award from the World Health Organization (WHO) in 1999.

In February 2011, the Council of Health Ministers adopted several declarations and resolutions on developing and supporting initiatives to combat NCDs, a policy initiated in Bahrain for the entire region from 2011 to 2020. The Council also adopted a comprehensive and integrated plan aimed at combating diabetes within the WHO guidelines and those of the Middle East and North Africa Diabetes Leadership Forum, held in Dubai in 2010.

We are fighting NCDs with special attention and care to women, especially pregnant women, children, and the empowerment of women and other patients.

In December 2011, an international conference on diabetes will take place in Dubai in partnership with international economic forums and many United Nations agencies.

In conclusion, we wish to reiterate our full support in this area. We shall cooperate effectively with our partners to implement the recommendations and decisions of the United Nations, and we support the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President (*spoke in French*): I give the floor to Mr. Raed Arafat, Under-Secretary of State at the Ministry of Health of Romania.

Mr. Arafat (Romania): It is likely that all of us gathered here today are deeply concerned that the global burden of non-communicable diseases continues to grow. That is why Romania expresses its gratitude and support for this initiative designed to develop an integrated global policy on the prevention and control of non-communicable diseases.

Romania also supports the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex) and considers it to be a necessary step at the global level for reducing health inequity. The background of the adoption of the Declaration reveals

the urgent need for global cooperation in addressing this emerging challenge. We believe that the adoption of the Declaration provides an opportunity for States to establish forward-looking policies in this area, which are absolutely essential not only in terms of health and welfare but also economically and socially.

Preventing non-communicable diseases would reduce poverty, especially since most expenditures for treatment in low- and middle-income countries are paid either through private systems or take the form of informal payments. We believe that the Declaration may lead to an environment that will allow people to take responsibility for their own health. We see the Declaration and this meeting as a lever to mobilize national policies and create conditions that motivate individuals by changing their attitudes and behaviours. However, we emphasize the importance of public actions and strategies in making the right individual choices easier.

It is becoming increasingly obvious that Governments have the responsibility to fulfil the very important role of responding to the challenge of non-communicable diseases and that effort and commitment from all sectors of society are essential to generating effective responses to prevent and control these diseases. Health must be taken into account in all policies.

The approach to non-communicable diseases should be twofold — first, through well-designed prevention programmes tailored to national and regional population needs, and secondly, through the early detection and treatment of non-communicable diseases using proven diagnostic and treatment technology, leading to reduced morbidity and mortality in this area.

We recognize therefore the critical importance of strengthening health systems, including infrastructure, health care, human resources in health, and health and social protection systems, especially in developing countries, in order to respond in an efficient and equitable way to the health-care needs of people with non-communicable diseases.

Romania considers it essential to raise awareness of the importance of investments in health as a precondition to economic development, and welcomes the Declaration's recommendation to strengthen national health systems, especially with regard to investments in prevention and treatment of diseases

caused by non-communicable diseases, including support for associated palliative care. Only in the context of ensuring sustainable health-system financing can consistent action be taken to guarantee economic development.

In Romania, in recent years we have undertaken a number of initiatives consistent with the goals set forth in the Declaration. The first such initiative, launched in 1997, was a project entitled "A healthy lifestyle based on nutrition and physical activity" for children and adults. The results of the project were included in the EuroHealthNet 2009 report, "Focusing on obesity through a health equity lens".

A second project, called "Increased access to high quality prevention services: healthy nutrition and physical activity for children and adolescents in Romania", aims at stopping and reversing the trend of increasing overweight and obesity cases among children and adolescents in the country by 2020. This project, which started just last year, was financed through cohesion funds from the Government of Norway.

A third project is a State-funded programme for the early detection of acute myocardial infarction and early access to definitive care for patients with this condition. It was launched in August 2009 and takes into consideration the high acute myocardial infarction mortality rate of 13.5 per cent. According to preliminary data, the project has led within one year to the reduction of the rate of acute myocardial infarction mortality nationwide by 3 per cent and, in the 10 pilot centres where it was implemented, by up to 40 per cent.

These data may lead us to the conclusion that State-funded, specifically targeted projects originating from evidence-based medical practices can lead to reduction of morbidity and mortality in a very short time span. Combining such projects with prevention projects will surely lead to further important reductions in morbidity and mortality in the medium and long terms.

Again, we want to thank the United Nations for its efforts in promoting awareness in the framework of an integrated policy for reducing global inequalities generated by non-communicable diseases, and for raising awareness of the need for a concerted and coordinated policy response to include the prevention and control of non-communicable diseases in global

development initiatives and in related investment decisions.

The Acting President (*spoke in French*): I give the floor to Mr. Murat Tuncer, Head of the Department of Cancer Control of the Ministry of Health of Turkey.

Mr. Tuncer (Turkey): It is a pleasure for me to address the General Assembly today on behalf of the Republic of Turkey on the very important subject of non-communicable diseases (NCDs). I would like to thank the Secretary-General, the President of the General Assembly and the Director-General of the World Health Organization for having organized this significant gathering.

For the second time in the history of the United Nations, a High-level Meeting is being held on an emerging health issue — non-communicable diseases. As is known, in the past 20 years there has been a dramatic shift from communicable diseases to non-communicable diseases. NCDs are the most serious and dangerous future problem faced by human beings. We appreciate the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases in this regard.

Cancer is gaining in priority and importance among NCDs every day. There exists a metamorphosis in cancer control today, and we need to understand it. Cancer control is unique; consisting of more than standards, it is preventive more than therapeutic, and is both analytic and scientific. Cancer profiles are also unique, and differences, determinants and barriers must be figured out. Cancer control should be global public policy more than governmental policy. The establishment of cancer control institutes at the national level is necessary now. Otherwise, all our talk and deliberations, though sincere, would only lead to inconclusive efforts. Indeed, we need a specific institution to provide regional oversight for cancer control programmes.

Cancer control is one the biggest problems, and is becoming increasingly serious every day in developing countries. Lack of coordination among Governments and non-governmental organizations (NGOs) is a critical barrier for effective cancer control programmes and action plans in those countries. The question is, who should take the initiative and who will lead the cancer control action plan? The critical answer to that question entails the establishment and functioning of national cancer control institutes. In that context, the

international community should promote and support such institutes at the national level using specific instruments.

The next step ought to be to determine the profiles, objectives and structures of those institutes. We believe that cancer control institutes should have some degree of independence from health ministries. They need to have a scientific dimension and work towards developing unique, effective, sustainable and appropriate control programmes by using research modalities and regional resources. It is of central importance that these institutes cooperate effectively with NGOs and patient advocacy groups. Cancer institutes should focus in particular on cancer registries, prevention and screening and palliative care. Attention to human resources and capacity-building is a must in that regard. The stability of regional and international implementation of cancer control programmes should continue.

I would now like to provide a brief overview of the Turkish nation's cancer control plan and our international endeavours in that regard. Turkey has a cancer budget of €2.3 billion — the sixth-largest in Europe. We have 170,000 new cancer cases every year. Some components of our national cancer control strategy programme include management, registries, prevention, screening, early detection, treatment, palliative care and public awareness-raising. We have established active, population-based cancer registries, the data of which have now been accredited by the International Agency for Research on Cancer (IARC).

The cervical, breast and colorectal cancer screening programme has been expanded to a total of 124 early diagnosis and screening centres, which means that we have at least one such centre in each city. On average, the centres diagnose more than 2,000 new cancer cases each year. Screening coverage is now at nearly 50 per cent, while our aim is to reach more than 70 per cent by 2015. We have published a palliative care action plan, which covers every step in the palliative care process. We will establish a total of 54 cancer treatment centres in Turkey by 2023.

This year, Turkey was accepted as the twenty-second member of IARC. We are also an active member of the Middle East Cancer Consortium, the Asian Pacific Organization for Cancer Prevention, the Mediterranean Task Force for Cancer Control, the Asian National Cancer Centers Alliance and the Black

Sea Countries Coalition on Breast and Cervical Cancer Prevention. In that regard, we are ready to share our regional and international experiences in support of United Nations and World Health Organization activities.

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

Mr. Tommo Monthe (Cameroon) (*spoke in French*): Allow me, first of all, to take this opportunity to warmly congratulate the President on his election as President of this session of the General Assembly. I also congratulate the members of the Bureau. I am convinced that his eminent qualities will allow for fruitful and constructive dialogue and ensure the success of our endeavours. I assure him of the full cooperation of my country and my delegation.

Non-communicable diseases (NCDs), which are the subject of our debate, pose a new challenge in efforts to improve global health. While the international community has long accorded priority to the fight against transmissible diseases, such as HIV/AIDS, malaria and tuberculosis, the four main types of NCDs — cardiovascular disease, diabetes, cancer and chronic respiratory diseases — receive scant attention in developing countries, until they become epidemics.

One is tempted to liken the evolution of these chronic diseases and their risk factors over the past several years to the sound of a drumbeat warning — as is traditional in Africa — of a major threat that could even imperil our societies. The situation is all the more worrisome to the extent that, by 2030, NCDs are projected to cause five times as many deaths worldwide as transmissible diseases, including in low- and medium-income countries, which have until very recently not been seriously affected. Like other developing regions of the world, Africa is experiencing a steady increase in NCDs, as well as in the resulting use of health services to counter such formidable diseases.

That said, we may first ask ourselves how we reached the point where NCDs have become a worldwide threat. There are several possible explanations, of course, but there is one reality that we see throughout the world, that is, changes in lifestyle in the wake of major advances in science, technology and development. Indeed, if progress in the modern age has made it possible to improve the quality of life of

humankind, it has also proven detrimental to our lifestyles, which are not always conducive to good health.

The main risk factors and methods of preventing these diseases are well known. Were such risk factors as tobacco use, unhealthy diets, lack of physical activity and alcohol abuse removed, at least 80 per cent of all cardiovascular diseases, strokes and type-2 diabetes would be eliminated, while 40 per cent of cancer cases would be prevented. Given that challenge, it would not be out of order to look at what has been done to prevent or counter these scourges.

Global awareness has increased over the past 10 years, thanks to the adoption of the Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted during the fifty-third session of the World Health Assembly. Since 2000, the World Health Assembly has adopted a number of resolutions on measures to be implemented, in particular the World Health Organization Framework Convention on Tobacco Control, in 2003; the Global Strategy on Diet, Physical Activity and Health, in 2004; and the Global Strategy to Reduce the Harmful Use of Alcohol, in 2010. In 2008, the Assembly endorsed the 2008-2013 Action Plan for the Global Strategy, focusing in particular on low- and middle-income countries and vulnerable populations.

In Africa, efforts to combat non-communicable diseases are among the priorities identified in the World Health Organization strategic guidelines for 2010-2015. In that connection, regional committees have adopted a number of strategies on mental health, cardiovascular disease, cancers, sickle-cell disease and on combating smoking and the harmful consumption of alcohol.

For many years, Cameroon's health policies were focused on countering infectious diseases and those which were not vaccine-preventable. My country tended to concentrate on achieving the Millennium Development Goals, and therefore did not escape the phenomenon of an epidemiological shift with the emergence of non-communicable diseases. Recent statistics on premature deaths caused by these supposedly silent diseases — in particular cardiovascular disease, diabetes and cancer — are of great concern.

Cardiovascular disease is increasingly striking the youngest swathe of our population. Six per cent of our adult population is living with diabetes. Twenty-five per cent of that same group lives with

hypertension. There are 12,000 new cancer cases recorded each year, while epilepsy affects 6 per cent of the population. Five per cent of the total population is afflicted with asthma, while 20 per cent are carriers for sickle cell anaemia. Psychological and mental disorders account for 5 per cent of the overall disease burden in the African region.

Cameroon is well aware of this situation and of the need to ascertain the extent of non-communicable diseases. Therefore, in view of its goal of becoming a country with an emerging economy by 2035, my country has made non-communicable diseases a priority in the context of its strategic public health planning. Various measures that aim to reduce the risk factors for these illnesses have been adopted for the period 2011-2013. Among them, we have taken steps to reduce the use of tobacco and alcohol, particularly through warnings on cigarette packages and by prohibiting the sale of alcohol to minors under 18 years of age.

We have also promoted the replacement of trans-fats by polyunsaturated fats in food products, and are campaigning to raise public awareness about the health benefits of a balanced diet and the importance of engaging in physical activity. We are also promoting vaccination against hepatitis-B, as part of an expanded vaccination programme.

In addition, after Cameroon joined the International Partnership for Health and Related Initiatives, in June 2010, the Minister of Public Health, along with all interested stakeholders and groups, conducted an analysis of that sector that resulted in the formulation of a new policy and the revision of the national health development plan.

At the institutional level, special emphasis was placed on reactivating coordination and research on non-communicable diseases in the relevant branches of the Ministry of Public Health through improved staff training.

Furthermore, Cameroon has made great progress in the area of norms by ratifying the World Health Organization Framework Convention on Tobacco Control, the Brazzaville declaration on the prevention of non-communicable diseases and the Moscow declaration on healthy lifestyles and non-communicable disease control.

In addition, with a view to integrating health into my country's overall development plan, a large-scale project to provide our hospital infrastructure with

major technical equipment and medical supplies capable of delivering quality diagnostics has been implemented as part of an increased commitment to addressing non-communicable diseases. Particular emphasis has also been placed on a preventive approach in the fight against those diseases through wide-scale programmes of public health awareness.

I would like to conclude by saying that combating non-communicable diseases, and mobilizing the necessary financial resources to accompany and implement the measures of our plan to combat those diseases, continues to be Cameroon's main challenge. We are therefore committed to continuing to step up our fight against non-communicable diseases by bolstering human, material and financial resources and by developing and implementing our first integrated multisectoral strategic plan to prevent and combat such diseases. In that regard, my Government is currently working to establish a national fund to address public health emergencies and provide funding for prevention efforts in this sector, including on combating non-communicable diseases.

By the same token, Cameroon, along with the other African countries, calls for the establishment of a global fund to combat non-communicable diseases, in the hope that funding allocated by the international community will not compete with funds already earmarked for global care of the non-communicable disease that I have mentioned, for which sub-Saharan Africa is still paying a heavy cost.

My country avails itself of this opportunity to thank its partners in development and to express the hope that we may continue to count on them to meet our challenges.

I cannot conclude without recalling that there are only four years left until 2015, the deadline for the achievement of the Millennium Development Goals. It is by that date that countries are working to meet the commitments made 10 years ago to significantly improve the living conditions of their people. The evident progression of non-communicable disease in developing countries is seriously undermining our progress towards achieving those Goals. Yet there is hope. We can meet this challenge through collective action and by sharing successful experiences and strengthening national, regional and international networks to combat non-communicable diseases.

The meeting rose at 9 p.m.



General Assembly

Sixty-sixth session

5th plenary meeting

Monday, 19 September 2011, 6 p.m.

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Official Records

President: Mr. Al-Nasser (Qatar)

In the absence of the President, Mr. Zinsou (Benin), Vice-President, took the Chair.

The meeting was called to order at 6.25 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 Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Maithripala Sirisena, Minister for Health of Sri Lanka.

Mr. Sirisena (Sri Lanka): I consider it an honour and a privilege to address this gathering on dealing with the prevention and control of non-communicable diseases (NCDs).

At present, Sri Lanka is in the process of rapid development in all fields. Four decades ago, our average life expectancy was about 40 years. Today, that has been almost doubled. This is due to our achievements in maternal and child health services and the prevention and control of communicable diseases.

We have a major challenge before us now: the rise of non-communicable diseases, some of which are reaching epidemic proportions. More than 60 per cent of deaths are due to non-communicable diseases. Many Sri Lankans die prematurely from heart diseases, diabetes, hypertension and strokes.

I would like to express my appreciation for the services rendered by the United Nations specialized

agencies — especially the World Health Organization and its South-East Asia Regional Office and Country Office for Sri Lanka, and the World Bank — and the Japan International Cooperation Agency for their advice, support and cooperation in controlling these diseases.

We have committed ourselves to prevent and control non-communicable diseases by formulating a national NCD policy, creating a separate Non-communicable Disease Control Unit within the Ministry of Health and appointing qualified NCD medical officers for each district. The Sri Lankan Government has allocated sufficient annual grants specifically to control non-communicable diseases.

I take this opportunity to request the General Assembly to establish a global fund to prevent and control non-communicable diseases. I consider the United Nations to be the apex body that can provide support to prevent and control non-communicable diseases in Sri Lanka. I also take this opportunity to thank the international community for assisting to rebuild Sri Lanka. We need that continued support.

With the political commitment and the priority given to NCD prevention and control, we are confident that Sri Lanka can be a lead country in the region in implementing an effective nationwide NCD programme. Our policy objective is to reduce premature mortality due to chronic NCDs by 2 per cent every year for the next ten years.

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The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Arturo Bendaña, Minister for Health of Honduras.

Mr. Bendaña (Honduras) (*spoke in Spanish*): I am happy to extend warmest greetings to the Assembly on behalf of the Government of the Republic of Honduras, led by President Porfirio Lobo Sosa, at today's meeting on a subject of the utmost importance.

My country has followed this process from the outset, conscious of and steadfast in our commitment to support, together with all Member States, the proposals contained in the Declaration of this High-level Meeting (resolution 66/2, annex), including, inter alia, health, education and welfare. But above all, it enables us to fight the epidemic of overweight and obesity.

Statistics show that the current chief causes of death worldwide are chronic diseases, among them myocardial infarction, stroke, diabetes and chronic obstructive lung disease. In Honduras in particular, 47 per cent of women are overweight or obese. National studies conducted in 2010 concerning death in women of reproductive age show that the main causes are external injuries and cancer. Another public health problem is chronic kidney disease, which is increasing every year, principally due to diabetes and hypertension. Our institution is therefore in the process of setting up a histocompatibility testing laboratory.

Similarly, we have made necessary changes in our organizational structures, establishing strategic alliances designed to tackle the prevention and control of risk factors such as overweight, obesity, alcohol abuse and tobacco use. Among other efforts, Congress has enacted and we have implemented a national law on tobacco use. Since the act's adoption, in Honduras smoking in any enclosed space, including bars and discothèques, has been banned. Tobacco advertising is prohibited and health warning labels on packaging are compulsory. We are also working hard to ensure that the law is observed nationwide.

At present, we are formulating national standards for controlling and preventing chronic non-communicable diseases (NCDs), using as a framework the four diseases and four risk factors cited in the Ministerial Declaration following the high-level consultation on obesity held in Mexico City in February. However, we have also established national standards for maternal and neonatal care, which require body-mass index

records as well as testing for hypertension, diabetes, cardiopathy and anaemia.

The epidemiological burden and estimated direct costs that such pathologies represent impose a high strain on the health system of the region in terms of specialized care, hospitalization, medicines, medical supplies and equipment, disabilities and premature death. We should also remember that such burdens continue to raise costs for households and thus in turn result in greater poverty.

For Governments, implementing prevention is a challenge and halting the epidemic will not be easy. We will have to overcome obstacles and rely on the support of the industrial and business sectors. We recognize this problem at the regional level, addressing it across the board through the Council of Central American Ministers of Health and the Central American and Dominican Republic Health Sector Summit, with the support of the Technical Commission for Chronic Non-communicable Diseases and Cancer, based on the Declaration of Mexico and Guatemala.

Since participating in the Mexico summit, I have requested the support of my country's President and First Lady in dealing with this issue through every Government department. Adopting the Political Declaration (resolution 66/2, annex) adopted at this meeting will prepare present and future generations to adopt healthy lifestyles and behaviour.

We must not forget that non-communicable diseases and their risk factors are closely linked to achievement of the Millennium Development Goals, such as eradicating extreme poverty and hunger; reducing child and maternal mortality; combating HIV/AIDS, malaria and tuberculosis and other serious diseases; and promoting international cooperation.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Slaheddine Sellami, Minister for Health of Tunisia.

Mr. Sellami (Tunisia) (*spoke in Arabic*): Allow me to begin by offering my appreciation and gratitude to Secretary-General Ban Ki-moon, who has spared no effort in organizing this meeting, which gives concrete form to international hopes to establish an effective strategy for combating non-communicable diseases (NCDs).

I would also like to proudly emphasize the fact that this meeting is being held at the same time as we

are witnessing the Arab Spring, which has helped to promote solidarity among the peoples of the world in their determination to apply all their potential to improving the prosperity and dignity of humankind. Tunisia reaffirms the importance of the resolutions adopted by various sessions of the General Assembly and the World Health Organization (WHO), as well as the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Tunisia fully endorses that document and is committed to working for its implementation at the national level.

In addition, Tunisia is aware of the importance of the lofty objectives of this meeting and calls for affirming people's right to health at all political and institutional levels. In order to achieve this, we must work transparently to meet our peoples' social and economic needs, particularly where health is concerned.

In Tunisia as in many other brotherly and friendly countries, we are going through very heady but promising transitional times. The international community should not just stand by and watch, but should support us through the speedy implementation of short- and long-term programmes and measures to help us realize the aspirations of our peoples.

In our country as in others around the world, NCDs are a widespread health problem. Numerous studies have shown that they are proliferating rapidly, as are the concomitant dangers. Tunisia welcomes the convening of this meeting and the establishment of an integrated and coordinated plan to prevent and control NCDs.

We stress the need for prevention and monitoring, which make it possible at least to delay the onset of NCDs and their symptoms by changing eating habits and lifestyles. I would also like to emphasize that Tunisia has adopted and implemented the WHO's recommendations in this regard, including in its food and sport strategies and campaigns against cancer and diabetes. We have thus acquired a great deal of experience that we are happy to share with brotherly and friendly countries.

The establishment of a multilateral network for preventing and controlling NCDs is extremely important, and we are investigating how best to promote such a network through Government organizations and civil society. Containing this major

problem calls for mobilizing human and material resources within the health-care system, particularly in terms of medications and evaluation of the socio-economic impact of NCDs, while simultaneously working towards early prevention of such risk factors as tobacco consumption, poor nutrition, lack of physical activity and unhealthy lifestyles among children.

Tunisia takes this opportunity to appeal to all developed countries and donors to take steps and adopt mechanisms that will allow us to respond to the needs created by the current political social and economic changes and to achieve comprehensive sustainable development.

In conclusion, I wish this meeting every success and welcome the adoption of the Political Declaration (resolution 66/2).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Ona, Secretary of the Department of Health of the Philippines.

Mr. Ona (Philippines): In recent years, the Philippines has noted the global emergence of non-communicable diseases (NCDs) as a major threat to public health alongside the unresolved issue of infectious diseases.

The health profile of our country has changed considerably, given the increase in life expectancy, rapid urbanization and lifestyle trends. Current data shows that the leading causes of morbidity and mortality are communicable and non-communicable diseases. Among the 10 leading causes of mortality, seven are non-communicable diseases, such as diseases of the heart, diseases of the vascular system, malignant neoplasm, accidents, diabetes mellitus and renal disease. As to the leading causes of morbidity, hypertension is fourth and diseases of the heart seventh.

The chronic care and lifelong treatment, as well as the catastrophic costs associated with interventions for acute attacks and complications, have become a source of great economic burden and inequity among our population. We likewise recognize that injuries, accidents and mental health disorders are additional burdens that require parallel attention. We note that non-communicable diseases have also been specifically linked to risk factors such as tobacco use, unhealthy

diet and physical inactivity, among others. These risk factors can all be modified, thus making these diseases and the resulting premature deaths highly preventable.

The Philippines is fully committed to addressing the issues of lifestyle-related non-communicable diseases. The country's health reform agenda of universal health care works on three fronts to achieve financial risk protection for all, improve access to quality health services, and focus on attaining our Millennium Development Goals (MDGs) through our MDGmax campaign, which includes non-communicable diseases.

Financial risk protection is being increased through rapid expansion of the national health insurance programme using national subsidies to enrol the poor. Benefit delivery is being improved through case rate schemes that ensure zero co-payment for the poor for 22 of the most common medical and surgical procedures, including packages for radiotherapy, hysterectomy, mastectomy, thyroidectomy, essential hypertension and cardiovascular accidents. Access to quality hospitals and health-care facilities is being improved through the upgrading of the infrastructure and equipment of all our health facilities throughout the country.

The Department of Health's complete treatment packs for hypertension and diabetes are being provided at the lowest cost, so as to give the poor access to a month's complete supply of their maintenance drugs. MDGmax incorporates a focus on NCDs, along with the health-related MDGs. Community health teams are being fielded to visit all families in the country, in particular those belonging to the two poorest quintiles of our population, to provide key health services and health messages, including those for a healthy lifestyle.

Recently, the country formulated a framework focusing on strengthening the prevention and control of lifestyle-related non-communicable diseases anchored on the following strategies: adoption of an integrated, comprehensive and community-based response to combat chronic lifestyle NCDs; intensified health promotion strategies and secondary prevention directed at the reduction of risk factors to prevent morbidity and mortality; and, lastly, a multi-stakeholder approach to strengthening systems to provide an enabling environment for the adoption of a healthy lifestyle.

The country strongly supports the call for action to strengthen the prevention and control of chronic

lifestyle related non-communicable diseases. Programmes and strategies addressing the common modifiable risk factors of these diseases, such as tobacco use, physical inactivity, unhealthy diet, stress and alcohol use, have been instituted. Smoke-free environments are promoted through such activities as the annual Red Orchid Award to local Governments and Government offices. Priority legislation is restructuring the sin taxes to deter youth from smoking. Continuing implementation of the Clean Air Act is being pursued.

We need to take measures to foster production of food crops and products consistent with a healthy diet and to promote the regulation of food through appropriate labelling standards. We need to expand our disease registries for NCDs and establish more extensive surveillance systems that capture all the data needed to track and manage NCD morbidity and mortality, its risk factors, and the capacity of the health system to address NCDs.

The urgent need to combat this growing menace is borne out by data and experience. The key ideas, targets, indicators and strategies to bring the health sector closer to the outcomes sought regarding NCDs have been established. This enormous task will engage our efforts in the long run and require reforms to build health systems that can tackle the peculiarities of preventive measures and chronic care that NCDs require. Information across teams of professionals tackling NCD co-morbidities, access to lifelong health services, and multisectoral partnerships for health promotion are just some of the challenges health systems face in seeking successful outcomes. Let us commit ourselves to winning, and to starting now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Charles Sigoto, Minister for Health and Medical Services of the Solomon Islands.

Mr. Sigoto (Solomon Islands): I thank you, Sir, for giving me the floor to make a statement at this very important meeting. The prevalence of non-communicable diseases (NCDs) in the Pacific has reached epidemic level, claiming six out of 10 lives. The huge costs associated with NCDs have placed great stress on our limited health resources. This development is already undermining Solomon Islands' social and economic development and creating pockets of poverty around the country.

Addressing NCDs calls for a national and global system-wide approach. Based on current statistics, 80 per cent of NCD deaths occur in the developing world. NCDs are thus regarded as a development issue as well.

Solomon Islands is located in a disaster-prone region. The impact of climate change has brought an increased frequency of droughts and floods, sea-level rise and loss of biodiversity, triggering food and water insecurity. These disasters have pushed portions of our population from their traditional ancestral lands to urban centres, where they rely ever more on imported food. These populations in particular become more vulnerable to NCDs.

For Solomon Islands, time is of the essence. We are one generation away from reaching the tipping point, when managing NCDs will become a challenge. Prevention remains the cornerstone of our policy. We have therefore put in place our NCD Strategic Plan 2011-2015. Like any other developing country, we will need increased, predictable and sustained external resources. In the short to medium term, official development assistance remains the lifeblood of our national programme.

I say this against a background in which any NCD programme, to be successful, will need to include national primary health coverage for a population scattered across a chain of more than 900 islands stretching 1,800 km. This will need political, practical and financial investments.

I am pleased to say that my country is in the midst of developing a new strategy of moving health resources and services to the rural areas, where 85 per cent of the population reside. There is currently a huge disparity in health services between rural and urban populations in Solomon Islands, and we are working to correct that. We will be encouraging partner countries to invest more in the health services in the informal sector.

Work has already started, using a sector-wide approach with our development partners, including the Australian Government Overseas Aid Program, the Japan International Cooperation Agency, Taiwan, the Secretariat of the Pacific Community, the World Bank and United Nations agencies such as the World Health Organization, UNICEF and the United Nations Population Fund. However, much more needs to be done, and we look forward to a collaborative effort

spearheaded by the Ministry of Health and other central agencies and line ministries in an integrated manner.

Thirdly, there needs to be a global effort to guarantee access to affordable, safe and effective quality medicine, including diagnostic services matched with skilled manpower to deliver such services. Too often NCD-affected populations are reluctant to get tested, as usually there is only limited treatment available. We must ensure that everyone receives adequate treatment, since we have sufficient finance and medication to turn things around.

My delegation regrets the emphasis on market concepts in the NCD outcome document (resolution 66/2, annex). For many people in developing countries this is a social justice issue — it is a human right that everyone should enjoy the highest attainable standard of physical and mental health, especially when many of us have narrow-base economies and operate on the periphery of the international system.

Managing the inherent risks of NCDs cannot succeed as a standalone policy but must be embedded within a multisectoral, cost-effective, population-wide intervention. We are a least-developed country. The Istanbul Programme of Action, once implemented, will call for simple investment in smallholder farmers, allowing our populations to shift from slash-and-burn techniques to commercial agriculture. We need technology and infrastructure to establish food banks and phase out environmentally unfriendly and destructive economic operations such as logging.

My delegation would like to acknowledge the Republic of China, Taiwan, for the life-saving assistance it has provided to my country. Taiwan has not only constructed our national referral hospital but continues to provide teams of visiting specialist doctors who perform life-saving surgery, especially for the growing number of the people who have fallen through the cracks of NCD-prevention campaigns. We wish to acknowledge their Observer status at the World Health Assembly over the last three years. We would like to see a similar reception accorded to Taiwan in other United Nations specialized and treaty bodies, including the International Civil Aviation Organization and the United Nations Framework Convention on Climate Change.

The recent Pacific Health Ministers' meeting held in our capital, Honiara, concluded with a communiqué

declaring that NCDs are now an epidemic and a crisis in the Pacific. This was further endorsed by the Pacific Island Forum leaders in Auckland, New Zealand. We therefore look forward to and anticipate a positive outcome from these two days of meetings. There has to be a global commitment to supporting and further strengthening the regional position and plans that have been made by our leaders in both Honiara and Auckland.

Solomon Islands has invested in South-South cooperation to combat NCDs. We have today sent 72 students to study medicine on this side of the world, and we are hoping to send an additional 15 this year. We remain grateful to the Cuban Government for its offer of assistance. Support given by Cuba complements investment we have in students studying in Papua New Guinea and Fiji. We also are grateful to our two Pacific neighbours.

Let me close by stating that there is a tendency to say the right thing in such high-level meetings but to fail to walk the talk when we leave New York. We all know what needs to be done, but we continue to lack the political will to do the right thing. We pray this will not be the case following this High-level Meeting. We can only urge everyone here that, whatever commitment made here, let us act on it with haste, as lives depend on it and are at stake.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sambuu Lambaa, Minister for Health of Mongolia.

Mr. Lambaa (Mongolia) (*spoke in Mongol; English text provided by the delegation*): It is of the utmost significance that the General Assembly has decided to convene a High-level Meeting on the Prevention and Control of Non-communicable Diseases, as the number of people affected by such diseases is increasing rapidly due to urbanization and lifestyle factors such as diet and nutrition, physical activity, alcohol and tobacco use.

Non-communicable diseases (NCDs) are the leading causes of morbidity and mortality among the adult Mongolian population. Over the past 10 years in Mongolia, as in other countries in our region, heart disease and cancer have been the leading causes of death and represent the majority of adult deaths.

I would like to take this opportunity to thank the United Nations for the ongoing technical and financial

support provided to the Government of Mongolia by the World Health Organization for the prevention and control of non-communicable diseases. This assistance has served to advance our national programme and integrate international best practices for disease prevention and control.

In 2008, my Government entered into a compact with the Millennium Challenge Account, which included \$339.1 million for a health project on the prevention and control of NCDs and road traffic injuries. This national project has greatly accelerated the pace of introduction of internationally recognized prevention, early detection and case management services, and public education and training for Mongolian professionals.

The Government of Mongolia is proud that it has significantly increased its contribution to public education on NCD risk factors through excise taxes on tobacco and alcohol. These taxes have generated resources for a health promotion fund to reduce rates of smoking and alcohol abuse. As a result of these and other combined measures, the pace of deaths caused by the most common non-communicable diseases has levelled off and early detection of these diseases has improved.

Despite these achievements, tobacco use — one of the most common risk factors contributing to NCDs — is rising among key target populations, including mothers and youth. This has serious implications for our country and the health of future generations. In addition, alcohol consumption and substance abuse have increased among youth and is now a major factor contributing to accidents, road traffic injuries, crime, violence and unemployment. Studies have shown that alcohol abuse is also associated with poverty in Mongolia.

From this rostrum, I would therefore like to take this opportunity to draw the attention of representatives attending this High-level Meeting to the following important matters. My Government stresses the importance of developing and endorsing an international convention on alcohol control, similar to the WHO Framework Convention on Tobacco Control, to guide the combined efforts of the international community. My Government stands fully committed to cooperating on this initiative.

In conclusion, I would like to reiterate Mongolia's firm commitment to the Action Plan for the

Global Strategy for the Prevention and Control of Non-communicable Diseases adopted by the World Health Assembly, and to assure the Assembly that my Government stands fully committed to adopting and implementing the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Onyebuchi Chukwu, Minister of Health of the Federal Republic of Nigeria.

Mr. Chukwu (Nigeria): I will read out a statement by Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria.

“I join other representatives in congratulating the President of the General Assembly on convening this very important meeting on non-communicable diseases (NCDs). I would also like to commend the Secretary-General for his detailed report (A/66/83). This has provided insight into the challenges that lie ahead and motivated the world to action. I am honoured to be part of history as the world tackles this matter of great concern to the global community, Africa and my own country, Nigeria.

“We all know that non-communicable diseases are a spectrum of diseases, usually chronic in nature, typically non-contagious or non-infectious and causing long-term debilitation and disability. They are a major killer and are responsible for 60 per cent of global deaths, with 82 per cent of this burden occurring in low- and middle-income countries. This is further compounded by their co-morbidity with communicable diseases, and together they pose serious and increasing challenges to the health systems in developing countries.

