



# **TIME TO ACT:** **The Global Emergency of** **Non-Communicable Diseases**

**Report on 'Health and Development: Held Back by Non-Communicable Diseases'**



International  
Diabetes  
Federation



WORLD HEART  
FEDERATION®



“Four in five deaths from NCDs now occur in low- and middle- income countries. Without decisive action, the NCD burden threatens to undermine the benefits of improving standards of living, education and economic growth in many countries”

**MARTIN SILINK**

**President, International Diabetes Federation**

“We can no longer ignore the burden that cardiovascular disease, diabetes, cancer, and chronic respiratory diseases is placing on countries that are least equipped to deal with them”

**PEKKA PUSKA**

**President, World Heart Federation**

“The advantages that stand to be gained from the strength of strategic international partnerships will contribute towards a more effective global response to NCDs”

**DAVID HILL**

**President, International Union Against Cancer**



## BACKGROUND



From left to right:  
Sir George Alleyne, Dr Ala Alwan, Minister Marie-Pierre  
Lloyd, Professor Rifat Atun and Mr Quentin Cooper

On 19 May 2009, the International Diabetes Federation (IDF), World Heart Federation (WHF) and International Union Against Cancer (UICC) held a joint event during the 62<sup>nd</sup> World Health Assembly. The three federations, speaking as the global voices for diabetes, cardiovascular disease and cancer, joined together to highlight the urgent need to take action against the global epidemic of non-communicable diseases (NCDs).

This report contains a selection of quotes from the event and also features a variety of guest perspectives on the growing threat of NCDs.

#### **Panel Members:**

**Dr Ala Alwan**, Assistant Director-General for Non-Communicable Diseases and Mental Health, World Health Organization

**Sir George Alleyne**, Chairman, Caribbean Commission on Health and Development

**Minister Marie-Pierre Lloyd**, Ministry of Health and Social Development, Seychelles

**Professor Rifat Atun**, Director, Strategy, Performance and Evaluation Cluster, The Global Fund to Fight AIDS, Tuberculosis and Malaria

**Mr Quentin Cooper** (Moderator), Science Journalist and BBC Radio Presenter

# FOREWORD



On 19 May 2009, over 150 leaders from ministries of health, civil society and the private sector met during the 62nd World Health Assembly in Geneva to discuss a major global emergency: non-communicable diseases (NCDs). This event was a world first, bringing together leaders from across the global health community with the three major NCD federations (IDF, WHF and UICC), who together represent over 700 national organizations in 170 countries.

The success of the event, demonstrated by a high turnout, extensive press coverage, and a lead editorial in the Lancet, speaks to a growing movement within global health. Three important milestones in this movement took place this past July. First, Caribbean Heads of State declared their support for a UN General Assembly Special Session on NCDs. Second, the WHO's Global Non-communicable Disease Network (NCDnet) was launched with a mandate to unite the global community against NCDs. Third, world leaders came together at the 2009 UN ECOSOC High Level Segment in Geneva to declare NCDs a "leading threat to human health and development."

Cost-effective prevention efforts that encourage increased exercise, healthier diets, and decreased tobacco use must be central to our response and governments and international stakeholders are beginning to make progress in responding to these challenges. Yet, the international community has failed to recognize that access to essential NCD medicines is a fundamental human right. The majority of these medicines, including metformin, anti-hypertensives, analgesics, aspirin, and insulin are extremely cost-effective and all are proven to work. Donors, funding mechanisms and foundations must recognize that their assistance is critical in the effort to make these lifesaving and essential medicines available to those who need them.

The four main NCDs - cardiovascular disease, diabetes, cancer and chronic respiratory disease - are by far the leading causes of mortality in the world, responsible for 35 million deaths a year, 28 million of which occur in low- and middle- income countries. We must not spend billions of dollars each year saving people from infectious disease only to lose them to NCDs.

To bring the NCD emergency to the world stage, we need you to:

### **1. Demand that donor and funding agencies support essential medicines for people living with NCDs**

NCD medicines can save lives for less than a dollar per person per year. Yet no international agency is funding these medicines. Help us convince donors to supply essential NCD medicines to low- and middle- income countries and align their development assistance with country led priorities.

