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President: Mr. Ashe . . . . . (Antigua and Barbuda)

The meeting was called to order at 10.05 a.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Draft resolution A/68/L.53

The President: I warmly welcome the General Assembly to this High-level Meeting, whose overarching theme is "Taking stock of progress in implementing the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda".

Permit me to make a statement.

I am pleased to welcome the General Assembly to this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs). This review takes place against the stark backdrop of the recognition that NCDs are now recognized by the World Health Organization as the largest single cause of death and disability worldwide, responsible for some 36 million deaths, or 63 per cent of a total 57 million deaths that took place in 2008. Furthermore, by 2020, the number of NCD-induced deaths is expected to grow to 44 million per annum. Simply put, NCDs are key determinants of human health and thus represent a significant threat to human well-being and our sustainable development.

Over the next two days, the General Assembly will be turning its attention to this major development challenge of the twenty-first century. At the same time, we begin this meeting optimistically, buoyed by the success of the informal interactive hearing with non-governmental organizations, civil society, the private sector and academia that took place exactly three weeks ago today. Similarly, today's broad participation and interest in the topic bodes very well for the prospects of preventing and controlling NCDs.

We are three years into the implementation of the 2011 Political Declaration on NCDs (resolution 66/2, annex). In that time, much has been achieved at the international level. Specifically, I refer to four positive developments, namely, the endorsement by the World Health Assembly, in May 2013, of the Global Action Plan for the Prevention and Control of NCDs 2013-2020; the adoption of a comprehensive global monitoring framework, which includes 25 indicators for NCDs and nine voluntary global targets to be achieved by 2025; the establishment, in July 2013, of the United Nations Inter-agency Task Force on the Prevention and Control of NCDs; and the establishment of a global coordination mechanism for the prevention and control of NCDs. I commend the World Health Organization

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for completing those important global assignments as mandated in the Political Declaration.

Yet, regrettably, and despite the increase in national multisectoral plans and NCD units in many developing countries, a significant number of those countries are struggling to move from commitment to action. It must be conceded, however, that this is not the result of a lack of political will, but rather of the fact that many developing countries have neither the technical nor the financial resources to undertake the effective multisectoral action and responses needed to address the significant health and socioeconomic impacts of NCDs. That lack of resources and uneven progress are dismaying in the light of the many burdens that NCDs place on individuals, families, communities and countries, especially in the developing world, where some 80 per cent of global deaths from NCDs occur. The increasing incidence and impact of NCDs are of particular concern as we seek to reorder the global sustainable development agenda and prioritize the issues that most constrain development within the post-2015 development agenda.

It should also be noted that every year more than 14 million people between the ages of 30 and 70 die prematurely from NCDs in developing countries. In fact, despite rising life expectancy globally, a quarter of the deaths from NCDs take place among people under 60 years of age. The reality we face, and the one we must address, is that developing countries have the greatest vulnerability and the least resilience in preventing and controlling NCDs.

The rapid increase in aspects of unhealthy lifestyles such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol are affecting the poorest people in the poorest countries. The health and economic burdens of NCDs have severely undermined development gains in many developing nations, particularly low- and middle-income countries. The high incidence of NCDs and the resulting morbidity and mortality in the Pacific and Caribbean regions is very troubling, since as many as 25 per cent of the populations of both regions suffer from one or more NCD. It should also be remembered that the populations of the countries of those regions are very small, and those in their most productive years, who should be making the greatest contribution to national development, are the very ones now being struck down by these diseases. As we continue efforts to build a healthier and more sustainable world, we must remain aware of and address the very real risk that NCDs pose to sustainable human development.

Our efforts must also include children and adolescents, as well as people over the age of 70, who are affected by NCDs in various ways. The World Health Organization reports that in 2010 the number of overweight children under the age of 5 was estimated to be more than 42 million, with close to 35 million living in developing countries. The tragedy of the high incidence of NCDs is not only the levels of morbidity and mortality they cause but also the fact that they can often be prevented. That raises one of the issues that has not been fully addressed in the debates on the United Nations Conference on Sustainable Development and post-2015 development — that of lifestyle and sustainable consumption and production, which must be part of any discussion and approach in reversing the incidence and impact of NCDs.

In 2011, Heads of State and Government undertook a tremendous historical commitment in global health and development by raising awareness of the growing incidence of NCDs. Yet as we wait for the seeds of that commitment to bear fruit, the burden of disease has grown in a world already struggling with new and emerging challenges. I therefore urge the General Assembly to join me in expressing the sense of urgency that is now required in order to scale up and transform those commitments into action, particularly at the national level, where the fight against NCDs must be won.

As I noted in my statement at the informal interactive hearing on NCDs three weeks ago, it takes a village to prevent and control NCDs. A broader commitment and engagement on the part of all the relevant stakeholders is key; however, it is critical that sustainable financing and technical support be provided in order to build and strengthen the capacity of health systems and interventions, improve data collection in countries that lack such capacity and build knowledge and awareness programmes and strong primary health-care systems that emphasize prevention. During the informal interactive hearing, we learned that, while there is currently approximately $31 billion in development assistance dedicated to health, only $377 million of that entire sum is directed towards NCDs. While we can explore partnerships and cooperative relationships such as North-South, South-South and triangular cooperation, we must also integrate NCDs into bilateral and international development cooperation, national

development agendas and prevention strategies. I am pleased to note that tomorrow's round-table discussion will address the issue of partnerships in cooperation and multisectoral responses.

Good human health is simultaneously a contributor to and an outcome of human development and a reduction in global deaths and disability from NCDs. It is pivotal to good human development. Over the next two days, I will ask the Assembly to help set this meeting apart as an event that can put the world on a path to achieving communities free of the avoidable burden of NCDs. Let it be the beginning of a more robust and effective implementation of the Political Declaration, in concert with the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, and let it lead to better partnerships and cooperation and more effective multisectoral approaches and responses. This meeting, and the policies and actions that will emanate from it, can and must be used to set the global family on a more healthy, development-oriented trajectory. Let us embrace and give effect to that objective.

I now give the floor to Ms. Susana Malcorra, Under-Secretary-General and Chef de Cabinet, to make a statement on behalf of the Secretary-General.

Ms. Malcorra: I have the honour to represent the Secretary-General and to convey this message on his behalf. The Secretary-General had a last-minute scheduling conflict due to an ongoing crisis, and has asked me to represent him.