“This increasing prevalence is threatening to erode all the gains we have made in the fight against communicable diseases. The major NCDs ravaging our populations include cardiovascular diseases, diabetes mellitus, cancers, chronic respiratory diseases, hemoglobinopathies, especially sickle cell disease, mental health disorders, road traffic injuries, violence, with morbidity varying from country to country.

“Among the known hemoglobinopathies, the one peculiar to us is sickle cell disease. More

than 20 per cent of our population 15 years of age and above have the sickle cell trait. Every year, an estimated 150,000 babies are born with sickle cell disorder. One sure way of eliminating sickle cell disease is by genetic counselling and screening. However, those who already have the disorder must be taken care of because they have the right to life, and we have taken the following steps.

“At the national level, hospitals have sickle cell units and a national sickle cell centre was established in Lagos. Recently, having recognized the challenge that sickle cell disorder and its attendant stigma poses to the attainment of Millennium Development Goals 3, 4, 5 and 6 and to further strengthen what we are doing, the Government established four new special centres for the control and management of the disease. We have plans to expand this and to include research aimed at improving the lives of people affected by this and other NCDs.

“Today, 8 million Nigerians are hypertensive, while 4.8 million are living with diabetes mellitus. Each year, 100,000 new cases of cancer are diagnosed in Nigeria and the burden of chronic respiratory diseases, many of them tobacco-related, is similarly heavy.

“I am happy that trauma and injuries from road traffic accidents have been included in the NCDs agenda. While a significant proportion of our population die from both communicable and non-communicable diseases, an equally significant proportion who were healthy are being killed by road traffic accidents. Annually, 10,000 Nigerians die from road traffic accidents. It is therefore pleasing to note that the United Nations Decade of Action for Road Safety is bringing attention to this issue. We should use the opportunity of the declaration to address all the factors that contribute to road traffic accidents.

“There is a need to pay greater attention to the issue of mental health. This aspect of health has largely been neglected, as only one-fifth of those affected receive treatment. The world should support these efforts at this meeting.

“Malnutrition has been identified as a factor for most of the NCDs. Poor nutrition has continued to remain an issue in Nigeria and the

rest of Africa, affecting children and adults alike. Worldwide patronage of fast food and refined food establishments has led to excessive intake of salt and refined sugar. Of interest is the high caloric intake resulting from these sugars, promoting overweightness and obesity.

“Women and children are considered to be a high-risk group in the development of nutritional disorders. Micronutrient deficiencies during pregnancy predispose babies to the development of anaemia, low birth weight and congenital malformations. Childhood malnutrition has an effect on the mental and physical development of children later in life. In Nigeria, we are dealing with these issues through a deliberate policy of fortification of certain foods, such as salt, with iodine and milk and bread with vitamins.

“The consequences of NCDs are poor health and serious economic loss. For instance, heart disease, stroke and diabetes alone cost my country an estimated \$800 million annually, which is expected to rise to \$7.6 billion cumulatively by 2015. This is an unacceptable economic loss. It is my hope that this meeting will come out with global commitments that will strengthen the international resolve ultimately and drastically to reduce the burden of NCDs.

“We in Nigeria are doing our best to meet the challenge that non-communicable diseases pose to our health, our livelihood and our progress. Indeed, the development and prioritizing of the health sector through the implementation of a national strategic care development plan is a critical part of my Government’s transformation agenda. The national health plan is structured as a vehicle for action at all levels of the health-care delivery system, including the achievement of the Millennium Development Goals and other national, regional and international health goals and priorities.

“NCDs are not only controllable — that is the good news — but they are also preventable. So Nigeria, realizing the threat of NCDs, has decided to take major steps to respond to this epidemic. We have developed a national policy on NCDs. We have also banned advertisements and the use of tobacco products in public places

since 1990. Our federal capital, Abuja, has led the way and is a tobacco-free city. We have also signed and ratified the World Health Organization Framework (WHO) Convention on Tobacco Control. The process of domestication of the WHO treaty is ongoing, and the National Assembly has recently passed the National Tobacco Control Bill.

“The challenge of human resources in health, including adequate funding, screening and the provision of diagnosis and treatment infrastructure for NCDs are all militating against the process of achieving appreciable progress in combating NCDs. The global community’s fight against NCDs requires considerable effort in tackling major non-communicable diseases in developing countries, which bear 80 per cent of the burden.

“I want to take this opportunity to acknowledge the contributions of our partners, both international and local, in the areas of the prevention and control of NCDs in my country, and Africa as a whole. I also want to use this forum to again thank the Secretary-General for convening the High-level Meeting on AIDS last June, whose purpose was to review progress with a view to guiding and intensifying the global response to HIV/AIDS. That meeting provided us with the opportunity to renew our commitments and promote continued political will and engagement to lead us in a comprehensive response to halt and reverse the HIV epidemic and mitigate its impact.

“Let me remind everyone here that the point that we are making is that we must not take our eyes off of communicable diseases such as HIV/AIDS and malaria. The gains have been tremendous and they must be sustained. I want Member States to consider the promotion of health and life and the control of NCDs as a global developmental objective. I also want to invite Member States, through the United Nations, to incorporate combating NCDs as an important component of Millennium Development Goal 6.

“Finally, let me take this opportunity to call for more urgent and concerted efforts at the global level, in the true spirit of partnership, to

contain the scourge of non-communicable diseases.”

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sredoje Nović, Minister for Civil Affairs of Bosnia and Herzegovina.

Mr. Nović (Bosnia and Herzegovina) (*spoke in Bosnian; English text provided by the delegation*): It is my great pleasure and honour to address the General Assembly on behalf of the Council of Ministers of Bosnia and Herzegovina and my country’s health authorities in order to briefly inform members about activities undertaken by Bosnia and Herzegovina to prevent and control non-communicable diseases (NCDs).

Health, a complex process, is ever changing and is affected by numerous external influences, including factors in the physical, social and biological environments. Health care is not a matter for the individual alone, but for the wider community. Bosnia and Herzegovina has therefore opted for a multisectoral approach involving organized teamwork. Improving health requires ensuring basic preconditions — concerning peace, protection, education, food, income, a stable economic system, sustainable funding, social justice and equity. That is an important political objective of every country, including Bosnia and Herzegovina.

The world population’s health — especially in the countries of Central and Eastern Europe, including Bosnia and Herzegovina — is undergoing a process of significant transition. The health transition in Bosnia and Herzegovina has been driven by changes in the socio-political system and is reflected in the declining birth rate, the increase in the percentage of the population aged over 65, the overall structure of the population, an increase in mortality rates and changes in morbidity patterns.

Non-communicable diseases are the leading cause of death in Bosnia and Herzegovina and other countries in South-East Europe. Showing concern for equity and addressing the social determinants of non-communicable diseases require a whole-of-society response. This is closely linked to efforts to integrate health in all policies and public health efforts to promote health and prevent disease and promote individualized health care that combines prevention, control and management.

Bosnia and Herzegovina expresses its gratitude to United Nations agencies for their ongoing efforts to prioritize the fight against non-communicable diseases. Moreover, as the country chairing the South-Eastern Europe Health Network, Bosnia and Herzegovina expresses its appreciation to the United Nations and the World Health Organization (WHO), and in particular the WHO Regional Office for Europe, for supporting the implementation of various South-Eastern Europe Health Network activities.

I would like to take this opportunity to inform the Assembly that, on the occasion of the celebration of the Decade of Alliance for Public Health in South-Eastern Europe, the WHO Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank, the Regional Cooperation Council and the South-Eastern Europe Health Network, in cooperation with health authorities in Bosnia and Herzegovina, will organize the third Health Ministers Forum on the theme “Health in all policies in South-Eastern Europe: A shared goal and responsibility”, with the special participation of policymakers in South-East Europe from other governmental sectors and of the Regional Cooperation Council partners in South-East Europe. The Forum will be held in Banja Luka, Republika Srpska, Bosnia and Herzegovina, on 13 and 14 October.

The Forum is a milestone as a regional initiative within a larger process of improving health in South-East Europe in the context of the WHO Regional Office for Europe strategy, the Stability Pact for South-Eastern Europe and the future integration of the countries of South-East Europe into the European Union. The Forum is a part of a joint action plan of WHO and the Council of Europe for the countries of South-East Europe, namely, Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia.

The Forum, which marks a decade of concerted action in South-East Europe, will focus on European efforts at achieving equity and accountability in health, in line with major European resolutions, charters and declarations, treaties, frameworks and action plans, as well as the new WHO European health policy, Health 2020. The main purpose of the Forum is to introduce the values, priority areas and actions of Health 2020, including a health-in-all-policies approach, with the goal of achieving better health, equity and

accountability. That will lead to a renewed subregional commitment to public health in the countries of South-East Europe, which will sign the Banja Luka pledge. Two background documents are in preparation, on the themes “Health in all policies in South-Eastern Europe” and “Prevention and control of non-communicable diseases in South-Eastern Europe”.

Bearing all of this in mind, as well as the fact that a significant increase in non-communicable chronic diseases in the past few decades throughout the world, including in Bosnia and Herzegovina, poses one of the major health challenges to the overall global and social development of society, Bosnia and Herzegovina strongly supports the synergy among existing global health institutions. Bosnia and Herzegovina will therefore work on establishing a collaborative network, in close cooperation with WHO and in consultation with other international organizations in the field of health, so as to support the full and effective implementation of international conventions and strategies in the field of health. We will also work to develop and coordinate our own policies in order to achieve the best possible results.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Narayan Kaji Shrestha, Deputy-Prime Minister and Minister for Foreign Affairs of Nepal.

Mr. Shrestha (Nepal): I would like to begin by extending my sincere appreciation to the President for organizing this High-level Meeting on the Prevention and Control of Non-communicable Diseases. This is a historic opportunity for world leaders to express commitments and agree on concrete actions at the global level in the fight against non-communicable diseases (NCDs).

Non-communicable diseases are a global problem, and Nepal is not immune to them. In fact, Nepal suffers from the double burden of these diseases — communicable and non-communicable. Taking this issue as a priority, Nepal has already made significant progress in terms of assessing the situation of NCDs in Nepal and formulating policies to address them. Nepal’s national NCD risk factor survey of 2008 showed that one in three Nepali adults uses tobacco and drinks alcohol on a regular basis, which is a matter of great concern. As in other countries, consumption of junk food and lack of physical exercise is increasing in

the urban areas. Environmental pollution also contributes to a high risk of NCDs in Nepal.

Considering all these factors, Nepal is continuously working to improve the laws and policies on the control of NCDs. The Alcohol Control Act, the Tobacco Control and Regulation Act and the Food Act are already under implementation. The Tobacco Control and Regulation Act bans the sale of cigarettes to children under the age of 18 and to pregnant women, and prohibits smoking in public places. The Nepal health sector programme implementation plan for the next five years also focuses on NCDs as an important component.

We are also trying to set up a surveillance system for NCDs by incorporating NCD data in health-management information systems. We created a health tax fund in 1996 that currently generates about \$6 million; it is used to support the prevention and control of NCDs and for treating cancers. As we all know, cancer treatment is expensive and beyond the means of poor people. The Government of Nepal is providing financial support of up to 50,000 rupees to people below the poverty line for cancer treatment. We also provide free cancer treatment to children. It is difficult to sustain funding for such expensive treatments, and Nepal is exploring various options for health-care financing and social health protection.

Nepal believes that interventions targeted at modifying known risk factors are very effective and efficient in reducing the burden of NCDs. Cessation of smoking or alcohol use during pregnancy also has an immediate positive impact on foetal outcome, thus contributing to improved maternal and newborn health. Prevention of NCDs will minimize catastrophic health expenditures at the household level and will also lead to increased productivity.

The vicious circle of NCDs and poverty is more evident in the low-income countries. The increased threat of NCDs disproportionately affects the least developed countries, constraining their efforts to achieve the Millennium Development Goals. This ultimately undermines global efforts to reduce poverty.

The least developed countries are in urgent need of the development of national capacities, particularly in the areas of funding, governance, health information, the development of a health workforce and its retention, medical technologies and essential medicines, as outlined in the Global Strategy for the

Prevention and Control of Non-communicable Diseases. International support and cooperation in the area of research and development should help promote easy access to essential medicines, vaccines and medical technologies.

The Government of Nepal is working in close partnership with donors, the World Health Organization and other United Nations agencies, development banks and national and international organizations through a sector-wide approach to health. That approach has proved very effective in enabling us to achieve progress towards the Millennium Development Goals, especially Goals 4 and 5. This High-level Meeting has brought together all stakeholders, not just the ministries of health, in order to create a common understanding of the problems surrounding NCDs. I am confident that working together, we will be able to address the challenges more effectively. It is time for us to scale up our support for the implementation of our common vision.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Annette Widmann-Mauz, Parliamentary State Secretary at the Federal Ministry of Health of Germany.

Ms. Widmann-Mauz (Germany): It is a great honour for me to address the General Assembly today at this historic High-level Meeting on non-communicable diseases (NCDs). NCDs are among the leading causes of both death and disability worldwide. Unless we take bold action within the next decade, NCDs will become the most common cause of death in even the poorest countries of the world.

The burden of disease creates not only individual suffering but also an economic loss that threatens future growth and prosperity. Again, this is likely to affect emerging economies the most. We are therefore grateful that the international community has come together to express its will to intensify the fight against NCDs.

We already know a great deal about what we should do. The more affluent Member States have already had to face the growing challenges resulting from NCDs over the past decades. For many years now, Germany has put a strong focus on the prevention and control of NCDs. We are convinced that the main focus has to be on prevention. In that context, an integrated approach is required that focuses on population-based, non-disease-specific measures to

make it easier for people to adopt healthier lifestyles. Crucially, every individual has to contribute.

At the international level, Germany has actively supported the World Health Organization (WHO) and its lead on action against NCDs. The WHO, as all here are aware, has set out a strategic approach in the fight against NCDs and has already developed powerful instruments to reduce exposure to the main risk factors. These include the WHO Framework Convention on Tobacco Control, the Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health. Of course, we also have the WHO Global Strategy and an agreed Action Plan on the prevention and control of NCDs.

The general response to NCDs includes the establishment of binding norms to involve important actors. For example, efforts are under way to improve labour conditions, environmental quality and human rights. Germany has been at the forefront of such efforts, and thus was well placed to integrate public health awareness into advocacy for the further promotion of such norms.

Key elements of this policy are also part of Germany's international development cooperation policy, which includes a focus on prevention and the underlying social determinants of health and which emphasizes the strengthening of health-care systems and the establishment of social protection mechanisms. There is still a long way to go, and it will not be easy. But I am convinced that with intensified international and intersectoral collaboration, we will be successful.

Allow me to conclude by expressing my profound hope that the adoption of the Political Declaration (resolution 66/2, annex) will trigger coordinated efforts globally, with a sustained impact on NCDs worldwide.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health of Jamaica.

Mr. Spencer (Jamaica): This unprecedented summit obliges all of us to focus on a grave and increasing challenge to Jamaica, the Caribbean region and the entire global community. It is clear that the global burden and attendant threat of non-communicable diseases (NCDs) constitute one of the major challenges to development in the twenty-first century. As reported by the World Health Organization, the increase in incidence of such diseases worldwide suggests that

they are now responsible for more deaths than all other causes combined. NCDs are the world's number one killer and devastate poor as well as rich countries alike. Therefore, responding to NCDs is a moral, social and economic imperative.

It is therefore fitting that, in response to the leadership of the States members of the Caribbean Community, global attention has been accorded to the rising epidemic of NCDs at the highest level. On behalf of my Government, I express our appreciation to all Member States for working together in the spirit of partnership and for making this vision a reality.

As a Jamaican, I am proud to congratulate Ambassador Wolfe of Jamaica who, along with Ambassador Lucas of Luxembourg, served as a co-facilitator and guided the negotiations that culminated in the consensus document which we have adopted (resolution 66/2, annex). I also take the opportunity to express appreciation for the words of commendation conveyed by the President of the General Assembly and other speakers to both co-facilitators.

As the first comprehensive statement by Heads of State and Government at the global level of their commitment to address NCDs, the Declaration provides a good platform for the ongoing consideration by the General Assembly of the development and other impacts of NCDs. However, we are disappointed that the Declaration does not advocate more decisive action so that together we could save millions of the 52 million lives projected to be lost by 2030. Having recognized that there is a global threat which must be addressed urgently, the Declaration fails to commit the international community to ensuring increased and sustained resources to achieve this goal.

Although NCDs are a global challenge, they strike hardest at the developing world and lower-income populations. Strong evidence links poverty, lack of education and other determinants to NCDs and their risk factors. The epidemic creates a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs. There is also a clear link between the incidence of NCDs and the achievement of the Millennium Development Goals. Clearly, addressing NCDs comprehensively will help to eliminate poverty and create a more equitable world.

Notwithstanding our disappointment with the shortcomings of the Declaration, we have achieved some gains. We emphasize the need to scale up the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common NCD risk factors. We believe that that must include health promotion and primary prevention approaches, galvanizing actions for the prevention and control of NCDs, and integrating NCD policies and programmes into health planning processes as well as the development agenda.

Jamaica commits to those measures in the Declaration aimed at saving lives in the short term and at creating a healthy society which will assist in preventing NCDs in the future. These include the commitment to eliminating unhealthy industrial trans-fats in foods and the acknowledgment of the importance of all measures to reduce the consumption of tobacco. Our Government will continue to strive to increase access to affordable, safe, effective and quality-assured medicines and to improve access to palliative and rehabilitative services, particularly at the community level.

Issues at the macro-level which must occupy global attention, include the at-risk youth population, the potential for NCDs to increase poverty, the impact of NCDs on productivity and by extension gross domestic product growth, and the multiplicity of complications associated with NCDs and their impact on health systems. Importantly, the challenge posed by NCDs necessitates the full use of the flexibilities of the Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS), in accordance with the Doha Declaration on the TRIPS Agreement and Public Health. The use of such flexibilities is central to efforts to address NCDs, particularly cancer. NCDs fall squarely within the context of the provisions of TRIPS and Doha. As a compromise package in the negotiations, this relationship was not expressed explicitly in the Declaration, but needs to be reaffirmed in clear and unequivocal terms.

We believe that this High-level Meeting must result in a global consensus on a strengthened commitment to urgent action on NCDs and attendant risk factors. We urge the General Assembly to continue to take an active role in the response of Member States to this epidemic. Victory in this struggle demands the concerted effort of each and every member of the global community. To do nothing is not an option.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ihab Fawzi, Deputy Minister for Foreign Affairs of Egypt.

Mr. Fawzi (Egypt) (*spoke in Arabic*): Egypt attaches great importance to this High-level Meeting as a first step by the General Assembly to mobilize the political support and efforts of the international community to prevent and combat the spread of non-communicable diseases (NCDs). Egypt aligns itself fully with the statement delivered by the Chairman of the Group of 77 and China.

The spread of NCDs represents one of the main challenges to achieving all the Millennium Development Goals by 2015. During the past few years, a number of Member States have taken concrete and serious national steps to address the spread of NCDs at the national level, with the support of the international community.

The global threat and spread of NCDs constitute major challenges to development in our century, especially as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are responsible for two-thirds of deaths worldwide, 80 per cent of which occur in developing countries.

Alarming facts such as those necessitate a unified stand and effort on behalf of the members of the international community towards ensuring that the right of everyone to the highest attainable standards of mental and physical health are realized. This ongoing challenge requires national ownership to deal with the issues practically and effectively through a comprehensive, equitable and nationally owned framework in order to ensure that all people suffering from these diseases have access to effective prevention, treatment and care by the year 2030.

This endeavour requires special attention to strengthening the national capacities of Member States, developing countries, and especially African countries, taking into account the specificities of the communities and societies of each State and enhancing the abilities of every community to implement national awareness campaigns to address harmful and unhealthy lifestyles. That will require a considerable increase in international financial resources and assistance to help and strengthen national, institutional and human resource capacities and the provision of new and affordable medicines and technologies.

Egypt believes in the importance of strengthening international and regional capacities to combat the spread of NCDs and to provide appropriate assistance, including in the form of sharing successful experiences and lessons learned, in collaboration with the United Nations, the World Health Organization, and relevant international and regional bodies.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the financing gap for implementing NCDs-related programmes, but also to find radical solutions to the problems of trade-related intellectual property, especially as regards medicines, vaccines and diagnostics technologies. All of this must ensure that treatment is provided at affordable prices, particularly in developing countries, where the increased burden on individuals, families and communities, including impoverishment from long-term treatment and care costs, results in loss of productivity at the individual and family levels, threatening household incomes and leading to productivity loss at the national level, making NCDs a contributing factor to the spread of poverty and hunger.

These efforts should be complemented by an efficient rationalization of assistance directed towards supporting national, local and community level interventions, and strengthening the role of the family and civil society in combating the spread of NCDs, especially as regards the tobacco, medical and food and beverages industries, which have a shared responsibility to contribute to the promotion of healthy lifestyles, including by reducing tobacco consumption and promoting healthy and nutritional products.

Furthermore, the international community has an obligation to eradicate the root causes of the spread of such diseases, including by addressing the negative consequences of climate change, pollution and the economic and social challenges that increase the vulnerability of populations and societies to these diseases, especially in developing countries.

Today we emphasize our sincere determination to combat the spread of NCDs and affirm our firm political will and strong commitment to the principle of national ownership of all prevention, treatment, and care programmes; to strengthening international cooperation and assistance, without conditionality, in order to maximize our benefits; to enhancing our efforts to address the nationally identified determinants

of NCDs, in accordance with the specificities of each Member State and community, so as to realize our common goals and objectives; to intensifying international cooperation through a comprehensive review and assessment of the progress achieved and the use of modern technology at affordable prices in order to achieve the objectives of the Political Declaration (resolution 66/2, annex); to stepping up international cooperation through a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Thérèse N'Diri-Yoman, Minister for Health and Fight Against HIV of Côte d'Ivoire.

Ms. N'Diri-Yoman (Côte d'Ivoire) (*spoke in French*): It is an honour to take the floor during this High-level Meeting on non-communicable diseases (NCDs) before this Assembly. On behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara, I would like to convey to all international entities of the United Nations system the gratitude and recognition of the people and Government of Côte d'Ivoire for their commitment to settling the post-electoral crisis and in the process of re-establishing the peace and stability that are so crucial to economic development and social progress in our country.

The importance of the subject that brings us together today is reflected in the frightening global statistics on NCDs. Indeed, according to the World Health Organization (WHO), 11 years after the adoption of the Global Strategy for the Prevention and Control of NCDs, 36 million people die each year from such afflictions. In developing countries, the picture is more discouraging. Ninety per cent of premature deaths are due to NCDs among people under 60 years of age.

The health system in Côte d'Ivoire, which normally dedicates the bulk of its internal and external resources to combating infectious diseases, has been weakened by the crisis. Unfortunately, this post-crisis context has gone hand in hand with an increasing NCD burden. According to the cancer register of Abidjan published in 2000, 2,815 new cases of cancer were recorded in the city of Abidjan alone, with cancer among women, as well as primary liver and prostate cancers, leading the list. Among children, prevalence

rates were at 37.6 cases of cancer, with a predominance of lymphomas. Among metabolic diseases, in 2008 the prevalence of hypertension among adults over 25 years old was 33.4 per cent, and stood at 6.2 per cent for diabetes. For the same year, roughly 33 per cent of deaths in Côte d'Ivoire were due to NCDs, and 87 per cent of those cases affected people under 60 years old.

In Côte d'Ivoire, for women, 59 per cent of deaths are due to maternal or perinatal infection and malnutrition. There has been a spike in mental health pathologies during the recent crisis, as well as asthma and sickle-cell anaemia, for which an increase in doctor visits has also been registered.

Given this genuine problem for development, Côte d'Ivoire has increased its efforts by implementing national programmes to address specific public health concerns, such as nutrition, the fight against tobacco and alcohol addiction, and the effort to counter metabolic diseases such as hypertension, diabetes and obesity. Those programmes are intended to intensify prevention and improve medical care for these grave chronic diseases so as to capitalize on prior gains, such as the prioritization of chronic NCDs as a public policy concern in the national health development programme for 2009-2013, the financial commitment of the State via budget allocations to preventing and combating NCDs, the monitoring of risk factors according to the STEPS approach of the WHO, and tracking morbidity tied to diabetes and high blood pressure.

Additional goals focus on prevention and promoting health among the general public, with an emphasis on primary prevention and promoting healthy life styles and low-risk behaviours, strengthening infrastructure with the recent opening of a fourth kidney dialysis centre in the country's interior, subsidizing anti-cancer and insulin therapy, and treating cardiovascular diseases whose care requires equipment. My country has also broadened its support structures beyond its traditional institutional partners to include, inter alia, non-governmental organizations, the West African Health Organization, the African Union, patient organizations and the private sector.

Despite the difficult economic situation of Côte d'Ivoire, on 16 April the President of the Republic adopted an exceptional measure that waives the cost of all health services provided by public, semi-public and registered community establishments. Those services include doctor and clinic visits, medications, surgical

procedures, hospitalizations, birthing services and free caesarean procedures.

With respect to non-communicable diseases, on 11 August the Government of Côte d'Ivoire adopted a combined policy and action plan for 2011-2014 aimed at the prevention and treatment of NCDs, based on principles, strategies and methods to promote health. The comprehensive plan, involving all activities and ministerial departments that are dealing with non-communicable diseases, demonstrates our resolve to move forward and clearly indicates the actions necessary over the next for years.

With respect to strengthening prevention measures, promoting health and countering non-communicable diseases, the Government of Côte d'Ivoire would like to offer several proposals that could be extended to all. Those include support for the implementation of the 2011-2014 comprehensive plan for the prevention and control of non-communicable diseases; for the specialized training of Ivorian doctors in appropriate care methods for those suffering from chronic non-communicable diseases; for the creation of a radiotherapy unit; support for the combat against non-communicable diseases in low- and middle-income countries via a trust fund funded essentially through standard taxation of the production and sale of tobacco and alcohol.

In conclusion, Côte d'Ivoire reiterates its heartfelt gratitude for the unfailing support of the General Assembly in improving the country's health system. We thank the Secretary-General for convening this historic meeting. Côte d'Ivoire takes the opportunity to again commend the remarkable international solidarity of this meeting, because, as Mother Teresa said, the greatest suffering is to feel alone, unloved and abandoned by all.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Basile Ikouebe, Minister of Foreign Affairs and Cooperation of the Congo.

Mr. Ikouebe (Congo) (*spoke in French*): The Republic of the Congo is pleased to participate in the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We see the emergence of non-communicable diseases as an additional burden to be added to the scourge of communicable and tropical diseases that go unnoticed, as well as those addressed by Millennium

Development Goals 4, 5 and 6. Indeed, the epidemiological data has revealed the increasing role of non-communicable diseases in the morbidity and mortality of adults.

This is also true of hypertension, which in the Congo stands at 32.5 per cent. Given its related complications, this disease has become the first cause of death among adults, in particular by resulting in stroke. Two out of three Congolese over 55 years of age suffer from that disease. It is distinguished by its early appearance, affecting 20 per cent of adults between 25 and 34 years of age. The national rate of diabetes is 7 per cent, representing a silent epidemic given the lack of systematic screening.

Since 2009, however, the Government has been carrying out a strategy of minimum care packages in all primary health care centres and all health districts. Thus, at the operational level, the Government is improving delivery and access to care for patients with diabetes and the training of health professionals in this sector, with more efficient mobilization of logistical resources and improved health education on diabetes and other risk factors related to stroke.

With respect to sickle-cell anaemia, which is very common in the Congo, the heterozygote form has a 25 per cent prevalence rate. It is important to welcome here the commitment of the first ladies of Africa, whose high-level mobilization efforts have made this blood disease a medical priority. Also, based on the Congo's initiative, the General Assembly declared 19 June of each year World Sickle-Cell Anaemia Awareness Day.

The cancer registry in Brazzaville records on average 90 new cases each year. The most frequent cancers are those of the prostate, breast, liver and cervix. The burden of morbidity and mortality attributed to those diseases is growing year by year, and the Congo is making it a priority of its new health sector development plan for 2012-2016. Our strategic plan and integrated policy to counter non-communicable diseases are being drafted and will be finalized based on the guidelines of the World Health Organization (WHO).

During the regional consultation on the prevention and control of non-communicable diseases held in Brazzaville from 4 to 6 April, the African Ministers of Health adopted the Brazzaville Declaration, which outlines the shared position of the States members of the WHO African Region.

For the Congo, as is the case everywhere, health is at the heart of the concept of human development and an essential component of the poverty reduction strategy. The Government's health policy is based on the principles of equity, accessibility, decentralization and community participation.

Lastly, I reiterate the support of my delegation for the Political Declaration just adopted (resolution 66/2, annex) and hope that the issue of non-communicable diseases, which is so important, will be included among the development goals.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ghulam Nabi Azad, Minister for Health and Family Welfare of India.

Mr. Azad (India): At the outset, allow me to congratulate the United Nations on convening this High-level Meeting on the extremely important and topical issue of non-communicable diseases (NCDs). These have emerged as a leading cause of illness, disability and death and pose a mounting challenge to health-care practitioners, administrators and policymakers worldwide.

As far as India is concerned, we are faced with the triple burden of communicable diseases, new and re-emerging infections and an increasing incidence of non-communicable diseases. More than half of all deaths are now attributable to non-communicable diseases. However, we must recognize that conditions such as mental and neurological disorders also require special attention.

As India's Minister for Health, I am privileged to be here, and I believe that such a massive global effort will be very useful in sensitizing policymakers at the highest levels to the need to allocate sufficient resources to combat NCDs.

We are conscious of the fact that NCDs are not only a health issue but also a development issue, as they impact productivity and impoverish the society due to high health expenditures.

The Government of India has launched a national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke and the national programme for health care for the elderly. This has been taken up for implementation as a pilot project covering a population of 150 million in 100 inaccessible and most backward districts during the current financial year, 2011-2012, at a cost of \$275 million. As

I speak here today, screening for diabetes and hypertension is being carried out in those 100 districts in 21 states and in urban slums in 33 cities with a population of more than 1 million. Our target is to screen about 150 million people by 2012 under this pilot project. I believe this would be the largest such exercise attempted anywhere in the world. I am happy to state that this programme will be rolled out in the entire country in April 2012.

Our commitment to tobacco control remains firm. India was one of the initial countries to sign and ratify the Framework Convention on Tobacco Control. We have passed a very comprehensive Tobacco Products Control law, which bans smoking in public places, the sale of tobacco products to those below 18 years of age and the direct or indirect advertisement of tobacco products

India's technology innovations have led to affordable health care not only for our population but also for many other countries in the world. We must therefore address the issue of trade barriers, which restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, Including Trade in Counterfeit Goods (TRIPS) and the Doha Declaration on the TRIPS Agreement and Public Health.

This meeting provides us an historic opportunity to reaffirm our commitments in terms of both financial and human resources for combating NCDs. We need to make concrete commitments on sharing global resources, technical expertise and best practices to build capacity to combat NCDs.

In conclusion, let me reaffirm India's strong commitment to the outcome document and our firm resolve to prevent and combat NCDs by improving accessibility to and affordability of health care in a concerted and more collaborative manner.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Amenta Matthew, Minister for Health of the Marshall Islands.

Ms. Matthew (Marshall Islands): It is a distinct honour and pleasure for me to convey, on behalf of His Excellency President Jurelang Zedkaia and the people of the Republic of the Marshall Islands, our warmest "yokwe" greetings to the President, the Secretary-

General, heads of State and other delegates at this important global meeting.

As a Pacific small island developing State, the Marshall Islands is particularly burdened by non-communicable diseases (NCDs), given our unique geographical characteristics and constraints. NCDs were among the issues highlighted during the meeting of Pacific Island Ministers for Health, held in June in the Solomon Islands, and in the resulting Honiara Communiqué on the Pacific Non-communicable Diseases Crisis. This Communiqué has been affirmed in this month's statement from the Pacific Island Forum leaders. It signifies leadership for a strengthened and coordinated regional and global response to this crisis.

NCDs in the Pacific region, including the Marshall Islands, are mainly caused by lifestyle changes and are now becoming a serious epidemic. The Marshall Islands is urgently mobilizing to address this crisis through strong and appropriate steps that recognize the true emergency facing us. Our priorities include diabetes, as the Pacific is experiencing one of the highest prevalence rates in the world, and cancer, our leading cause of death, as well as contributing factors including alcoholism, obesity and smoking. These lifestyle-related NCDs are brought about by some issues that we can more readily address, including exercise and a healthier diet, and by underlying contributors such as poverty, unemployment and inequality.

Our low-lying atoll nation faces unique challenges in addressing food security. The global community must improve understanding of these crucial interlinkages. Given the prohibitive costs of NCD treatment and care, our vulnerable households are often caught in a cycle of debt, impoverishment and illness, resulting in barriers to education and entering the work force. That compounds the hurdles to achieving basic development goals.

Our Ministry of Health is already allocating substantial resources to treating NCDs — a clearly unsustainable trend that is likely to worsen in the future if nothing is done. The Marshall Islands, like other Pacific Island nations, faces capacity limitations in human and financial resources for addressing NCDs. However, we are guided by a handful of success stories such as our Wellness Center, which encourages healthy diets instead of medication.

The Republic of the Marshall Islands is fully committed to rapid implementation of the Healthy Islands Action Plan, which intensifies the use of preventive interventions. We stand behind the regional commitment made by the Pacific Island Forum leaders.

To provide the appropriate level of attention to this crisis, the United Nations and its Member States should now consider several key principles. First is that addressing NCDs will contribute greatly to our overall development goals, including the Millennium Development Goals. Secondly, the NCD crisis requires a coordinated global response, with stronger leadership at national, regional and international levels. Thirdly, national, multisectoral responses to NCDs are cost-saving and effective in addressing both NCDs and their underlying factors. Finally, the success of this High-level Meeting depends on sustained action and accountability.

The Marshall Islands continues to forge closer working relationships across all sectors and with regional and international partners to address NCDs. The Marshall Islands strongly supports the positive step and precedent set in 2009 by the World Health Organization in inviting Taiwan to participate as an observer in the World Health Assembly. Taiwan's valuable participation in that Assembly has significantly strengthened the global health network and deserves recognition at this Meeting. Such effective participation should be expanded, as the international community stands to gain.