### **2. Call for an NCD progress indicator to be included in the 2010 MDG Review Meeting**

The Hon Leslie Ramsammy, Minister of Health, Guyana, has led the call for an MDG+. Join him by writing to your Head of State, Minister of Foreign Affairs and Minister of Health asking for an MDG indicator on NCDs to be included on the agenda of the 2010 MDG Review Meeting.

### **3. Help us achieve a UN Special Session on NCDs**

A United Nations General Assembly Special Session on NCDs would raise the profile of NCDs on the global stage, mobilize the international community to take action, and send a clear message to decision makers. Ask your Head of State and UN Ambassador to put NCDs on the agenda at the 2010 UN General Assembly in New York.

The message of the global health community is clear: the time has come to act and we must no longer ignore the epidemic of NCDs. On behalf of the International Diabetes Federation, World Heart Federation and International Union Against Cancer, we hope that this publication serves as a useful resource.

Sincerely,



Martin Silink  
President  
International Diabetes Federation



Pekka Puska  
President  
World Heart Federation



David Hill  
President  
International Union Against Cancer



# **NCDs ARE A DEVELOPMENT ISSUE**



**It's time for NCDs to be included in the development agenda.**

**They are a global emergency, a major impediment to economic growth, and a barrier to health and development.**

“In most developing countries, it is the poorest people that have the highest exposure to risk factors leading to NCDs, and that are at risk of dying prematurely from non-communicable diseases because of inadequate health care services for poor people with NCDs. As a result, the World Bank estimates that one-third of the poorest two income quintiles in developing countries die prematurely from non-communicable diseases.”

#### **DR ALA ALWAN**

“Yes, NCDs hold back economic growth, but NCDs also impede your educational potential and ability to make a living. There is also evidence of major benefits to climate change from addressing NCDs. NCDs impair human development, they impair economic growth and they impair educational potential.”

#### **SIR GEORGE ALLEYNE**

“The poorest groups not only bear higher risks for NCDs but, once they develop an NCD, they also face higher health and economic impacts. The poor have less access to medical care, allowing NCDs to progress to advanced states resulting in higher levels of mortality and disability. Given their complexity and chronic character, medical expenditures for treatment of NCDs are a major cause for tipping households into poverty.”

#### **AMARTYA SEN**

**Nobel Laureate in Economics**

“We must make the prevention and control of NCDs and improvement of maternal health top priorities of the development agenda. Both are part of the agenda for strengthening health systems and revitalizing health care.”

#### **DR MARGARET CHAN**

**Director-General  
World Health Organization**

“The rapid increase in non-communicable diseases has serious implications for socio-economic development in developing countries. WHO estimates that by 2015, the percentage reduction in GDP due to NCDs will be between 1 to 5 per cent in developing countries. At household level, up to 20% of low-income household income is often spent to care for a family member with diabetes and 10% on buying tobacco products. This acts as a poverty trap for the poor.”

#### **DR ALA ALWAN**

“Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion.”

#### **MR BAN KI-MOON**

**United Nations Secretary-General**





# WE HAVE THE EVIDENCE



**We need to continue to strengthen the evidence base,  
but immediate funding is needed to scale up  
effective prevention and treatment programmes for NCDs.**

“After 25 years of researching HIV/AIDS we still have limited evidence on what works in terms of prevention. It’s an important lesson for us to invest in generating evidence at the country level on what works in different settings, because the context matters. We need to understand what’s going to work in countries.”

**PROFESSOR RIFAT ATUN**

“Proven solutions now exist to save millions of lives and prevent premature death from non-communicable diseases in developing countries by implementing effective interventions to reduce tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, and by strengthening health care for people with non-communicable diseases, with a special focus on primary health care. These interventions are affordable, even in low-income countries.”

**DR ALA ALWAN**

“I agree that we can always have more evidence but I am emphatic that we now have enough evidence to take action.”

**SIR GEORGE ALLEYNE**

“It’s all solvable and we have to take a comprehensive integrated approach rather than looking at it disease by disease.”

**MINISTER MARY-PIERRE LLOYD**

“Non-communicable diseases are a serious threat to global well-being. In our 2009 Global Risks Report, they are identified as one of the major risks for businesses and economies; they represent a growing economic and social challenge for many developed and developing countries.”

**RICHARD SAMANS**

**Managing Director of the World Economic Forum**

“Promoting the use of aspirin and other inexpensive drugs to prevent and treat heart attack and stroke is 1 of 10 best health buys that have proven effective in developing countries based on cost per DALY\* averted.”