> "I am pleased to send greetings to this important gathering. The global epidemic of non-communicable diseases (NCDs) is a major and growing challenge to development. Each year, in developing countries alone, strokes, heart attacks, cancer, diabetes and asthma kill more than 12 million people between the ages of 30 and 70. It is possible to prevent most of those deaths. We need a set of simple, effective and affordable solutions for all Member States that can be tailored to each country's needs. The draft outcome document before the Assembly (A/68/L.53) helps chart the way forward.
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> "Three years ago, we agreed that it was time to act. We asked Governments to protect their citizens from NCD risk factors, provide responsive health systems and track the trends of this epidemic. We also called on civil society and the private sector to help us implement new policies so that the scale of the problem would not prevent us from achieving the Millennium Development Goals. As a result, more Governments are now providing institutional, legal, financial and service arrangements aimed at preventing and controlling NCDs.
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> "Last year, I established the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, with the World Health Organization (WHO) in the lead. It assists countries to implement the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which seeks a 25 per cent reduction in premature mortality from NCDs by 2025. Improved global monitoring and improved coordination will provide the foundation for advocacy, policy development and global action. This High-level Meeting can help to frame the concrete actions that countries should take between now and the third high-level meeting on NCDs in 2018. Success will depend on finding new ways to strengthen the ability of countries to adopt bolder measures.
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> "The World Health Organization has a special role to play. It has a proven ability to influence policy and build capacity and a long-standing role as a trusted partner working across sectors. The WHO will continue to lead. However, the rapidly growing demand for technical assistance means that the United Nations system as a whole must incorporate NCDs as a priority and must develop innovative partnerships. We need strong leadership and action by other sectors, including non-State sectors. We need to improve access to affordable medicines for NCDs. We must find new ways of encouraging the private sector to stop marketing unhealthy foods to children and to produce more foods that are low in fat, sugar and salt.
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> "The actions identified in the draft outcome document can help to remove the barriers to good health that blight the lives of too many people. Let us leave this meeting energized, inspired and committed to the cause that we have embarked upon. I wish the Assembly a productive and successful engagement."

The President: I thank the Chef de Cabinet for her statement, delivered on behalf of the Secretary-General.

Pursuant to paragraph 3 of resolution 68/271, I now give the floor to Ms. Margaret Chan, Director-General of the World Health Organization.

Ms. Chan (World Health Organization): I would like to start by thanking the President and the Secretary-General for their insightful and comprehensive statements.

The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) was a watershed event. Heads of State and Government formally recognized such diseases as a major threat to health, economies and societies and placed them high on the development agenda. The projected trends provoked deep concern, especially as poor populations, which are the least able to cope, are being hit the hardest. Bold commitments were made to act on multiple fronts. Prevention was put forward as the cornerstone of the global response.

The Secretary-General transmitted my progress report to the General Assembly last December (see A/68/650). We are here to take stock of that progress and to generate consensus on the next steps and the priority actions needed to expedite progress. The Political Declaration gave the World Health Organization (WHO) a leadership role, together with several time-bound assignments. Those assignments, which have been completed, established global mechanisms and a road map for coordinated multisectoral action and the monitoring of results.

Progress within countries matters most. Some striking achievements emerge from a survey conducted by the WHO last year. Of the 172 countries reporting data, 95 per cent have a unit or department in the Ministry of Health responsible for non-communicable diseases (NCDs). Half of those countries now have an integrated operational plan with a dedicated budget. The number of countries that have conducted recent surveys of risk factors jumped from 30 per cent in 2011 to 63 per cent last year. In other words, an increasing number of countries are putting the basics in place. As shown in the progress report, some very cost-effective and affordable interventions have worked well in many countries.

However, the report found that overall progress was insufficient and highly uneven, as the President said. That should come as no surprise. I see no lack of political commitment but a lack of capacity to act, especially in the developing world. Our most recent data show that 85 per cent of premature deaths from NCDs occur in developing countries. The challenges presented by such diseases are enormous. They demand some fundamental changes in the way that social progress is measured, that Governments work, that responsibilities are assigned and that the boundaries of the different Government sectors are defined.

The fact that NCDs have overtaken infectious diseases as the world's leading cause of morbidity and mortality has profound consequences. It is a seismic shift that calls for sweeping changes in the very mindset of public health. Most health systems in the developing world were built for the management of brief events, such as childbirth or acute infections. They were not built for the long-term management of chronic conditions, with their costly and demanding implications and complications. Public health must shift its focus from cure to prevention, from short-term to long-term management, from delivering babies, vaccines and antibiotics to changing human behaviour, and from acting alone to acting in concert with multiple sectors and partners.

The dynamics of socioeconomic progress have changed. Much of human history has been shaped by the struggle against infectious diseases, which have gradually lost their hold as incomes have risen and standards of living have improved. What do I mean by that? Today, the opposite is happening. Socioeconomic progress is actually creating the conditions that favour the rise of non-communicable diseases.

Economic growth, modernization and urbanization have opened wide the entry point for the globalization of unhealthy lifestyles. Risk factors for NCDs are becoming part of the very fabric of modern society. The obesity epidemic has been getting worse, not better, for more than three decades. Industry practices, especially the marketing of junk food, or unhealthy foods and beverages, to children play a contributory role.

Paragraph 44 of the Political Declaration, which calls for collaboration with the private sector, has not been fully implemented. Healthier food reformulations are neither affordable nor accessible in large parts of the developing world. Unfortunately, the unhealthiest foods are usually the cheapest and most convenient. Another concern is the fact that highly effective measures for reducing the harmful use of alcohol, such as raising taxes on alcohol and enforcing advertising bans, are vastly underused in countries.

The health-care sector bears the brunt of such diseases but has very little control over their causes. The health-care and medical professions can appeal for stronger tobacco and alcohol legislation, more exercise and healthier diets. We can treat the diseases but we cannot re-engineer social environments to promote healthy lifestyles. That is another shift that needs to take place. Governments cannot assume that NCDs are a health problem that the health-care sector can manage on its own. We cannot. We need a broad-based multisectoral partnership to address the multidimensional reasons for the rise in NCDs.

For prevention, which is the cornerstone of our response, Governments need to assume the primary role and their responsibility. Social environments need to change population-wide and nationwide. That will not happen without political commitment at the highest level of Government. Ministers of agriculture will quite rightly remain primarily concerned about the abundance and safety of the food supply and the livelihoods of farmers. Ministers of education will not automatically improve school meals, remove vending machines that sell unhealthy snacks or make programmes for physical activity a part of the school curriculum. Ministers of trade will of course continue to promote direct foreign investment agreements that allow the tobacco industry to take legal action against Governments introducing strong anti-tobacco measures. We need to ask the question as to why we see such policy inconsistency, which is not conducive to a multisectoral and coherent approach to addressing the NCD challenges.