The Republic of China on Taiwan is a primary partner in addressing NCDs, including through medical mobile missions in our local hospitals, donations of medical supplies and, most significantly, the treatment of cataract patients with diabetes. That important progress — and our gratitude — must not be overlooked.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatim Badjie, Minister of Health and Social Welfare of Gambia.

Ms. Badjie (Gambia): The Gambia is deeply concerned about the unprecedented rise of non-communicable disease (NCD) morbidity and mortality across the globe. I am very much convinced that NCDs thrive on rapid changes in our lifestyles, wherever we may be. By cutting down on tobacco use and alcohol abuse and being mindful of unhealthy diets and insufficient physical activity, as well as by putting

in place mechanisms for prevention, such as cancer screening and HVP vaccines for adolescents, and for management and treatment of NCDs such as hypertension and diabetes, experts have said that millions of lives can be saved globally each year.

The Gambia believes that the risk factors I mentioned are beyond the individual and cannot be addressed except through global unity and action, together with country-specific initiatives. Hence, the timeliness and importance of this is Meeting cannot be overemphasized.

Responding to the NCD challenges, I am pleased to state that the Gambia has taken the following initiatives. Mindful of the need to protect non-smokers, the Gambia legislated against public smoking through the enactment in 1998 of the Prohibition of Smoking (Public Places) Act. To reduce demand on tobacco consumption, the Gambia banned tobacco advertisement in the mass media through the 2003 Ban on Tobacco Advertisement Act. The Gambia also unconditionally ratified the World Health Organization (WHO) Framework Convention on Tobacco Control in 2007. Currently, in collaboration with the local WHO office, the Gambia plans to develop a national tobacco control strategy.

Mindful of unhealthy diets, the Government of the Gambia, through a back-to-the-land initiative, is promoting the cultivation and consumption of home-grown foods. The initiative has generated interest among the Gambian populace and has generally improved food security in the communities.

As we take stock of the global challenges of NCDs, I wish to remind the Assembly that here is an urgent need to commit more efforts and resources to addressing the determinants of NCDs within and across countries. There is a need to facilitate coordinated action within and among countries in sharing experiences and best practices on NCD prevention and control. We need to strengthen our health systems to effectively respond to the wide and growing challenges posed by NCDs.

Responding to that need, the Gambia is at this very moment finalizing a five-year integrated policy and action plan for NCD prevention and control. The Ministry of Health and Social Welfare is also in the process of establishing a health promotion directorate that will also house an NCD division. The policy and creation of the directorate are intended to give the

strategic push needed to address the promotion of health and the prevention of NCDs as members of the same family.

In conclusion, I think the time has come for the world to act fast and to translate the known scientific evidence on NCDs into realistic and concrete actions at all levels. We in the Gambia remain committed to this cause, and we are optimistic that the world, working together, can stem the unprecedented rise in NCDs. I therefore thank our international partners for their invaluable support in the prevention and management of communicable diseases over the past years, and for taking up NCDs more seriously.

The Acting President (*spoke in French*): I now give the floor to His Excellency, Mr. Alberto Tejada, Minister of Health of Peru.

Mr. Tejada (Peru) (*spoke in Spanish*): Non-communicable diseases, also known as lifestyle diseases, are a serious problem throughout the world. Today, far more people are affected by them in medium-income and poor countries. In addition to the cost in human pain from early deaths and disability, there are catastrophic costs for families and nations that perpetuate the cycle of poverty, undermining their development and well-being.

Non-communicable diseases are not an accident of our biology or an unforeseeable flaw in our genes. Rather, they represent an epidemic caused by environmental, technological and economic change that we have created by following a model of consumption that harms human health and the environment.

Still, there is good news. Today we know far more about how to prevent and treat such diseases. That is where our focus should be — on prevention. We need to move away from the dangers of excess weight, junk food, tobacco, alcohol abuse, sedentary lifestyles and poverty. President Ollanta Humala Tasso's Administration encourages and promotes socially inclusive development. We must focus on education and on developing public policies to make it easier for the whole population to lead healthy lives. Our current efforts on tobacco and alcohol offer a valuable example, but in diet and exercise we must find more effective measures.

We suggest the following. We need to protect local traditional cuisines that use whole, natural foods

and that are central to the identities of communities. We must limit the increasingly widespread advertising of processed junk food directed at all segments of the population. The World Health Assembly alerted us to that danger in its 2010 meeting, especially in regard to children. Schools must actively promote physical education and good nutrition and teach new generations better eating habits. We must improve production and the low-cost availability of natural food in order to encourage its widespread consumption. We also think junk food should be taxed, as tobacco is. No less important, we must encourage breastfeeding during the first six months of life, and enforce the laws about commercial substitutes.

We also believe that public policies should encourage physical activity and recreation, providing workplace spaces and safe, healthy outdoor spaces for that purpose. We need to enlarge our network of community health centres. Lastly, we must not neglect the sick, especially the poor, and we must grant them access to adequate care. I therefore assert the commitment of the Government of Peru to a policy of universal access to insurance coverage and medicines for all. In this, we lean on the principles of the World Trade Organization Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, of November 2011.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Luis Estruch Ranaño, Vice-Minister of Public Health of Cuba.

Mr. Ranaño (Cuba) (*spoke in Spanish*): Cuba appreciates the efforts made by the General Assembly, which 10 years ago first confronted the public health challenge of the AIDS epidemic. We are now focusing on a second issue of world importance — non-communicable diseases (NCDs). Cuba has participated over the past two years in the World Health Assembly meetings in Geneva and its regional ministerial summit conferences in Mexico and Russia. A general consensus has been reached on how to confront these difficulties confronting humankind.

Cuba faced a period when it had to deal with infectious diseases and high child mortality rates, a process that required the country's social transformation. We have achieved a child mortality rate of 4.5 per 1,000, with a rate of 6.3 per cent for children under five and a general life expectancy of 78 years.

Currently, 7 per cent of deaths are caused by infectious diseases and 67 per cent by NCDs. We have sought to conduct rigorous epidemiological monitoring for risk factors. As a result, tobacco consumption has fallen from 38 to 23 per cent in 10 years, while the incidence of obesity and hypertension pressure has increased. We have instituted awareness programmes to help reduce salt and sugar consumption, though in itself that is not enough to deal with the current situation with NCDs.

Today our country is tackling this epidemic in 10 main areas. We are strengthening primary health care. Cuba has free medical care accessible to all, and we are reforming our approach with greater attention to awareness and prevention. We are improving care for children and women, particularly regarding the issues under discussion. We have implemented a multisectoral approach with other ministries to the areas of promoting sport and reducing tobacco and alcohol consumption. Our improved social communication programme has helped us to raise awareness of risks and promote lifestyle changes. We are preparing new laws for adoption by the central Government, and working with every sector of civil society — including women, children, young people and farmers — seeking to have greater impact on risk awareness and behaviour.

We are also attempting to promote health in more practical ways. We produce 80 per cent of the medicines we need, but we are also seeking the cooperation of the food industry in order to reduce salt, sugar and trans-fats in its products. The Council of Ministers is currently working on a strategy for 2011 to 2015 to improve intersectoral strategies on risk factors.

Today, the global economic crisis, the growing effects of climate change and food insecurity, and the dangers of war and natural disasters are putting poor countries in a worse position to address the complex challenges presented by NCDs. In its 50 years of dealing with the American blockade and operating under the same challenges that we have discussed in the Assembly in the past, we call for joint scientific approaches and the sharing of lessons learned between all countries, and for continued international solidarity. For instance, more than 200,000 Cubans have offered their medical services abroad and trained human resource personnel in more than 78 countries. No country in the world is free of the fatal and economically unsustainable effects of NCDs, but if we

all work together pursuing clear policies, we can work to combat them.

The Acting President (*spoke in French*): I now give the floor to Mr. Mahmoud Fikri, Under-Secretary for Health Policy Affairs of the United Arab Emirates.

Mr. Fikri (United Arab Emirates) (*spoke in Arabic*): I am honoured to address the General Assembly on behalf of the Gulf Cooperation Council (GCC). At the outset, I would like to offer the President our thanks and appreciation for convening this important meeting, and to the Secretary-General for his report on this subject (A/66/83), whose recommendations we support.

Non-communicable diseases (NCDs) unquestionably represent a huge economic, social and health burden. They hinder global economic development and challenge national and international efforts towards reaching the Millennium Development Goals. The GCC therefore emphasizes the importance of prioritizing the issue of NCDs in our development programmes.

Our national, regional and international efforts should focus on providing financial support for NCD prevention and control programmes. Governments should undertake to combat these diseases at the national level. The GCC countries are keen to forge cooperative alliances and partnerships with the international community in providing assistance to developing and poor countries in supporting their development and health-care programmes.

The changes that have taken place in GCC countries due to population growth, the high cost of living, including lifestyle changes, and shifts in disease patterns have led to an enormous increase in the prevalence of cardiovascular disease, diabetes and respiratory and other chronic diseases. Of the region's health problems overall, 45 per cent are attributable to NCDs, and that figure is projected to reach 60 per cent by 2020. Diabetes and cardiovascular and arterial disease are the major killers in the GCC countries.

The health and economic burdens of NCDs are thus increasing, which has led our Governments to take swift action to control and combat them. Over the past four years, the Council of Health Ministers of the GCC countries, which with coordinates and develops common statements and declarations on health, has adopted a number of significant decisions,

recommendations and documents, such as the Riyadh Declaration on Diabetes Economics; the Al-Manama Declaration on the Economics of Cardiovascular Diseases; the Jeddah Declaration on Care of Diabetic Patients; and the Dubai Declaration on Diabetes and Chronic Non-Communicable Diseases in the Middle East and North Africa (MENA) Region. In addition, we also instituted a tobacco control programme in 1979 that received an award from the World Health Organization (WHO) in 1999.

In February 2011, the Council of Health Ministers adopted several declarations and resolutions on developing and supporting initiatives to combat NCDs, a policy initiated in Bahrain for the entire region from 2011 to 2020. The Council also adopted a comprehensive and integrated plan aimed at combating diabetes within the WHO guidelines and those of the Middle East and North Africa Diabetes Leadership Forum, held in Dubai in 2010.

We are fighting NCDs with special attention and care to women, especially pregnant women, children, and the empowerment of women and other patients.

In December 2011, an international conference on diabetes will take place in Dubai in partnership with international economic forums and many United Nations agencies.

In conclusion, we wish to reiterate our full support in this area. We shall cooperate effectively with our partners to implement the recommendations and decisions of the United Nations, and we support the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President (*spoke in French*): I give the floor to Mr. Raed Arafat, Under-Secretary of State at the Ministry of Health of Romania.

Mr. Arafat (Romania): It is likely that all of us gathered here today are deeply concerned that the global burden of non-communicable diseases continues to grow. That is why Romania expresses its gratitude and support for this initiative designed to develop an integrated global policy on the prevention and control of non-communicable diseases.

Romania also supports the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex) and considers it to be a necessary step at the global level for reducing health inequity. The background of the adoption of the Declaration reveals

the urgent need for global cooperation in addressing this emerging challenge. We believe that the adoption of the Declaration provides an opportunity for States to establish forward-looking policies in this area, which are absolutely essential not only in terms of health and welfare but also economically and socially.

Preventing non-communicable diseases would reduce poverty, especially since most expenditures for treatment in low- and middle-income countries are paid either through private systems or take the form of informal payments. We believe that the Declaration may lead to an environment that will allow people to take responsibility for their own health. We see the Declaration and this meeting as a lever to mobilize national policies and create conditions that motivate individuals by changing their attitudes and behaviours. However, we emphasize the importance of public actions and strategies in making the right individual choices easier.

It is becoming increasingly obvious that Governments have the responsibility to fulfil the very important role of responding to the challenge of non-communicable diseases and that effort and commitment from all sectors of society are essential to generating effective responses to prevent and control these diseases. Health must be taken into account in all policies.

The approach to non-communicable diseases should be twofold — first, through well-designed prevention programmes tailored to national and regional population needs, and secondly, through the early detection and treatment of non-communicable diseases using proven diagnostic and treatment technology, leading to reduced morbidity and mortality in this area.

We recognize therefore the critical importance of strengthening health systems, including infrastructure, health care, human resources in health, and health and social protection systems, especially in developing countries, in order to respond in an efficient and equitable way to the health-care needs of people with non-communicable diseases.

Romania considers it essential to raise awareness of the importance of investments in health as a precondition to economic development, and welcomes the Declaration's recommendation to strengthen national health systems, especially with regard to investments in prevention and treatment of diseases

caused by non-communicable diseases, including support for associated palliative care. Only in the context of ensuring sustainable health-system financing can consistent action be taken to guarantee economic development.

In Romania, in recent years we have undertaken a number of initiatives consistent with the goals set forth in the Declaration. The first such initiative, launched in 1997, was a project entitled "A healthy lifestyle based on nutrition and physical activity" for children and adults. The results of the project were included in the EuroHealthNet 2009 report, "Focusing on obesity through a health equity lens".

A second project, called "Increased access to high quality prevention services: healthy nutrition and physical activity for children and adolescents in Romania", aims at stopping and reversing the trend of increasing overweight and obesity cases among children and adolescents in the country by 2020. This project, which started just last year, was financed through cohesion funds from the Government of Norway.

A third project is a State-funded programme for the early detection of acute myocardial infarction and early access to definitive care for patients with this condition. It was launched in August 2009 and takes into consideration the high acute myocardial infarction mortality rate of 13.5 per cent. According to preliminary data, the project has led within one year to the reduction of the rate of acute myocardial infarction mortality nationwide by 3 per cent and, in the 10 pilot centres where it was implemented, by up to 40 per cent.

These data may lead us to the conclusion that State-funded, specifically targeted projects originating from evidence-based medical practices can lead to reduction of morbidity and mortality in a very short time span. Combining such projects with prevention projects will surely lead to further important reductions in morbidity and mortality in the medium and long terms.

Again, we want to thank the United Nations for its efforts in promoting awareness in the framework of an integrated policy for reducing global inequalities generated by non-communicable diseases, and for raising awareness of the need for a concerted and coordinated policy response to include the prevention and control of non-communicable diseases in global

development initiatives and in related investment decisions.

The Acting President (*spoke in French*): I give the floor to Mr. Murat Tuncer, Head of the Department of Cancer Control of the Ministry of Health of Turkey.

Mr. Tuncer (Turkey): It is a pleasure for me to address the General Assembly today on behalf of the Republic of Turkey on the very important subject of non-communicable diseases (NCDs). I would like to thank the Secretary-General, the President of the General Assembly and the Director-General of the World Health Organization for having organized this significant gathering.

For the second time in the history of the United Nations, a High-level Meeting is being held on an emerging health issue — non-communicable diseases. As is known, in the past 20 years there has been a dramatic shift from communicable diseases to non-communicable diseases. NCDs are the most serious and dangerous future problem faced by human beings. We appreciate the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases in this regard.

Cancer is gaining in priority and importance among NCDs every day. There exists a metamorphosis in cancer control today, and we need to understand it. Cancer control is unique; consisting of more than standards, it is preventive more than therapeutic, and is both analytic and scientific. Cancer profiles are also unique, and differences, determinants and barriers must be figured out. Cancer control should be global public policy more than governmental policy. The establishment of cancer control institutes at the national level is necessary now. Otherwise, all our talk and deliberations, though sincere, would only lead to inconclusive efforts. Indeed, we need a specific institution to provide regional oversight for cancer control programmes.

Cancer control is one the biggest problems, and is becoming increasingly serious every day in developing countries. Lack of coordination among Governments and non-governmental organizations (NGOs) is a critical barrier for effective cancer control programmes and action plans in those countries. The question is, who should take the initiative and who will lead the cancer control action plan? The critical answer to that question entails the establishment and functioning of national cancer control institutes. In that context, the

international community should promote and support such institutes at the national level using specific instruments.

The next step ought to be to determine the profiles, objectives and structures of those institutes. We believe that cancer control institutes should have some degree of independence from health ministries. They need to have a scientific dimension and work towards developing unique, effective, sustainable and appropriate control programmes by using research modalities and regional resources. It is of central importance that these institutes cooperate effectively with NGOs and patient advocacy groups. Cancer institutes should focus in particular on cancer registries, prevention and screening and palliative care. Attention to human resources and capacity-building is a must in that regard. The stability of regional and international implementation of cancer control programmes should continue.

I would now like to provide a brief overview of the Turkish nation's cancer control plan and our international endeavours in that regard. Turkey has a cancer budget of €2.3 billion — the sixth-largest in Europe. We have 170,000 new cancer cases every year. Some components of our national cancer control strategy programme include management, registries, prevention, screening, early detection, treatment, palliative care and public awareness-raising. We have established active, population-based cancer registries, the data of which have now been accredited by the International Agency for Research on Cancer (IARC).

The cervical, breast and colorectal cancer screening programme has been expanded to a total of 124 early diagnosis and screening centres, which means that we have at least one such centre in each city. On average, the centres diagnose more than 2,000 new cancer cases each year. Screening coverage is now at nearly 50 per cent, while our aim is to reach more than 70 per cent by 2015. We have published a palliative care action plan, which covers every step in the palliative care process. We will establish a total of 54 cancer treatment centres in Turkey by 2023.

This year, Turkey was accepted as the twenty-second member of IARC. We are also an active member of the Middle East Cancer Consortium, the Asian Pacific Organization for Cancer Prevention, the Mediterranean Task Force for Cancer Control, the Asian National Cancer Centers Alliance and the Black

Sea Countries Coalition on Breast and Cervical Cancer Prevention. In that regard, we are ready to share our regional and international experiences in support of United Nations and World Health Organization activities.

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

Mr. Tommo Monthe (Cameroon) (*spoke in French*): Allow me, first of all, to take this opportunity to warmly congratulate the President on his election as President of this session of the General Assembly. I also congratulate the members of the Bureau. I am convinced that his eminent qualities will allow for fruitful and constructive dialogue and ensure the success of our endeavours. I assure him of the full cooperation of my country and my delegation.

Non-communicable diseases (NCDs), which are the subject of our debate, pose a new challenge in efforts to improve global health. While the international community has long accorded priority to the fight against transmissible diseases, such as HIV/AIDS, malaria and tuberculosis, the four main types of NCDs — cardiovascular disease, diabetes, cancer and chronic respiratory diseases — receive scant attention in developing countries, until they become epidemics.

One is tempted to liken the evolution of these chronic diseases and their risk factors over the past several years to the sound of a drumbeat warning — as is traditional in Africa — of a major threat that could even imperil our societies. The situation is all the more worrisome to the extent that, by 2030, NCDs are projected to cause five times as many deaths worldwide as transmissible diseases, including in low- and medium-income countries, which have until very recently not been seriously affected. Like other developing regions of the world, Africa is experiencing a steady increase in NCDs, as well as in the resulting use of health services to counter such formidable diseases.

That said, we may first ask ourselves how we reached the point where NCDs have become a worldwide threat. There are several possible explanations, of course, but there is one reality that we see throughout the world, that is, changes in lifestyle in the wake of major advances in science, technology and development. Indeed, if progress in the modern age has made it possible to improve the quality of life of

humankind, it has also proven detrimental to our lifestyles, which are not always conducive to good health.

The main risk factors and methods of preventing these diseases are well known. Were such risk factors as tobacco use, unhealthy diets, lack of physical activity and alcohol abuse removed, at least 80 per cent of all cardiovascular diseases, strokes and type-2 diabetes would be eliminated, while 40 per cent of cancer cases would be prevented. Given that challenge, it would not be out of order to look at what has been done to prevent or counter these scourges.

Global awareness has increased over the past 10 years, thanks to the adoption of the Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted during the fifty-third session of the World Health Assembly. Since 2000, the World Health Assembly has adopted a number of resolutions on measures to be implemented, in particular the World Health Organization Framework Convention on Tobacco Control, in 2003; the Global Strategy on Diet, Physical Activity and Health, in 2004; and the Global Strategy to Reduce the Harmful Use of Alcohol, in 2010. In 2008, the Assembly endorsed the 2008-2013 Action Plan for the Global Strategy, focusing in particular on low- and middle-income countries and vulnerable populations.

In Africa, efforts to combat non-communicable diseases are among the priorities identified in the World Health Organization strategic guidelines for 2010-2015. In that connection, regional committees have adopted a number of strategies on mental health, cardiovascular disease, cancers, sickle-cell disease and on combating smoking and the harmful consumption of alcohol.

For many years, Cameroon's health policies were focused on countering infectious diseases and those which were not vaccine-preventable. My country tended to concentrate on achieving the Millennium Development Goals, and therefore did not escape the phenomenon of an epidemiological shift with the emergence of non-communicable diseases. Recent statistics on premature deaths caused by these supposedly silent diseases — in particular cardiovascular disease, diabetes and cancer — are of great concern.

Cardiovascular disease is increasingly striking the youngest swathe of our population. Six per cent of our adult population is living with diabetes. Twenty-five per cent of that same group lives with

hypertension. There are 12,000 new cancer cases recorded each year, while epilepsy affects 6 per cent of the population. Five per cent of the total population is afflicted with asthma, while 20 per cent are carriers for sickle cell anaemia. Psychological and mental disorders account for 5 per cent of the overall disease burden in the African region.

Cameroon is well aware of this situation and of the need to ascertain the extent of non-communicable diseases. Therefore, in view of its goal of becoming a country with an emerging economy by 2035, my country has made non-communicable diseases a priority in the context of its strategic public health planning. Various measures that aim to reduce the risk factors for these illnesses have been adopted for the period 2011-2013. Among them, we have taken steps to reduce the use of tobacco and alcohol, particularly through warnings on cigarette packages and by prohibiting the sale of alcohol to minors under 18 years of age.

We have also promoted the replacement of trans-fats by polyunsaturated fats in food products, and are campaigning to raise public awareness about the health benefits of a balanced diet and the importance of engaging in physical activity. We are also promoting vaccination against hepatitis-B, as part of an expanded vaccination programme.

In addition, after Cameroon joined the International Partnership for Health and Related Initiatives, in June 2010, the Minister of Public Health, along with all interested stakeholders and groups, conducted an analysis of that sector that resulted in the formulation of a new policy and the revision of the national health development plan.

At the institutional level, special emphasis was placed on reactivating coordination and research on non-communicable diseases in the relevant branches of the Ministry of Public Health through improved staff training.

Furthermore, Cameroon has made great progress in the area of norms by ratifying the World Health Organization Framework Convention on Tobacco Control, the Brazzaville declaration on the prevention of non-communicable diseases and the Moscow declaration on healthy lifestyles and non-communicable disease control.

In addition, with a view to integrating health into my country's overall development plan, a large-scale project to provide our hospital infrastructure with

major technical equipment and medical supplies capable of delivering quality diagnostics has been implemented as part of an increased commitment to addressing non-communicable diseases. Particular emphasis has also been placed on a preventive approach in the fight against those diseases through wide-scale programmes of public health awareness.

I would like to conclude by saying that combating non-communicable diseases, and mobilizing the necessary financial resources to accompany and implement the measures of our plan to combat those diseases, continues to be Cameroon's main challenge. We are therefore committed to continuing to step up our fight against non-communicable diseases by bolstering human, material and financial resources and by developing and implementing our first integrated multisectoral strategic plan to prevent and combat such diseases. In that regard, my Government is currently working to establish a national fund to address public health emergencies and provide funding for prevention efforts in this sector, including on combating non-communicable diseases.

By the same token, Cameroon, along with the other African countries, calls for the establishment of a global fund to combat non-communicable diseases, in the hope that funding allocated by the international community will not compete with funds already earmarked for global care of the non-communicable disease that I have mentioned, for which sub-Saharan Africa is still paying a heavy cost.

My country avails itself of this opportunity to thank its partners in development and to express the hope that we may continue to count on them to meet our challenges.

I cannot conclude without recalling that there are only four years left until 2015, the deadline for the achievement of the Millennium Development Goals. It is by that date that countries are working to meet the commitments made 10 years ago to significantly improve the living conditions of their people. The evident progression of non-communicable disease in developing countries is seriously undermining our progress towards achieving those Goals. Yet there is hope. We can meet this challenge through collective action and by sharing successful experiences and strengthening national, regional and international networks to combat non-communicable diseases.

The meeting rose at 9 p.m.



General Assembly

Sixty-sixth session

3rd plenary meeting

Monday, 19 September 2011, 9 a.m.
New York

Official Records

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President: Mr. Al-Nasser (Qatar)

The meeting was called to order at 9.10 a.m.

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

Agenda item 117

Follow-up to the outcome of the Millennium Summit

Draft resolution (A/66/L.1)

The President (*spoke in Arabic*): I declare open the High-level Plenary Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in accordance with resolutions 64/265, of 13 May 2010, and 65/238, of 24 December 2010.

Statement by the President

The President (*spoke in Arabic*): All over the world, men and women are dying premature deaths. All over the world, men and women are dying preventable deaths. And all over the world, health-care systems are overburdened and economic growth is curtailed because of the loss of healthy workers.

Let there be no doubt that non-communicable diseases (NCDs) have reached epidemic proportions. Non-communicable diseases are the biggest cause of death worldwide. More than 36 million people die annually from NCDs, making up 63 per cent of global deaths — deaths which, in large part, could have been prevented.

The impact of this loss — this tragedy — goes beyond individuals, beyond families. NCDs are altering demographics, stunting development and impacting economic growth.

This High-level Meeting is a landmark in the global fight against NCDs. This is the second time in the history of the United Nations that the General Assembly is meeting at the level of heads of State and Government to discuss an emerging health issue with a major socio-economic impact. This meeting is a historic opportunity to set a new global agenda and to advance the protection of the world's vulnerable populations. Let us not forget that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health and that it is our responsibility to contribute to the full realization of this right.

I would like to take this opportunity to thank the two co-facilitators, Her Excellency Ms. Sylvie Lucas, Permanent Representative of Luxembourg, and His Excellency Mr. Raymond Wolfe, Permanent Representative of Jamaica, for their efforts in leading the consultations on the modalities and the outcome document for this High-level Meeting. I would also like to thank the Secretary-General, His Excellency Mr. Ban Ki-moon, the Director-General of the World Health Organization, Ms. Margaret Chan, and all participants here today for their efforts to bring greater understanding and better solutions to these complex issues.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.



I would also like to mention, with appreciation, the contribution of the Member States that have brought this important health and development problem to the attention of the General Assembly. The role played by the Caribbean Community countries deserves particular recognition.

Since 2000, when Member States at the World Health Assembly first committed to reducing the toll of premature mortality due to NCDs, there have been important developments in our understanding of the causes and prevention of non-communicable diseases. It has become unequivocally clear that “best buy” interventions that reduce the toll of NCD-related premature deaths are workable and affordable solutions. It is also evident that the most rapid improvements in public health are often realized through relatively inexpensive interventions that begin in childhood. Perhaps most significant, it is now clear that, to move effectively to prevent and protect against non-communicable diseases, Governments must adopt approaches that go beyond just the health sectors.

In some wealthy nations, the health impact of non-communicable diseases has been reduced through advocacy, community mobilization, health system organization and restructuring, legislation and regulation. We have seen fewer whole-of-Government approaches in developing countries, and their experiences have been starkly different: premature deaths due to non-communicable diseases among women range as low as 6 per cent in high-income countries but they are as high as 58 per cent in low-income countries. Among the many tragic consequences of such inequality is the impact it has on fulfilling the Millennium Development Goals.

Today, we meet to take the vision and the road map emerging from over 10 years of coordinated efforts and consolidate them to set a new global agenda that will drive forward the fight against non-communicable diseases. If Member States so choose, this High-level Meeting will be a turning point and an opportunity for heads of State and Government to make major advances by committing to set national targets for the reduction of premature deaths from non-communicable diseases, as well as an opportunity to promote a whole-of-Government approach at the national level.

If such commitments are to have any impact, this High-level Meeting must address the widening

disparities in various countries’ capacities for addressing non-communicable diseases. This requires thinking in terms of international cooperation. That cooperation plays a pivotal role in the eradication of poverty, as well as in combating inequality at all levels, which is essential to the creation of a more prosperous and sustainable future for all. The international community must work together to monitor reductions in exposure to risks and improve health care for people with non-communicable diseases.

One of our paramount goals must be to take measures to formulate a strong, well-coordinated, coherent and effective United Nations response, aimed at scaling up technical support for developing countries under the leadership of the World Health Organization in order to assist countries in explicitly incorporating the issues of non-communicable diseases into their poverty-reduction strategies and relevant social and economic policies. We must also recognize the important role of civil society, including the private sector.

As part of the work of the Meeting during the next two days, I encourage delegations to share lessons learned on ways to strengthen national capacities and appropriate policies. I believe it will also become clear that problems with financing national initiatives remain a major impediment to achieving progress, and I encourage all to identify ways to foster international cooperation in the coming years.

Today the Assembly will adopt an outcome document (A/66/L.1) that will shape the international agenda for future generations. Let that document reaffirm a vision that goes beyond health, a vision that also reflects the impact that non-communicable diseases have on development and on our economies. And let it be a document that will galvanize us into action and guide our efforts for years to come. I thank the Assembly in advance for its hard work and constructive debate, and I hope for a productive high-level meeting.

I now give the floor to His Excellency the Secretary-General, Mr. Ban Ki-moon.

The Secretary-General: This is a landmark meeting. Three out of every five people on Earth die from the diseases that we are gathered here to address. I am guessing that each one of us has been close to someone whose life has been changed or ended too early by a non-communicable disease.

This is the second health issue ever to be addressed at a special meeting of the General Assembly. Our collaboration is more than a public health necessity. Non-communicable diseases (NCDs) are a threat to development. NCDs hit the poor and vulnerable particularly hard and drive them deeper into poverty. More than a quarter of all people who die from NCDs succumb in the prime of life. The vast majority live in developing countries. Millions of families are pushed into poverty each year when one of their members becomes too weak to work, or when the cost of medicines and treatments overwhelms the family budget, or when the main breadwinner has to stay home to care for someone who is sick. Women and children are affected differently but significantly by NCDs and their impact on families.

The prognosis is grim. According to the World Health Organization, deaths from NCDs will increase by 17 per cent in the next decade. In Africa, that number will jump by 24 per cent. These statistics are alarming, but we know how to drive them down. Treating NCDs can be affordable. But preventing them can cost next to nothing and can even save money. When people cycle to work instead of driving, they get exercise and the planet is spared more greenhouse gas emissions. When children are fed a nutritious diet at school, their attendance goes up, and such eating habits can last a lifetime. When women have access to quality screening and vaccines to prevent cervical cancer, their lives can be saved. These are just a few examples of the simple solutions at the ready.

This is not a problem that health ministers can solve on their own. We need all partners — Governments, to provide the right incentives; individuals, to protect their own health; civic groups, to maintain pressure for responsible marketing; and businesses, to produce healthier, more sustainable goods.

We should encourage individuals to make smart choices that will protect their health: get exercise, eat well, limit alcohol consumption and stop smoking. But even the healthiest individual cannot escape toxic substances in the environment, so we need to keep our air, water and land clean.

States crippled by these diseases cannot progress. Early detection is in everyone's interest, and early treatment reduces pain, cuts costs and lowers the risk of disability or death. We have to get medicines to all

who need them, and those treatments need to be more affordable and accessible. I count on Governments to lead this campaign. I depend on our friends in industry to do what is right.

I am a strong believer in the power of businesses to improve our world. Time and again, I have seen the private sector do extraordinary things for human well-being with its ingenuity and its foresight in recognizing that economic productivity depends on good health. Precisely because I am a champion of the private sector, I must acknowledge some hard truths.

There is a well-documented and shameful history of certain players in industry who have ignored science — sometimes even their own research — and put public health at risk to protect their own profits. There are many, many more industry giants which have acted responsibly. That is all the more reason why we must hold everyone accountable — so that the disgraceful actions of a few do not sully the reputation of the many which are doing such important work to foster progress. I especially call on corporations that profit from selling processed foods to children to act with the utmost integrity. I refer not only to food manufacturers, but also the media, marketing and advertising companies that play central roles in these enterprises. Those who profit from alcohol sales have to do their part to promote moderation in alcohol consumption. And we can all work to end tobacco use.

Individuals can have a say through the choices they make each day. Governments should educate people and encourage healthier options. This will be a massive effort, but I am convinced that we can succeed. Success requires public-private partnerships. It requires political vision and resource mobilization.

I have seen similar success happen before. Ten years ago, the General Assembly held its first-ever meeting on a health issue. That issue was AIDS. Since then, we have made enormous progress. We have a long way to go, but no one can deny that political commitment of Government officials saved lives. No one can minimize the contributions of industry leaders who made medicines affordable and available. No one can doubt the value of the United Nations in driving the global campaign to stop AIDS.

NCDs are different from AIDS, but many of the same tools work in response. From visiting clinics and hospitals around the world, I know that holistic action on health works. Improving health systems improves

health services. Involving all parts of Government attacks all sides of a problem, and taking comprehensive action is the best way to protect against all diseases. Addressing NCDs is critical to global public health, but it will also be good for the economy, for the environment, and for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals — we can safeguard our very future.

The draft political declaration (A/66/L.1) that so many here worked hard to draft and build consensus on is an excellent foundation. We must now act together to carry out its provisions and bring NCDs into our broader global health and development agenda. We should all work to meet targets to reduce the risks. The World Health Organization's "best buys" serve as excellent guidance.

I especially challenge Member States to step up accountability for carrying out the political declaration. If this document remains just a set of words, we will have failed in our obligation towards future generations. But if we can give the political declaration meaning through multiple, concerted and tough actions, we will honour our responsibility to safeguard our shared future. I count on Members' leadership and commitment.

The President (*spoke in Arabic*): I thank the Secretary-General for his statement.

I now give the floor to Ms. Margaret Chan, Director-General of World Health Organization.

Ms. Chan (World Health Organization): First, Sir, let me commend your leadership and courage in addressing and tackling issues related to non-communicable diseases. I thank you for the honour of addressing this meeting, and I am strong in my conviction that it must serve as a wake-up call.