\* disability-adjusted life year

**DISEASE CONTROL PRIORITIES PROJECT**

**Using Evidence About Best Buys To Advance Global Health**





## **PARTNERSHIPS AND COLLABORATION**



**Whether you're a Prime Minister or a  
person living with an NCD, strong  
partnerships and bold action are essential.**

“WHO is launching a network of leading organizations and experts from around the world to scale up action to combat NCDs. We need much stronger partnerships. What we see now are scattered initiatives with little coordination or joint work. The new Global Noncommunicable Disease Network (NCDnet) will unite currently fragmented efforts by bringing the cancer, cardiovascular, diabetes and respiratory communities together with tobacco control, healthy diets and physical activity advocates.”

**DR ALA ALWAN**

“The health sector is often not very good at inducing intersectoral collaboration. A lot of these things have to be addressed at the political level. It is only at the political level that you achieve the results that come from the Prime Minister saying to the Minister of Education, “you must have exercise in schools” or Mayor Bloomberg in New York making a decision to provide the needed funds.”

**SIR GEORGE ALLEYNE**

“In Seychelles the cabinet has just approved a health promotion network which will bring together all government sectors. For example, we decided we wanted to encourage more walking. We needed more street lights because by the time we finish school or work, it’s already dark. That meant we also needed increased security for people to feel safe. All those other sectors need to be involved.”

**MINISTER MARY-PIERRE LLOYD**

“Incentives can be offered at all levels to encourage people to make healthy choices: at the macro level, governments can support an agricultural system that ensures the affordability and availability of healthy food; at the community level, public agencies and private companies can provide opportunities for physical activity, such as safe paths for cycling and walking; and at the micro level, young people can be rewarded for remaining tobacco free.”

**DR RACHEL NUGENT**

**Deputy Director of Global Health, Centre For Global Development**

“The war on chronic diseases will require new resources as Mayor Bloomberg and Mr Gates have recognized. Those of us in public health need to broaden our thinking and expand our agenda to recognize the major causes of morbidity and mortality. Public health professionals like big problems. I am confident that we will figure out innovative strategies for addressing this new pandemic. Otherwise, we may be saving people from infectious disease only to lose them to chronic disease.”

**DR MICHAEL KLAG**

**Dean, John Hopkins School Of Public Health**





## **IMPLEMENTING THE SOLUTIONS**



**We have cost-effective, evidence based solutions.**

**By working together to implement these solutions,  
we can avert 36 million premature deaths from NCDs.**

“In the Caribbean, 15 Heads of State decided on 15 key actions to address NCDs. This is a good example of the fact that, when you present the evidence and demonstrate the magnitude of the problem, Heads of State are prepared to act. As Martin Silink pointed out, we need a United Nations Special Session where we can come together and say: there is a solution, we have the solution and we would like you to address those parts of the solution that are feasible now.”

**SIR GEORGE ALLEYNE**

“36 million deaths from chronic diseases could be postponed by public health and primary care in the next 10 years at a cost of US \$1.50 per person per year.”

**BEAGLEHOLE, EBRAHIM, REDDY ET AL**

**The Lancet, 2008**

“We’ve started with the world’s scariest statistics. Do we need to focus more on how the partnerships can work, what the solutions are, and what the practicalities are? The answers are out there and clearly people are not sufficiently aware of them.”

**MR QUENTIN COOPER**

“Essential drugs were provided for certain groups of diseases because there was enough global advocacy for doing it. If there’s sufficient global advocacy for providing medications for NCDs, can’t we achieve the same thing?”

**SIR GEORGE ALLEYNE**

“An additional \$2 billion to expand the U.S. portfolio to address non-communicable disease and injuries would be appropriate...Expenditures should include the scale-up of proven interventions and policies to reduce avoidable deaths, as well as research efforts to translate existing knowledge into population-based interventions that are cost-effective in low-resource settings.”

**INSTITUTE OF MEDICINE**

**The U.S. Commitment to Global Health  
Recommendations For The Public And  
Private Sectors**

“This is the essence of the equity argument: people should not be denied access to life-saving interventions for unfair reasons, including an inability to pay.”

**DR MARGARET CHAN**

**Director-General  
World Health Organization**





# TIME TO ACT: NEXT STEPS



From the local to the global, a coordinated response  
to NCDs is essential.