Only high-level political commitment can orchestrate the kind of broad-based collaboration needed to make substantial progress, especially on prevention. Heads of State and Government are best placed to introduce coherent public policies, coordinate actions and push for legislative support. Unprecedented challenges need unprecedented commitments. I am confident that, under the leadership of Heads of State and Government, we are moving into a very positive area of work, collaborating with all partners. Allow me once again to thank the General Assembly for all its support over the years and its continuing support.

The President: Pursuant to paragraph 3 of resolution 68/271, I now give the floor to Ms. Helen Clark, Administrator of the United Nations Development Programme and Chair of the United Nations Development Group.

Ms. Clark (United Nations Development Programme): I am delighted to be speaking alongside my colleague, Ms. Margaret Chan, at this High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which aims to assess the progress made in the prevention and control of non-communicable diseases (NCDs) since the September 2011 Political Declaration. As both Chair of the United Nations Development Group and Administrator of the United Nations Development Programme (UNDP), I want to fully acknowledge up front that the major challenge that NCDs pose to public health is also a huge challenge to human development overall. Health is simply inseparable from human development. The great health challenges of today, among which are infant, child and maternal mortality, malaria, HIV and NCDs, all impact on the capacity of people to survive and thrive. Advancing better health is a gateway to development progress, and development progress is a gateway to improving health. It is vital that the social determinants of health be addressed.

For too long, non-communicable diseases were regarded as a problem of high-income countries, which they are. However, not acknowledging them as a broader problem has meant that the ways in which they impede development progress and impact on the lives of the world's poorest people have yet to be fully addressed. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) did a great deal to correct misperceptions about NCDs by noting explicitly that developing countries are home to 80 per cent of the world's NCD-related deaths.

Today, low- and middle-income countries are bearing the brunt of the NCDs. Understanding the far-reaching development consequences of that is therefore very important. For example, for lower- and middle-income countries, the economic costs of the four main NCDs — that is, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes — are predicted to exceed $7 trillion between 2011 and 2025. That is roughly equivalent to $500 billion per year, or 4 per cent of the gross domestic product (GDP) of low- and middle-income countries as measured four years ago.

Looking ahead, it will be critical to understand the changing patterns of NCD distribution and to ensure that all the relevant actors are involved and

that adequate resources are made available to combat the epidemic of diseases. With respect to disease distribution overall, disparities in health outcomes tend to mirror the existing inequalities and inequities within and among countries. That also holds true for NCDs, with the disease burden falling on the most vulnerable and the least able to manage the long-term impacts of such diseases. What may be a treatable or manageable condition in a high-income setting can therefore be life-threatening in a low-income one. The average age of death from cardiovascular disease in sub-Saharan Africa, for example, is at least 10 years below that in developed countries. The death rate among women in Africa as a result of NCDs is twice as high as the rate in high-income countries.

The developmental costs of NCDs also have a disproportionate impact on poor families and poor countries. A study in the Sudan, for example, showed that for a family with a child with diabetes, 65 per cent of that family's annual health spending was on the child's diabetic care. A 2012 report of the World Bank estimates that dialysis for patients with diabetes-related kidney failure cost the Government of Samoa $38,700 per patient per year in 2010 to 2011. That amount is 12 times higher than the country's per capita gross national income.

The key behavioural risk factors, including tobacco and alcohol use, poor nutrition and physical inactivity, are very strongly determined by broader social, legal and environmental factors — for example, the concentration of alcohol advertising or the absence of parks in poorer areas. In this country I have seen the term "food desert" coined for areas where there is simply no ready supply of fresh food and vegetables for people to buy. Tobacco use, which alone costs the world 1 to 2 per cent of its GDP every year, is concentrated among the poorest people, whatever the income level of the country.

Recognizing those very significant social determinants of NCDs, UNDP advocates strong action witin and beyond the health sector. Indeed, more than half the recommended policy options and cost-effective interventions included in the World Health Organization's Global Action Plan for the Prevention and Control of NCDs 2013-2020 require action outside the health-care sector. The good news is that measures like those outlined by Ms. Chan today cost very little in contrast to the mega-costs of NCD treatment. But the measures she outlined require major political will and commitment from the very top leadership of countries. We hope that very significant meetings like today's will help to generate that will.

Let us see health in the broader context of sustainable development. Sustainable development calls for integrated policymaking across the economic, social and environmental spheres. That is an approach that is highly consistent with the multisectoral approaches required to address NCDs. To make progress, patterns of trade and consumption will need to be revisited, as will governance and urbanization, to name but a few issues. We cannot just treat and manage those diseases through medical interventions.

Discussions here today and with regard to the post-2015 development agenda offer good opportunities to ensure that NCDs are seen more broadly as a development challenge — a huge health challenge and a broader development challenge. At the United Nations Development Programme, we welcome the ongoing discussions on proposed targets to reduce NCD-related mortality and to strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control, the world's first international treaty on a health issue.

But accelerating efforts on NCDs cannot wait. Those diseases are placing an enormous burden on health systems now, accounting for approximately three quarters of global health-care spending. Governments in countries at all income levels can start cross-sectoral interventions now. For example, zoning ordinances that restrict the density of fast-food restaurants in low-income urban areas can address inequities and be implemented at little or no cost.

With no global financing mechanism for NCD responses, innovation in the use of domestic sources of revenues, such as through national trust funds or higher taxes on unhealthy products, will also be needed. Measures that incentivize the production, trade and consumption of healthy food, as opposed to foods high in processed sugars, salt and fat, should become the norm. I commend Tonga, which recently raised duties on unhealthy foods and decreased import duties on fresh fish. It has also introduced higher excise tax rates on tobacco products. More broadly, as national incomes and revenue flows to State treasuries grow, Governments need to direct more of the benefits of that growth towards national NCD responses and work to reduce the impact of unhealthy products.

But no country can fight the epidemic alone. The 2011 Political Declaration recognized

> "the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases" (*resolution 66/2, annex, para. 4*).