But not for the medical and public health professions. We are already wide awake, and with very deep concerns. We know the statistics and the ominous trends that now encircle the globe. We know what lies ahead. Right now, medical and health professionals see patients, dispense chronic care, manage complications and disabilities, write medical bills, and agonize over the huge costs to families and societies. We plead for lifestyle changes and strict tobacco regulation.

But health ministries acting alone cannot re-engineer societies in ways that protect entire

populations from the well-known and easily modified risks that lead to these diseases. And this is what needs to happen. This meeting must be a wake-up call for Governments at their highest level. This must be a watershed event, with a clear before and after and with ignorance, complacency and inertia replaced by awareness, shock and the right actions, right away.

Why must this responsibility fall on Heads of State? Because the problem is too big and too broadly based to be addressed by any single Government ministry; because the rise of these diseases is being driven by powerful, universal forces, such as rapid urbanization and the globalization of unhealthy lifestyles; and because the response to these trends must come with equal power — top-level power that can command the right protective policies across all sectors of Government.

The worldwide increase of non-communicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep. I can understand why some developing countries are being taken by surprise by the onslaught of these diseases. Their initial burden was greatest in affluent societies — rich countries that have very strong research-and-development capacities to develop ever-better treatments. When drugs are available to reduce blood pressure, lower cholesterol and improve glucose metabolism, the situation looks somehow under control. But that is not the case; this appearance is misleading and blunts the urgent call for policy change.

The root causes of these diseases are not being addressed, and widespread obesity is the tell-tale signal. Worldwide, obesity rates have almost doubled since 1980. This is a world in which more than 40 million preschool children are obese or overweight. This is a world where more than 50 per cent of the adult population in some countries is obese or overweight. Obesity is the signal that something is terribly wrong in the policy environment. Widespread obesity in a population is not a mark of failure of individual willpower. No, it is a mark of failure in policies at the highest level.

Processed foods, which are high in salt, trans-fats, and sugar, have become the new staple food in nearly every corner of the world. They are readily available and heavily marketed. For a growing number

of people, they are the cheapest way to fill a hungry stomach. The world certainly needs to feed its population of nearly seven billion people, but it does not need to feed them junk food.

Just as one cannot hide obesity, one cannot hide the huge costs of these diseases to economies and societies. These are the diseases that break the bank. Left unchecked, they have the capacity to devour the benefits of economic gain. In some countries, for example, care for diabetes alone consumes as much as 15 per cent of the national health budget. A recent World Economic Forum and Harvard University study estimates that over the next 20 years, non-communicable diseases will cost the global economy more than \$30 trillion, representing 48 per cent of the global GDP in 2010.

In large parts of the developing world, these chronic conditions are detected late, when patients need extensive and expensive hospital care for severe complications or acute events. Most care for these diseases is covered through out-of-pocket payments, leading to catastrophic medical expenditures.

For all these reasons, non-communicable diseases deliver a two-punch blow to development. They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.

These diseases break the bank, and they are largely preventable through cost-effective measures. Some have an especially big payback. For example, full implementation of the World Health Organization (WHO) Framework Convention on Tobacco Control would deal the single biggest blow to heart disease, cancer, diabetes and respiratory disease. I call on heads of State and Government to stand rock-hard against the despicable efforts of the tobacco industry to subvert this treaty. We must stand firm against their open and extremely aggressive tactics against some Governments.

In terms of demand reduction, increases in tobacco taxes and prices are the most effective measures. They not only protect health, but also bring in considerable revenue to Governments. The same is true for taxes on alcohol.

Salt in processed foods is a major reason why daily salt intake in most countries exceeds the WHO-recommended level. Salt reduction is one of the most

cost-effective, feasible and affordable public health interventions. At the individual level, people at high risk of cardiovascular disease can be protected with a very low-cost regimen of generic medicines.

As I said, this high-level event on NCDs must be a watershed event. In the absence of urgent action, the rising financial and economic costs of these diseases will reach levels that are beyond the coping capacity of even the wealthiest countries in the world.

Excellencies, you have the power to stop or reverse the NCDs disaster. You have the power to protect your people, and you have the power to ensure that your development is moving along a good path. We must act now and with a sense of urgency.

The President (*spoke in Arabic*): I now give the floor to Her Royal Highness Princess Dina Mired, who will speak in her capacity as representative of the Union for International Cancer Control, which enjoys consultative status with the Economic and Social Council.

Princess Dina Mired (Union for International Cancer Control): I am honoured to be the representative of civil society on one of the most important health issues that we are facing in this century. Knowing the long and arduous road that the issue of non-communicable diseases (NCDs) has travelled to grace this Hall and this honoured audience, I hope that in the few minutes that are allotted I can humbly attempt to translate the agony of the millions of people who are dying each year, people who look to this Assembly to deliver the global changes required to stop this unnecessary loss of life.

Today, we are the voice of the 36 million people who have died from an NCD in the past year and of the more than 360 million people who will lose their lives to NCDs in the next decade. What do we say on behalf of all those people?

To start with, we have an incredible situation. We are armed with the figures, the statistics, an understanding of the common factors, the knowledge of proven, affordable interventions and even the overwhelming human cost to prove our point. And yet, we are facing what has rightly been described by Secretary-General Ban Ki-moon as a public health emergency in slow motion.

How did we reach this point? Why were NCDs left to flourish uncontrolled, especially in the

developing world? We are struggling with an issue of labelling. Four major diseases — cancer, heart disease, chronic respiratory illnesses and diabetes — each affecting millions of people each year, have been lumped together under one pseudonym: NCDs, or non-communicable diseases. Even the name makes them sound unimportant, as if to say, “Do not worry, these diseases are non-communicable. You cannot catch them. Therefore, we can deal with them later”.

While splitting diseases into communicable and non-communicable categories may be convenient for the United Nations, it has ultimately resulted in one group receiving all the attention, all the bilateral funding and all the action, while the other has been left to flounder unassisted.

NCDs also took on another label by becoming known as a problem exclusive to the developed world. Think again. Non-communicable diseases are responsible for more deaths worldwide than all other causes combined. Around 63 per cent of total deaths are caused by NCDs, and 80 per cent of those deaths occur in low- and middle-income countries. This means that even though an individual in the developing world may survive AIDS, malaria or tuberculosis thanks to the great global efforts being made, chances are that the very same survivor will eventually die prematurely of an NCD, thereby putting all those great efforts to waste. One fact is certain: NCDs are the clear winners in the business of dying.

The good news, however, is that today we are all here to correct that wrong. Heads of State, ministers of health, United Nations agencies, civil society, the global community and the medical, political, financial and private sectors are all here to lift the lid on NCDs.

As I read the draft political declaration (A/66/L.1, annex), I was pleased to see the inclusion of several key points: recognition of the scale of the problem we are facing and a call for urgent action; an understanding that NCDs are the great equalizers, affecting people of every age, gender, race and income level; and comprehension of the fact that NCDs affect not only the health of nations but also their economic development. Most importantly, I was happy to see an affirmation of the right of everyone to receive the highest standards of health care.

However, I noted with great disappointment that the NCD burden is not recognized as an epidemic but is rather diluted into a challenge of academic

proportions. Not one to be known for diplomacy — and I happen to be standing here with a microphone in front of me — I would like to tell it like it is. Let it echo through this Hall: there is an NCD epidemic. The World Health Organization has said it; non-governmental organizations have said it; the scientific community has said it; and, most importantly, the 36 million people who lost their lives this year have proved it. Let us not do NCDs another injustice of mislabelling. Let us acknowledge the scope of the challenge that is facing us for what it is. Otherwise, how else can we respond adequately and effectively?

The next thing I noted in the political declaration was that although it covers the full depth and breadth of the NCD issues we all face, there is an absence of clear and measurable targets. The document is infused with elusive and vague terms: “may” instead of “will”, “encourage where appropriate” instead of “provide”. Unfortunately, in the world of NCDs the terms are crystal clear and painfully emphatic. There are 36 million people who are dying each year — not probably, not possibly, not maybe. There is nothing vague or elusive about that.

Let us be inspired by what has been achieved in addressing HIV/AIDS since 2001. The General Assembly agreed to a political declaration that transformed the lives of millions of people around the globe. It increased financial backing for combating communicable diseases tenfold. It seized a once-in-a-generation opportunity and converted political will into action, with targets and resources in place, and we continue to see the positive results today. As Margaret Chan says, in our business, what gets measured gets done.

By comparison, the reality of today’s health care vis-à-vis NCDs is extremely bleak. The disparity is one that I experienced on a very personal level when my son Rakan, just two days shy of his second birthday, was diagnosed with leukaemia. Fortunately, I was able to travel the distance necessary to ensure that he received the lifesaving treatment he needed. Others are not so lucky. The sad reality is that 90 per cent of children with leukaemia in the developed world are cured, while 90 per cent of their counterparts in the world’s 25 poorest countries will die.

Tragically, these numbers are repeated many times over for NCDs. That harsh disparity between treatments in the developed and developing worlds is

simply unacceptable. While prevention and early detection efforts are the cornerstone for stemming future cases of NCDs, they take time to have an impact. What about the people who are dying now? What about the millions who are suffering from pain and disability from NCDs now?

Governments must take responsibility and lead on these issues. They must adjust their thinking to recognize that spending on health care now is a real and necessary investment that is far less of a burden than the untallied cost of inaction. We understand that in a challenging financial climate such as we are facing today, income from tobacco sales and certain unhealthy food products may seem indispensable for economic growth. However, if Governments can see past the short-term profits, they will realize how their inaction is crippling their health systems and ruining their economic development.

That said, Government efforts should be paralleled by funding and support from the global community. As His Excellency Mr. Kofi Annan said with regard to AIDS, the war will not be won without a war chest. NCDs, by their very nature, are complicated diseases that require sophisticated infrastructures and human resources, and they are associated with debilitating costs of medicines and treatments.

We all know that only a few nations in the world can manage their own NCD burden. Most countries in the developing world are struggling with the delivery of basic health care, if any. Accessibility to essential drugs and to the specialists and specialized centres that are required for the treatment of NCDs is either non-existent or stretched to the breaking point. Lifestyle changes, as they are called, give the impression that it is a matter of choice or preference. But when unhealthy foods are more affordable than healthy ones, when tobacco, which kills, is so easily accessible, and when facilities or space for exercise are non-existent, it becomes not a lifestyle choice but a life sentence.

To do justice through our duty as the voice of all those who have suffered from NCDs, and to protect the lives of all those who will be affected by them in the coming years, we — all of us here in this Hall — have the opportunity and the moral responsibility today to muster the political will that is required to deliver the right punch in this fight. To start with, let us send a message to the world that we will take the necessary

steps to reduce avoidable NCD deaths by 25 per cent by 2025 — 25 by '25. Otherwise, without clear targets there will be neither accountability nor a real incentive to deliver.

It is inconceivable that we should leave this meeting without tackling the evils of the most obvious, the indisputable, risk factor: tobacco. Let us make our future tobacco-free. We all know this product kills; we even put a label on it that says it kills. This century, tobacco is expected to kill one billion people, and yet we still find it in every outlet, increasingly so in the under-regulated markets of the developing world.

Mr. Quinlan (Australia), Vice-President, took the Chair.

Let us address the critical issue of treatment now; let us facilitate the transfer of scientific knowledge between countries and provide essential medicines to those who desperately need them now. It is time for us to resolve, to no longer measure the magnitude of the NCD epidemic in lives lost. It is time to quit numbering deaths and start counting survivors. Not only is this doable, it is simply impossible to ignore the predicament of 36 million souls a year on this planet and the unthinkable tragedy facing our future generations.

The Acting President: Before proceeding further, I would like to consult the Assembly about the participation of the International Olympic Committee in this opening segment. May I take it that the Assembly agrees to hear a statement now on behalf of the International Olympic Committee? As I hear no objection, we shall proceed accordingly.

In accordance with resolution 64/3 of 19 October 2009 and the decision just taken, I now call on Mr. Jacques Rogge, President of the International Olympic Committee.

Mr. Rogge (International Olympic Committee): The International Olympic Committee conveys its compliments to the General Assembly and is honoured to have the opportunity to address it on our shared commitment to serving humanity through the prevention of non-communicable diseases (NCDs).

The issue that has brought us together today is of particular concern to the International Olympic Committee because our movement was founded on the belief that there is a direct connection between healthy individuals and healthy societies. The International

Olympic Committee is committed to the cause of combating NCDs through the promotion of physical activity and healthy lifestyles. By working together and by enlisting the support of Governments, educational institutions, businesses, non-governmental organizations and other elements of civil society, we can reverse the current trend.

I urge the Assembly to support for several important steps that could make a significant difference. Together, we could advocate for more safe and accessible public spaces for physical activities and sport. Children should not be forced to play in vacant lots littered with broken glass, or in alleys choked with trash or fields contaminated by chemical waste.

Together, we could build new partnerships with sectors beyond sport — transportation, finance, urban planning, industry and others — to expand the impact of sport and physical activity in urban areas. Together, we could work with Government authorities and educators to increase the amount of time that students devote to physical education at school and university. Together, we could persuade parents of the importance of physical activity and sports not only for themselves, but foremost for their children. And together, we could encourage the development of sport infrastructures and sports organizations. Sport is the primary gateway to physical activity and healthy lifestyles.

Perhaps more importantly, I call upon the Assembly to help the International Olympic Committee and other sports organizations continue to forge new and stronger partnerships with the United Nations, with Governments and civil society at large. In that spirit, it is the fervent hope of the International Olympic Committee that the critical role of the sports movement in the prevention of NCDs will be enshrined in the outcome document of this High-level Meeting (A/66/L.1).

As a new Permanent Observer to the United Nations and an active and responsible member of civil society, the International Olympic Committee looks forward to continuing to play a role in the prevention and control of NCDs. Together, we can turn back the rising tide of NCDs and create a global society that is healthier, more prosperous and more peaceful.

The Acting President: We have heard the last speaker for the opening of the High-Level Meeting.

The Assembly will now proceed to take action on draft resolution A/66/L.1, entitled “Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases”. May I take it that the Assembly wishes to adopt draft resolution A/66/L.1?

Draft resolution A/66/L.1 was adopted (resolution 66/2).

The Acting President: I should like to express my sincere thanks to Her Excellency Ms. Sylvie Lucas, Permanent Representative of Luxembourg, and his Excellency Mr. Raymond Wolfe, Permanent Representative of Jamaica, who so ably and patiently conducted the complex negotiations in the informal consultations to bring them to a successful conclusion. I know from personal experience how demanding such consultations can be, and I am sure that all members of the Assembly join me in extending to Ambassador Lucas and Ambassador Wolfe our sincerest appreciation.

Representatives are reminded that round table 1, which is entitled “The rising incidence of developmental and other challenges in the social and economic impact of non-communicable diseases and their risk factors,” will take place from 10 a.m. in the Chamber of the Economic and Social Council Chamber of the North Lawn Building.

Before we begin the list of speakers, I should like to turn to some organizational matters pertaining to the conduct of the High-level Meeting.

First, on the length of statements, I should like to remind members that statements in the national capacity will be limited to three minutes. When delivered on behalf of a group, statements should not exceed five minutes. In the light of that given time frame, I should like to appeal to speakers to deliver their statements at a normal speed so that interpretation may be provided accordingly. To assist speakers in managing their time, a light system has been installed at the speaker’s rostrum. May I appeal to all speakers for their cooperation in observing the time limits of statements.

Representatives are also reminded that photos of Heads of State delivering statements in the plenary of the General Assembly are routinely taken and are available for download in high resolution from the United Nations website and from the United Nations

photo library, located in room 506A in the Innovation Luggage building. Photos are free of charge but may not be used for advertising purposes, and special requests for photo coverage may be addressed to the Chief of the United Nations Photo Unit.

The Assembly will now hear an address by His Excellency Mr. Desiré Delano Bouterse, President of the Republic of Suriname, who will speak on behalf of the Caribbean Community.

President Bouterse: The convening of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases is a source of pride, gratitude and accomplishment for the States members of the Caribbean Community (CARICOM), on whose behalf I speak today.

Four years ago in Port of Spain, the Heads of State and Governments of CARICOM expressed alarm at the impact of non-communicable diseases (NCDs) on our societies. Our deep concern stimulated urgent efforts within CARICOM member States, as well as initiatives at the international level, to increase attention to addressing NCDs. The most notable outcome of these efforts was the adoption by the General Assembly of the landmark resolution 64/265 on the prevention and control of non-communicable diseases.

In view of the scope and impact of the NCD epidemic, the resolution embodies our conviction that efforts to successfully combat NCDs will require a response that is urgent, comprehensive, multisectoral and fully coordinated at the national, regional and global levels. The necessity of formulating such a response by Heads of State occasioned this High-level Meeting.

The Political Declaration adopted at this meeting (resolution 66/2, annex) is the outcome of the intense and sustained activity that followed the adoption of resolution 64/265. In this regard, we owe a debt of gratitude to the co-facilitators, the Permanent Representatives of Jamaica and Luxembourg, for the great efficiency and dedication with which they conducted the preparatory work. We are also thankful to our experts for their tireless efforts and to all delegations for the constructive spirit of collaboration that allowed for agreement on a consensus document in a timely manner.

It is clear that the NCD epidemic is a scourge, particularly for developing countries, whose financial resources cannot match the high cost of treatment and care of these diseases. Additionally, we are challenged by the commercialization and proliferation of unhealthy lifestyles, which will only increase the number of patients.

The good news, however, is that NCDs do not have to spell inevitable doom for our countries and peoples. The scientific and other knowledge concerning the origin and spread of these diseases, combined with the technical capacities available, provide a basis for responding in an effective manner. This, we believe, is the strength of the Political Declaration before us. It offers a turning point in the fight against the global tsunami of NCDs at all levels as it provides a good platform for ongoing consideration of the development and other impacts of NCDs by the international community. For this reason, CARICOM fully supported the adoption of the Political Declaration.

For CARICOM, the central message of the Declaration is a global consensus on strengthened commitment to action to address NCDs and their risk factors at all levels. Among other things, the Declaration makes vivid the gravity of the impact of the NCD epidemic, particularly on development; stresses the primacy of prevention and the importance of multisectoral approaches; emphasizes the cost-effectiveness of responses and the desirability of an effective partnership involving all stakeholders; and further commits to the implementation of a range of actions to combat NCDs and their risk factors, including through specific follow-up initiatives.

The successful wide-scale implementation of cost-effective measures presupposes a context of finely focused and well-structured national and global plans that include the identification of clear targets and indicators for measuring progress toward their achievement. However, to increase the likelihood of the success and sustainability of these efforts, the support of the international community is critical. Such support, which must include technical and financial resources, is needed to complement the national resources available to developing countries, as well as to enable United Nations agencies to scale up action to help countries prevent and control NCDs.

CARICOM is committed to ensuring that the Declaration does not turn out to be a mere rhetorical achievement, but that it becomes a platform for resolute actions by all States and other stakeholders. That spirit of commitment is already being demonstrated in our actions. We have developed a strategic plan of action for our region and established national commissions in eight of our member territories. Ratification of the Framework Convention on Tobacco Control has expanded, and we have developed standards for tobacco labelling. Standards for nutrition labelling for salt, sugar and trans-fat have also been developed, and Member States are at different stages of ratifying them. A new primary-care policy aimed at improving chronic care policy has been developed, and we are putting in place mechanisms to track risk factors and monitor annual progress towards the goals of the Declaration of Port of Spain.

One of the actions that the CARICOM countries have implemented, and which we regard as our premier regional health-promotion activity, is the setting aside of the second Saturday in September of each year as Caribbean Wellness Day. It is a day dedicated to teaching about and practicing healthy lifestyles. We feel very proud of this achievement and invite Member States to join us in a similar initiative that will lead to a worldwide celebration and focus on health and wellness.

At this juncture, it is worth mentioning that the initiative to establish a regional sports academy in Suriname was received with appreciation by CARICOM at its twenty-second intersessional meeting, held in February. The establishment of such an academy has also gained international support with respect to football, tennis, track and field, and cricket, particularly considering the important role such a facility could play in addressing NCDs.

In the view of CARICOM States, the Declaration falls somewhat short of our original expectations. The reasons include: no clear goal or corresponding road map for the global NCD campaign; a lack of strong commitments on targets, resources and a global collaborative NCD mechanism; and strong reservations as to the use of the term “epidemic” in relation to the global spread of NCDs. Yet we see it as a significant stimulus for the prevention and control of NCDs through, inter alia, the reorientation and strengthening of national health systems, universal access to

available medicines, and the technology to prevent and treat these diseases.

We believe that, if scrupulously implemented, this instrument could contribute in meaningful ways to achieving the internationally agreed development goals. However, our work in the context of establishing a firm normative and operational platform is far from complete. There is still a need to agree on ambitious global targets and indicators, a monitoring framework and a clear mechanism that will allow all stakeholders to engage in joint endeavours to address the impacts of NCDs through a meaningful partnership. We are hopeful that by the time we gather to undertake a comprehensive review and assessment of the progress made on NCDs, in 2014, the picture will be a much more positive one.

As the level of participation in the activities and initiatives of the High-level Meeting confirms, concern about addressing NCDs is immense and growing. This has stimulated a commendable activism within and among countries and regions. CARICOM welcomes the variety and intensity of these efforts. In this regard, I wish to pay special tribute to the invaluable contributions of the World Health Organization and the Pan American Health Organization and also express our confidence that they will provide strengthened leadership to deal with all dimensions of the issue of NCDs in future. Credit is also due to the Healthy Caribbean Coalition, whose initiatives have been pursued within as well as outside the region of the Americas. We believe that the momentum generated by this High-level Meeting should be sustained. Just as the United Nations gives attention to the fight against AIDS, malaria, special attention should also be given to the fight against NCDs. A helpful action might be the appointment of an envoy or representative of the Secretary-General on NCDs who could facilitate continued attention by and collaboration among all stakeholders.

CARICOM is willing to share its experience and successes in confronting the NCD challenge. Once again, we invite the rest of the world to share our passion and join us in our continued efforts to prevent or reduce the incidence of morbidity and mortality from NCDs and subsequently to reduce its negative impact on development.

Before closing, I should like to add a special personal note. The seriousness of these illnesses and

the ensuing impact on our development warrant universal access to medicines and technology. We therefore emphasize once again that agreements such as the Agreement on Trade-Related Aspects of Intellectual Property Rights will not prevent us from taking measures to protect public health. Such agreements should thus be interpreted and implemented in a manner that is aimed at protecting health in general and in particular at promoting access to medicines for all.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Danilo Türk, President of the Republic of Slovenia.

President Türk: We gather today for a unique meeting with a uniquely important purpose — to put in place an effective global front against the spread of non-communicable diseases and to start eliminating some of the major threats to human life in our era. We owe gratitude to all those who made this meeting possible: the Secretary-General, the President of the General Assembly, the World Health Organization (WHO) secretariat and, above, all the Caribbean States for their timely and wise initiative.

We have seen the figures on non-communicable diseases and resulting deaths, and we rightly take note of them. I am convinced that these figures will be quoted often these days — and they should be. The world must become better aware of the major threats to humankind. There is no doubt that non-communicable diseases constitute such a threat.

But there is also a paradox here. This is only the second time in the history of the United Nations that the General Assembly has convened a meeting with the participation of Heads of State and Government on a set of dramatic global health issues with major and very adverse consequences for social and economic development.

We should think and ask ourselves why this is so. Perhaps our global understanding of development remains too limited and excessively driven by economic technicalities. Perhaps health issues are still seen as a matter for experts and not for global policymakers. This has to change. As successful campaigns against polio, small pox and HIV/AIDS have demonstrated in the past, the world can succeed.

In the framework of the European Union, Slovenia has been among the initiators of the European

Partnership for Action against Cancer, a campaign for the most effective prevention and successful treatment of cancer diseases. International cooperation is vital for its success.

But there is a fundamental problem here. Those words require more effort and more resources — medical, technical, financial and organizational — and we need multisectoral strategies, a system of most appropriate indicators to measure progress, and an institutional mechanism that will enable effective coordination at the global level.

We have a long way to go. WHO leadership — with the full participation of Member States — will be necessary in the process of implementing the Political Declaration just adopted (resolution 66/2, annex). The Secretary-General will have a crucial role to play in the preparation of an effective strategy for multisectoral action, and all of us must participate.

The United Nations should take advantage of the existing partnerships among civil society, professional organizations and the business sector. Those partnerships must be strengthened and made more effective and set up with a multisectoral approach; through such a coordinated fashion, we can win. Let us work for the next years and perhaps decades and change the world for the better.

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Dilma Rousseff, President of the Federative Republic of Brazil.

President Rousseff (*spoke in Portuguese; English text provided by the delegation*): I would like to congratulate the United Nations and the World Health Organization (WHO) on having convened this High-level Meeting on chronic non-communicable diseases. The success we have achieved in past meetings continues to encourage us to move forward on the global health agenda. Today, our agenda is focused on those who suffer from diseases such as hypertension, diabetes, cancer and respiratory diseases.

The driving force behind our determination and commitment to curbing these diseases is the premature loss of life and the suffering of people and their families. In my country, 72 per cent of non-violent deaths among those less than 70 years of age are due to these diseases.

Brazil supports access to medication as part of the human right to health. We know that it is a strategic element in fostering social inclusion, building equality and strengthening public health care systems. One of my Government's very first actions was to increase access to medication through the unified health system, in particular to patients with hypertension and diabetes, thus ensuring that access to these medications is free of charge. Our "Health is Priceless" programme distributes those free medications through partnerships with over 20,000 public and private pharmacies.

Advocating access to medicine must go hand in hand with promoting health care and strengthening prevention. Brazil respects its intellectual property commitments, but we are convinced that the flexibilities contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Doha Declaration on the TRIPS Agreement and Public Health, and the WHO Global Strategy on Diet, Physical Activity and Health are key and indispensable to policies to guarantee the right to health.

In Brazil, we are currently intensifying our fight against the risk factors with the greatest influence on the onset of chronic non-communicable diseases, such as tobacco use, alcohol abuse, lack of physical activity and unhealthy diets. We are promoting the reformulation of urban spaces in large urban centres of Brazil. Our Healthy Gym Programme envisions the creation of 4,000 new centres dedicated to supervised physical activity. The Brazilian Government has also been taking measures to guarantee better eating habits by encouraging breastfeeding, the proper labelling of foodstuffs and healthy eating habits in schools. Another initiative of my Government has been to establish voluntary agreements with the food industry on eliminating trans-fats and reducing sodium content in their products.

We want to go even further in combating the use of tobacco, through fully implementing the articles of the Framework Convention on Tobacco Control. Women's health is a priority for my Government. We are strongly committed to reducing mortality rates linked to breast cancer — the most common cancer — and to cervical cancer, which remains a serious health issue especially in northern Brazil, one of the more vulnerable areas of my country. We are therefore facilitating access to preventive examinations,

improving mammogram quality and expanding treatment access for cancer victims.

This meeting of Heads of States from around the world must take decisive steps towards reducing the occurrence of chronic non-communicable diseases. Their disproportionate incidence among the poorest demonstrates the need for a comprehensive response to the problem. Health policies must therefore be coordinated with those that address the socio-economic determinants of these diseases.

In light of this issue's central importance for Brazil and for the world, my country, together with the WHO, will host the World Conference on Social Determinants of Health. I invite all those present here today to participate in the Conference, to be held from 19 to 21 October in Rio de Janeiro.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Marcus Stephen, President of the Republic of Nauru, who will speak on behalf of the Pacific small island developing States.

President Stephen: Non-communicable diseases (NCDs) are among the most underappreciated barriers to sustainable development. I commend the General Assembly for adopting resolution 64/265 and view this High-level Meeting as an important milestone in the global effort to address NCDs. I would also like to thank His Excellency Secretary-General Ban Ki-moon for his informative report on the matter (A/66/83).

Nauru is all too familiar with this growing crisis. The prevalence of diabetes in my country approaches 14 per cent, which is more than double the global average. In Nauru, NCDs remove people from the workforce and drive up family spending on health-related expenses. I know the same is true in other countries.

NCDs are also a rapidly increasing burden on our domestic budget and test our Government's commitment to providing health care and social services to all of our citizens. For a small country like Nauru, they also undermine our good governance and political stability by robbing some of our community leaders of their most productive years. The current trajectory is not sustainable. Therefore, addressing NCDs must be a part of the international community's sustainable development agenda.

Regrettably, the issue has not received the attention it deserves, and international resources dedicated to addressing the problem have been inadequate. Perhaps this is because of engrained societal prejudices and the view that NCDs are solely an issue of personal responsibility. However, I am heartened by the growing recognition that this is a complex issue with many causes and requires a comprehensive response at the national, regional and international levels, in addition to the individual level.

Nauru has responded with a number of domestic initiatives. For example, we enacted the Tobacco Control Act of 2009, increased taxes on tobacco and alcohol, introduced a sugar tax and begun building modest district sports courts. We have also started a number of exercise and nutrition programmes to educate our citizens and encourage a healthier lifestyle.

We have also actively engaged in regional initiatives. The Pacific Ministers of Health concluded that NCDs have reached epidemic proportions in the region and are creating an unprecedented human, social and economic crisis requiring an urgent and comprehensive response.

We have also benefited from such international efforts as the World Health Organization STEPS survey about trends in NCDs. I am reminded of the importance of the first global conference on AIDS and how it spawned awareness and positive spin-off initiatives to address the crisis. The time has come for a similar global commitment to meeting the challenges of NCDs.

Nauru is not alone in its struggle with NCDs, but we confront our own set of challenges. As a small Pacific Island nation, we occupy a unique niche in the global economy. Geographically isolated and possessing little land suitable for agriculture, we cannot hope to compete with larger countries and their industrial food production. As a result, cheap and often unhealthy food is routinely dumped on our domestic markets. Nutritious food is a luxury that most of my people cannot afford.

Climate change and ocean acidification are adding new barriers to healthy eating. For centuries, our ancestors harvested healthy fruits and vegetables on land and caught fresh fish from the sea, but today the impacts of climate change are threatening our long-term food security.

Expanding domestic food production is important, and we are thankful for the assistance provided by development partners in this regard. Additional investment in our port facilities and our water storage and delivery systems would also help increase our food security. We must take the steps necessary to make low-cost, high-nutrition foods readily available to families.

As Chair of the Pacific small island developing States, I would like to conclude with some startling numbers that illustrate just how severe the NCD crisis is in the Pacific region. Last year, 75 per cent of deaths from natural causes in our region were attributable to NCDs. Obesity rates top 90 per cent in some of our countries, and diabetes has hit epidemic levels region-wide. Nearly 45 per cent of our adults have high cholesterol and one-quarter suffer from hypertension. Some 70 per cent of Pacific women smoke, with male smoking rates close behind, and our children are three to four times more likely to use tobacco than their peers in developed countries.

Let us make no mistake — NCDs are as much a threat to our region as AIDS, malaria and dysentery are in other parts of the developing world. The good news is that, by implementing education programmes and giving our people access to healthy choices in diet and lifestyle, we can reverse these trends and build stronger communities for our children. A holistic development approach must be at the core of our actions to address NCDs.

The Acting President: The Assembly will now hear an address by His Excellency Pál Schmitt, President of the Republic of Hungary.

President Schmitt: It is an honour and pleasure for me to represent the Republic of Hungary at this High-level Meeting on non-communicable diseases (NCDs). Allow me to emphasize that Hungary aligns itself with the views expressed on behalf of the European Union.

During recent years, we have all witnessed the rapid global spread of non-communicable diseases, which today represent a leading threat to human health and sustainable development. Even worse, this is happening when the economic climate is uncertain and fragile, putting pressure on our limited resources. Especially alarming is the fact that non-communicable diseases are spreading rapidly to those parts of the world where their prevalence had been relatively

moderate, and where this growing burden poses a real social and economic threat.

We need innovative solutions. New models of care are needed, instead of the present hospital-centric ones. Clearly, such innovation should include comprehensive programmes for integrated actions for prevention, early detection and control of non-communicable diseases. There is also a pressing need for investment in the prevention of NCDs as an integral part of sustainable socio-economic development.

I would like to emphasize the strong commitment of Hungary to contribute to the global fight against NCDs. We still have a lot to do in our own country, where there are persistently high levels of morbidity and mortality due to non-communicable diseases. While Hungary has been successful in fighting communicable diseases — for instance, in controlling tuberculosis and in operating comprehensive childhood immunization programmes — we have not yet been able to reach the breakthrough we would like to see in discouraging unhealthy lifestyles among our population. Developing comprehensive non-communicable disease control programmes deserves attention.

Hungarians have a long history of, and successes in, knowledge-sharing and providing educational and training programmes for students and experts from all over the world. We have accumulated experiences in designing and implementing health-sector programmes adapted to local needs and tailored to the scarcity of resources, thereby ensuring their sustainability. Let me here make the point that we need to stop the so-called brain-drain of health professionals, which also contributes to inequities in the provision of care among regions and countries.

In conclusion, as a former Olympian, I know very well that for our dreams to come true and our goals to be achieved requires not only identifying the target but a long-term comprehensive strategy as well, broken down into action plans and achieved through hard day-to-day work. It requires commitment, enthusiasm, patience, continuous support, well-established team work and, of course, sometimes luck. That is the way to win the game. Our target should be to win the global game in the fight against non-communicable diseases. We cannot be satisfied with less. I am convinced that we can do it if we join forces.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Hifikepunye Pohamba, President of the Republic of Namibia.

President Pohamba: Like other countries around the world, Namibia faces growing incidences of non-communicable diseases. These include cardiovascular diseases, cancers of various types, chronic lung diseases, such as asthma, and diabetes. Namibia has also documented high rates of tobacco smoking, alcohol abuse and obesity. We are concerned about the impact of these diseases on the lives of our people, the socio-economic development of our country in general and on our public health system in particular.

In that context, our Government has taken a number of steps to address those challenges. For example, we have adopted the World Health Organization Framework Convention on Tobacco Control. We have also enacted our tobacco products control act, which prohibits smoking in public places. Other measures adopted by Namibia in the fight against non-communicable diseases include restrictions on access to alcohol outlets by persons under the age of 18 years and limits on the times and days of the week during which alcohol may be sold. Although those measures are in place, their enforcement has proved challenging, especially in rural areas and informal settlements. More work therefore needs to be done in order to ensure greater compliance.

