Editorial

Time for action in New York on non-communicable diseases

A major opportunity to advance global health is in danger of being lost. On Sept 19–20, heads of states and governments will gather in New York, NY, USA, at the UN High-Level Meeting on Non-communicable Diseases (NCDs) to approve a political statement on responding to the global NCD crisis. These diseases, principally cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, are responsible for two-thirds of the 57 million deaths worldwide each year, with four of five NCD deaths occurring in lowincome and middle-income countries; at least half these deaths are readily preventable. Until now they have been neglected by countries, development agencies, and funders.

A bold and comprehensive statement from the UN High-Level Meeting will stimulate a global response commensurate with the burden of NCDs. The negotiations on the draft political statement stalled at the beginning of August because of major differences between the leading negotiating countries. The UN Resolution specifying the details of the meeting called for "an action-oriented document"; the co-facilitators are committed to producing a strong outcome statement. Lamentably, so far, the negotiations have produced a weak statement that will do little to protect vulnerable populations from the ravages of NCDs.

The preliminary paragraphs of the draft statement make many excellent points—for example, on the challenge to development posed by NCDs—and this is an important step forward. However, when it comes to proposed actions, the statement lacks vision and ambition. Crucially, it does not include a bold goal for reducing preventable mortality from NCDs—for example, the WHO goal of a 25% reduction in national mortality rates by 2025 based on 2010 rates. One of the key lessons from the Millennium Development Goals and the global response to HIV/AIDS has been the importance of time-bound goals and targets. An ambitious but achievable global NCD goal will drive change and allow for accountability on progress.

There is insufficient emphasis in the draft on the affordable, available, cost-effective, priority populationwide interventions, several of which will be cost-saving even in the short term. The two top priorities—tobacco control and salt reduction—will enable countries to reduce mortality quickly at very low cost, and achieve much of the mortality reduction goal. Nor does the draft include associated targets to assess progress in controlling these major causes of NCDs. A key measure for making progress—increased taxes on tobacco and alcohol—will not only improve health but also raise the required revenue to fund prevention and treatment programmes. The Framework Convention on Tobacco Control is a major achievement, yet the negotiations seek to downplay its implementation rather than accelerate it. The draft language on improving the availability of affordable cost-effective medicines, especially for people at high risk of cardiovascular diseases and other NCDs, is still vague.

Finally, there is little attention in the draft to the need for a flexible and efficient NCD partnership to follow through on the commitments and the appropriate accountability mechanisms. There are important precedents in both these areas from maternal and child health: the Countdown to 2015 Initiative and the proposed Accountability Commission. An independent NCD partnership, in close association with WHO, other major global institutions, and the NCD Alliance, is required to synthesise the available information on effective interventions, disseminate this evidence, monitor progress and, above all, advocate for more rapid progress. Accountability for the global and national commitments to NCD prevention, as agreed at the UN High-Level Meeting, could be incorporated into the responsibility of the Accountability Commission for Maternal and Child Health with regular reporting to the Secretary General of the UN.

The next few weeks will be crucial in determining the final political statement from the UN High-Level Meeting. *The Lancet* is deeply committed to the prevention of NCDs as part of its support for global health. We urge all concerned countries, institutions, and individuals to make their voices heard by the negotiators in New York and by their ministers, building on the advocacy shown by the NCD Alliance. This is too good an opportunity for improving global health to be missed. We will be judged harshly, and rightly so, if we fail to make a major advance in addressing this neglected aspect of the health of people worldwide. ■ *The Lancet*





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For the UN High-Level Meeting on Non-communicable

Diseases see http://www.un.org/ en/ga/president/65/issues/ ncdiseases.shtml

For the Framework Convention on Tobacco Control see http:// www.who.int/fctc/en/

For more on **Countdown to 2015** see http://www. countdown2015mnch.org

For the **Commission on** Information and Accountability for Women's and Children's Health see http://www. everywomaneverychild.org For the NCD Alliance see http:// www.ncdalliance.org