Managing the growing burden of NCDs is especially challenging for already overburdened health systems in countries where the battle against preventable communicable diseases and low life expectancy is ongoing. Some countries, including small island developing States, have particular NCD issues to address. For example, diabetes in Pacific Island countries is almost 50 per cent more prevalent than it is in lower- and middle-income countries globally. While life expectancy across developing countries as a whole is rising, in some where it appears to be dropping the devastating impact of NCDs is playing a role in that regression.

I believe that support for countries tackling NCD epidemics must be seen as a broader global responsibility, not just because of the inherent injustice in persisting disparities in health across countries, but also because patterns of globalization and international trade contribute to those inequities. For example, although lower- and middle-income countries bear the brunt of NCD mortality, it is often the upper-income countries, which are home to the largest producers and exporters of tobacco and unhealthy foods, that are contributing to the disease patterns.

At the United Nations Development Programme, we stand ready to work with our close partner, the World Health Organization, all other United Nations agencies, civil society and other partners to support Member States in accelerating the implementation of comprehensive national responses for the prevention and control of NCDs. Our collective responsibility and action must match the scale of the challenge that NCDs now present to countries rich and poor alike. Without much more dramatic action, the threat to sustained human development from those diseases is very high indeed.

The President: Pursuant to paragraph 3 of resolution 68/271, I now give the floor to the President-elect of the Union for International Cancer Control, Mr. Tezer Kutluk.

Mr. Kutluk (Union for International Cancer Control): It is both an honour and a privilege to be here today to represent civil society to convey the passion we share in addressing non-communicable diseases (NCDs) around the world. We are working together and we are united for a common cause. We are reasserting our global commitment to addressing NCDs together. The NCD fight is our generation's commitment to ensuring that our children and our children's children have healthier, longer lives than the ones you, Mr. President, and I can expect.

I thank you, Mr. President, for convening this meeting. I also thank the dedicated Member States present here today, the World Health Organization (WHO) under the leadership of Director-General Margaret Chan for its continued support, and the NCD Alliance for its efforts to mobilize, unite and represent a wide and diverse civil society movement.

NCDs cause more deaths than all other diseases combined — an estimated 36 million every year — and they strike hardest at the world's low- and middle-income populations. In my own country, Turkey, over 300,000 people die from NCDs each year, many without access to the preventive interventions, treatment and palliative care that they desperately need. Those diseases do not discriminate. No country — rich or poor — is immune. No country has those diseases under control. No region is exempt.

At some point in time, history will demand an explanation for why the international community approached the crisis in slow motion; for the acceleration in NCDs is largely a crisis of our own making. We have created a world where more people are overweight than underweight, and where children — even before they are born — are at risk of disease because of factors outside their control. A healthy start to life matters for a lifetime. Economic transition, rapid urbanization and our twenty-first-century lifestyle are coming at a huge cost to the health and development of current and future generations.

I know that everyone here, whether he or she is from Government, civil society, academia or the private sector, is passionate about his or her own cause, be it cancer, cardiovascular disease, diabetes, chronic respiratory illness, mental and neurological health or another NCD. My personal journey has been as a paediatric oncologist, researcher and an advocate in the global cancer community.

As many participants may know, childhood cancer exemplifies the gross inequity experienced by those living with NCDs in low- and middle-income countries. While we have the know-how to treat childhood cancer, with over 80 per cent success rates in high-income countries, success rates can drop to as low as 10 per cent in other settings. Even in Turkey, where treatment and care for childhood cancer exist, there are significant challenges. In my hospital, we recently treated a 4-year-old girl, Alia, a refugee living in southern Turkey, who presented with advanced retinoblastoma. When we met Alia, her family told us that she had had a white pupil for at least a year, but that it had not been brought to medical attention. When the disease had progressed to an advanced stage, she was diagnosed and treated, but it was too late to save her eye. Although retinoblastoma is a curable disease whose early diagnosis can preserve sight, that was unfortunately not what happened in Alia's case, and she will have only one eye for the rest of her life. That is only one example of a story that is not unique to Turkey.

Another challenge we face is that, in many settings, only a fraction of children are diagnosed and treated — often with high rates of treatment abandonment. Many others die without any formal diagnosis, treatment or access to palliative care and support, including pain relief. Children and adolescents are an integral part of achieving a comprehensive, lifelong approach to the global prevention and control of NCDs. Those and other stories that I witnessed personally all over the world compel me to stand up for the inequity that exists in addressing cancer and other NCDs. Health is a basic human right. We cannot ignore those who are desperately in need. I am glad to be able to share my perspective and to stand with the non-governmental organizations (NGOs) and others that are making a difference by calling for an immediate increase in action in order to prevent millions of premature deaths from NCDs.

Three years ago, the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases helped convert political inaction into political leadership. It reaffirmed that we know what works, and that cost-effective solutions exist. It resulted in priorities and commitments. It led to global accountability, with the first set of global targets and a goal of reducing the number of premature deaths from NCDs by 25 per cent by 2025. And it put NCDs firmly on the global health and development agenda. I applaud Member States, the World Health Organization, the United Nations and everyone in this Hall for those bold steps forward. But they are not enough.

The question this week, as we review the progress that has been made three years on, is about what must be done to carry forward the momentum. How do we translate the progress made at the global level into national action and implementation? We know there are no magic bullets for this epidemic, and we will not see any change overnight. That has certainly been evident in the past three years. How do we unlock the power of the Political Declaration at the national level for the hundreds of millions of people with NCDs and the millions more at risk?

Today I urge Member States to do the following. First, Governments have rightly taken ownership of and responsibility for the NCD response. We therefore call for accelerated, coordinated and harmonized national responses to NCDs, through funded multisectoral national plans, multisectoral national NCD commissions and country-level monitoring and evaluation systems.

Secondly, NCDs are one of the major challenges to sustainable human development in the twenty-first century, and should therefore be central to the post-2015 development agenda. We have always given our full support to the Millennium Development Goals (MDGs). In countries like my own, the MDGs have driven impressive progress on many health issues. But if we are not careful, we may let all that progress slip away. If we do not work together to secure a stand-alone target on NCDs, we will have missed an enormous opportunity. For it is those future goals that will drive global action and resources on health and development, just as the MDGs have done until now.

Thirdly, Member States and the international community should urgently address the global resource gap in NCDs at both the global and national levels. The struggle for funding for NCDs remains a monumental challenge. The evidence tells us that NCDs are the world's number-one killer, and yet they receive only 1.2 per cent of the $31 billion in development assistance allocated to health. That just makes no sense. By investing up front in NCD prevention and control, we can ensure that we will save not only human lives and misery, but also the dollars currently spent on costly, avoidable complications. We call on Governments to maximize innovative financing mechanisms, notably tobacco taxation, that have been proven to curb NCDs and raise significant revenue, and we urge bilateral development agencies to start taking NCDs seriously.