Our Government also provides social grants to orphans, pensioners and people with disabilities in order to reduce extreme poverty and their vulnerability to non-communicable diseases. Another practical measure adopted by our Government is the implementation of the Green Scheme programme, to improve national food security and enhance families' access to healthier diets. Our Government has also expanded public literacy programmes, as tools to fight non-communicable diseases. Since independence, adult literacy in Namibia has increased from 70 per cent to 91 per cent.

Given the gravity of this challenge, developing countries have adopted a two-pronged approach to fight both communicable and non-communicable diseases. In that regard, Namibia appeals for international support, both financial and technical, in order to overcome these challenges. As a country, we would like to see more intersectoral collaboration —

that is, public/private partnerships — to discourage harmful advertisements and the marketing of tobacco, alcohol and unhealthy food.

I reiterate Namibia's full support for the efforts of the Secretary-General and his staff to raise awareness about the importance of preventing and controlling non-communicable diseases. That will go a long way to prevent premature deaths and ensure better quality of life for all humankind. Together, we can make it, and we can make a difference.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Robert Gabriel Mugabe, President of the Republic of Zimbabwe.

President Mugabe: I would like to begin by thanking the President of the General Assembly for having organized this pioneering meeting of the General Assembly on the prevention and control of non-communicable diseases. May I assure the President that my delegation attaches great importance to the outcomes of this High-level Meeting. It is my hope that the Meeting will generate the necessary political will to combat the growing danger posed by non-communicable diseases (NCDs).

As leaders, we have for a long time focused our attention on other diseases such as HIV and AIDS, tuberculosis and malaria, and, in the process, have overlooked the growing threat posed by NCDs to humankind. Our meeting today awakens us to the reality that NCDs have now surpassed HIV and AIDS as the leading cause of death worldwide. They accounted for 63 per cent of all global deaths in 2008.

We are alarmed by the statistics from the World Health Organization (WHO) that NCDs are expected to affect 52 million people by 2030. This must surely spur us to take urgent mitigation measures. I understand that the majority of new cases will be recorded in developing countries. Undoubtedly, this will further strain our already overburdened health delivery systems in the developing world, and this, I am sure, will scuttle the realization of one of the main Millennium Development Goals.

I am informed that WHO projects the burden of NCDs to increase 17 per cent globally and that the greatest increase, of 29 per cent, is expected to be in the African region. It is common cause that Africa is the least developed continent, and consequently the least able to cope with such a scourge. This must be

taken in the context of the devastation caused to the continent by the HIV and AIDS pandemic. I therefore call upon the international community, especially developed countries, to increase their assistance, in particular to Africa, towards preventing and controlling NCDs.

The scourge of NCDs in developing countries places an enormous social and economic burden on fragile health delivery systems. Consequently, the availability of drugs to our people is compromised and, inevitably, the rate of mortality increases. My country conducted a NCD risk factor assessment in 2005 and established prevalence rates of 10 and 27 per cent for diabetes and hypertension, respectively. Furthermore, the 2010 WHO Global Status Report on Non-Communicable Diseases in Zimbabwe revealed an estimated age-standardized death rate for all in 2008 to be nearly 698 per 100,000 for males and 533 per 100,000 for females.

There are several questions that we have to address at this conference. Are we doing enough in our efforts to address the modifiable factors contributing to the increase of NCDs? Are we capacitated to provide treatment and research on new ways to strengthen our efforts to curb the scourge of NCDs? These are the challenges confronting us today and it is imperative that we harness our collective efforts towards a united and common objective.

My Government continues to prioritize health issues, including NCDs. To that end, we have established a national mechanism to combat non-communicable diseases through raising awareness of the magnitude of this scourge in our country. In addition, we have put in place programmes for the training of our NCD health services personnel.

Furthermore, Zimbabwe's second NCD risk factor surveillance will be conducted in 2012 to augment our database on diseases. We expect the surveillance to complement our yearly NCDs awareness campaign targeting the diseases under the four main NCDs whose modifiable factors include raised blood sugar level, high blood pressure, obesity, excessive alcohol and tobacco consumption, unhealthy diets and lack of physical exercise.

Global food agencies such as the World Food Programme and the Food and Agriculture Organization have noted that many families in developing countries suffer from the lack of a balanced diet, rendering them

susceptible to NCDs. Yes, many developing countries, including Zimbabwe, have had their challenges with abuse of tobacco and alcohol, but such factors are only attributable to a small percentage of any country's population. The major challenge in many of our countries is to reduce poverty, which restricts many families to a rigid and unbalanced diet.

Zimbabwe welcomes the Political Declaration (resolution 66/2, annex) just adopted at this meeting, which outlines the first collective attempt to provide a way forward in finding a solution to the NCD epidemic. Unfortunately, the document does not adequately address some of the core challenges facing developing countries as they grapple with this scourge. We therefore call on developed countries to make concrete commitments that are time-bound so as to ensure access to medicines, appropriate technology transfer and further training for our health personnel on NCDs.

My delegation is concerned that in the quest to protect trade-related aspects of intellectual property rights, the human face is lost. There is a tendency to forget that this is a life and death situation for our affected people. We reiterate that human survival must be more important than all else. My delegation calls on international partners to grant flexibilities that will allow pharmaceutical companies in countries of the South to manufacture generic drugs that treat NCDs, just as they did for HIV and AIDS drugs over the past few years. We believe that this would go a long way to ensuring the availability and affordability of treatment.

I would like to conclude by saying that we have before us a challenge to make a historic decision in the global fight against the NCD scourge. It is our collective responsibility as leaders to make this meeting a success for the benefit of all humankind.

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Micheline Calmy-Rey, President of the Swiss Confederation.

President Calmy-Rey (*spoke in French*): Non-communicable diseases have become not just an urgent public health problem, but a major political issue because of their impact on our societies and economies. These diseases pose a global challenge that concerns us all, whether in developing, emerging or developed countries, and which we must tackle together. As the specialized agency of the United Nations responsible for global health, the World Health

Organization has a key role to play in coordinating global measures to combat non-communicable diseases.

The main causes of non-communicable diseases are linked to lifestyles and living conditions. A substantial proportion of the premature deaths they cause could be avoided. These factors are vital in determining the actions we must take to confront this scourge.

In Switzerland, we have adopted a pre-emptive approach through targeted preventive and health-promotion measures in the fight against smoking and alcohol abuse, and through promoting balanced nutrition and exercise. We have developed mechanisms that enable us to work closely and innovatively with the private sector, research entities and civil society, with the involvement of various public authorities in order to better direct our activities towards at-risk populations.

In the context of our development cooperation activities, we adopt a similar approach by emphasizing the strengthening of health care systems by promoting health, prevention, education and social protection. We intend to step up our efforts in the area of non-communicable diseases without taking resources away from the important area of communicable diseases. On the contrary, synergies between these two areas must be found.

Above all, we need to bring about a change in mindsets, which is a long-term task that will require sustained political commitment. There is an urgent need to act and to commit ourselves over the long haul so that preventive measures can take effect before the consequences of non-communicable diseases catch up with us all. Let us devise innovative solutions that make use of the potential synergies between governmental actors, civil society, the private sector, the research sector and international organizations. We must ensure that our prevention and health-promotion measures will benefit everyone, rich and poor, in all countries. Let us use the World Health Organization and take advantage of its ongoing reform process to give it the responsibility for coordinating our response to non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Abdoulaye Wade, President of the Republic of Senegal.

President Wade (*spoke in French*): The initiative taken by the United Nations to convene this High-level Meeting on the Prevention and Control of Non-communicable Diseases demonstrates the far-reaching impact of such infections and the need to ensure that our people understand them better.

Before coming here, I asked our Minister of Health what a head of State who knows nothing of medicine could say that might be of interest to share with the Assembly on this issue. I ultimately understood that there are two categories of diseases — that is, diseases that can be transmitted by bacteria and viruses, against which we fight very effectively in Senegal, although this entails much spending, and other diseases, which are the subject of our meeting today.

What I understood and what I intend to apply when we return to Senegal is that the second category of disease covers those that have to do with the functioning of organs and that are not due to external causes. They have to do, rather, with the development of the individual, which is practically out of our control. I would note that, according to statistics, while 35 per cent of deaths are currently due to these non-communicable diseases, 30 years from now that figure will rise to 75 per cent. This means that we must take a different approach to this issue than we have taken until now. While 75 per cent of deaths represents a great loss of human life, it also means substantial financial costs, which we cannot afford.

Bearing all of this in mind, and to keep my remarks brief, I will quickly tell the Assembly about how we respond to health issues in Senegal and about the concrete steps we will take with respect to this issue.

Senegal took the issue of AIDS very seriously at an early stage. It is for that reason that we have one of the lowest prevalence rates in Africa, namely, 0.7 per cent. Senegal was also an early adopter of e-medicine, although today we may not be at the head of the pack.

When it comes to the issue we are discussing, I would like to say that we believe that the most important thing is for people to understand what causes these illnesses, and this has to do with the overall issue of prevention. Prevention has to do with individual responsibility, and hence the need for education and raising awareness at the individual level. That is why, in our Ministry of Health, we have placed great

emphasis on medical prevention and preventive public health measures, including through several initiatives.

Finally, I would like to say that I have noted that the treatment for these diseases requires more or less sophisticated equipment, which is very costly. We must therefore consider the issue of how to acquire such equipment — perhaps by producing such equipment locally in our countries in Africa or in the subregion — and the issue of increasing the number of specialists on these issues.

Regardless of the viewpoint adopted in dealing with health issues, we in Senegal always reach the same conclusion, namely, that what we need is prevention, in general and at the individual level. That is why we propose that the coming decade be declared be the decade of prevention.

The Acting President: I now give the floor to His Excellency Mr. Alexandre Manguela, Minister for Health of the Republic of Mozambique.

Mr. Manguela (Mozambique): In my country, the main public health problems are still related to communicable diseases. The burden of malaria, HIV and AIDS, tuberculosis and related diseases is quite high, resulting in high mortality rates. However, in recent years, due to environmental factors, lifestyle changes, development and increasing urbanization, among others, we are seeing an increase in non-communicable diseases. This situation is critical and constitutes a major challenge not only for the health sector, but also for the development of the country.

Aware of this growing problem, we conducted in 2005 the first assessment of risk factors for chronic non-communicable diseases, which has already shown worrying figures. These diseases affect Mozambican citizens at an early stage of their lives, endangering their participation in the production processes of the country and creating for families and the Government a huge economic burden.

The poorest countries and countries in great need, such as Mozambique, cannot treat these new diseases, which are chronic and extremely costly. Only a timely policy to wage an integrated fight against common risk factors for these diseases in the direction of changing incorrect lifestyles would contribute to the primary prevention and reduction of their impact in the near future.

Mozambique has decided to include the fight against these diseases in our health sector policy and in the Government's five-year plan. Since 2002, the Ministry of Health has had a department that is responsible for this area. A national strategic plan for the prevention and control of non-communicable diseases in Mozambique was approved in 2008. Due to the shortage of resources that the country is facing, an integrated approach to implementing the plan was adopted that allows for profitability in terms of both financial and technical resources, which we think is the best strategy in current conditions. We also intend to intensify action to promote health and implement, at the primary health-care level and in a systematic way, screenings for risk factors for chronic non-communicable diseases.

In conclusion, allow me to stress that, in order to contribute to reducing the exposure to and degree of prevalence of risk factors for non-communicable diseases, as well as to reduce mortality and improve the quality of life for Mozambican citizens, the Government of Mozambique is fully committed to implementing the Brazzaville and Moscow statements. Thus, we hope that in this meeting, non-communicable diseases — including cardiovascular diseases, chronic respiratory diseases, diabetes mellitus and cancer — should be declared a global priority and included in internationally agreed goals, including the Millennium Development Goals.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Ali Bongo Ondimba, President of the Gabonese Republic.

President Bongo Ondimba (*spoke in French*): At the outset, I would like to congratulate Ambassador Nassir Abdulaziz Al-Nasser on his election to the presidency of the General Assembly at its sixty-sixth session, and to commend the excellent job done by his predecessor, Mr. Joseph Deiss. I also congratulate Mr. Ban Ki-moon on his re-election as Secretary-General and wish him a successful term.

Since the adoption of the 2008 Libreville Declaration on Health and Environment in Africa, Gabon has been firmly committed to preventing and reducing the impact of non-communicable diseases by developing capacities and creating monitoring systems. The Government of Gabon has assessed the problem, and our public health policies focus on the quality of life of our people.

In our national strategies and programmes, together with the private sector and civil society, we have focused on prevention and education with respect to healthy lifestyles. Significant measures are in place, such as free screening for diabetes and high blood pressure, a ban on smoking in public places, and limiting alcohol consumption.

With the private sector, and in the spirit of the Brazzaville and Moscow declarations, we are experimenting with the SMS diabetes project, with the goal of providing users of cell phones with information on diabetes awareness and its management. We have also planned national control mechanisms, including a cancer institute to open in 2012. Furthermore, operational research efforts are under way on sickle cell anaemia at the International Centre for Medical Research in Franceville.

Many challenges remain. Gabon needs greater visibility in terms of statistics in order to guide our programmes. Moreover, Gabon calls for more effective epidemiological monitoring systems in order to ensure better follow-up with respect to non-communicable diseases in the health, social and economic areas. Similarly, we would draw the attention of the international community to the links that could exist between chemical products and the development of cancer, and we again appeal to the sense of responsibility of the major companies that produce alcohol and tobacco.

In conclusion, I commend the holding of this High-level Meeting. It gives us the opportunity to reach a consensus on the partnership platform that must be set up so that the goals of prevention and control of non-communicable diseases are achieved by the low- and medium-income countries by 2015. To that end, my country supports the declaration of the Group of 77 and China and commends the Secretary-General for his report on NCDs. Gabon supports the recommendations that he has made with respect to our common actions.

The Acting President: I now give the floor to His Excellency Mr. Naman Keita, Minister of Health of the Republic of Guinea.

Mr. Keita (Guinea) (*spoke in French*): Along with specific issues related to maternal and child health, non-communicable diseases (NCDs) represent for our countries a heavy emerging burden in addition

to the burden of contagious or infectious diseases such as malaria, HIV and tuberculosis.

The situation in our country, Guinea, relating to the main NCDs is as follows. The incidence of diabetes among the population is 5.7 per cent in the city of Conakry and 5.6 and 4.6 per cent, respectively, in the urban and rural areas of Basse-Guinée. Three fourths of those cases have not been diagnosed, and most cases, even when diagnosed, are not treated. As a result of the lack of adequate diagnostic mechanisms and treatment modalities, diabetic comas account for half of the deaths among those who suffer from that illness. In addition, diabetes is the culprit in half of all limb amputations. High blood pressure affects 35 per cent of the population.

The prevalence rates of the main types of cancer are as follows: cancer of the uterus, 48 cases per 100,000 women; breast cancer, 14 cases per 100,000 women; liver cancer, 32 cases per 100,000 persons; and prostate cancer, 16 cases per 100,000 men. The incidence of bronchial asthma is 12 per cent in schools and 5 per cent among the general population. Sickle-cell anaemia, diagnosed by means of Emmel's test, is detected in 12 per cent of screenings. Nor is it unusual for a patient to have more than one NCD. These diseases, while not lethal, result in high medical transport costs — an ineffective approach given that we are talking about chronic illnesses.

Given the high rates of NCDs and their impact on development, the Government of Guinea, together with its technical partners, in particular the World Health Organization, has taken the following priority actions: an overall commitment by and concertation among the Government; support for the national integrated programme for the prevention and treatment of NCDs in the form of human, material and financial resources; and the mobilization of financial resources within our national budget that are commensurate with the burden of NCDs.

We hope that this High-level Meeting will provide a strong impetus for improving the situation with respect to NCDs, through, inter alia, a reduction in the number of deaths, comas, amputations and cases of paralysis. We are counting on agreed measures to ensure that we are successful in the long term in combating NCDs. Long live international cooperation!

The Acting President: The Assembly will now hear an address by Her Excellency Mrs. Kamla Persad-

Bissessar, Prime Minister of the Republic of Trinidad and Tobago.

Mrs. Persad-Bissessar (Trinidad and Tobago): I have a question for those who are participating in this High-level Meeting today. I would like to know, by show of hands, how many here suffer from one of these non-communicable diseases (NCDs), or have close family members who do. The fact that a number of people raised their hand underscores the significance of this very important discussion we are having here today.

At this gathering of world leaders, diplomats, intergovernmental organizations and representatives of civil society, we underscore the importance of formulating a global strategy to address the most urgent challenges posed by NCDs.

The impact of NCDs on our populations can no longer be viewed solely as a health crisis. The Government of Trinidad and Tobago recognizes this challenge, and we have therefore put in place measures to prevent and treat persons affected by these NCDs.

We have experienced some successes and made strides in the area of public health. We have been able to reduce infant mortality, eradicate polio and virtually eliminate childhood diseases such as measles and diphtheria as major causes of infant morbidity and mortality through our robust primary-care programmes.

Nevertheless, over the past decade, our statistics have shown that heart disease remains the number one cause of death, accounting for 25 per cent of deaths. The incidence of diabetes has remained fairly constant, accounting for just under 14 per cent. Cancers have increased slightly, from 12.7 per cent to 13.8 per cent. In the case of strokes, however, there has been a 1 per cent decline, from 10 to 9 per cent.

A significant portion of our gross domestic product is being utilized to provide care for persons with NCDs. Added to this economic cost is the social burden placed on families and communities that must cope with the numerous problems caused by these diseases. These include disabilities, the inability to work and the provision of care for the ill and the vulnerable, as well as the social risk factors linked to culture, education, environment, urbanization and employment, all of which increase susceptibility to developing NCDs.

Trinidad and Tobago has been at the forefront in advocating for national, regional and international action to focus on NCDs as a developmental issue of global concern. Trinidad and Tobago took the political initiative and proposed to this body that a high-level meeting be convened to address the matter. Subsequently, our delegation at the United Nations participated actively along with delegations representing the Caribbean Community and other Member States in the deliberations which laid the groundwork for this meeting. However, we view our efforts at the multilateral level as only complementary to what we are obligated to do domestically.

At the national level, we have devised a number of programmes in the fight against NCDs. Only last Friday, we appointed new members to the Partners Forum Working Committee for Action on Chronic Non-communicable Diseases. The goal of this Committee is to act as both a catalyst and a mechanism for multisectoral action to promote health and reduce the burden of chronic diseases.

We have also formulated schemes to ensure that all segments of the population, especially the most vulnerable, are provided with medications. These are provided at no cost to the population under our Chronic Disease Assistance Programme.

As a State party to the World Health Organization Framework Convention on Tobacco Control, we have implemented legislation which, among other things, bans smoking in enclosed public spaces; forbids the advertising, promoting and sponsoring of tobacco products; and prohibits the sale of tobacco products to minors.

In closing, I would ask, what must we do? We are serious about this; that is why we are here, and why the Meeting is taking place. What can we do? I propose the following. We need to recognize that NCD risks do not have a medical origin and therefore require, in addition to medical solutions, non-medical solutions. Consequently, we must redefine the problem. We need to change the dialogue and focus on the social determinants of health in order to win the war against NCDs. For these reasons, we submit that Member States should strengthen the systems and services for early detection, treatment and rehabilitation. Emphasis must also be placed on research on the man-made causes of NCDs, the reduction of risk factors and a shift towards protecting the future of our children.

My country strongly endorses the development of a global strategy for the prevention and control of NCDs. This can be achieved if the United Nations partners with Member States to reduce the incidence and prevalence of NCDs among our populations. This requires the harnessing of financial and other resources that are not readily available to many developing countries. In order to achieve these objectives, I urge the General Assembly to adopt the following proposals.

The first is to support the establishment of global targets for NCD prevention and control, with a possible target of reducing NCDs by 25 per cent by 2025. The second is to redefine NCDs in terms of the conditions that drive the risk factors for development. The third is to commission a scientific and technical working group to develop a research agenda for NCDs and establish the framework within which the global community can respond and measure the efficacy of the response at all levels. In that regard, the Secretary-General may consider the appointment of a special envoy on NCDs.

Finally, the Government of Trinidad and Tobago remains committed to working with the United Nations, other intergovernmental organizations, members of civil society and other partners to implement any agreed global strategy aimed at preventing and controlling the incidence of NCDs.

The Acting President: The Assembly will now hear an address by Her Excellency Sheikh Hasina, Prime Minister of the People's Republic of Bangladesh.

Sheikh Hasina (Bangladesh): I am happy to speak before the General Assembly on the issue of non-communicable diseases (NCDs), which are a growing development challenge in Bangladesh and the world alike. I hope that our meeting today will help to raise concern and enhance our work towards developing common approaches to non-communicable diseases.

The steady growth of humankind and its strivings towards economic prosperity sometimes leaves little space for environmental and health considerations, at great cost to our populations' health. The ever-growing requirements on agriculture and industry have led to the unsustainable exploitation of natural resources, pollution, urbanization and ecological degradation. These changing conditions have, in turn, given rise to the growth of NCDs, such as cardiovascular diseases, diabetes, pulmonary ailments and cancer. NCDs now

account for 60 per cent of global mortality and 61 per cent of national mortality in Bangladesh.

Sadly, NCD prevention and control programmes have remained a low priority for national and international engagement. It is increasingly clear, however, that we can no longer ignore these problems. As part and parcel of efforts to combat NCDs, we need to pay more attention to the use of food additives, chemicals, residual pollutants, enzymes and hormones, and even try to curb the excessive use of antibiotics.

NCDs affect the rich and the poor alike, but their worst impact can be seen in working adults, to the extent that they place a great social and economic burden on families. Deaths are usually premature and follow a period of prolonged suffering. This entails additional expenditures, which families cover by reducing essential consumption, borrowing money and selling assets. Squeezed for money, affected households often need to lower the quality of their food, which then has an impact on the overall development of their children. This silent epidemic plunges people into poverty, which in turn slows economic growth, especially in poor countries like ours.

Thankfully, there are some very concise steps that we can take to control NCDs. We need tobacco control and the regulation of the unfettered food and beverage industries. We also need to distribute information on what constitutes a healthy diet, as well as to encourage physical activity. Pollution control, clean technologies and environmentally friendly waste management practices are equally important, as is the availability of health facilities.

In the developing world, our health systems are limited to primary health care, with some referral hospitals where doctors can look after patients with NCDs. Private health centres offer services that are either inadequate or prohibitively expensive. There is a need, therefore, for more health facilities and specialized hospitals focusing on specific and major NCDs, including cancer, heart and lung diseases and mental health.

In recent years, Bangladesh has started to commit additional resources to control NCDs, imposing higher taxes on tobacco, banning smoking in public places, setting up diabetic associations in towns and initiating

community-based mental health promotion and blindness prevention programmes in rural areas.

We are also developing specialized hospitals and offering incentives to the private sector to build modern health facilities. We have also taken important steps to integrate autism and other developmental disorders into our existing health-care programme.

In July, we held a high-level international conference on autism in Dhaka and also created a regional coalition. The Dhaka Declaration calls for immediate action to increase access to services and ensure adequate and timely treatment and care. It also calls for the mobilization of increased human and financial resources for the health care of children with developmental disorders.

The challenges of NCDs require matching resources, which can be generated by public-private partnerships. The 2010 *World Health Report* has aptly covered the issues of innovative financing and health insurance. Despite all of that, the fact remains that we need unqualified support and enhanced resources from all of our development partners. High on the list are the easy transfer of technology and access to medicines at affordable prices. Indeed, by actually rising above national considerations, together we can prevent and control NCDs and realize our common goals in health and development.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Ralph E. Gonsalves, Prime Minister of Saint Vincent and the Grenadines.

Mr. Gonsalves (Saint Vincent and the Grenadines): Saint Vincent and the Grenadines aligns itself fully with the statement delivered on behalf of the Caribbean Community (CARICOM) by His Excellency the President of the Republic of Suriname. Given the limited time allotted to speakers in this High-level Meeting, I will not seek to be exhaustive in my remarks, but merely add to those who have spoken before me on this important issue.

Mr. Thomson (Fiji), Vice-President, took the Chair.

Four years ago, the statement I prepared for the general debate of the sixty-second session of the General Assembly included the following:

“The costs associated with treating the chronic non-communicable disease epidemic are staggering and constitute a serious threat to our already strained health care budgets. Saint Vincent and the Grenadines has therefore declared war on chronic non-communicable diseases, and is in the embryonic stages of developing a comprehensive strategy to elaborate a wellness revolution among and by our citizens. This is part of a well-articulated regional strategy by members of CARICOM. To that end, we urge the World Health Organization and the Pan American Health Organization to partner with Caribbean nations in devising effective strategies to combat these debilitating lifestyle diseases.”

Today, I am pleased to address a high-level meeting dedicated specifically to the non-communicable disease (NCD) epidemic. I am grateful for the perseverance of my fellow CARICOM Heads of State and Government in bringing this matter to the forefront of the international agenda. In September 2007, we issued a declaration entitled “Uniting to Stop the Epidemic of Chronic NCDs”, which preceded the first-ever Heads of Government summit devoted solely to NCDs. I also appreciate the solidarity and foresight of the Heads of Government of the Commonwealth, who issued an important Statement on Commonwealth Action to Combat Non-Communicable Diseases during our 2009 meeting in Trinidad and Tobago. The excellent speech delivered a short while ago by the Prime Minister of Trinidad and Tobago reflected some of these considerations and concerns.

The Ambassadors of Luxembourg and our sister island of Jamaica are also deserving of our commendation for the strong work they did in co-facilitating the negotiating process that led to our Political Declaration on NCDs (resolution 66/2, annex).

The Government and people of Saint Vincent and the Grenadines also express their deepest thanks to those Governments that have assisted us in the formulation and implementation of our own wellness revolution. In particular, we thank the European Union and the Governments of Cuba and Taiwan, whose recent successful efforts to participate in the World Health Assembly reflect their deeply held commitment to international health issues.

But this is not a time for congratulatory backslapping. It is a time for the international community to roll up our collective sleeves in order to confront an epidemic that is correctable, reversible and treatable. This high-level event is not the culmination of an effort, but merely the beginning of intense, focused and coordinated actions to address the health and development impacts of NCDs, particularly in poor and middle-income countries.

There is a reason that this meeting is being held here in the General Assembly in New York and not at the World Health Organization headquarters in Switzerland. That reason is the fact that the fallout of the NCD epidemic is much wider than the health sector or the health of those individuals tragically afflicted with non-communicable diseases. The development aspects of this epidemic must be highlighted and addressed. In particular, we must confront the tremendous strain that NCD treatment places on the health care budgets of developing countries. We cannot ignore, either, the disproportionate impact of this epidemic on poor people and developing States, or its obvious negative impact on the achievement of the Millennium Development Goals. Our response to the NCD epidemic must therefore be multifaceted and coordinated.

In that regard, while I am heartened by our international consensus on the Political Declaration emanating from this meeting, it is not enough. Our political consensus today must give impetus to a robust follow-up process and a detailed plan of action that will provide assistance to local hospitals and primary care facilities; acknowledge that the flexibilities inherent in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights can and must be applied to the NCD epidemic; dedicate development assistance to strengthening NCD prevention and treatment; and collaborate on education and public awareness efforts in combating these diseases.

We must also consider the role of the State and civil society in promoting healthy lifestyles and protecting local citizens from environmental harm and trade imbalances that make an imported hamburger, French fries and a carbonated beverage cheaper and more readily available than a nutritious, locally produced meal.

Hippocrates once said, “A wise man should consider that health is the greatest of human blessings”. If we can collectively protect and preserve this blessing, the benefits will go well beyond the longevity and productivity of individual citizens. They will have a knock-on effect on the economies, societies and development prospects of countries and regions. I wish all success to this High-level Meeting.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Freundel Stuart, Prime Minister and Minister for National Security of Barbados.

Mr. Stuart (Barbados): It is my special privilege to address this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs), a subject of critical concern to Barbados and the countries of the Caribbean. The Caribbean is the region of the Americas worst affected by the epidemic of NCDs. These diseases are responsible for over two-thirds of all deaths, much sickness and ill health, resulting in an unsustainable burden on our fragile economies. The economic and social gains made in the Caribbean region over the past five decades are in grave danger of being reversed without immediate, effective and aggressive intervention.

Grave concern about this situation propelled Caribbean Community (CARICOM) leaders to convene an unprecedented summit on chronic non-communicable diseases in 2007, which led to the adoption of the Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs. Further, it was the impetus for CARICOM member States to place the issue of non-communicable diseases on the agenda of the United Nations.

It is estimated that one in every four Barbadians is affected by at least one of the NCDs. Rising rates of obesity, poor nutrition, low levels of physical activity and other risk factors associated with a cultural shift in our lifestyle are projected to contribute to increasing the incidence of NCDs to one in every three individuals by 2025. That reality, coupled with an ever increasing elderly population, makes it critical for a small island developing State like Barbados to set achievable goals and objectives for attaining targets in non-communicable disease prevention and control.

Galvanized by the significant health and socio-economic challenges posed by NCDs, the

Government of Barbados has, over the past five years, taken specific, targeted actions. Barbados has established a chronic non-communicable disease unit. The financial resources dedicated to fighting lifestyle-related diseases — including diabetes, hypertension, heart disease, respiratory disease and cancer — have been increased by over 50 per cent. Our surveillance capacity for chronic disease has been significantly improved through the establishment of the Barbados National Registry, the first of its kind in the Eastern Caribbean. This population-based registry will document all new cases of stroke, acute coronary events and cancer, and will be a vital tool in making informed policy and programme decisions.

Policy actions in relation to diet include the development of nutritional guidelines for healthy and nutritious food in schools and the implementation of a National Nutrition Improvement and Population Salt Reduction Programme. Consultations have started with the manufacturers in the food and beverage industry in an effort to have more wholesome and healthy options available to our citizens.

Barbados is committed to working with the private sector and civil society on these issues and strongly supports the establishment of mechanisms to permit civil society to be significantly involved globally in responding to non-communicable diseases and in the setting of time-bound targets.

Our commitment to the World Health Organization Framework Convention on Tobacco Control remains firm, as seen in the enactment of legislation to ban smoking in public places and to prohibit the sale of tobacco products to minors.

The process that started at the 2007 summit in Port-of-Spain has succeeded in placing non-communicable diseases on the global development agenda. There is now a greater acknowledgement of the enormity of the epidemic and its devastating impact on socio-economic development, particularly the socio-economic development of developing countries.

The Political Declaration that we have just adopted (resolution 66/2, annex) does not fully reflect our expectations. However, it provides a good platform for ongoing consideration by the General Assembly of the developmental and other impacts of NCDs. It is our hope that out of this process, developing countries like Barbados will be able to benefit from international cooperation as we continue to address the economic

burden of these diseases, which, as long ago as a decade, accounted for 5.3 per cent of our gross domestic product. Support for training, research and development, quality control and monitoring and evaluation will greatly assist Barbados and other small island developing States in our response to the challenges of chronic non-communicable diseases.

Urgent multisectoral action and policy coordination are needed to achieve the prevention and control of NCDs. I should like to emphasize that it is imperative that, as we go forward, critical decisions are made that include accountability, reporting and systematic feedback of outcomes. We need to accord greater priority to non-communicable diseases on the development agenda. Barbados looks forward to collaborating with our partners in our ongoing interventions against this epidemic.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Commodore Bainimarama, Prime Minister of the Republic of Fiji.

Mr. Bainimarama (Fiji): As we gather for this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs), it is clear that NCDs are a global health epidemic. They are a leading cause of death worldwide. The statistics are staggering: NCDs account for over 63 per cent of deaths globally. In the Western Pacific region, 30,000 die every day due to NCDs. In my own country, Fiji, 80 per cent of illness, disability and deaths are attributed to NCDs.

Those figures speak for themselves. It is also apparent that premature deaths caused by NCDs reduce productivity, curtail economic growth and pose significant social challenges in most countries. NCDs are therefore not just a health concern, but also a development and economic concern.

The Pacific region, including Fiji, has declared NCDs a crisis requiring urgent action. We are aware of the rising burden of NCDs and their socio-economic impacts upon our nations. We recognize, however, that national Governments bear the primary responsibility for responding to this global epidemic.

Our recognition of that fact spurred the Fiji Government to put in place an NCD Strategic Plan for 2010-2014 entitled "From womb to tomb with a double-edged sword — everyone's business". Fiji has adopted the "3M" model — mouth, muscle, medicine — to NCD prevention and control, with strategic health

communication and social determinants forming the base of the model.

Our womb-to-tomb approach, together with emphasis on Millennium Development Goals 4 and 5 in our health delivery system, also supports the Government's road map for ensuring that women and children have access to quality health service. Our strategic activities include intervention in policy, physical environment, lifestyle and clinical services with enhanced advocacy, monitoring and evaluation. This strategic approach is multisectoral in nature, engaging the whole of Government and the whole of society.

As a nation, Fiji is committed to this multisectoral plan and its full implementation over the next few years. By addressing the prevention and control of NCDs in-country, we recognize that we are contributing to addressing NCDs worldwide. To that end, Fiji is one of the first countries in the world to be given an award by the World Health Organization (WHO) for our tobacco-free initiatives in communities. We now have four such communities in place. Additionally, Fiji is one of the first countries in the world to have carried out the first and second WHO STEPS surveys on NCDs.

We believe that it is essential for the global community to work together to support national efforts. Not all countries possess the same capacity to tackle NCDs. There is a need for strengthened international cooperation. The support of relevant international organizations and partners to increase technical assistance, transfer of technology, capacity-building and access to high quality generic medicines would enhance national efforts in tackling NCDs.

Fiji trusts that the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting sets us, as a global community, on track to effectively address and curtail the peril of non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Hubert Alexander Ingraham, Prime Minister and Minister of Finance of the Commonwealth of the Bahamas.

Mr. Ingraham (Bahamas): My Government is pleased to participate in this historic High-level Meeting as the Assembly recognizes for the first time

the growing burden of non-communicable diseases (NCDs) and their socio-economic impact.

