

**PROGRAM SUMMARY**  
**NGOO COMMITTEE ON AGEING**

**DECEMBER 1 , 2011**

**The NCD Summit: Preventing and Controlling Non-Communicable Diseases in an Ageing World**

**Mary Mayer, International Federation on Ageing (Moderator)**

Program will present outcomes of the General Assembly (GA) High-level Meeting held in September on the Prevention and Control of Non-Communicable Diseases and the Interactive Civil Society Hearing that preceded it. Because 75% of global deaths from these diseases occur among those over 60, the World Health Organization recognizes global ageing as the primary driver of NCD predominance in these countries. In 2000, when MDGs were adopted, two diseases were adopted HIV/AIDS and Malaria. In past decade, the GA has been struck by population growth & demographics in terms of ageing. GA has more recently recognized non communicable diseases which are the leading causes of death globally. GA sees NCDs as a threat to development and has inter-generational and economic implications.

**Speakers:**

**Dr. Kumaresan, Ph.D and MD, Executive Director, WHO/NY**

At the September 19 - 20, 2011, UN High Level Meeting on this topic. 113 Member states made statements; 34 were heads of state and 3 were VPs and Deputy Prime Ministers. 20-25 side events organized by hundreds of civil society representatives. 11 heads of UN Agencies spoke. More than 1,000 articles and media coverage on this meeting resulting in wide spread awareness of this topic. Outcome: Political Declaration that was adopted. 1) NCDs were recognized as a priority within the development agenda. 2) whole-of-government approach to implement the Global Strategy and its Action Plan. 3) Leading role given to WHO to coordinate global action on NCDs. 4) Specific actions for Member States and UN Agencies. 5) WHO to strengthen internal capacity to support Member States on prevention and control of NCDs

4 major risk factors identified: unhealthy diet, lack of physical exercise (2008 was the first time that 50% plus population live in cities), tobacco and alcohol.

Need to engage sectors beyond health, eg. transportation – wearing a seat belt or helmet on a motorcycle. Increase in carbon emissions has an impact on health & the environment.

Six actions identified:

1. Implement the Action Plan – by 2030 all countries develop one to tackle NCDs.
2. Set specific targets and measure results. WHO to develop a comprehensive global monitoring framework and recommendations for a set of voluntary global targets.
3. Reduce the exposure to risk factors – Members states accelerate implementation of WHO Framework Convention on Tobacco Control - Civil society and private sectors to strengthen their contributions to prevention of NCDs.
4. Enable health systems to respond (early screening programs; increase access to 34 medicines, increase budgetary allocations for NCDs).
5. Advance multi-sectoral action – work with young people to deal with behaviors that can result in medical problems.
6. Strengthen the national capacities to address NCDs – Calls on WHO and UN System to provide technical assistance, etc.

Way forward:

Members States need to: 1) integrate NCD policies and programs are put into health-planning processes 2) complete national Plans of Actions

WHO must set norms and standards; play a coordinating role; have a plan for insuring that Outcomes are followed up; need to increase our technical competence (negotiating and convening power with private & public sectors).

**Melissa Mitchell, Director, Director of Programs and Communications, Global Coalition on Aging**

Thinking about Sept UN NCD Summit: New Framing of Aging. Business can bring innovative solutions and link aging directly to fiscal sustainability. NCDs rise with age. What is the best way to get messages across? \$650 billion in 2010 is the cost of Alzheimer's. Presumption of premature death is wrong and offensive. Should think in terms of contributions to society as we age. Look for opportunities for people to live better as they age. Everything is political (She worked in DC for a decade).

Serious gaps: driven by political agendas, not focusing enough on research and patient unmet needs, missing drivers of aging.

Statement – signed on by many civil societies dealing with aging.

Advocacy Messages in that statement: aging is what is part of what is driving NCDs. View that NCDs must be seen as a whole-life course approach; eliminate “premature” death; link NCDs to fiscal sustainability; health throughout life cycle; wanted to see Alzheimer’s and other dementias among NCDs; support innovation in biomedical science and technology to drive NCD cures.

Outcomes in the final Declaration:

1. Premature was struck and replaced by “preventative”
2. Recognize of mental diseases as part of NCDs
3. Population aging as a clear driver of NCDs
4. Mention of life course approach
5. Focus on research, innovation and technology (eg more flexible work schedule, a work out space in offices)

Positive News:

1. Asia Pacific Cooperation where they pledged to work on plans for aging collaboratively

Next steps:

1. Targets and indicators – technical committee of WHO. January Executive Board will be meeting. We will push forward to include all ages and to partner with others.