Finally, above all, we need a people's movement for NCDs, a movement led by people affected or living with these diseases that is rooted in human rights and social justice and that actively holds Governments to account. We are not just fighting for people's human rights; we are fighting for people's lives. We must join forces, and not let silos get in the way. Collectively, we must say enough is enough.

It is our generation's responsibility to stem the tide of NCDs. We must be able to look our children in the eye and say that as parents we made every effort to ensure that they do not face the fear of NCDs we are facing today. It is simply not beyond us to make giant steps on this journey. Together, NGOs, the private sector and academia are committed to working with Member States to mobilize action on NCDs. The time for talk is over. Action is not an option, it is an imperative.

The President: We have heard the last speaker for the opening segment of the High-level Meeting.

As members are aware, pursuant to resolution 68/271, this High-level Meeting consists of two plenary meetings, which will take place today in this Hall, two consecutive round-table discussions and a closing plenary meeting, which will take place tomorrow in the Trusteeship Council Chamber. Delegations are encouraged to use the opportunity during the round-table discussions to pose questions and respond in an interactive manner to the comments and presentations made by panellists and other experts. The plenary segment will begin immediately following the conclusion of this opening segment and will continue until 1 p.m. The plenary segment will resume this afternoon from 3 to 6 p.m.

The first round-table discussion, entitled "Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-Government responses for the prevention and control, including monitoring, of non-communicable diseases", will be moderated by Mr. Fenton Ferguson, Minister of Health of Jamaica, and will take place tomorrow morning from 10 a.m. to 1 p.m.

The second round-table discussion, entitled "Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases", will be moderated by Mr. Howard Koh, Assistant Secretary for Health of the United States Department of Health and Human Services, and will take place tomorrow afternoon from 3 to 5 p.m.

The closing plenary meeting, which will take place immediately thereafter, will consist of the presentation of summaries of the round-table discussions by the respective Chairs.

Before we begin with the list of speakers, I would like to turn to some organizational matters pertaining to the conduct of the plenary meetings. First, concerning the length of statements, I would like to remind members that statements in a 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 time frame, I would like to appeal to speakers to deliver their statements at a normal speed so that interpretation may be properly provided. To assist speakers in managing their time, a light system has been installed at the rostrum. I appeal to all speakers for cooperation in observing the time limit for their statements.

Delegations are also reminded that photographs of speakers delivering statements in the plenary of the General Assembly are taken routinely and are available for download in high resolution from the United Nations website, www.unmultimedia.org/photo, and from the United Nations Photo Library, located in room S-1047 in the Secretariat Building.

I now give the floor to His Excellency Mr. Michel Blokland, Minister of Health of Suriname, who will speak on behalf of the Caribbean Community.

Mr. Blokland (Suriname): The group of countries of the Caribbean Community (CARICOM) makes the following statement on the draft outcome document of the High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (A/68/L.53).

Recalling the value of the United Nations High-level Meeting on the prevention and control of non-communicable diseases (NCDs) of September 2011 (see A/66/PV.3) and feeling pride that our small countries catalysed the convening of that historic High-level Meeting, beginning with the 2007 Declaration of Port-of-Spain of the CARICOM Heads of Governments, entitled "Uniting to Stop the Epidemic of Chronic NCDs", and the actions contained therein for a broad range of upstream and downstream promotion,

prevention and control measures, we recognize the profound threat that NCDs pose to the development of our small States, since NCDs are both a cause and an effect of poverty. Furthermore, we recognize that the problem is linked to other major development challenges, such as food security, climate change and poverty reduction. We recall that studies in our region show that NCDs, such as hypertension and diabetes, are alone responsible for the loss of 5 to 8 per cent of the gross domestic product and represent significant preventable impediments to our economic growth.

Within the overall challenge of NCDs, the CARICOM countries are deeply concerned about the rapid increase in overweight and obesity among children in all our countries, including Haiti — it has doubled or tripled in the past 20 years in several of the countries for which we have the data. One quarter to one third of children and adolescents are now overweight or obese, with implications for higher lifetime health-care costs, lower educational attainment, stigma, mental-health issues and greater difficulties in finding future employment. It is a complex problem that requires a life-course approach and intervention at multiple levels.

We are pleased about several aspects of the progress in the countries of our region since 2011, which we know from the annual monitoring of 26 progress indicators of NCD prevention and control in 19 countries since the Port-of-Spain Declaration of 2007. We would be happy to share that experience with other States members of the World Health Organization (WHO) and States Members of the United Nations.

The NCD progress indicator scorecard was developed in 2008 to track the progress of the States members of CARICOM in relation to the tenets of the Port-of-Spain Declaration. Over the past five years, it has been a useful tool for assessing regional progress, particularly by highlighting the areas of advancement and those in need of greater attention. We will soon begin an evaluation of the Port-of-Spain Declaration with a view to learning lessons in order to accelerate multisectoral action. It will be undertaken by the University of the West Indies, the University of Toronto and the Caribbean Public Health Agency. We thank and acknowledge the International Development Research Centre of Canada for the support that it has provided for such essential work, which, we believe, is a sign of leadership on the part of our countries in taking stock of the progress and making course corrections to achieve the tenets of the Port-of-Spain Declaration and the United Nations High-level Meeting on NCDs.

Since 2011, annual monitoring has shown that there has been progress in the areas of commitment to dealing with NCDs, as evidenced by national plans and budgets, the convening of national multisectoral meetings, tobacco control and physical activity. Four of our countries, namely, Suriname, Trinidad and Tobago, Barbados and Jamaica, are now smoke-free despite well-orchestrated industry opposition in each case. We now aspire to a smoke-free Caribbean by 2020. Education, promotion and surveillance have remained the same, but there has been slippage in nutrition and in the care and treatment of NCDs. Surveillance, however, continues to be the area with the highest attainment in our countries, anchored by the Caribbean Public Health Agency and with the support of the Pan American Health Organization and the World Health Organization, followed by a commitment to NCD prevention and control, tobacco control, physical activity and treatment, with the least progress made in the area of nutrition.