NCDs constitute an epidemic in my country, the Bahamas. The epidemic is putting increased strain on our health-care system. In the Bahamas, one-half of all public hospital beds are occupied by people suffering from NCDs, with an average length of stay of seven days. Eighty per cent of the drug costs for our national prescription drug plan are spent on treating hypertension and diabetes. Half of the deaths of individuals 45 years and older and 60 per cent of all deaths are caused by this epidemic of NCDs. The health and related socio-economic costs associated are enormous.

The dual burden of NCDs and communicable diseases has led my Government to strengthen primary health-care services by integrating family medicine specialists at the primary health-care clinics; increase access to medications to control NCDs with the implementation of a national prescription drug plan; promote healthy living and demonstrate that increased physical activity and a balanced diet can lead to reduced dependence on prescription medication; facilitate patient self-management programmes; partner with non-governmental and faith-based organizations to conduct worksite and community-based wellness programmes; develop a national food and nutrition policy and guidelines; and improve the coordination of services through the appointment of an NCD focal point and a stakeholder committee.

While we recognize the important leadership role of the United Nations and the World Health Organization in supporting efforts to decrease the prevalence of NCDs, we strongly recommend an increase in international and regional budgetary allocations; increased access to training in policy formulation, monitoring and evaluation, and coordination across health systems; policy changes for intersectoral involvement in the NCD prevention initiative; and the sharing of best practices in trade and industry.

To stem and redirect the course of the epidemic, we must promote and encourage changes to our lifestyles and make healthy behaviour and appropriate food choices for our children. My Government applauds initiatives undertaken to curb the increasing rate of childhood obesity. We must continue to fight the

global health challenges facing us. We owe it to future generations.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Sibusiso Barnabas Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini (Swaziland): It is an honour for me, on behalf of His Majesty King Mswati III, Head of State of the Kingdom of Swaziland, to address this Assembly and share our views and experiences on the prevention and control of non-communicable diseases (NCDs).

In Swaziland, the situation of NCDs is quite alarming. According to the 2009 annual statistical report of the Ministry of Health, outpatient data from all health facilities indicate that hypertension and heart disease were responsible for more than 33,000 and 3,000 consultations, respectively. Forty-three per cent of hypertension cases were diagnosed in primary health-care facilities, whereas 39 per cent of heart disease was diagnosed in tertiary health-care facilities. Approximately 15 per cent of our population is living with diabetes.

The STEPS survey conducted in 2008, with the support of the World Health Organization (WHO), indicated that Swazi citizens in the 25-to-35 age group had a 32 per cent risk of NCDs, while the 45-to-55 age group had a 50 per cent risk. The survey also revealed that blood pressure levels are rising in the younger population, and obesity levels were found to be at 26 per cent. Indeed, this situation demands urgent attention.

Despite several challenges, the Kingdom of Swaziland is committed to achieving the six objectives of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. In this regard, we have established an NCD national programme, focusing on public awareness and the improvement of case management. Our national programme includes health promotion interventions focusing on the reduction of risk factors and encouraging healthy lifestyles through mass media, community activities and networking with relevant stakeholders. The Ministry of Health is also currently developing the NCD National Policy and the NCD Strategic Plan. The key pillars on which future interventions will be centred are surveillance, promoting public awareness, targeted interventions,

early detection, better case management, palliative care and research.

Partnership is an essential component of the successful implementation of our NCD Programme. All sectors will be encouraged to form a multisectoral approach, with the Ministry of Health assuming the role of coordinator. Development partners, including United Nations agencies, will be requested to give technical, financial and capacity-building support to this important Government initiative.

One of the most committed partners of the Kingdom of Swaziland is Taiwan, and we laud the positive step taken by WHO to invite Taiwan to participate in the World Health Assembly (WHA) as an Observer since 2009. Taiwan's professional participation in the WHA over the past three years has helped to strengthen the international health and medical network.

I would like to conclude with a quote, which I believe in and fully support, from the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs:

“We know what works, we know what it costs and we know that all countries are at risk. We have an Action Plan to avert millions of premature deaths and help promote a better quality of life for millions more.”

The Acting President: The Assembly will now hear an address by His Excellency Lord Tu'ivakano of Nukunuku, Prime Minister and Minister for Foreign Affairs of the Kingdom of Tonga.

Lord Tu'ivakano (Tonga): Sadly, for many Pacific island countries and territories, including Tonga, 75 per cent of deaths attributable to non-communicable diseases (NCDs) is a reality today. In *The World Health Report 2002*, the World Health Organization (WHO) estimated that 60 per cent of all deaths in 2005 would be from NCDs. That figure was projected to increase to 75 per cent by 2020.

The Pacific countries are among the top 10 nations on a number of indicators that no nation should be proud of or aspire to. These indicators include the most obese nations and those with the highest prevalence of diabetes. Changes to the environment in which we live have led to changes in lifestyles and given rise to a crisis of NCDs.

At the recent meeting of leaders of the Pacific Islands Forum in Auckland, New Zealand, the statement on NCDs expressed the latest deep concern that NCDs have reached epidemic proportions and become a human, social and economic crisis requiring an urgent and comprehensive response. This echoes the Honiara Communiqué on the Pacific NCD crisis, in which Pacific Ministers of Health expressed their grave concern over the rapid increase of NCDs in the Pacific countries and stated the need for urgent attention.

In Tonga, NCDs are very much our main public health problem. Ninety per cent of adult Tongans are overweight or obese, and 40 per cent have either diabetes or pre-diabetes. Four of the top five causes of death are due to NCDs. Recent evidence also indicates that NCDs have caused a significant reduction in life expectancy in recent years.

The Government of Tonga has recognized the burden of NCDs and the implications of not doing anything, and has responded with the following.

First, it has given NCDs due prioritization at the national level. NCDs have been included in the Government's nine priority objectives of Tonga's strategic development framework, which is part of our efforts to achieve the relevant Millennium Development Goals.

Secondly, strategies and policies to address the NCDs assist with the establishment of a framework aimed at system-strengthening policy initiatives, research and evidence-based practices, and infrastructure and human resource development. Many of these areas cannot be effectively and efficiently implemented without external assistance.

Thirdly, sustainable funding mechanisms are an issue for most if not all developing countries, such as Tonga. We have been successful in establishing the Tonga Health Promotion Foundation. At the global level, a fund for NCDs, similar to the Global Fund to fight AIDS, Tuberculosis and Malaria, would certainly be helpful.

The fourth concern relates to the development and strengthening of partnerships, as trying to address NCDs in developing nations without partnerships will be impossible. To date, we have developed good working partnerships both locally and with development partners, including regional organizations.

Tonga, at this important meeting, is willing to work with all Member States in support of 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). This High-level Meeting is a significant step in the right direction, and it is imperative that it not be limited to an exchange of ideas and experiences. Encouraging a whole-of-Government and a whole-of-society approach is crucial.

Strengthening international cooperation and better coordination among partners will improve our chances of success, especially when the issues that are significantly related to NCDs — including the world economic downturn, trade and cross-border issues and climate change — are beyond the control of small nations such as Tonga.

A more global approach is needed to supplement the groundwork already started in our struggling island nations, such as advocating the accelerated implementation of good policies. The WHO Framework Convention on Tobacco Control is an important example, as its accelerated implementation would enhance previous commitments to the Convention by many Member States. We must also go further and link our declarations to set targets in our concerted efforts to combat NCDs. Developing nations must be helped further in building system capacities and strengthening infrastructure and human resource development with measures that ensure sustainable funding, targeted research and evidence-based practices.

In conclusion, doing nothing is not an option — not for today's generation and certainly not for tomorrow's generation.

The Acting President: I now give the floor to His Excellency Mr. Mohammed Waheed, Vice-President of the Republic of Maldives.

Mr. Waheed (Maldives): Worldwide, substantial gains have been achieved in economic growth, health and living standards in the past century. That progress is now threatened by crises of our own making, namely, climate change, the international financial crisis, food insecurity and the crisis in non-communicable diseases (NCDs) — principally heart disease, stroke, diabetes, cancers and chronic respiratory diseases.

The increase in non-communicable diseases represents a global crisis. In almost all countries, and particularly in developing nations, in all income groups, men, women and children are all at risk of these diseases. That creates a major barrier to development and to the achievement of the Millennium Development Goals. We are appalled by the statistics revealed here by Dr. Margaret Chan, the Director-General of the World Health Organization (WHO). We applaud the work of WHO and other United Nations agencies and non-governmental organizations for their tireless efforts to mobilize the international community.

The main risk factors for NCDs are well known and are similar across all countries. The high-risk factors for NCDs, such as the consumption of tobacco and foods high in saturated and trans-fats, salt and sugar, are all within our control. The first key action for success is therefore strong and sustained political leadership at the highest level. The top priority of this high-level summit on non-communicable diseases should be to strengthen political resolve for accelerating the implementation of all aspects of the Framework Convention on Tobacco Control and other measures needed to achieve a world essentially free of tobacco. We should direct greater effort to strengthening health systems, with a focus on primary health care and access to cost-effective preventive measures.

The prevention of NCDs is also inextricably linked to climate change and the need for low-carbon policies, which Maldives continue to emphasize on international platforms. Healthy living conditions and lifestyles are part of a sustainable approach to development linked to preventing and adapting to the adverse effects of climate change. At the national level, we are committed to strengthening our health systems, generating resources and earmarking funds for universal access to the prevention and control of NCDs through multisectoral collaboration. At the national, regional and global levels we must take responsibility and be accountable for monitoring progress at regular intervals, based on targets for preventing and controlling NCDs.

The geographic dispersion of our small population, in 200 islands scattered over 1,000 kilometres of the Indian Ocean, poses particularly difficult challenges. However, we have successfully eradicated polio, malaria and many other childhood diseases. We are confident that we will be able to substantially reduce

the burden of NCDs on our health system in the years to come. We recently introduced tele-medicine in about 40 islands in order to promote early detection and treatment. We have introduced new legislation to control the sale and use of tobacco. We are redesigning our urban zones to create recreational areas, and we are working with civil society to raise awareness and promote healthy lifestyles. The support we have received from the United Nations and the international community has contributed immensely to the success in the area of public health in the Maldives. Such support will be important to our continuing efforts to prevent and control NCDs.

The global community should not lose this opportunity, but should sustain momentum towards achieving the goal of reducing premature death and disability from NCDs, thus improving global health in the years to come. This is an obligation we have to our future generations. I thank the Assembly for its unanimous support for the Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

The Acting President: The Assembly will now hear an address by Her Excellency Ms. Cissé Mariam Kaïdama Sidibé, Prime Minister of the Republic of Mali.

Ms. Sidibé (Mali) (*spoke in French*): I would like to begin by expressing the Mali delegation's warm congratulations to the President of the sixty-sixth session of the General Assembly. I also wish to thank the Secretary-General for having organized this High-level Meeting dedicated to the fight against non-communicable diseases. Allow me also, on behalf of the President of the Republic of Mali, His Excellency Mr. Amadou Toumani Touré, to express my country's deep appreciation for the organization by the United Nations of this High-level Meeting on an issue as important as non-communicable diseases.

As we know, enormous progress has been made in combating the AIDS pandemic and emerging diseases such as malaria and tuberculosis under the leadership of the United Nations and its specialized agencies, with the cooperation of the donor community and the sincere commitment of every country in the world. The results achieved have thus been thanks to the vision of a strategy on a global scale for the battle waged by the United Nations, which for years has laboured tirelessly side by side with our Governments

to lift the fight against the AIDS pandemic to the level of a global priority, recognized and implemented by all.

Non-communicable diseases are increasing rapidly worldwide, and particularly in underdeveloped countries. We note with deep concern the emergence of cancers, cardiovascular disease, chronic kidney diseases, those linked to the toxicity and of pesticides in the food chain, and new allergic illnesses in some regions related to air quality, to mention only a few. For a long time we have understood the epidemiology of such chronic non-communicable diseases and the seriousness of the global trends in their human, economic, health and environmental impact in countries with poor and deprived populations who adopt lifestyles and diets that were once the preserve of prosperous societies — societies that possessed the means of diagnosis and treatment as well as the capacity to monitor public health. Such factors thus also demonstrate increasingly that these chronic non-communicable diseases are not merely medical problems for the victims but, far more, a development issue confronting the entire international community.

We are bearing the burden of these diseases. We in developing countries do not have the means adequate to controlling them, hence the dire necessity for more active international solidarity. If strong measures are not taken to deal with current indicators, at present experts estimate that in the medium term it will be impossible to erect efficient barriers against these diseases. We know that smoking, alcohol abuse, sedentary lifestyles, lack of physical exercise and many others figure among the risk factors.

Today, we know that the pressures are enormous, quality control is difficult and political pressure to open markets is massive. Media marketing of low-cost consumption are beginning to take hold in our country.

Mali welcomes the adoption of resolution 66/2 on non-communicable diseases; it is a major step towards halting the advance of chronic disease here and now. We are convinced that fighting these serious diseases affecting our societies is of the highest priority. That is why we have decided to provide diagnosis and treatment of female cancers, including screening and anti-cancer medications, free of charge, as well as access to surgery and radiotherapy for cancer patients in Mali.

Furthermore, by the end of the year the Government will adopt a national prevention policy for fighting non-communicable diseases. I am happy to announce before this Assembly the involvement of civil society in the fight against these non-communicable diseases. That is why we make a solemn appeal for a worldwide multisectoral programme to prevent and fight non-communicable diseases, based on a sense of urgency and under the banner of the grand vision of the United Nations. We need greater solidarity and synergy of action to overcome this epidemic of non-communicable diseases.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Salomón Nguema Owono, Deputy Prime Minister and Minister for Health and Social Welfare of Equatorial Guinea.

Mr. Nguema Owono (Equatorial Guinea) (*spoke in Spanish*): We should first and foremost rejoice in the interest shown in a major public health issue, chronic diseases, and in the international cooperation to coordinate our efforts and harmonize our actions. Chronic non-communicable diseases are a health-care issue that slows development all over the world, particularly in our countries of the World Health Organization (WHO) African Region, where the situation is worsening with the challenges presented by infectious diseases, for which we continue to pay a heavy price despite the considerable efforts we deploy.

Indeed, our countries are faced with a growing epidemic of cardiovascular disease, heart attacks, cancers, diabetes and other chronic diseases. Currently, it is recognized that 80 per cent of deaths caused by chronic diseases occur in low- and middle-income countries and affect men and women in similar proportions. It is also recognized that the threat of non-communicable diseases is one of the greatest challenges to development in our times.

In other words, this meeting is taking place at a timely moment as the Governments and the agencies of the United Nations and their development partners seek appropriate solutions to address these challenges. The fight against disease and disabilities fits perfectly within the work of achieving the Millennium Development Goals (MDGs).

Today, we are at a crossroads in the prevention of and fight against non-communicable diseases. The resolutions that emerge from our work will be the fruit of the lessons learned and decisions taken at the

international and region levels. That is particularly true for countries involved in consultations organized at various levels in the course of 2011. Indeed, the Global Strategy for the Prevention and Control of Non-communicable Diseases was approved by the World Health Assembly in May 2000. It was followed up by other resolutions, such as the Framework Convention on Tobacco Control, approved by the World Health Assembly in 2003 and the Global Strategy on Diet, Physical Activity and Health in 2004.

In 2008, the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases was adopted by the World Health Assembly. In the WHO African Region, we commend the Brazzaville meetings on non-communicable diseases that were held in April 2011 and defined our needs in those areas and reflected in the Brazzaville Declaration on Non-communicable Diseases. These consultations came about after a number of different initiatives were taken at the regional level, such as the Conference on Health and Environment in Africa, which culminated in the adoption of the Libreville Declaration in 2008.

In Equatorial Guinea, health-care problems such as diabetes and cardiovascular diseases remain inadequately documented but have an enormous impact on health care in the country due to the rapid changes in lifestyle and the rapid increase in life expectancy.

Our strategic plan for fighting non-communicable diseases focuses on objectives designed to reduce the morbidity and mortality rates of non-communicable diseases in Equatorial Guinea and is in keeping with our goal of health for all under our Horizon 2020 programme. With regard to this commitment to health for all, we strongly welcome the health and development survey currently taking place in our country, from which we hope to obtain reliable results that will point us to act objectively and consistently in meeting the health-care goals set forth in the MDGs.

We are also proud in that regard of the efforts undertaken by the Government in the framework of poverty reduction and the mitigation of inequality in public housing investment in order to meet the basic needs of the people. One of the determining factors the good health of the people is the provision of potable water in large urban population centres.

We must take action now. The Governments of countries in the WHO African Region followed up on their commitment with the adoption of the Brazzaville

Declaration in April during the regional meetings set up by our WHO Regional Office. We are aware that, in the light of the epidemic of non-communicable diseases, our health-care systems and medical and technical equipment must necessarily be adapted and strengthened in order to fight these conditions. We must also finalize our reflections on the financing of health-care policies, on the one hand, and strive to ensure the mobilization of the additional resources necessary to implement our policies and actions, on the other. That will ensure the broadest participation possible, including all public sectors in partnership with civil society, the private sector and local communities.

We are aware that we are participating in an historic moment. We must indeed decide to work towards the prevention and control of non-communicable diseases for which our peoples continue to pay a very high price. In other words, we must not simply decide to adopt good resolutions that will allow us to start to save the lives of millions of suffering people; we must also make a commit to working towards the effective implementation of these resolutions to achieve our goals, and include the fight against non-communicable diseases in global development agenda. We must formulate a strategy for collective efforts to effectively counter the consequences of chronic disease.

The Acting President: I now give the floor to Her Royal Highness Princess Ghida Talal, Special Envoy of His Majesty King Abdullah II and Chairperson of the King Hussein Cancer Foundation of Jordan.

Princess Ghida Talal (Jordan): Cancer, heart disease, diabetes, respiratory illnesses — individually, each one of those words is enough to send instant shivers down our spine and wreak havoc in our lives. Together, they claim the lives of 36 million people annually all over the world.

Why is the world community allowing these culprits to hold our lives hostage? We do not have a minute to waste. Too much time has already been wasted. Too many people have died, too many families have been destroyed and too many communities have been decimated.

Hiding under the seemingly innocuous name of non-communicable diseases (NCDs), these four plagues, formerly close companions of the developed world, have migrated in full force to a highly

vulnerable developing world. By doing so, they have invaded a world already crippled by the most rudimentary medical landscape, with no adequate resources and no proper infrastructure to deal with such a disastrous crisis.

With infectious diseases rampant, developing countries struggle with all kinds of shortages and a total lack of insurance schemes. In my own country, Jordan, we have had reason to hope that change can be effected and lives can be saved. I would like to share with the General Assembly a success story right from the heart of the developing world.

Ten years ago, when I was first asked by His Majesty King Abdullah II to chair the King Hussein Cancer Foundation and Centre, the landscape for cancer care in Jordan was extremely bleak, at best. Quality cancer treatment was almost non-existent. Only the privileged few could afford to seek life-saving treatment abroad. I myself was one of those privileged few, able to seek treatment for my husband at a cancer centre of excellence in the United States. He had just been diagnosed with non-Hodgkins lymphoma at the young age of 26. Had I been less fortunate, a probable death sentence would have awaited us.

The questions haunted me. Did other wives not share my anxieties and my fears about their own husbands and children? Did they not shed the same tears and endure the same sleepless nights? Of course they did. With the blessing and constant support of His Majesty King Abdullah, I was determined to give them the same chance that was given to me and to my family.

Ten years on, I stand before the Assembly today and can proudly proclaim that the centre that bears the name of our late King Hussein is the only comprehensive cancer centre in the entire Middle East region, and is the only cancer centre in the developing world to earn accreditation by the Joint Commission on Accreditation of Healthcare Organizations as a cancer-specific disease centre.

What were the key reasons for our success? We understood the need to prioritize. We could not take on the whole spectrum of cancer control, from prevention and treatment to research and palliative care. We poured all our efforts and resources into our number one priority, namely, providing life-saving treatment to our patients. In order to achieve that goal, we partnered

with the very best institutions worldwide in cancer care.

Once we had achieved this immediate goal, we were ready to tackle the important issues of early detection and prevention. Only then would people be willing to listen to our messages of prevention. Why would anyone be interested in learning about the disease or trying to prevent it, if there was no access to treatment in the first place?

I urge everyone present here today to take action now, before we have a catastrophe of epic proportions on our hands. It is not a choice or an option. It is not a whim or a luxury.

For our part, we in Jordan are committed to this meeting's Political Declaration (resolution 66/2, annex) and to implementing one national framework for NCD risk factors control. But we cannot succeed if the world community does not dedicate a global fund to assist developing countries in implementing their NCD plans. Failing that, our ambitious plans to conquer NCDs will remain but a footnote.

Is not the figure of 350 million people dying in the next decade terrifying enough? Do we not have a moral responsibility to give a voice to those who do not have one? If anyone can do it, all of us sitting here in the Hall can. We are under obligation to it, in the name of equality, in the name of justice and in the name of humanity.

The Acting President: I now give the floor to Ms. Cecilia Morel de Piñera, Special Envoy of the President of Chile and First Lady.

Ms. Morel de Piñera (Chile) (*spoke in Spanish*): I would like to thank the President for having convened this High-level Meeting to discuss one of this century's major health scourges, the so-called non-communicable diseases, whose impact is felt in global, cross-cutting and interregional terms.

I am grateful for this opportunity to represent my country, Chile, and to all those who have been working for years to improve health throughout the world, especially those working to that end in my country. It is a great honour to be able to speak to the General Assembly about one of our major concerns and a priority for the Government of President Sebastian Piñera Echeñique.

The twenty-first century has brought unprecedented challenges in the area of health. The epidemic of chronic non-communicable diseases is undermining the advances in overall well-being and reducing inequalities that we have spent so much effort to achieve in our countries. It may also cause spending on health to rise to unexpected levels. This is more than enough reason for convening this meeting. I congratulate the Secretary-General most sincerely on this initiative.

Chile, a country of 17 million people, is experiencing a sharp increase in chronic diseases and their risk factors. The latest surveys confirm this. What worries us most is that these figures are increasing year after year, with the greatest impact on women and those already vulnerable.

For this reason, our health goals for the decade 2011-2020 focus on improving lifestyles, controlling risk factors and stressing prevention, so as to concentrate not only on properly treating those who are already sick but also on ensuring that those who are still healthy remain so.

This is an ambitious goal. Whereas in previous decades medical matters were the exclusive purview of the health sector, achieving these new goals today will require intense intersectoral work in such distinct areas as health, education, housing and agriculture, to mention but a few. Therefore, it is essential for public and private agencies alike to be involved in this effort to build a new culture.

The President of the Republic of Chile, Mr. Sebastian Piñera Echeñique, has the clear political resolve to tackle this new scenario by personally leading this crusade and establishing a mandate involving specific tasks, financing and coordination. The Government of Chile considers the rising incidence of these diseases and their risk factors to be a social problem and a major priority for the country.

We have called this initiative "Choose to live healthy". Its goal is to implement a cross-cutting and intersectoral public policy that involves all private and public stakeholders and promotes civic participation. Using social, educational and health strategies, we want to promote healthy lifestyles and effectively manage risk factors. The campaign was launched this year and, in this first phase, is being managed by the office of which I am the head.

We are engaged in a proactive programme to motivate citizens to make four commitments so as to improve their quality of life: a healthy diet, physical exercise, enjoyment of family and outdoor activity. We have set important and specific targets to reduce smoking, obesity, sedentary lifestyles and excessive alcohol consumption, as well as to control diabetes and high blood pressure.

Like President Al-Nasser, we firmly believe that the challenge raised at this meeting is of vital importance for our countries. In the belief that each and every citizen deserves a better, more prosperous and healthier life, we have embarked on the path of choosing to live healthy and improving health through prevention. In so doing, we hope to overcome a scourge that is hindering equal opportunity and human development. We are totally committed and the chances of success are good. Let us work together.

The Acting President: I now give the floor to Mr. John Dalli, European Commissioner for Health and Consumer Policy.

Mr. Dalli (European Union): I have the honour of speaking on behalf of the European Union (EU) and its member States.

I would like to convey the appreciation of the EU and its member States to the Secretary-General, the President of the General Assembly, the World Health Organization (WHO) secretariat and the co-facilitators from Luxembourg and Jamaica for all their hard work in preparing this High-level Meeting on the prevention and control of non-communicable diseases (NCDs).

The High-level Meeting is a very important step forward for everyone concerned about health at the local, national and international levels. By highlighting the growing burden of non-communicable diseases and stimulating the action needed to prevent and control them, it has the potential to lead to enormous gains in health for the peoples of the world in the years to come, and to help to accelerate the process of social and economic development everywhere. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

The burden of preventable non-communicable diseases, preventable deaths and disability, and the loss of human potential has a very negative impact on development in all countries. Much of that burden can be prevented by taking action on common risk factors

and determinants, such as tobacco use, unhealthy diet, lack of physical activity and harmful alcohol consumption, as well as by addressing underlying social, economic and environmental determinants, including mental disorders.

The EU and its member States recognize that the international community and especially many low-income countries face extraordinary challenges from the double burden of communicable and non-communicable diseases. The EU will support those countries in addressing NCDs and their risk factors in accordance with their national priorities and national and international commitments, including the strengthening of health and regulatory systems and the involvement of health-related non-governmental organizations and other civil society organizations. However, in order to achieve results, we cannot emphasize enough the importance of national commitment to integrating the prevention and control of NCDs into efforts to strengthen health systems.

The EU and its member States welcome the Political Declaration (resolution 66/2, annex). We welcome the emphasis on WHO leadership, with the full participation of member States in the follow-up and monitoring of progress made, strengthening international cooperation and working with stakeholders, together with a focus on an integrated approach avoiding numerous and separate vertical disease-specific activities. Moreover, we welcome the focus on health promotion and prevention and on strengthening our awareness of and commitment to dealing with health determinants, in particular with the aim of reducing health inequities. Both population-based and individual targeted interventions are needed, using a collaborative health-in-all-policies approach involving all levels of Government and relevant stakeholders.

The Treaty on European Union requires that we provide a high level of health protection across all EU policies and activities. The EU has had successes in its work on the risk factors related to chronic diseases. We are taking forward strategies on tobacco use, unhealthy diet, lack of physical activity and the harmful use of alcohol, both nationally and at the European level.

The European Union has ratified the Framework Convention on Tobacco Control and is committed to its implementation in the EU and globally. Many EU member States are taking steps towards enacting

comprehensive smoke-free legislation. Food reformulation is high on our agenda, notably through strategies to reduce salt, caloric intake, saturated and trans-fats and added sugars. Alcohol-related harm is a major concern, particularly among young people. Poland, which currently holds the presidency of the Council of the European Union, has initiated a new, broad-based process to reflect on innovative approaches to chronic non-communicable diseases in public health and health-care systems.

The Political Declaration will give support and impetus to our actions in these and other areas. We need stronger health systems that can implement appropriate public health policies, provide interventions to prevent NCDs and deliver effective disease management. The prevention and control of NCDs must be appropriately integrated into the structures and functions of health systems, especially primary health-care services, and include, above all, health promotion. In addition, health systems should monitor NCDs and their underlying risk factors for informed decision-making.

Let me conclude by saying that the EU and its member States look forward to working closely with WHO, other relevant United Nations agencies and Member States to implement the actions defined in the Declaration, and to considering what further activities should be carried out in the light of the reports and associated work that will be undertaken over the next three years, as described in the Declaration.

The Acting President: I now give the floor to His Excellency Mr. Xavier Bertrand, Minister for Labour, Employment and Health of France.

Mr. Bertrand (France) (*spoke in French*): Non-communicable diseases (NCDs) constitute one of the leading challenges facing our health-care systems today. We know the number of victims — 36 million. We know the ambitious goals — a 25 per cent reduction. Let me say, however, that this will be impossible to achieve unless we wake up, change our behaviour, take more binding measures and seek innovative financing.

NCDs are a challenge because, unlike communicable diseases, they have multiple causes that are not only health-related but also cultural and social. Certain lifestyles and behaviours — such as tobacco use, a sedentary lifestyle, alcohol abuse and an unbalanced diet — are to blame. A health-care

response alone is therefore not adequate. Curing is not enough; we must also prevent.

The fight against obesity, for example, is a scourge with various causes and we must fight it on several fronts. Before treating obese people medically, we should educate to change behaviours, encourage healthy eating habits and promote physical activity at all ages. Fighting social inequality also plays a crucial role in relation to the problem of obesity. Efforts should also encompass action on the food supply to ensure access to a balanced diet. This is the approach of the obesity plan being carried out in France, alongside the national health nutrition programme.

It must be said that, while advocacy is good, we must also work on more binding measures if we want to see a change in behaviour, including that of manufacturers. In this regard, the World Health Organization (WHO) recommendations regarding the taxation of sugar-rich drinks and products to change behaviour is another avenue that we must explore. Similarly, the French cancer plan seeks to address all aspects of the issue: fighting the multiple causes, screening, care, support, health providers and, of course, research. I commend the role of the WHO in coordinating this action with all the international organizations — be they in the areas of work, environment, development and education — that play a key role in prevention.

I had the opportunity to say this in Geneva at the WHO last May, and I will say it again today: We must act to ensure that all countries wake up to the scope of NCDs and include this problem on the global development agenda. Let us be clear. Everything matters when it comes to health — not only health security and infectious diseases, but non-communicable diseases too must be included at the heart of our agenda by providing access to prevention and basic health services. I believe that the WHO Framework Convention on Tobacco Control is exemplary in that regard, but while signing a convention may be a positive step, implementing a strong convention is even better.

We know what has to be done. In 2006 in France, I sought to ban smoking in public places in order to fight against passive smoking. But to change behaviour, we must go even further. Moreover, the fight against non-communicable diseases is also integral to one of the priorities of the Group of 20, and, under the auspices of the French presidency, we want

to strengthen social protection by developing social protection ceilings adapted to the conditions of each country.

It is quite clear that we have sizeable needs and that we need more sizeable means to address them. We must work on innovative funding. I said that everything is important when it comes to health, but given the constraints countries face in increasing public assistance, we all know that innovative financing will be a necessity tomorrow and in the future. For example, the WHO concept of a contribution payable by tobacco manufacturers is not,

in my view, a taboo question. If we do not also move ahead along these lines, the means committed so far will not be adequate to meet these challenges.

The role of the international community is to provide access to basic services and essential treatments to all and to seek the best responses to prevent and combat non-communicable diseases. Together with the WHO, the responsibility falls to us as ministers to act to that end.

The meeting rose at 1.15 p.m.



General Assembly

Sixty-sixth session

8th plenary meeting

Tuesday, 20 September 2011, 3 p.m.

New York

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.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.

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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. Sohbnazar 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.



General Assembly

Sixty-sixth session

7th plenary meeting

Tuesday, 20 September 2011, 10.15 a.m.
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Official Records

President: Mr. Al-Nasser (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

The meeting was called to order at 11 a.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 Acting President: I now give the floor to His Excellency Mr. Victor Makwenge Kaput, Minister for Health of the Democratic Republic of the Congo.

Mr. Kaput (Democratic Republic of the Congo) (*spoke in French*): The Democratic Republic of the Congo is concerned about the growing burden of non-communicable diseases (NCDs), which pose a major public health problem given the large number of persons affected by illnesses that include cardiovascular disease, diabetes, cancer, chronic respiratory disease, mental illness and sickle-cell anaemia.

The main risk factors for these diseases have been clearly identified in our country: tobacco, alcohol, lack of physical activity and poor nutrition. Indeed, statistics show a rising incidence of diabetes. In 1959 0.48 per cent of hospitalized patients suffered from the disease, while by 2005 that number had risen to 5.4 per cent.

In the face of this scourge, our country has taken a number of initiatives, including the creation, within

the department charged with fighting disease, of a division entrusted with combating NCDs; the establishment of a national programme to combat diabetes; the elaboration of a strategic plan to combat NCDs; the integration of activities related to controlling diabetes and hypertension at health-care centres in Kinshasa, the capital, and in other major cities; cooperation with and support for associations that fight diabetes, cancer and sickle-cell anaemia; and the establishment of diabetes clinics for children.

The major challenge today is the maintenance of those clinics — keeping them supplied them with insulin and other diabetes medications, ensuring their functioning and extending health coverage throughout all the provinces.

With regard to sickle-cell anaemia, we also have a programme to fight the disease and a research and treatment facility within our public health ministry.

NCDs affect mainly our active population, leading to lower productivity and increased poverty, potentially jeopardizing our capacity to attain the Millennium Development Goals, especially with regard to reducing extreme poverty.

Given the limited resources at its disposal for the control of NCDs, the Democratic Republic of the Congo calls for international solidarity to help it strengthen its health-care system and create a special fund to that end.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.



The Acting President: I now give the floor to His Excellency Mr. Soumana Sanda, Minister of Health of the Niger.

Mr. Sanda (Niger) (*spoke in French*): At the outset, I should like to welcome the convening of this High-level Meeting and to address my congratulations to the President of the General Assembly.

In Niger, although our health situation is characterized by the prevalence of communicable diseases, chronic non-communicable diseases (NCDs) such as cancer, diabetes, hypertension and chronic respiratory illnesses are gaining ground. According to the World Health Organization's STEPwise approach to surveillance survey on the monitoring of risk factors for cardiovascular disease and diabetes carried out in the Niger in December 2007, 21.2 per cent of people suffer from hypertension; 4 per cent suffer from diabetes; 26 per cent are overweight; 4 per cent are obese; and 5 per cent smoke tobacco.

Aware of the burden that NCDs represent for our country's health situation and its economy, our authorities have on many occasions expressed their strong resolve to fight against NCDs, through, inter alia, the policy statement issued by the Prime Minister and head of Government on 16 June 2011; the Poverty Reduction Strategy Paper; and the health development plan for 2011-2015.

To fight against NCDs, my country has taken the following operational measures: the establishment of a cancer registry, in 1992; the ratification of the Framework Convention on Tobacco Control, in 2005; the adoption by the National Assembly of a law on tobacco control, in 2006; a decree providing free treatment of cancers affecting women, in 2007; campaigns to screen for and treat cancer; the construction, in partnership with the International Atomic Energy Agency, of a national centre to combat cancer; the adoption by the National Assembly of legislation relating to the creation of an official administrative agency known as the national centre for the fight against cancer; and the drafting of a national strategic plan for the prevention of and the fight against NCDs.

