

Non-communicable diseases – finally on the global agenda

A.T. Wielgosz, MD, PhD, Professor of Medicine and Epidemiology & Community Medicine, University of Ottawa

After the UN Millennium Development Goals were declared in September 2000 (see Table 1), one of the major short-comings recognized world-wide was the lack of mention of non-communicable diseases (NCDs). While AIDS and malaria were included, none of the leading and universal non-communicable causes of death made the list. There was no mention of cardiovascular diseases, cancer or diabetes, even though these place a far greater burden on global health and economic development than the infectious diseases and are predicted to continue to increase in epidemic proportions.

After much public discussion and intense lobbying, a significant—and uncommon—achievement occurred: on May 13th, 2010, the United Nations General Assembly voted in favour of convening a summit on non-communicable diseases, to take place in September 2011.

The resolution calling for the UN Summit, tabled by Trinidad and Tobago on behalf of the Caribbean Community (CARICOM) member states, was cosponsored by over 100 countries including the United States, which traditionally resists UN summits. However, in this case support even came from the US First Lady and the Secretary of State. This level of support acknowledges the burden of NCDs—diabetes, cancer, and cardiovascular and chronic respiratory illnesses are responsible for 60 percent of deaths world-wide—and indicates that NCDs have become a priority matter for world leaders.

Although the lead-up to September's Summit has taken a decade, momentum has increased such that there is a short timeline for preparation. The resolution calls on member states and the international community to:

- convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of NCDs;
- include discussions on the rising incidence and the socio-economic impact of NCDs in developing countries during the 2010 Millennium Development Goals Review Summit;
- request the UN Secretary-General to prepare a global status report on NCDs, with a particular focus on the developmental challenges faced by developing countries.

High expectations emerged early after the resolution was declared. After reviewing data about the impact of NCDs on individuals and countries, the Summit should recognize that a collaborative, international effort will be most effective at controlling these diseases and preventing their spread. More importantly, it is expected that such a high-level event—with a potential effect similar to that of a UN General Assembly Special Session (UNGASS)—will result in concrete action steps applicable on a global scale. These will have to be monitored through periodic progress reports, so as to provide a measure of accountability to any resolutions and particularly the declared action steps.

Through comprehensive consultation, specific indicators and outcomes need to be identified to use for monitoring and evaluating progress. There are issues of resources and capacity to effectively carry out the actions that will be agreed upon, particularly in low- and middle-income countries. Broad representation and buy-in will be required from the start in order to ensure societal uptake. The work will not stop with the Summit, of course. At the end of the discussions, there must be a strong commitment, appropriately articulated, to continue the work with the full participation of member states.

Preparing for the Summit will offer opportunities for widespread engagement, and various non-governmental organizations are working together through a global alliance. In late December 2010, a UN modalities resolution was adopted that declared September 19-20, 2011 as the dates of the Summit. It included a call for all UN Member States to be represented by Heads of State but most importantly, it called for Member States to adopt a concise action-oriented outcome document at the end of the Summit. Three roundtable sessions are planned, which will focus on the rising incidence of NCDs, strengthening national capacities and fostering international cooperation and coordination.

Given Canada's experience and resources, it must not only *be* a leader but must be *seen* to be a leader in this global effort. Canada made a significant contribution to the Framework Convention on Tobacco Control (FCTC), which was a success as the

first international treaty on a matter of health, and which continues to reap benefits country by country by reducing the effects on health of tobacco use through international cooperation and action on tobacco control. Canadian strengths are in policy development, intersectoral collaboration and community engagement.

The challenges in stemming the epidemic of NCDs with all the lifestyle-related factors are enormous. As a wealthy nation with considerable experience in addressing prevention and control of the leading causes of death and disability, there will be a high expectation of assistance from Canada for countries with middle and low economies, even as Canada is challenged to stem this epidemic within its own borders. Success will be achieved through trust, mutual respect and collaboration. The Summit will be a historic event. More importantly, it must succeed.

Acknowledgements

The above editorial was based on material written by Greg Paton and Matthias Ploeg of the International Diabetes Federation and made available by the World Heart Federation.

TABLE 1
United Nations Millennium
Development Goals

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/AIDS, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.