We are pleased that 14 countries have completed or are carrying out the WHO STEPS risk factor surveys, which provide essential data to educate our population and to help drive policy development and action plans. The surveys also inform us that we continue to face a major problem, as a third to a half of adults have three or more risk factors, and are therefore at a significantly higher risk of cardiovascular disease, cancer or diabetes and their complications, as well as higher lifetime health costs.

Nutrition and a healthy diet remain the areas with the least progress in relation to the Port-of-Spain Declaration. We have seen little or no progress with respect to removing trans-fats from the food supply, enacting labelling laws, leveraging trade agreements to reduce the obesogenic environments in which we live, regulating the situation of school food or reducing the bombardment of advertising of foods that are high in fat, salt and sugar, in particular to children.

With the regional rising trends in obesity, especially childhood obesity, and other nutrition-related chronic diseases and the impact of poor nutrition on general health, it is imperative that nutrition be prioritized for urgent attention. With that in mind, we are taking steps for a joint meeting of CARICOM health and trade and economic development ministers.

The situation of a rapidly increasing body mass of our populations underlines the vulnerability of small States, in particular small island developing States, which are highly vulnerable to external man-made economic or environmental shocks. We hoped that the draft outcome document will explicitly recognize such vulnerability of our small countries and island States. Many of them have graduated to an upper middle- or high-income status but remain vulnerable due to their small size, limited human resources and reliance on imported food.

Pursuant to that, while recognizing the many benefits of liberalized trade, we would have liked the draft outcome document to include an explicit clause that trade and foreign policy negotiations should take into consideration how obesogenic environments can be reduced and NCDs prevented and controlled.

While monitoring shows that we have made some progress, there remain many challenges shared by many countries around the world, large and small, developing and developed. Indeed, that is why we are gathered here at the United Nations, because the problem cannot be solved by the health sector or the WHO alone. Continuing attention to, and consideration of, this issue is needed from development partners, such as the World Bank, the European Union, the Inter-American Development Bank and the Multilateral Investment Fund, as well as our own Caribbean Development Bank, in order to ensure that the prevention and control of NCDs is included in poverty-reduction packages and social protection policies.

We need recognition that the problem of NCDs is linked to other pressing development challenges, and that solutions can have multiple benefits. For example, urban planning and transportation policies that promote rapid mass transit and alternative modes of transportation, such as biking and walking, are good for health, through increased physical activity; good for the planet and climate change, through a reduction of greenhouse gases; and good for energy security and foreign exchange costs for fossil fuels. That is a triple bottom-line return, to which we should all aspire.

We need partnerships and technology transfers to help produce healthier foods; we need the transnational companies that supply most of our food to progressively reduce its salt and sugar content, label its packaging clearly on the front and provide education programmes for consumers, among other measures. Above all, we need investment to accelerate the implementation of the best-buys in the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. We need civil society to play its part in advocating and acting as a watchdog for Government and private sector alike. In that regard, we commend the work of the Healthy Caribbean Coalition, which was formed after the 2007 Declaration of Port-of-Spain as a 45-member alliance of non-governmental organizations (NGOs) dedicated to the prevention and control of NCDs.

We need the private sector to bring its considerable capacities to bear in the area of healthy workplace programmes and policies that all employers, private and public, can implement. We need the collaboration of media and telecommunications companies in supporting participatory surveillance approaches and the education of our healthy populations, as well as of those who are living with chronic diseases and risk factors. We need insurance companies to invest in NCD prevention and control, and to support the institutions that are working in that area, thereby creating shared value for us all. We need more integrated approaches, such as some of our countries are already taking on the ground in order to integrate chronic care of illnesses such as NCDs and HIV/AIDS.

On behalf of Suriname, I would like to say that over the next three years, until the next review takes place, we must make more progress than we have done during the past three. For that, we need action on the part of our Governments, NGOs, the private sector and development agencies. We are in this epidemic of cardiovascular and other NCDs together, and we will all suffer from their short- and longer-term consequences unless we start working to create healthy nutritional, living, working and recreational environments for our citizens. We call for more commitment and more financial and technical support for tackling NCDs and their risk factors, in order to ensure that our generation, and those of the future, can live healthier and more productive lives.

The President: I now give the floor to the representative of the Plurinational State of Bolivia, who will speak on behalf of the Group of 77 and China.

Mr. Llorentty Solíz (Plurinational State of Bolivia) (*spoke in Spanish*): I have the honour to speak on behalf of the Group of 77 and China.

We welcome the timely convening of this High-level Meeting on the progress achieved in the implementation

of the 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

We would like to thank the Secretary-General for his report on the subject (A/68/650). We would also like to thank the Permanent Representatives of Belgium and Jamaica, who capably steered the process that has produced a successful result in the form of the draft outcome document of this meeting (A/68/L.53), and you, Mr. President, for finalizing the preparations for this important meeting. I would also like to thank the representative of Trinidad and Tobago for her efforts in coordinating the work of our Group.

We should recall that in 2011, for the first time, we tackled the issue of non-communicable diseases (NCDs), which are the principal cause of death in many countries, particularly ours. The burden of those diseases is not just a critical health problem; it is also a significant obstacle to our achievement of our development goals. For that reason, the Organization must continue to play a fundamental role in the treatment, prevention and control of non-communicable diseases, and to ensure that it is adequately addressed in the context of the international development agenda. Since we are now reviewing the progress that has been made since 2011, we should once again commit to meeting the goals established in the Political Declaration and to increasing our efforts to prevent and control NCDs, particularly cardiovascular diseases, cancer, diabetes and chronic respiratory disease, as well as other non-communicable diseases that have contributed to their overall increase, such as neurological and mental disorders.

We recognize that, to a great extent, non-communicable diseases are preventable, and there are many measures that States can take to reduce the risk factors that contribute to their development and to premature mortality. Therefore, while we acknowledge States' primary role in meeting their populations' health needs, we would like to urge that cooperation be strengthened at all levels and that all those concerned intensify their relevant commitments, in a truly multisectoral approach that involves areas beyond that of health and that requires effective control and prevention of the incidence and prevalence of non-communicable diseases and mitigates their economic and social impact.

Another important aspect of the fight against NCDs is related to the establishment and strengthening at all levels of effective systems aimed at evaluating its effect and monitoring advances in treatment, prevention and control. In that regard, the Group of 77 and China welcomes the progress made by States that have instituted policies at the national level and provided the necessary resources for implementing them. Nonetheless, it is clear that the progress made since 2011 in treating non-communicable diseases has been insufficient and unequal, owing to a number of challenges, such as the need for building States' capacities and providing adequate resources for implementing strategies and programmes.