The implementation of that plan requires the mobilization of additional resources, with a view to giving patients access to drugs and ensuring the affordability of such drugs, so that their cost does not prevent people from obtaining the medications required

to treat infectious diseases. In order to achieve the required synergies and take effective action, we must strengthen our health-care systems to ensure control of infectious diseases and to prevent and treat NCDs. To achieve that, our health care facilities need adequate and qualified personnel, equipment, medicines and medical supplies. In addition, access to care for our working population needs to be improved by putting in place a national health insurance system, providing information and raising awareness about adopting healthier and simpler lifestyles. To that end, under the direction of President Mahamadou Issoufou, major efforts are being made to put in place integrated, multisectoral policies. We call on the international community to assist us in Niger, and to help other States, both financially and technically.

The Acting President: I now give the floor to Her Excellency Ms. Ann Peters, Minister of Health of Grenada.

Ms. Peters (Grenada): The Grenada delegation is gratified to share with the international community our plans and programmes aimed at addressing the issues of non-communicable diseases (NCDs), as well as to pledge our commitment and support to the new international agenda on NCDs.

Non-communicable diseases constitute a major public challenge for all countries, developed and developing alike. Grenada, like many other members of the Caribbean Community, recognizes the growing threat posed by NCDs on our small, fragile economy and the need to take decisive action to reduce the burden of the disease and to protect the future sustainable development of our country. We believe that primary prevention and promotion is the most cost-effective, equitable and sustainable strategy to fight NCDs.

In that regard, Grenada has approved a new policy framework for the revitalization of primary health care. We have adopted a multi-agency, multidisciplinary approach to addressing chronic NCDs. We have established the National Chronic Disease Commission — comprised of representatives from a range of sectors, including health, education, agriculture, youth, sports, non-governmental organizations, churches, the media and the private sector — to advise on strategies to reduce NCD risk factors.

We have implemented the Chronic Care Passport, a healthy lifestyle initiative that is aimed at providing a method for the systematic monitoring and evaluation of patients with chronic diseases and the empowerment of those patients to take care of their health. A national risk-factor survey on chronic non-communicable diseases was conducted to support the planning of health promotion and prevention campaigns. Grenada has established partnerships with Mount Sinai School of Medicine and the American Heart Foundation for the implementation of a community health programme and the implementation of the 12 recommendations by the Institute of Medicine of the National Academies for promoting cardiovascular health in developing countries.

Grenada has made significant progress in the fight against NCDs, but we are cognizant of the fact that there is much more to be done. The real challenges for us as a people lie in transforming our health sector from a curative- to a preventive-based system and implementing reform in the midst of a global economic crisis and escalating costs of medical care. Greater effort is needed to influence the global food industry to join the fight against NCDs.

We believe that the United Nations can and will play a more important role in that respect. Grenada reaffirms its commitment to improving the health status of its people by promoting wellness and providing quality health care services in an efficient, equitable, affordable and sustainable manner, and to working together to ensure universal access to comprehensive prevention, treatment, care and support for persons living with and affected by NCDs. That is our goal.

The Acting President: I now give the floor to His Excellency Mr. Ali Yacoub Mahamoud, Minister for Health of Djibouti.

Mr. Mahamoud (Djibouti) (*spoke in French*): It is a genuine pleasure for me to take the floor on behalf of my delegation on the occasion of this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

My delegation aligns itself with the statement to be made on behalf of the Group of 77 and China by the Minister of Health of Argentina.

I would like to thank the Secretary-General for his report on the prevention and control of

non-communicable diseases (A/66/83) and to express my appreciation for his commitment. I also want to commend the efforts of all Member States which, since the adoption of resolution 64/265, in May 2010, have worked to ensure that this initiative is translated into action and that non-communicable diseases (NCDs) — that is, cardiovascular disease, cancer, chronic respiratory conditions, diabetes and the social and economic problems that they cause — can find appropriate and common solutions.

We are all aware, from the Secretary-General's report, that almost two-thirds of deaths worldwide every year are caused by non-communicable diseases, with cardiovascular disease accounting for 39 per cent and cancer 27 per cent. Including chronic respiratory illness and diabetes, they account for nearly 80 per cent of deaths. It is important to highlight that 44 per cent of deaths come before the age of 70, with all the repercussions that entails on the socio-economic front. Those diseases are a problem for all countries, but they cause tragedy for the poorest ones, where people lack access to prevention, treatment or an effective health care system.

My country, like most least-developed countries, is not immune to the lethal consequences of what we can today call the epidemic of the twenty-first century. The incidence of those diseases in the population includes not only the diseases I have already mentioned but also mental illness and malnutrition. Afflicted by endemic drought, my country is particularly affected by the double scourge of malnutrition — that is, under-nutrition and over-nutrition — affecting the population as a whole and sometimes even the same individual.

The ills of under-nutrition — notably low birth weight and retarded growth — not only leave victims prone to chronic childhood diseases and leave pregnant women at risk but also can cause cognitive deficits. Unhealthy diets and lifestyles in youth can lead to an increase in non-communicable diseases such as diabetes, cardiovascular disease and certain cancers in adulthood. The other side of malnutrition is excess weight in adults, which is tied to higher rates of disease and death and which in children seems to entail a higher risk of developing adult diabetes.

Chronic diseases are the most common reason for hospitalization and place onerous costs on health systems, patients and their families. Our Government's

response in the matter of our fellow citizens' health care combines multisectoral reforms with budget increases to build a health care system that is functional, modern and efficient. Since 2005, our health care budget has grown from 4 per cent to more than 15 per cent of the total budget, not including significant outlays outside the budget.

Moreover, my Government pursues a policy of socio-economic development that emphasizes fighting poverty with the ultimate goal of protecting the human rights to dignity and health. Through its youth policy and incentive measures, our Government, working with civil society, is seeking ways of promoting employment and a healthy lifestyle in that critical sector of the national population.

I am fully aware, however, that we need more synergy, resources and opportunities to reverse the current trends in non-communicable diseases, which are just as devastating in our region as the communicable diseases HIV/AIDS, malaria and tuberculosis. We therefore need to work urgently to change the paradigm, given the challenges that these health problems pose and what is at stake. I will not dwell here on the risk factors such as tobacco use, alcohol abuse, poor nutrition and sedentary lifestyles, which are, we must admit, all perfectly avoidable.

It is urgent, therefore, that the General Assembly take stock of the negative consequences of the growth and increased prevalence of non-communicable diseases around the world in terms of human and social development, household income and economic development, as well as their negative impact on the achievement of the Millennium Development Goals.

We need to seize this opportunity so that all of us here today can contribute not just by identifying the challenges and opportunities related to non-communicable diseases but also by committing ourselves to promoting and encouraging the creation of partnerships and synergies that will enable us to prevent and control NCDs. Indeed, the well-known impact of these diseases on the socio-economic development of all countries, particularly developing countries, could be curbed if we use this opportunity for joint action wisely.

Our immediate concern must be to implement our respective commitments to common action. Indeed, the international community needs to impose an iron discipline on itself that will allow it to achieve its goals

and live up to its promises. The strategies to be followed must take into account the limited resources of our countries and optimize our actions by ensuring a comprehensive manner of dealing with these illnesses within national health systems and through primary health-care strategies that include prevention, community support and the provision of treatment.

Finally, I would highlight that improving the health of our populations can be achieved only if we recognize the intersectoral nature of the fight against non-communicable diseases and seek to mainstream, in a cross-cutting manner, elements having to do with health care into other socio-economic development areas.

The Acting President: I now give the floor to His Excellency Antoine Gambi, Minister for Foreign Affairs of the Central African Republic.

Mr. Gambi (Central African Republic) (*spoke in French*): The Central African Republic, through me, is honoured to be meeting today with other countries of the world to participate in this exceptional event that is exclusively dedicated to the prevention and control of non-communicable diseases (NCDs).

Public health is one of the pillars of the Millennium Development Goals, and efforts to improve it require the mobilization of the international community. Chronic non-communicable diseases are a major public health problem in the Central African Republic, given the high morbidity and, especially, mortality rates that they entail. NCDs in my country include cardiovascular diseases, cancers, arterial hypertension, diabetes, sickle cell anaemia, mental illness, Buruli ulcers and noma, to name but a few.

We must recognize that chronic non-communicable diseases are a significant obstacle to the socio-economic development of my country, as they impede productivity, entail significant costs in for treatment and, above all, lead to incapacitating complications. Large-scale action is required to prevent them or curb their prevalence. The saying that an ounce of prevention is worth a pound of cure is very apt here.

As health has been recognized as a fundamental human right, it is a priority sector in the Central African Republic and therefore an essential component of the fight against poverty. Therefore, in our second national health development plan, the Central African Government has undertaken to establish conditions that

promote the fight against these diseases in order to significantly reduce the burden of morbidity and the mortality rates linked to these diseases.

This political will is evident in the creation of a programme to combat non-communicable diseases. Its strategic objective is the prevention and reduction of the morbidity, disability and early mortality due to chronic diseases and their risk factors — tobacco and alcohol use, malnutrition, a sedentary lifestyle, excessive weight and obesity — which are favoured by the social, economic and environmental determinants of health.

In order to achieve the goal of reducing the morbidity and mortality that can be attributed to these diseases and to emerging social trends, we have participated since 2007 in the initiative to fight them by adopting several strategies. We have strengthened our institutions and developed partnerships with technical and financial partners such as the World Health Organization, the International Diabetes Federation and the World Diabetes Foundation. We have strengthened the health system by encouraging early screening and appropriate and early treatment of the various cases and by strengthening the health information system. Operational research was conducted through the 2010 STEPS survey. And we are promoting health in general. In addition, some organizations such as those for diabetes, sickle cell anaemia and heart disease have been established to assist the Department of Health in implementing the plan.

However, the Central African Republic, as a fragile State in a post-conflict situation, is experiencing difficulties in implementing other strategies because of a lack of human, material and financial resources. From this rostrum I appeal to the international community to mobilize resources in order to implement planned activities and to establish a mechanism for preventing non-communicable diseases in the Central African Republic, in order to ensure that we save the many lives that are threatened by these diseases.

The Acting President: I now give the floor to His Excellency Jamie Maxtone-Graham, Minister for Health and HIV/AIDS of Papua New Guinea.

Mr. Maxtone-Graham (Papua New Guinea): Allow me to speak not so much from notes, but from my heart. I have experienced on a very personal level the suffering and loss of quality of life that

non-communicable diseases (NCDs) can bring about and the health improvements that can be gained by taking personal responsibility for making lifestyle changes and addressing the major risk factors.

My home of Papua New Guinea is the largest of the 22 Pacific island countries. It is incredibly rich in resources, biodiversity and cultural heritage. Our 6.5 million people speak more than 800 languages. Papua New Guinea has many things going for it, and we have great aspirations for the development of our nation and our people. Yet, today, the very development that has underpinned our nation's growth since independence is undermining our future economic, social and cultural existence, as urbanization, environmental degradation, Western consumerism and the adoption of a sedentary lifestyle becomes the norm rather than the exception.

My country is a nation in transition. Our economy is developing rapidly, while at the same time we are struggling with the double burden of communicable and non-communicable diseases. Our infectious or communicable-disease rates are among the highest in the Western Pacific region. In our traditional lifestyle, NCDs were unheard of. However, since independence, and due to our increased reliance on subsidized, imported foodstuffs, cardiovascular disease, diabetes, cancer and chronic respiratory disease rates are now rising rapidly, particularly among our urban population, affecting both the poor and the well-off.

It is with this NCD burden in mind that we applaud our Pacific Forum leaders' recent declaration that the Pacific is in an NCD crisis. We align ourselves with the comments made earlier by the representatives of Nauru, Tonga, Samoa and other Pacific island countries during this High-level Meeting.

As part of its response, Papua New Guinea has incorporated lifestyle diseases and the health-related Millennium Development Goals into our new national health development plan for 2011-2020, the 30-year national strategic plan and the Government's long-term Papua New Guinea Vision 2050.

Papua New Guinea is now moving on a large scale to educate and advocate at all levels, across all generations, and calling for all Papua New Guineans to take ownership of their own health and address their unhealthy lifestyle risks. I am committed to championing the NCD cause in my country and will be

challenging many other colleagues in Government and our public servants to likewise become champions for the cause.

Papua New Guinea also acknowledges that an effective response to NCDs requires mobilizing the whole of society. Trade practices that result in the import of cheaper processed foodstuffs that have poor nutritional value, which are no doubt poisoning our people, must be reversed. Policies and taxes that are specifically aimed at reducing the consumption of alcohol and creating disincentives to smoking must now be extended to unhealthy foods and be fully enforced.

Food that is highly nutritious, of course, is always expensive and needs to be subsidized, while unhealthy foods and processed foods that are high in sugar, salt and chemical preservatives, including refined white flour, require heavy taxes in order to protect and secure the health of our people.

As we all know, poor nutrition will cripple any nation; good nutrition will save it. Nutrition sounds simplistic, but plays a powerful role in the rise and fall of any nation. This is also a warning message for all Member States, that is, if we do not make immediate radical changes in the available food supply and the marketing of food to consumers, we will not be able to survive much longer as nations. Many States will fall, brought down by the inevitable consequences of a nutritionally deficient and chronically diseased population.

We need to understand and appreciate why food has such a powerful impact on everything that matters in society — health, happiness, employment, productivity, education and even freedom — in order to take remedial action to save our people. Our younger generation needs to be taught from an early age about healthy living, regular exercise, healthy eating and the “Healthy Islands” vision, which our Pacific ministers of health first spoke about in 1995. We need to create real incentives for our people to live life to the fullest — not just to achieve an absence of sickness but, more important, to aspire to a life where they can experience well-being that transcends normal qualities of life.

In conclusion, I want to challenge all Member States not to accept any diluted response to the burden of NCDs. We cannot accept a business-as-usual approach; neither can we couch our responses in

diplomatic niceties. We need to take bold, innovative approaches and accept shared responsibility. In particular, I call on developed nations to cease the practice of subsidizing the production and export of unhealthy foods to poorer nations. I plead with the Assembly to make our actions count today for the survival of tomorrow’s generations.

The Acting President: I now give the floor to His Excellency Mr. Salomón Chertorivski Woldenberg, Minister of Health of Mexico.

Mr. Chertorivski Woldenberg (Mexico) (*spoke in Spanish*): It is a great honour to address the Assembly from this rostrum, in the most representative and important forum that human civilization has created to reflect on, discuss and channel our collective action with regard to major world issues.

I am pleased that the world health agenda, given its great importance to our collective well-being, is an essential part of the work of the United Nations. I address myself to the Assembly to speak on an issue that we are concerned about because of its negative effect on the health of our populations and on the economies of our countries, that is, chronic non-communicable diseases.

I thank the Caribbean Community for promoting the initiative that brings us together today in this important international forum.

Non-communicable diseases are a growing public health problem that transcends borders and affects all sectors of society and all age groups. That is why it is an enormous challenge to global health.

At the national level, in Mexico, this public health problem presents a difficult challenge. In the adult population, there are 14 people with diabetes for every 100 citizens. Seven out of 10 of those over 25 years of age are obese, and our figures indicate that there has been an increase in cardiovascular disease and cancers in general.

The economic and social impact of these diseases is on the rise, as they reduce the life expectancy of the population and the years they are able to spend in good health.

In Mexico, cardiovascular diseases and diabetes top the list of general causes of death. That is why we need to reduce the prevalence of these diseases in our respective countries and why we feel it is important to implement effective measures to prevent these diseases

and mitigate their effects on those who already suffer from them; redouble our efforts to ensure the health of future generations; seek out comprehensive and multisectoral solutions that will involve the participation of civil society, the private sector, the public sector and the population; work on the social determinants of health by providing services in order to increase the efficiency of our capacity to respond to this issue in our countries; and strengthen sustainable efforts in the area of prevention and health promotion in all areas of human development in schools, health centres and community centres.

Internationally, we have witnessed significant progress in the fight against these serious diseases and their consequences. We must continue to improve and coordinate our efforts so as to tackle this enormous challenge. An arduous road lies ahead as we work towards achieving positive results in the medium and long term, building more capacity and strengthening our national health systems so that we can prevent and control the afflictions caused by these diseases.

However, we are motivated by the conviction that our success in these efforts will have positive results in terms of our economic development and greater well-being for current and future generations. It is precisely the well-being of our population that requires us to implement our multilateral commitments and the multisectoral initiatives coordinated within and among States under the aegis of the United Nations and its specialized agencies, in particular the World Health Organization. These agencies help us to work together to address this threat by means of international cooperation.

Mexico is a country that believes in the virtues of multilateralism. Consistent with that belief, we have sought to reinforce the links between Member States and the various international agencies, with a view to streamlining and revitalizing strategies for reducing the toll of chronic diseases and their consequences. In that respect, last February in Mexico City, we hosted a regional high-level consultation of the Americas on non-communicable diseases and obesity. The significant outcomes of that meeting added to the international body of knowledge on the subject.

The Government of Mexico and President Felipe Calderón Hinojosa have shown a great deal of interest and commitment in the prevention, treatment and control of non-communicable diseases. We have

enhanced our policy framework using a multisectoral approach involving key public, private and social actors. The objective is to design and implement public policies that are underpinned by laws, standards and regulations applicable to individuals and to our society as a whole, and which will have an impact on households, schools, the workplace and the community.

Furthermore, we have implemented innovative models of specialized health care services for those suffering from such chronic conditions as diabetes, overweight, obesity and cardiovascular disease. Likewise, we have mobilized funding and promoted continuing education by preparing evidence-based clinical practice guidelines and introducing new technologies, which are essential for improving medical care for those who suffer from chronic disease.

I should like to point out the historic fact that Mexico is very close to achieving universal health coverage. Today, more than 100 million Mexicans have guaranteed State-funded health care. It is important to underline that the Mexican State covers the cost of cancer care and treatment for all young people aged 18 or under, and all women with cervical, uterine or breast cancer, among many others. This has helped in efforts to prevent patients from abandoning treatment and, in turn, has drastically reduced the number of related deaths that had previously been caused by funding shortages.

That is why I would like the Assembly to once again take note of Mexico and recognize its efforts and its people, who are contributing to this effort in a spirit of solidarity so as to ensure that our country can make the right to health a reality for everyone.

The challenges we are facing are complex and diverse. All our countries need to continue working diligently to update and expand our regulatory frameworks, which will enhance the quality of, and guide, our medium- and long-term plans and programmes. We must develop and implement sustainable models for the prevention and treatment of chronic diseases, which will facilitate the prevention and timely detection of complications that would lead to higher costs later on, such as those stemming from type 2 diabetes, cardiovascular disease and smoking. We must modernize and broaden our public health information systems and epidemiological surveillance so as to identify risk factors and the social determinants of health, evaluate and monitor them on

an ongoing basis, and ensure the effectiveness of public intervention.

This meeting provides a great opportunity to reinforce our actions, reaffirm our commitment to this fight and continue to strengthen and establish agreements that will benefit our populations. It has been said, quite rightly, that peace is much more than the absence of war. In the same vein, health is not only the absence of disease, but also the complete enjoyment of our full potential as human beings. It is quite correct to say that if one does not enjoy full health, nor does one have full peace.

Our objective should be a world in which the genuine right to health is one of the pillars of personal well-being, national development and international peace and stability. In health, too, let us all be “brothers, none faceless others ... where fate is freedom, grace and surprise”, as stated in the hymn to the United Nations on its twenty-fifth anniversary, written by the great British poet W.H. Auden and performed by the great Catalan artist Pablo Casals. May health in our countries grow over time and flow over time, as music does. I would therefore urge members of the Assembly to work together and place the highest priority on the problem facing us today.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Viktor Yanukovich, President of Ukraine.

President Yanukovich (Ukraine) (*spoke in Ukrainian; English interpretation provided by delegation*): Ukraine welcomes the holding of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

This issue is very topical, and literally one of global proportions. It has an impact on global development and affects people in all countries, regardless of their social and economic status. Ukraine is not an exception.

Cardiovascular and endocrine system diseases, as well as cancer and trauma are among the main causes of premature mortality in our country. Experts confirm that mortality resulting from these conditions could, to a large extent, be prevented. None of these problems are purely medical. They stem from the welfare and lifestyles of people, as well as the ecological, social and economic situation in a country. The large-scale

reform programme that has been launched in Ukraine is aimed at creating living conditions under which people will confidently look towards their future and take care of their welfare and health.

In that regard, I initiated health care reforms in Ukraine one and a half years ago. Our priority for the coming year is to modernize the primary care system. For many regions of Ukraine, it will mean reviving rural health care, which is unfortunately still in a difficult situation. In this way, we will make medical care more accessible to our citizens, and ensure prevention and early detection of non-communicable diseases.

One priority of our State policy is the fight against tobacco and smoking. Ukraine was among the first countries of Eastern Europe to sign the World Health Organization Framework Convention on Tobacco Control. Increasing the excise tax, imposing stricter requirements for trade, and banning advertising and restrictions on smoking in public places led to tangible results. Every fourth smoker quit smoking.

We have also had success in reducing injuries. Over the past three years, the number of victims of traffic accidents decreased by a factor of 2.4. That is the result of a complex policy, which included improving the quality of roads, increasing penalties for traffic violations and fighting corruption in the road patrol service.

We are also working to improve prenatal and maternity care. This year we launched a national project called New Life. The project will sponsor specialized prenatal facilities in four regions of our country where the quality of maternity care is inadequate. We plan thereby to continue improving maternal and childbirth care, which has been a focus of ours in recent years.

As a UEFA European Football Championship 2012 host country, Ukraine pays significant attention to the popularization of mass sports as a key contributor to a healthy lifestyle. To that end, a great number of sports playgrounds, stadiums and other public facilities are being built throughout the country. We consider preventive measures to be an important investment in the future of the Ukrainian nation. A focus on prevention will contribute to breaking the vicious cycle of chronic disease, improving standards of living and promoting a new level of economic development in Ukraine.

The introduction of the World Health Organization's new European health policy plan, Health 2020, bolstered the development of the Ukrainian Health 2020 programme. That programme, a first for Ukraine, envisages prevention-oriented health care based on the World Health Organization principle of "Health in All Policies", and aims to encourage the widespread adoption of healthy lifestyles.

Analysing global processes and our own experience, we firmly believe that whole foods and proper nutrition are also important factors in preventing disease and maintaining health. In a global food crisis, the quality of food is even more important. Dynamically developing its own agriculture, Ukraine plans to stimulate the production of ecologically clean food. In the very near future we will increase the supply of such products to international markets at affordable prices. We have a great capacity to do so, and it will be Ukraine's contribution to improving the quality of food in the world.

Ukraine pays significant attention to fulfilling its international obligations undertaken in the sphere of health care, in particular within the framework of the Millennium Development Goals. The Political Declaration adopted at this High-level Meeting (resolution 66/2, annex) will be a landmark for the international community in reducing the negative consequences of non-communicable diseases. I am convinced that, through the joint efforts of Member States and the United Nations, we will succeed.

The Acting President: I now give the floor to His Excellency Mr. Abdulkarim Rase, Minister of Public Health of Yemen.

Mr. Rase (Yemen) (*spoke in Arabic*): Allow me at the outset to thank the United Nations system attaching such importance to this special High-level Meeting on health as a prerequisite for comprehensive development. I commend Secretary-General Ban Ki-moon for his lead role in making the prevention and control of non-communicable diseases a main priority for decision-makers the world over. We also thank the World Health Organization and its Director-General, Ms. Margaret Chan, for their significant role in this endeavour.

Clearly, the attention accorded by the international community to non-communicable diseases reflects the global consensus towards achieving the Millennium Development Goals. It also

represents a qualitative shift in attention towards the Goals focusing on health.

I speak as the representative of a developing country that suffers the twofold burden of communicable and non-communicable diseases alike. Given the ongoing increase in the prevalence of non-communicable diseases and their dangers to development, successfully prolonging longevity has become a real challenge because non-communicable diseases begin slowly, without symptoms, and patients may live with them for the rest of their lives. Contrary to the belief held by some that non-communicable diseases are prevalent in developed countries only, the dire economic situation in the developing countries makes such diseases even more of a threat and a danger, especially in the poorest countries. Treating those diseases will have a tremendous impact on all sectors, especially those linked to the Ministries of health, development, information, industry and agriculture.

At this time, non-communicable diseases (NCDs) including diabetes, cardiovascular diseases, cancers and respiratory diseases are the main causes of illness and mortality in the Middle East. Their negative impact on public health services is enormous and must therefore be urgently addressed. Statistics show that 36 million people die annually due to the effects of NCDs, and that they account for 63 per cent of adult deaths worldwide and 90 per cent of the premature deaths of people under 60 years of age in developing countries. However, another challenge continues to burden developing and least developed countries — the absence of accurate data and insufficient resources to conduct scientific research and screening, thus aggravating the problem.

That challenge, compounded by the tremendous cost of the effects of NCDs and the inability to mitigate them, accounts for the loss of billions of dollars. NCDs, including cancers, respiratory diseases, diabetes and heart and cardiovascular diseases, are the main causes of death. Those are also the NCDs most likely to be mitigated by such interventions as support for healthy lifestyles, physical exercise and abstention from the use of tobacco and alcohol. Such changes in lifestyle would contribute to containing NCDs and their spread.

As the representative of the Republic of Yemen, I underscore the importance of the political role in

monitoring scientific research for sovereign decisions on health issues, which represent a main pillar of comprehensive development. Interventions based on scientific research and evidence require a close relationship between academic and public service institutions in order to provide sound criteria for health care and appropriate interventions and measures.

My country looks forward to the strengthened support and cooperation of all development partners in taking responsibility and seeking to create a mechanism that will save lives in the fight against NCDs.

I take this opportunity to note that world leaders and Heads of Government are in a position to reach a global consensus on combating NCDs. Here I would suggest the establishment of a global fund to combat NCDs. We have had great success with the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We should be able to do the same for NCDs. We must strengthen our efforts to improve health in the service of humanity.

The Acting President: I now give the floor to Her Excellency Ms. Zainab Hawa Bangura, Minister for Health and Sanitation of Sierra Leone.

Ms. Bangura (Sierra Leone): I am here today to underscore the importance that Sierra Leone attaches to the need for a new global commitment at the highest political level to prevent and control non-communicable diseases (NCDs). According to the World Health Organization, those silent killers, as they are sometimes called, now account for over 60 per cent of deaths worldwide. We are told that they are now the number one killers in the world.

In Sierra Leone, non-communicable diseases such as diabetes, chronic respiratory diseases, cardiovascular diseases, cancers and mental disorders account for only 18 per cent of all deaths. However, NCDs are on the rise and having a greater impact on adult morbidity and mortality. They pose a heavy economic and health burden on individuals, families, communities and the health system.

Allow me to say a few words about capacity to address and respond to the problems of NCDs. This, from our perspective, is the most important aspect of the Political Declaration (resolution 66/2, annex) that has been adopted at this High-level Meeting. The commitment we make today must take full cognizance

of the capacity of low-income and least developed countries like Sierra Leone to prevent and control NCDs. How that capacity can be strengthened or enhanced is key to the implementation of the proposed action plan.

Sierra Leone faces serious challenges in delivering health-care services. NCDs are an exceptionally critical problem because our health sector lacks the capacity to provide specialized diagnostic, medical and surgical care. We lack the infrastructure, the equipment and the essential drugs. We also lack health professionals with specialist skills to provide the care that people with NCDs such as cancer and cardiovascular problems require.

We are aware that our people need this specialist care and that many critically ill patients are often sent to Ghana, the United Kingdom, India and a number of other countries for specialist diagnostics and treatment. Our overseas treatment budget has continued to rise as we continue to witness an increase in non-communicable diseases among the population.

The formidable challenges notwithstanding, we are taking concrete steps to ensure that Sierra Leoneans are spared the onslaught of NCDs. In 2009, for instance, we established the Directorate of Non-Communicable Diseases at the Ministry of Health and Sanitation to ensure our proactivity in addressing the challenges of NCDs. Following the establishment of the Directorate, a national survey was conducted to determine the prevalence of the common risk factors of non-communicable diseases among adults 25-64 years of age. The results were shocking and inspired us to accelerate national efforts to address the scourge.

Accordingly, the prevention and control of non-communicable diseases have been given priority consideration in our Poverty Reduction Strategy Paper 2: The Agenda for Change, and in the National Health Sector Strategic Plan 2010-2015. We have also developed non-communicable disease and mental health policies and strategic plans.

In recognizing the effect of tobacco smoking on the health of individuals, we have acceded to and ratified the Framework Convention on Tobacco Control, developed a strategic plan on tobacco control and carried out a global youth tobacco survey. We have also declared no-smoking zones in Government facilities in some areas of our country.

We are also taking steps to provide specialist care within the country. We now have a well-equipped, ultra-modern facility built as a gift from the People's Republic of China to provide specialist diagnostics and treatment. The University of Sierra Leone has received partial accreditation to train specialist health professionals. We have also received funding from the Kuwait Fund to equip three teaching hospitals in the country to strengthen capacities in the provision of specialist training. The Cuban Government, with support from the Government of South Africa, is providing specialized medical professionals to be deployed in our main regional referral and specialist hospitals. In 2009, we received doctors and midwives from Nigeria who are currently working in various districts of the country. All of this augurs well for our collective efforts to respond to the challenges of NCDs.

We also appreciate the support of the United Kingdom Department for International Development, the United States Government, the World Health Organization, the World Bank, the African Development Bank, the United Nations Children's Fund, the United Nations Population Fund and various other partners.

Sierra Leone is aware that prevention is the cornerstone of the global response to NCDs. Recognizing the rising epidemic of non-communicable diseases and their socio-economic and developmental impact on the citizens of Sierra Leone, our strategy to prevent NCDs is multisectoral. We will endeavour to involve all relevant ministries, departments, agencies and civil society organizations in prevention and control efforts.

I wish to conclude by adding that we recognize our responsibility to continue to develop policies and programmes and to strengthen our national capacity to effectively address and respond to the challenges of NCDs. At the same time, we sincerely hope that the outcome of this High-level Meeting will generate a new global commitment in support of our national efforts through technical assistance and other forms of international cooperation.

The Acting President: I now give the floor to Her Excellency Ms. Toufta Boguena, Minister for Public Health of Chad.

Ms. Boguena (Chad) (*spoke in French*): On behalf of my country's delegation, I would like to join previous speakers in expressing my congratulations to

the Secretary-General for his efforts in successfully organizing this High-level Meeting and, above all, for the wise choice of the theme of non-communicable diseases (NCDs).

Allow me to stress that the current health situation in my country remains of particular concern, despite the resolute will and commendable efforts of the Government and its development partners. The situation of NCDs in Chad has yet to be properly defined. The annual survey of our country's medical statistics points to the presence of cases of diabetes and hypertension in our hospitals. We have already observed that the problem of non-communicable diseases is on the rise, since we commonly find at least one member of each family who suffers from either diabetes, hypertension, gout or asthma.

In the light of this worrisome situation, the Government has implemented a framework for preventing and combating those diseases. We have created a multisectoral national committee to combat non-communicable diseases that has developed an action plan for implementing the World Health Organization step-wise approach in our country.

In that regard, a study conducted in N'Djaména in October 2008 showed that 69.75 per cent of Chadians who consume alcohol do so at dangerous levels of 20 grammes a day; 20.2 per cent use tobacco; 80.3 per cent eat neither fruits nor vegetables; 87.3 per cent of the population do not engage in physical activity; and only 0.4 per cent present no risk factor, as opposed to the 31.7 per cent who are at risk in at least three or more ways. Non-communicable diseases account for more than 50 per cent of all medical evacuations from the country. As can be observed, cases of non-communicable diseases constitute a genuine public health problem in Chad, which needs to be addressed despite the existing efforts to create centres for early risk-detection and follow up.

Despite my country's situation, which involves numerous challenges, the Government of Chad has made the prevention and control of non-communicable diseases a priority, as they constitute an impediment to our development. The control of such diseases through our integrated epidemiological monitoring system has not been very effective, due to our limited resources. The lack of a national public health network of diagnostic laboratories and the scarcity of qualified staff have us in a stranglehold.

Given this situation, we hope that the international community, and in particular the agencies of the United Nations system, will continue to support our country even more in its struggle against all these scourges.

In conclusion, I would be remiss not to thank all our development partners for their growing multifaceted support. I reiterate the gratitude of the people and Government of Chad. Long live international solidarity. Long live health for all the peoples of the world.

The Acting President: I now give the floor to His Excellency Mr. Richard Visser, Minister for Health and Sport of Aruba of the Netherlands.

Mr. Visser (Netherlands): It is my great honour and privilege to speak on behalf of the Kingdom of the Netherlands, comprising the Netherlands and the Caribbean islands of Saint Maarten, Curaçao and Aruba.

The prevalence of non-communicable diseases (NCDs) varies throughout the Kingdom. We have seen an overall increase in the percentage of our people with diabetes and with one or a combination of chronic conditions.

In the Netherlands new policy document of May 2001, we focus on three themes, namely, trust in health protection, accessibility and availability of health care and sporting opportunities in neighbourhoods and educating people to decide on their own lifestyles. Choices for a healthy lifestyle can be made through accessible and reliable information, together with working public-private partnerships. We give specific attention to young children and youth, but we are not in favour of nationwide campaigns; in our experience, they often lack focus on specific target groups. We have serious doubts as to their effectiveness.

With regard to children in the Caribbean islands, due to its prevalence in the region, specific focus has been placed on childhood obesity. I will return to that later when describing the Aruba call to action on obesity.

It is important to focus on a healthy start for young people through empowerment, sporting activities and accessible health care. Our responses to NCDs are embedded in our health-care systems, with specific emphasis on primary health care and public health policies and programmes. We tailor our

programs to include a cost-containment approach. In the areas of health care systems and public health, we have financial growth in our programmes. We are aware that people with chronic conditions are the main consumers of our health system.

In that respect, we also face challenges, as the accumulated impact of NCDs come face to face with the challenge of ageing and multiple morbidities. This comes as a major challenge for the health care system in our countries, according to our national policies and as indicated by the Organization for Economic Cooperation and Development.

In the future, a fast-growing part of our population will face heart failure, diabetes, depression and overweight at the same time. We therefore do not favour a more vertical approach for all separate diseases, but rather integrated treatment with a cost containment approach in health care policies and systems of prevention, treatment and long-term care.