Non-communicable diseases are a global emergency. It's time to act.

“We know the cost of failure in human terms and economic terms but beyond this room we all have other commitments and other pressures. We have to come up with ideas and solutions that are practical for an imperfect world. The idea of this meeting is to begin to come up with things that actually work in the real world.”

**MR QUENTIN COOPER**

“The MDGs failed to identify the NCDs, in spite of the fact that these diseases account for 60% of global mortality. I believe this is a serious omission that should be corrected. As President of the 61st World Health Assembly I called for an MDG+ on NCDs and this year I again called for it as outgoing President. The time for an MDG+ is now.”

**DR LESLIE RAMSAMMY**

**Minister Of Health  
Guyana**

“You need to be skillful in identifying and increasing awareness about the presence of evidence based and cost-effective interventions that could save millions of lives and be implemented in low resource countries. This is an issue we have to work on and this is the issue that would lead us to more achievements in terms of developing a global fund type mechanism for mobilizing resources for the management of chronic diseases.”

**PROFESSOR RIFAT ATUN**

“Without political will, nothing we can do in this area will succeed. The political will has got to include the will to regulate the industries that are making the profits and that are causing non-communicable diseases, and that takes the strongest kind of political will imaginable.”

**MS PATRICIA LAMBERT**

**Director  
The International Legal Consortium  
The Campaign for Tobacco-Free Kids**

“We have the building blocks of actor power, ideas, the right political moment, and the data to back up our claims. But what we cannot do is to continue on the same path as before. That way has failed. We have to do something different, radically different. We have to be more ambitious. Each one of us has something to contribute. Let us leave today making a personal commitment not only to do more in our own roles, but also to do more to support a coordinated global response to what is a pressing human health emergency - the epidemic of non-communicable disease.”

**RICHARD HORTON**

**Editor  
The Lancet**



## KEY GLOBAL STATISTICS

- 250 million people live with diabetes
- 25 million people live with cancer
- 1 billion people are overweight and 1.2 billion people are tobacco users, both major causes of cardiovascular disease
- Heart disease and stroke claim 17.2 million lives each year
- Cancer kills 7.9 million people annually
- Diabetes kills 3.8 million people each year

## ADDITIONAL NCD DATA

- **WHO Global InfoBase**  
<https://apps.who.int/infobase/report.aspx>
- **WHO STEPS Country Reports**  
[www.who.int/chp/steps/reports/en/index.html](http://www.who.int/chp/steps/reports/en/index.html)
- **IDF Diabetes Atlas On-line**  
[www.eatlas.idf.org/](http://www.eatlas.idf.org/)
- **Cardiovascular Disease Data**  
[www.world-heart-federation.org/cardiovascular-health/](http://www.world-heart-federation.org/cardiovascular-health/)
- **Tobacco Atlas**  
<http://www.tobaccoatlas.org/>

# KEY RESOURCES



### WHO ACTION PLAN FOR NCDs

#### **WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases:**

<http://www.who.int/nmh/en/>

### ABOUT IDF, UICC AND WHF

#### **International Diabetes Federation, [www.idf.org](http://www.idf.org)**

The International Diabetes Federation is an umbrella organization of over 200 national diabetes associations that represent the interests of the growing number of people with diabetes. The federation has been leading the global diabetes community since 1950. Its mission is to promote diabetes care, prevention and a cure worldwide. The federation is engaged in tackling diabetes from the local to the global level from programmes at community level to worldwide awareness and advocacy initiatives.

#### **International Union Against Cancer, [www.uicc.org](http://www.uicc.org)**

The International Union Against Cancer unites 335 member organizations in 105 countries in the global fight against cancer. It is the leading international non-governmental organization dedicated exclusively to the global control of cancer. UICC is working towards a vision of a dynamic global community of

connected cancer control organizations, professionals and volunteers working together to eliminate cancer as a major life-threatening disease for future generations.

#### **World Heart Federation, [www.worldheart.org](http://www.worldheart.org)**

The World Heart Federation is a nongovernmental organization committed to helping the global population achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low- and middle- income countries. A membership organization comprised of 198 medical societies and heart foundations in more than 100 countries at both the national and regional level, the World Heart Federation is recognized by the World Health Organization as its leading nongovernmental partner in the prevention and control of cardiovascular disease.