In that regard, while we are committed to reinforcing efforts that have already been undertaken, we also call for strengthening effective partnerships through North-South, South-South and triangular cooperation and for fulfilling all official development assistance pledges aimed at helping national efforts to combat NCDs. We also emphasize the fundamental role of other international organizations, international financial institutions, the private sector and civil society in the work of the prevention and control of these diseases. Since it is particularly crucial to monitor resources to address non-communicable diseases as a part of the supervisory and assessment framework, we call for further support in that area to develop and strengthen national capacities, as appropriate.

Although we have recognized that non-communicable diseases are in large part preventable, there is also a great need for treatment through vaccinations and basic medicines. We therefore take advantage of this opportunity to emphasize the importance of ensuring access to affordable, effective, safe and high-quality medicines and diagnostic and other technologies for treating non-communicable diseases. We recognize the fundamental role that generic drugs continue to play in that respect, in particular in developing countries.

Consequently, we fully reaffirm our right to the flexible use of the intellectual property rights agreement pursuant to the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and public health. Similarly, we recognize the need to efficiently apply the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property as an important tool to help to develop national capacities in developing countries in order to strengthen public health and guarantee universal access to medicines and medical technologies.

Since 2011, the World Health Organization (WHO) has finalized a series of strategies and tools useful

for helping to treat non-communicable diseases on a global scale. We therefore welcome that significant contribution, which includes the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, as well as the Action Plan's indicators for monitoring its implementation programme and the global coordination mechanism for the prevention and control of those diseases. Given the need for greater and better multisectoral action and coordination in this area, including, above all, the United Nations system, we also welcome with satisfaction the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. We expect to participate actively in the Task Force to that end. We also look forward with interest to the assistance of the Task Force in supporting national efforts and in developing adequate capacities for the prevention and control of non-communicable diseases.

In conclusion, the Group of 77 and China reiterates its full commitment to addressing non-communicable diseases and to working with all the relevant partners at all levels and in all sectors in that respect. We will also continue to firmly support giving priority to non-communicable diseases and their treatment in the international development agenda, with the aim of guaranteeing that the important health-care challenges we face are specifically and adequately addressed, as are the issues of the productivity of our peoples and the integral development of our countries.

The President: Members will recall that at the outset I indicated that we had before us a draft resolution issued as document A/68/L.53. Bearing in mind the presence of ministers and heads of delegation here with us, I shall now proceed to the adoption of the draft resolution.

We have received the necessary information on the budget implications, so we are ready to proceed with the adoption of the draft resolution. For those who do care about such matters, I can assure them that the adoption of the draft resolution will have no budget implications.

The Assembly will therefore now proceed to consider draft resolution A/68/L.53. I should now like to propose an oral revision to the draft resolution, inserting the phrase "to 13 June 2014" at the end of paragraph 9 of the draft resolution. The last line of the paragraph would therefore read "endorsement of its terms of reference by the Economic and Social Council on 13 June 2014".

The Assembly will now take a decision on draft resolution A/68/L.53, entitled "Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases", as orally revised.

May I take it that the Assembly wishes to adopt the draft resolution A/68/L.53, as orally revised?

Draft resolution A/68/L.53, as orally revised, was adopted (resolution 68/300).

The President: I would like to express my sincere thanks to Her Excellency Ms. Bénédicte Frankinet, Permanent Representative of Belgium, and His Excellency Mr. E. Courtenay Rattray, Permanent Representative of Jamaica, who so ably and patiently conducted the discussions and complex negotiations in the informal consultations on the outcome document. I am sure members of the Assembly join me in extending to them our sincerest appreciation.

I now give the floor to the Head of Delegation of the European Union, its Commissioner for Health and Consumer Policy, His Excellency Mr. Tonio Borg.

Mr. Borg (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States. The candidate countries Turkey, Serbia and Albania, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, and the European Free Trade Association country Liechtenstein, member of the European Economic Area, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, align themselves with this statement.

First of all, I would like to convey our appreciation to the Secretary-General, the President of the General Assembly, the secretariat of the World Health Organization (WHO) and the facilitators for their commitment and hard work in preparing this Meeting on the prevention and control of non-communicable diseases (NCDs).

In 2011, here at the General Assembly, we highlighted the growing burden of non-communicable diseases and we identified the foundation stones that needed to be put in place to facilitate and stimulate action to prevent and control NCDs. We did that in the knowledge that addressing NCDs could lead to enormous gains for people's health and for social and economic development across the world.

The burden of non-communicable diseases in terms of preventable death, disability and the loss of human potential, as well as in financial terms, is too high. We know that a great deal of that burden is preventable through action to deal with the risk factors, such as tobacco, harmful alcohol consumption, an unhealthy diet and the lack of physical activity, as well as the underlying social, economic and environmental determinants, such as air pollution. Such risk factors are not equally distributed across the population. The European Union and its member States recognize that the international community, in particular the lowest-income countries, face extraordinary challenges. We are ready to support them in addressing NCDs and the risk factors in accordance with national priorities and national and international commitments, including the strengthening of health and regulatory systems and the involvement of health non-governmental organizations and other civil-society groups.

To achieve results, it is essential that national Governments integrate the prevention and control of NCDs into the overall strengthening of their health systems and avoid fragmentation into separate disease-specific activities. The EU and its member States welcome the progress achieved. We continue to look to the WHO for leadership, with the full participation of Member States and civil society, including non-State actors, with regard to the next steps. Those include the implementation of the Global Action Plan for the Prevention and Control of NCDs 2013-2020, monitoring the progress made and strengthening international cooperation. We trust that the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs and the global coordination mechanism will further enhance coordination in that respect. We applaud the focus on health promotion and prevention and on strengthening the commitment to addressing health determinants, in particular with the aim of reducing health inequalities. We need to involve all sectors in addressing NCDs, including all levels of Government, and all the relevant stakeholders.

In conclusion, the European Union and its member States believe that it is now time to act and to move to implementation. We look forward to working closely with the WHO, the global coordination mechanism, the United Nations Inter-Agency Task Force agencies, Member States, civil society and non-State actors in addressing the global challenge of chronic diseases.

Mr. Uribe (Colombia) (*spoke in Spanish*): At the outset, I would like to thank the Secretariat for facilitating this important space for dialogue. I would also like to underscore the importance of this initiative, which began in September 2011 and brings us together again today. This meeting is a great opportunity to coordinate our efforts and to strengthen a global response to a health problem that causes hundreds of millions of deaths every year and, as has already been emphasized this morning, is one of the main development challenges of our countries.