It is important to monitor the prevalence of disease as well as practical and accessible approaches. However, we do not favour globally decided targets, given the differences of prevalence between countries and the increase of NCDs. At the international level, we are aware that the burden of diseases in developing countries is growing. We do believe in the involvement of Government approach; however, distinctions need to be made between policy aspects that fall within the responsibility of ministers of health themselves, such as the sustainability of the health care system and prevention programmes, and between responsibilities of other ministers that may also have an impact on health.

With regard to assistance to low- and middle-income countries, the first priority is to create health care systems that can meet the challenges of NCDs, both in preventive actions and health care treatment. Financing through the strengthening of existing health care systems should be implemented in the framework of current mechanisms. We do not see the need for new partnerships.

We view the Political Declaration (resolution 66/2, annex) as an inspiring document for national and local policies, since the majority of the actions should be focused on those levels. I have indicated to the Assembly that we are in favour of a pragmatic approach, given the differences of prevalence between countries. Given the cultural aspects of the four risk

factors, a tailor-made approach is necessary. A one-size-fits-all approach would be of limited impact and value to our citizens.

Finally, I would like to come back to the subject of obesity. The Pan American Conference on Obesity was held in Aruba from 8 to 11 June. The wide range of participants in attendance included national, provincial and municipal Government representatives, ministers, senators, ministers' representatives, scientists, experts, journalists and athletes from 22 countries of all of the Americas took part in the Conference, which paid special attention to childhood obesity. During the Conference, strategies that can be applied to prevent obesity in the Americas were identified and presented in the Aruba call to action on obesity, with special attention to childhood obesity.

In the context of this short intervention, please allow me to highlight just a few of the actions that were proposed: to commit to the fight against childhood obesity and promote healthy weight by sharing strategies and actions with and between our respective Governments, institutions and communities to support effective public policies and multilevel comprehensive strategies to address obesity, based on the principles as described in the call for action; to facilitate the accumulation and exchange of knowledge on which projects and strategies have proved effective and in which settings; to increase awareness that obesity has a significant impact on labour productivity, and therefore on the social and economic development of countries; to invest in health promotion to prevent and reduce obesity; to incorporate obesity data into chronic disease surveillance systems; and to monitor, measure and evaluate progress made to reduce the prevalence of obesity and its associated risk factors.

Let me conclude by saying that only history can judge us. We would like to use the occasion of this High-level Meeting not to just sign another declaration, but to link it to work at local and national levels, where action needs to be taken.

The Acting President: I now give the floor to His Excellency Mr. Eduardo Bustos Villar, Deputy Minister for Health of Argentina.

Mr. Bustos Villar (Argentina) (*spoke in Spanish*): It is my great honour to address the General Assembly on behalf of the Group of 77 (G-77) and China. I would first like to say that the G-77 and China welcomes the holding of this High-level Meeting on

the Prevention and Control of Non-communicable Diseases. The G-77 and China believes that the United Nations, given its universal membership, legitimacy and comprehensive mandate, should play a central role in mainstreaming non-communicable diseases into the global development agenda.

Non-communicable diseases — primarily cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — represent a real global epidemic and a leading threat to sustainable development and to the right to achieve the highest attainable standards of physical and mental health. These diseases cause the highest number of deaths and disabilities worldwide, accounting for 60 per cent of all deaths, with 80 per cent of them occurring in developing countries. Such non-communicable diseases could be largely prevented by eliminating risk factors, in particular tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Other non-communicable diseases, such as mental illness and sickle-cell anaemia, also seriously add to the burden of disease.

Non-communicable diseases deepen social inequities, hinder human development and remain a difficult obstacle in the fight against poverty and hunger. Poor living conditions and other social, gender-related, economic, political and environmental health determinants contribute to the rising incidence of these diseases. Social inequities, such as an inequitable access to medicines and diagnostic tools and technologies, should also be addressed in this regard.

Medicines are a public good, and universal access to them should prevail over narrow commercial interests. Ten years ago, the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health confirmed the right of States to take advantage of flexibilities to protect public health and ensure access to treatment. In addressing chronic non-communicable diseases, controlling their incidence and mitigating their serious impacts, countries should take all necessary measures to ensure access to affordable, safe, effective and quality medicines, diagnostics and other technologies.

In that regard, we recognize that generic drugs have played a key role in ensuring access to medicines in the developing world. We therefore reaffirm our right to use, to the full, the TRIPS flexibilities, as confirmed by the Doha Declaration. We also

acknowledge the need to effectively implement the Global Strategy and Plan of Action on Public Health, adopted by the World Health Assembly in 2008, as important tools to help develop national capacities in developing countries in order to strengthen public health and ensure the universal access of the population to medicines and medical technologies, without any kind of restriction to specific diseases.

In this globalized world, neither communicable diseases nor non-communicable diseases are constrained by national boundaries. While recognizing the primary role and responsibilities of Governments in responding to this global epidemic, including in the form of awareness raising on the harmful effects of tobacco use and alcohol abuse, as well as the positive effects of good nutrition and physical activity, it should also be recognized that there is an urgent need for joint efforts from all sectors of society as well as from the international community in support of national efforts. In that regard, the Group of 77 and China urges all Member States to strengthen international cooperation, including through the transfer of technology.

Despite the significant impact of non-communicable diseases on public health and the related growing costs for our national health systems, it should be noted that less than 1 per cent of official development assistance (ODA) funds go to non-communicable diseases. The G-77 and China calls for fulfilment of all ODA-related commitments, including the commitment on the part of many developed countries to reach a target of 0.7 per cent of gross national product for development aid by 2015. Non-communicable diseases should receive the attention they deserve on the development agenda.

The Group urges relevant international organizations and partners to increase technical assistance for research and capacity-building to developing countries in order to improve prevention and control of non-communicable diseases, as well as universal access to medicines, medical and diagnostic technologies, including through the full use of the flexibilities contained in the Doha Declaration.

The Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting is the first comprehensive document with commitments from global leaders to addressing non-communicable diseases. The Group of 77 and China is of the view that the Declaration will serve as a useful platform for ongoing consideration of the development and other

impacts of non-communicable diseases. The Group of 77 and China therefore looks forward to engaging with partners and stakeholders in the follow-up process with the aim of strengthening the global response to the epidemic through multisectoral actions and effective partnerships.

My delegation aligns itself with the statement I have just made on behalf of the Group of 77 and China. I now have the honour to speak in my national capacity.

My country, Argentina, considers non-communicable diseases to be a problem that should be dealt with across every sector, as was said by the Director-General of the World Health Organization (WHO) at the regional high-level consultation of the Americas on non-communicable diseases and obesity, held in Mexico in February: “[C]hronic diseases are no longer just a medical or a public health problem. They are a development problem, and they are a political problem”.

It is for that reason that we must strengthen the role and leadership of States in protecting our peoples by creating healthier social and physical environments, reducing their exposure to risk factors and encouraging healthy behaviours on the part of the population. A few days ago, here in this city, we saw the launch of Wellness Week, at which the Director of the Pan American Health Organization said that better health is not just a question of individual decisions; rather, public policy is key to making healthy ways of living viable and sustainable.

In that regard, we consider it vital to regulate and work to promote such areas as increasing physical activity; reducing salt, sugar, and saturated and trans-fats in diets; increasing consumption of fruit and vegetables; and reducing calorie intake. We should also improve information for consumers; protect children from advertisements for unhealthy foods and drinks; promote relevant tax policies; prohibit tobacco advertising, promotion and sponsorship; establish smoke-free environments; and reduce harmful levels of alcohol consumption through effective public policy limiting access to it.

We believe that if this meeting is to have an impact, we must agree on clear objectives, goals and shared courses of action at the global, regional and national levels. The phenomenon of globalization seems to be taking on the form of a world economic

crisis; we do not know how far this will go or what its effect on our peoples will be. In light of this, we in Argentina, which has lived through serious crises, consider that the worst thing that could happen would be for us to experience a crisis of ideas, or to lack initiative on finding ways to tackle our health problems. In this regard, we should invest all our capacity, experience and lessons learned in the service of all countries.

We would like to talk about what Argentina has been doing in this regard. We have been developing and implementing a national prevention and control strategy for non-communicable diseases. To that end, we have had to strengthen our institutional capacity by creating a department for non-communicable diseases and a national cancer institute. We have created an epidemiological surveillance area dedicated to non-communicable diseases, where risk factors and other data are studied in order to enable us to make decisions and monitor our strategy. We have also reoriented our national programme for public production and free access to medicines, *Remediar + Redes*, including hypertension and diabetes as tracer diseases in order to strengthen our health systems, and we have classified patients according to their overall cardiovascular risk.

We have created a national intersectoral commission for the prevention and control of non-communicable diseases, in which other ministries, scientific organizations, academia, civil society, universities and the food industry are participants, designed to formulate and implement intersectoral actions and policies.

Similarly, in conjunction with the Ministry of Agriculture and the food industry, we have modified Argentina's food regulations on trans-fats with the aim of eliminating them from processed food by 2014. We have begun to reduce sodium in processed foods through agreements with the industry, an initiative launched with the Argentine Federation of Bakers. We have also reduced smoking rates through actions designed to limit it. Here, we highlight the importance of local provincial laws and a recently enacted national law on tobacco control that includes aspects of the WHO Framework Convention on Tobacco Control.

We have developed a number of physical activity projects as part of our healthy municipalities and communities programme; we are also conducting

summer educational campaigns in resorts on the risks associated with unhealthy living habits. We have implemented a national plan on responsible alcohol consumption, working in conjunction with the industry itself. We have launched a campaign promoting consumption of fruit and vegetables, in which, *inter alia*, we provide seasonal recipes using fruits and vegetables, in cooperation with the Argentine Federation of Fruit and Vegetable Markets. We have developed and are implementing a practical clinical guide to best practices, which includes information on diabetes, cardiovascular disease, tobacco use, kidney disease and hypertension, aimed at ensuring high levels of care.

Finally, I would like to say that without political will and resolve on the part of our leaders in what we do every day, all of it is going to become more and more difficult. But we are convinced that this High-level Meeting will mobilize every world leader around our shared objective, which is to give a human face to the decisions we take every day. I would like to end with the words of a medieval theologian, who insisted that men are like angels with one wing; in order to fly they must link arms. This is one of the goals we have to set ourselves in order to create a greater and better quality of life for our peoples.

The Acting President: I now give the floor to His Royal Highness Prince Turki bin Mohammed bin Saud Al Kabeer, Under-secretary of the Ministry for Foreign Affairs for Multilateral Relations of Saudi Arabia.

Prince Turki bin Mohamed bin Saud Al Kabeer (Saudi Arabia) (*spoke in Arabic*): I would like at the outset to congratulate Mr. Al-Nasser on his assumption of the presidency of the General Assembly at its sixty-sixth session. We wish him and the brotherly State of Qatar full and continuous success.

The holding of this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs) offers a good opportunity to review the efforts of the international community to prevent such diseases and to strengthen international cooperation in combating their spread. In this context, Saudi Arabia supports all international endeavours aimed at confronting these diseases and continues to dedicate efforts and resources to the fight at the national and international levels.

Saudi Arabia has taken the following measures. In 2003, it established a General Directorate for Non-communicable Diseases entrusted with setting up plans and strategies to combat these diseases. It has launched a number of programmes aimed at preventing the non-communicable diseases that are most prevalent in Saudi society, including programmes on the prevention of diabetes and cancer, nutrition and physical activity, cardiovascular and disease prevention, healthy marriage and the early examination of newborns. We have also set up the Health Crown Prevention programme, an accident and injury prevention programme, a programme to detect the risk factors of non-communicable diseases, and an osteoporosis programme.

We have adopted and begun implementing national plans and strategies for the aforementioned programmes. Government and non-governmental entities have established national committees on non-communicable diseases that are connected with prevention programmes. We have conducted several field studies at the national level to assess the spread of non-communicable diseases and their risks and causes, in cooperation with the World Health Organization.

Mr. Thomson (Fiji), Vice-President, took the Chair.

In this context, we have been giving support and assistance to primary-care institutions in the field of combating non-communicable diseases. We have also set up functional guidelines for some of these programmes, including training and skills development for personnel involved in combating NCDs and caring for patients through special training courses associated with the respective programmes.

We have also launched national campaigns to promote awareness among the populace through programmes such as "How is Your Diabetes?", nutrition and physical activities, a healthy marriage programme and an accidents and injuries prevention programme. We have also produced awareness bulletins and brochures on such programmes.

We have also established a computerized registration system to monitor non-communicable diseases and record cases of cancer and diabetes among those who are about to enter into marriage. There have been coordinated and cooperative activities between the public and private sectors, including philanthropic societies, in combating NCDs.

At the international level, the Kingdom has been assiduous in attending regional and international conferences and meetings, such as the Ministerial Meeting of Health Ministers of the Cooperation Council for the Arab States of the Gulf and the World Health Organization, among other relevant meetings.

The Acting President: I give the floor to Ms. Karin Johansson, State Secretary to the Minister for Health and Social Affairs of Sweden.

Ms. Johansson (Sweden): For some time now, we have observed the global trend of the rapidly increasing prevalence of non-communicable diseases. It has taken great patience and perseverance to move from initiative to decision, from the publication of facts through the formulation of relevant strategies to action plans.

This United Nations High-Level meeting on Non-communicable Diseases is a landmark event in this work and underscores the importance of our common efforts in this regard. The High-level Meeting will be decisive for the progress of global health. Our expectations are that concrete commitments will be made, not least at the national level, using strategic policy options that we all know have the greatest potential to bring about change. The efforts to tackle and control non-communicable diseases need to focus primarily on health promotion and disease prevention. Therein lies great potential for global health gains and for reduced health inequalities between and within countries. It is now time to take action.

It is of course up to each country to take into account its own political and social context when deciding on the optimal mix of existing evidence and good practices for improving the health of its citizens. But the most effective "best buys" are readily available, and national responsibility for the implementation of these measures has to be taken. Otherwise, the struggle against these diseases will be lost at the outset.

The World Health Organization (WHO), as the lead specialized agency of the United Nations for health, should continue to have the leading role in the work against non-communicable diseases.

Non-communicable diseases contribute to a large part of the disease burden across the globe. Governments must take leadership and fulfil the commitments already made in the fight against these

diseases, and we all have the obligation to support each other in this regard. As one of the major contributors to the WHO, we fully support the Organization's fundamental work in assisting Member States in their struggle.

The Acting President: I give the floor to His Excellency Mr. Jun Byung Yool, Deputy Minister for Health and Welfare of the Republic of Korea.

Mr. Jun Byung Yool (Republic of Korea): I am pleased to be a part of this significant High-level Meeting of the General Assembly, which has brought together world leaders from around the globe to discuss the prevention and control of non-communicable diseases (NCDs).

This meeting is the second occasion at which the General Assembly has focused on discussions concerning another formidable health issue, following the High-level Meeting that focused on HIV/AIDS (A/65/PV.90-95). That meeting contributed to strengthening international cooperation to improve the prevention and treatment of HIV/AIDS. I firmly believe that this meeting, too, will be critically important in our fight against NCDs around the globe.

Non-communicable diseases such as cardiovascular disease, stroke, diabetes and chronic respiratory disease claim the lives of some 36 million people around the world every year. These deaths figure around 63 per cent of the total annual number of deaths. Among them, some 9 million people die before reaching 60 years of age. Sadly, 90 per cent of those 9 million deaths occur in middle- and low-income countries. By 2030, the number of deaths from NCDs is expected to be five times the number of deaths caused by communicable diseases.

As a part of its preparation for this meeting of the General Assembly, the World Health Organization (WHO) held this year a regional high-level meeting and co-organized the Moscow global ministerial conference. The Korean Government joined the efforts of the WHO and hosted a regional high-level meeting on NCDs in March for discussions among the Western Pacific members. The Seoul Declaration, adopted at the meeting, expresses the commitment of high-level national support for the prevention and control of NCDs and highlights the need to strengthen health systems based on primary health care.

The Moscow Declaration voiced the shared concerns of WHO member States that the fight against NCDs involves complex levels and layers of challenges. These challenges often relate to socio-economic and environmental dimensions within Member States. Member States promised to develop whole-of-Government policies and implement the Action Plan for the Global Strategy for the Prevention and Control of NCDs.

Non-communicable diseases are preventable. If we correctly address major risk factors such as smoking, unhealthy diet, physical inactivity and alcohol abuse, we can and will dramatically reduce fatalities from NCDs.

The importance of policies to fight NCDs cannot be overstated. The Korean Government is making aggressive efforts in this regard. Korea's active tobacco control policies, in place since 2004, include an increase in pricing for tobacco products. Since then, Korea has seen its smoking rate decrease by 18 per cent among adults. More recently, as of 2010, the relevant law was revised for the effective implementation of the Framework Convention on Tobacco Control. Our Government is also working to legislate for health management services to enable systemic NCD prevention and control at the same time.

Through this system, the Korean Government will directly provide health management services for the vulnerable and create a rational market for consumers who can afford to pay for services. In addition, the Korean Government is actively participating in international cooperation to deal with NCDs. The hosting of the regional meeting, for instance, served as an opportunity to reaffirm the commitment of cooperation of Western Pacific countries. In 2012, Korea will host the Conference of the Parties to the WHO Framework Convention on Tobacco Control with a vision for reinforcing greater and more substantial cooperation on tobacco control.

It is my sincere desire that we, as an international community, continue our alliance to work more closely for the prevention and control of NCDs. Also, it is my strong belief that the United Nations will lead us in this global effort with the strongest of leadership.

The Acting President: I give the floor to Her Excellency Ms. Beatriz Londoño-Soto, Deputy Minister for Health and Welfare of Colombia.

Ms. Londoño-Soto (Colombia) (*spoke in Spanish*): Colombia congratulates the United Nations and the World Health Organization (WHO) on having organized this High-level Meeting on chronic non-communicable diseases (NCDs). We are here because we know the terrible effects of hypertension, diabetes, cancer and respiratory diseases on our populations, and because we feel that it is possible to reduce the suffering, disability and early deaths of millions of people around the world by developing better designed, more effective and better evaluated policies, strategies and programmes.

We have always believed that it is relevant to work for the synergy resulting from coordinated multisectoral work, but today, more than ever, it is important to return to the basic principles of teamwork in order to improve the health of our populations. That is why the Government of Colombia, under the leadership of President Juan Manuel Santos Calderón, is committed to developing national, regional and local capacities in order to provide conditions and an environment favourable to the adoption of healthy habits, working at the same time with various sectors and organizations, educational institutes at all levels, non-governmental organizations, academia, the private sector, international bodies and local and regional Governments.

For the 46 million inhabitants of our country, Colombia, 76 per cent of the disease burden is caused by chronic non-communicable diseases. Against that backdrop, the Government of Colombia is resolutely committed to promoting healthy lifestyles starting in infancy, involving families and communities, and continuing to improve access to and management of health services for those suffering from non-communicable diseases, and bringing together many complementary institutional and social networks.

Our country has taken decisive steps. Our anti-tobacco law created 100 per cent smoke-free areas in the workplace and in public transportation. We have graphic health warnings and are one of the few countries of the world where it is prohibited to advertise to or encourage smoking in minors. However, we need to raise our taxes and prices.

All demographic groups in our country have shown weight gain. That is why we want to put particular emphasis on the development of physical

activity as an essential factor in halting this epidemic effectively.

The reduction of chronic non-communicable diseases goes beyond the health sector. Although we have good clinical services, they will not be sufficient without changing the physical and cultural environments, promoting active transportation, improving the condition of public spaces, and encouraging a healthy daily diet rich in fruit and vegetables.

We have enacted a law that supports the fight against obesity by regulating the composition of foods, such as trans-fats and saturated fats. Next year, regulations to gradually reduce sodium over the course of five years will come into force in conjunction with a health communication and education campaign targeting children and young people.

We have made progress on early cancer detection in order to provide treatment at an early stage, particularly for women with uterine or breast cancer. However, we need to redouble our efforts to detect many other kinds of cancers affecting our population. We are therefore training our health teams to look for risk factors, developing specific treatment guidelines and evaluating their results.

Our national pharmacology policy reflects our commitment to guaranteeing access to high-quality medicines at reasonable cost, which will ensure a health-care system that is sustainable in the long term for patients suffering from those diseases.

Finally, I stress the fact that Colombia has increased its funding for innovation, science and technology, identifying five priority research areas related to chronic non-communicable diseases. We aim to adapt the best technologies to provide for better use of all available resources.

We would like to express our enthusiastic and committed support for the shared tasks proposed at this meeting. They will enable us to close the gaps and to obtain significant and sustainable results in the long term. We will always be prepared to share our progress and to continue to learn from all countries.

The Acting President: I now give the floor to His Excellency Mr. Roberto Sabrido Bermúdez, Vice-Minister for Health of Spain and President of the Spanish Agency for Food Security and Nutrition.

Mr. Sabrido Bermúdez (Spain) (*spoke in Spanish*): It is my honour and pleasure to represent my country in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We share the concern expressed about this issue. I also want to affirm Spain's endorsement of the statement made on behalf of the European Union.

Non-communicable diseases represent a high morbidity and mortality burden for all countries. In this regard, my Government agrees with the Secretary-General when he declares in his report that "non-communicable diseases represent a new frontier in the fight to improve global health" (*S/2011/83, p. 1*). The promotion of healthy lifestyles — encouraging physical activity and healthy diet and working to reduce smoking and harmful alcohol use — is a public health priority for the Government of Spain, as I believe it should be worldwide.

My Government has been working intensively on those four fronts. In January 2011, a new law banned outright smoking in enclosed public places, the outdoor areas of schools and hospitals, and playgrounds. The Spanish national strategy on nutrition, physical activity and obesity prevention came into effect in 2005 with the goal of improving nutrition and promoting physical activity, especially among children and adolescents. We are pleased to see that the three pillars on which the strategy is based — multisectorality, balance between voluntary agreements and regulatory actions, and assessment of the policies implemented — are also acknowledged in the principles of the Political Declaration adopted at this High-level Meeting (resolution 66/2, annex). In January 2009, the Spanish national drug dependency strategy came into effect, focusing especially on reducing underage drinking.

Care models in developed and developing countries continue to be directed towards reactive responses to acute health problems. We have to identify innovative and highly cost-effective health strategies and interventions that act both on chronic diseases and on their determinants. The Government of Spain maintains that all public policies must absolutely be evaluated based on their cross-cutting effect on the health of the population, as well as on gender mainstreaming.

The quality plan of the national health system of Spain has developed several health strategies, for example for cancer, ischaemic heart disease and

diabetes. We are developing a national health system strategy on health and gender, and re-evaluating our approach to chronic disease in general, which will open the way to a reorientation of our health-care services.

Health systems are one of the most important factors of social cohesion in the different countries of the international community, especially in periods and situations of economic crisis, such as now. There is therefore an urgent need to adopt measures promoting the collaboration of the international community in the development of national health systems, enabling persons to exercise their right to health and to have equitable, solidarity-based and universal health systems that are also sustainable.

In the twenty-first century, the health of the general population has become a centrepiece of societies' aspirations and proven to be a key element of economic and social development. Therefore, we should analyse the health sector's role not as a generator of costs but as a critical element of economic progress. We therefore draw the attention of the members of the General Assembly to the role of health-care systems as catalysts of national economies, in parallel to their undoubted significance in achieving the goals of wealth redistribution and social justice that we all share.

The Government of Spain reiterates and emphasizes its willingness to collaborate in all international cooperation activities aimed at fostering and promoting the health of populations, as does the action proposed by the Secretary-General on the prevention and control of non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Torphong Chaيسان, Deputy Minister of Public Health of Thailand.

Mr. Chaيسان (Thailand): On behalf of Thailand, I want to express our country's great pleasure in participating in this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs).

In 1973, a group of experts from the World Health Organization visited Thailand and warned us that NCDs would soon be our number-one killer. At the time, everyone laughed at the idea. Today, non-communicable diseases constitute almost three-fourths of both Thailand's total number of deaths and its total burden of disease.

Unfortunately, we are not the only ones facing that sad-but-true situation. Low- and middle-income

countries bear the brunt of the global NCD burden. The truly alarming fact is that they are shouldering that burden with a limited capacity to cope, compared to those in the high-income world. They lack almost everything that is needed to address this issue. Our discussion here today will be really meaningful only if we seriously and sincerely address those limitations in the developing world.

We have not done enough, even though evidence clearly suggests that there are effective and sustainable ways to deal with NCDs by addressing risky behaviour and related social determinants. The World Health Organization's global status report on NCDs clearly recognizes "best buy" interventions, which include controlling availability and marketing strategies and devising tax and price measures to control aggregate consumption of commodities that lead to NCDs. We do need to do much more to integrate this "best buy" intervention into our public policy.

Thailand has benefited tremendously since 2001 from the establishment of the Thailand Health Promotion Foundation, funded by a 2 per cent additional levy on top of the excise tax on tobacco and alcohol. Since the Board of the Foundation is chaired by the Prime Minister of Thailand, it has direct links to top policymakers. In this connection, Thailand would like to request all Member States to effectively implement the Framework Convention on Tobacco Control as soon as possible.

Earlier this year in Moscow, the Director-General of the WHO said:

"Today, many of the threats to health that contribute to NCDs come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health."

Although the alcohol, tobacco and food and beverage industries are different from one another, their actions and expectations with regard to the policy process are the same. They try to weaken policy content, tone down its scope in the public policy process.

"Partner" is a good term, and the global community has enjoyed countless public benefits from partnership with the private sector. But partnership with certain industries that have conflicts of interest leads nowhere. We believe that the private sector can still be part of the solution, but that should be in dialogue not only with producers, distributors and marketers, but also as part of the public policy process.

The final point that I would like to stress is that medicine is a moral commodity. Thailand strongly supports the full use of the flexibilities and rights enshrined in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration to protect public health and strengthen the global effort to improve our capacity to fight the NCD pandemic. The TRIPS Agreement and the Doha Declaration ensure that members of the World Trade Organization can implement TRIPS flexibilities to produce generic patented drugs for public non-commercial use and for export to countries that may not have adequate domestic capacity to produce their own generic essential drugs. These are rights that we must hold dear, because we owe it to our public and to the global community to protect and promote public health and, quite simply, to save lives.

In closing, I would like to express my delegation's sincere appreciation that this High-level Meeting reflects the agreement among Member States to discuss important multisectoral health issues here at the United Nations in New York. In this regard, I would like to reiterate the request of the recent World Health Assembly to the Secretary-General that a discussion be convened on the issue of universal health coverage at a future session of the General Assembly in order to find consensus on the issue, which we believe is not only essential to effectively tackling NCDs, but also crucial to the achievement of the Millennium Development Goals.

The meeting rose at 1.15 p.m.



General Assembly

Sixty-sixth session

10th plenary meeting

Wednesday, 21 September 2011, 6 p.m.
New York

Official Records

President: Mr. Al-Nasser (Qatar)

The meeting was called to order at 6.10 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*): In accordance with resolution 31/3, of 18 October 1976, I now give the floor to the observer of the Commonwealth Secretariat.

Ms. Anie (Commonwealth Secretariat): The Commonwealth Secretariat is honoured to make a statement at this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Commonwealth heads of Government called for the United Nations to host such a summit when they last met, in Trinidad and Tobago in 2009. We are pleased that this call to action has contributed to the momentum behind this meeting today.

The Commonwealth family comprises 54 countries on five continents. We account for a third of the world's population, a quarter of its countries and a fifth of its trade. We are a family of varied countries — rich and poor, large and small, but all aspiring to the shared principles of overcoming poverty, ignorance and disease, raising standards of living and achieving a more equitable society.

Of the estimated 19.5 million deaths in the Commonwealth in 2008, 9.3 million were due to

non-communicable diseases (NCDs), including mental and blood disorders and oral diseases. In comparison, 44 per cent of deaths were caused by communicable diseases and maternal, perinatal and nutritional conditions, and 9 per cent resulted from injuries, including road traffic fatalities. One third of the deaths from NCDs occurred before the age of 60 years.

The Commonwealth is greatly and adversely affected by the double burden of communicable and non-communicable diseases alike. Within our 54 member countries, 65 per cent of our 2.4 billion citizens are affected by HIV. We acknowledge the increasing pressure placed upon already overstretched health systems from this double burden of disease and, therefore, the need for a comprehensive and integrated response.

The Commonwealth acknowledges the link between NCDs and poverty and, furthermore, the threat this epidemic poses to sustainable development. We are cognizant that unless there is a high-level commitment to responding to the NCD epidemic, the gains that Commonwealth members have made towards achieving the Millennium Development Goals will be threatened. For that reason, this high-level event is particularly timely.

The Commonwealth itself has confirmed its commitment to respond to the NCD epidemic and increase the ability of countries to respond to the emerging health crisis. In that regard, Commonwealth heads of Government, in their 2009 statement on commonwealth action to combat non-communicable

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diseases, noted with concern that the poorest people are the most vulnerable to the impacts of these diseases. That statement has since been operationalized into the Commonwealth road map on NCDs, which outlines activities for the Commonwealth Secretariat to pursue, including developing advocacy strategies, informing and influencing global thinking, disseminating knowledge about best practices, building capacity and institutional strengthening.

The Commonwealth Secretariat chose “Non-communicable diseases: a priority for the Commonwealth” as the theme for the 2011 Commonwealth health ministers’ meeting. Furthermore, the theme for the 2012 meeting will be focused on the linkages between non-communicable and communicable diseases.

Mr. Cazeau (Haiti), Vice-President, took the Chair.

Young people are an important area of focus. As 60 per cent of its citizens are under 30 years of age, the Commonwealth has a strong focus on young people. Encouraging meaningful youth engagement and participation is central to the Commonwealth Plan of Action for Youth Empowerment.

The Commonwealth, furthermore, continues to draw attention to the gender dimensions of NCDs, specifically by recognizing the different prevalence rates of the major risk factors and diseases between men and women. Importantly, too, it is often women and girls who act as principal caregivers for household members who became unwell. The burden of care has significant socio-economic implications for them and their families. The theme of the Commonwealth for 2011, “Women as agents of change”, was chosen in recognition of women’s contribution to society and emphasizes the fact that when they prosper, their communities also prosper.

We are pleased by the examples of good practice emerging in the Commonwealth. We commend the response of the various regions and their leadership on NCDs. In particular, we note the pioneering holding of the Regional Summit of Heads of Government of the Caribbean Community on Chronic Non-Communicable Diseases, in 2007. We commend the work of civil society, which has informed and empowered others to better prevent and control NCDs throughout the world. The Commonwealth fully supports the global community’s efforts and commitments towards

preventing and controlling the spread of NCDs. We will continue to work with member countries and partners across all sectors to ensure an accelerated, multisectoral and evidence-based response to the epidemic. We further commit to deepening Commonwealth efforts beyond this event.

The Acting President (*spoke in French*): In accordance with resolution 64/124, of 16 December 2009, I now give the floor to the observer of the Parliamentary Assembly of the Mediterranean.

Mr. Amoruso (Parliamentary Assembly of the Mediterranean) (*spoke in Italian; English text provided by the delegation*): It is an honour to take part in this High-level Meeting on the Prevention and Control of Non-communicable Diseases on behalf of the Parliamentary Assembly of the Mediterranean (PAM), and to share with the General Assembly the tangible results achieved in this field by our unique network of parliamentarians in the Mediterranean.

As many General Assembly members know, the Parliamentary Assembly was established in 2006 to bring together parliamentarians from the Mediterranean region. We are an inter-State organization comprised of 26 member States and resulting from the maturation of a regional political process initiated within the Inter-Parliamentary Union.

After having addressed the High-level Meeting on the Millennium Development Goals one year ago, on 22 September 2010 (see A/65/PV.9), I am proud to again have the unique opportunity to address the General Assembly on behalf of parliamentarians from the northern and southern shores of *mare nostrum*. This is a symbol of our unity in making another decisive step towards the goals set for 2015, which is a priority that constantly leads our actions.

As highlighted by the Regional Office for the Eastern Mediterranean of the World Health Organization (WHO) and as shown in the statistics for the rest of the Mediterranean region, the burden of non-communicable diseases (NCDs) on the public health services of Mediterranean countries calls for immediate and coordinated action at the regional and international levels.

We, the parliamentarians of the Mediterranean, wish to take full advantage of this High-level Meeting to call for concerted action in monitoring, mobilizing appropriate resources and strengthening capacities to pursue the fight against these threats to life and

socio-economic development. We are doing so in what is a decisive time for our region and in line with the Global Strategy for the Prevention and Control of Non-communicable Diseases, endorsed by the World Health Assembly in 2000, and its related Action Plan, adopted in 2008 by WHO and Member States.

The Parliamentary Assembly of the Mediterranean has mobilized its unique multisectoral network in the Mediterranean to support United Nations action, in coordination with Member States, as well as with other international and regional bodies. PAM has strongly supported and welcomed the inauguration of the WHO Mediterranean Centre for Health Risk Reduction in Tunisia in July 2010. We intend to continue to assist the Centre in promoting interregional cooperation, notably by strengthening public health capacities to tackle the growing burden of NCDs in the Mediterranean.

In close cooperation with the United Nations system and a wide range of partners, the Parliamentary Assembly of the Mediterranean is already mobilizing its network, using a multisectoral approach to create a pool of high-level members of Parliament, experts and non-governmental organization representatives in the region to address specific issues in line with the priorities on the international agenda.

An example of such efforts was the most recent meeting of PAM's panel on economic issues, held at the United Nations Office at Geneva in May, in close cooperation with the Inter-Agency Cluster on Trade and Productive Capacity. We wish to assure General Assembly members today that this network will fully contribute to implementing the actions proposed in the Political Declaration (A/66/2, annex) adopted at the High-level Meeting.

On behalf of PAM, I wish to solemnly assure the Assembly that our unique Mediterranean network of parliamentarians remains ready to use its capacity to legislate, oversee our executives and vote on budgets so as to ensure that the United Nations agenda on NCDs is implemented as a top priority in our region.

The Acting President (*spoke in French*): I declare closed the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

The General Assembly has thus concluded this stage of its consideration of agenda item 117.

The meeting rose at 6.30 p.m.