### NCD RESOURCES

#### **Center for Global Development, [www.cgdev.org](http://www.cgdev.org)**

The Center for Global Development is an independent, nonprofit policy research organization that is dedicated to reducing global poverty and inequality. CGD has conducted a variety of research focusing on NCDs, including a recent study that found that only 0.9% of overseas health aid is spent on NCDs.

**Framework Convention Alliance**, <http://www.fctc.org/>

The FCA brings together more than 350 organizations from more than 100 countries working on the development, ratification, and implementation of the Framework Convention on Tobacco Control.

**Global Alliance against Chronic Respiratory Diseases**,

[www.who.int/gard](http://www.who.int/gard)

GARD is a voluntary alliance of national and international organizations, institutions, and agencies committed towards the common goal to reduce the global burden of respiratory diseases. The Global Alliance is part of the global work to prevent and control chronic diseases.

**Global Alliance for Chronic Disease Research**,

[www.gafcd.org](http://www.gafcd.org)

The Global Alliance for Chronic Diseases was created to support clear priorities for a coordinated research effort to address the NCD crisis. The alliance brings together a group of six major national research funding agencies that together represent nearly 80 percent of all public research funding in the world.

**Institute of Medicine, U.S. National Academy of Sciences**,

[www.iom.edu](http://www.iom.edu)

The Institute of Medicine provides unbiased and evidence-based advice concerning health and science policy to leaders in every sector of society. The IoM has published several landmark reports covering NCDs, including "The U.S. Commitment to Global Health: Recommendations for the Public and Private Sectors" released in May 2009. The report contains a set of recommendations for the U.S. government's global health priorities, including a call for two billion dollars in overseas health aid for NCDs.

**International Association for the Study of Obesity**,

[www.iaso.org](http://www.iaso.org)

The International Association for the Study of Obesity is a not-for-profit organisation linking over 50 regional and national associations with over 10,000 professional members in scientific, medical and research organisations. It is an umbrella organisation for national obesity associations which comprises 52 member associations representing 56 countries.

**Oxford Health Alliance**, [www.oxha.org](http://www.oxha.org)

The Oxford Health Alliance enables experts and activists from different backgrounds to collaborate in order to raise awareness and change behaviours, policies and perspectives at every

level of society. Alliance members include leading academics, activists, corporate executives, patients rights advocates, doctors and nurses who share a sense of urgency about the worldwide epidemic of NCDs. The alliance also launched 3FOUR50.com, an online social network aimed at raising awareness of and preventing NCDs.

**ProCor**, [www.procor.org](http://www.procor.org)

ProCor is a global network promoting cardiovascular health in developing countries and other low-resource settings. ProCor has an active listserv that discusses the latest research and developments on NCDs.

**World Economic Forum**, [www.weforum.org](http://www.weforum.org)

The World Economic Forum (WEF) is an independent, not-for-profit organization that brings together a global community of business, political and intellectual leaders to work on projects that improve people's lives. The Forum convened a global agenda council on non-communicable diseases and malnutrition to define priorities, monitor trends and address knowledge gaps pertaining to NCDs and malnutrition. The WEF also released a groundbreaking report titled "Global Risks 2009" that found NCDs to be the fourth most severe global economic risk as measured by likelihood and severity of economic loss.

**WHO Framework Convention on Tobacco Control**,

[www.who.int/fctc/en](http://www.who.int/fctc/en)

The WHO Framework Convention on Tobacco Control (WHO FCTC) is one of the most widely embraced treaties in UN history and has 166 Parties. The FCTC was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

**World Health Organization**,

[www.who.int/topics/chronic\\_diseases/en](http://www.who.int/topics/chronic_diseases/en)

The mission of the Non-communicable Diseases and Mental Health Cluster (NMH) is to provide leadership and the evidence base for international action on surveillance, prevention and control of noncommunicable diseases, mental health disorders, malnutrition, violence and injuries, and disabilities. Working jointly with Regional and Country Offices, the NMH Cluster supports Member states in promoting health and in preventing premature death and disability from these conditions by addressing their risk factors and determinants and improving health care and rehabilitation services.

“

Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion.

”

**MR BAN KI-MOON**

**United Nations Secretary-General**



International  
Diabetes  
Federation



**WORLD HEART  
FEDERATION®**