I shall first talk about the situation in my country, while emphasizing some of the achievements in recent years. I will then touch on the challenges that developing countries face with regard to non-communicable diseases.

In Colombia, non-communicable diseases account for more than 80 per cent of the total burden of disease and 58 per cent of mortalities. They cause more than 100,000 deaths each year. Of those deaths, 30 per cent are associated with diseases of the circulatory system, 20 per cent with neoplasms, 6 per cent with respiratory diseases and 4 per cent with diabetes. I would like to share a number of policies that we have undertaken in the context of a national action framework for the control and prevention of non-communicable diseases.

First, as a result of a participatory undertaking that brought together hundreds of organizations in Colombia, for the next 10 years we have an intersectoral national public health plan that was drawn up in a participatory way with a focus on the social determinants of health. The plan outlines a set of policies that promote a healthy lifestyle and access to comprehensive health care with a differential focus. Under that framework, an intersectoral commission was established to coordinate the various sectors responsible for achieving the health goals.

Secondly, apart from that 10-year public health plan, the country has a 10-year plan for cancer control. That plan provides for the development and adoption of clinical practice guidelines, as well as vaccination against human papillomavirus for all young people in Colombia. We have achieved the highest level of coverage in the second dose of the vaccination. The cancer control plan has also made it possible to reorganize the provision of cancer services and to manage the resources necessary to ensure effective coverage and quality care.

Thirdly, our country recently adopted a drug policy in order to ensure access to medicines. We have included 200 new drugs in the benefit package, which today is available to 98 per cent of Colombians. We now have almost universal health insurance coverage. At the same time, we have implemented a policy to regulate drug prices based on a comparison with international prices. We have regulated more than 300 monopolies or concentrated markets, which is equivalent to the same number of active ingredients. The regulation has facilitated access to expensive drugs for cardiovascular diseases, cancer, diabetes and other illnesses. The annual savings for the health-care system in regulated drug prices exceed $2.5 billion.

Fourthly, in order to reduce risk factors, Colombia has undertaken a series of regulatory actions to reduce consumption and to prevent tobacco exposure. Those actions have had very positive results. Over the past six years, the prevalence of tobacco use has fallen by 5 per cent, from 17 to 12 per cent. That result clearly shows that comprehensive prevention policies can have a positive impact on public health.

Finally, we have implemented a comprehensive health information system and have reorganized our national system of surveys so as to have analytical tools to monitor the overall situation with regard to health and non-communicable diseases.

However, despite such achievements, we face great challenges in continuing to move forward in the prevention and control of non-communicable diseases. Most developed and developing countries also face those challenges, as has been underscored several times this morning. By way of illustration, I would like to quickly share four of those common challenges.

The first challenge is sustainability. The growing significance of non-communicable diseases increases the technological constraints, and may therefore jeopardize the sustainability of health-care systems. In Colombia, spending on health care per capita is between five and 10 times lower than in developed countries. However, most of our citizens now insist on immediate access to new and increasingly expensive technology for the diagnosis and treatment of non-communicable diseases.

The second challenge that I would like to emphasize this morning is that of equity. The preponderance of non-communicable diseases results in a large proportion of resources for health being directed to the urban middle and upper classes, which have greater access to diagnostic and treatment centres and to medical specialists.

Sustainability and equity are therefore the first two challenges that I wanted to underscore.

A third challenge relates to the way in which health services are provided. As a result of the change in epidemiological profiles, we need to redefine the role of primary health services and the remit of health professionals towards prevention and risk management and towards comprehensive, timely and effective care of diseases.

The last challenge, which is shared by everyone, relates to the political economy of health policies. In the context of non-communicable diseases, policies must now have a broader scope. For example, regulatory actions regarding taxes on tobacco, certain food items and alcohol often go beyond the purview of health authorities, and therefore require the support of other sectors and of the international community.

Mr. Tommo Monthe (Cameroon), Vice-President, took the Chair.

Since 2011, Colombia has been making important progress in the prevention and control of non-communicable diseases. We are grateful for this opportunity to share our achievements and concerns with the Assembly. We believe that non-communicable diseases should be a part of the post-2015 sustainable development agenda. We therefore welcome this opportunity to build together a global response to a problem that concerns almost equally the entire planet.

Mr. Ferguson (Jamaica): Jamaica aligns itself with the statements delivered earlier on behalf of the Group of 77 and China and on behalf of the Caribbean Community group.

I speak as a proud Jamaican and a Caribbean citizen. Three years since 2011 is a short time for planning, implementation and evaluation, but it is a good time to review progress. The very nature of the epidemic of non-communicable diseases (NCDs) presents us with imperatives that make this review and a recommitment to action both timely and necessary.

Jamaica is dedicated to the task of addressing both the health and development impacts of NCDs. One matter of focus in addressing the NCD epidemic is access to health care. The challenge of confronting the

NCD epidemic is magnified by the effect that a lack of access has on life.

Historical and economic realities dictate a gradualist approach to mitigation. The attainment of universal health coverage is therefore a journey, not a destination. It is the continued delicate balance between strategically allocating resources for long-term goals and addressing immediate needs. We already have good examples in health, such as global immunization programmes and the HIV response. Universal health care warrants a similar approach. The question therefore is, how do we move from policy to implementation? How do we fund universal health care?

The resource question is particularly significant for small island developing States like Jamaica, where Governments fund the cost of health care for our populations. Many may pontificate that 6 per cent of gross domestic product spent on health is the magic that is needed; but having lived that reality, I would humbly ask that we think again. We must acknowledge that the life course cost of treatment for NCDs, including medicines, and the imminent danger of tiered pricing models on inputs, such as vaccines, will undermine our best efforts to realize the universal health care dream.

The world cannot treat itself out of the NCD epidemic. We in Jamaica, while strategically targeting risk factors, started with the main one, that of tobacco use. Despite immense odds, we felt it was an attainable prospect. I am pleased to report unprecedented public acceptance of the regulations that limit the impact of tobacco on health. Preliminary reports indicate fewer admissions in our health facilities for respiratory illnesses.

We have promulgated a national NCD strategic plan for the period 2013 to 2018, which has been approved by the Cabinet and introduced in the Parliament. Importantly, it has benefited from broad stakeholder consultations under the leadership of a national multisectoral NCD committee established within a few weeks of the adoption of the September 2011 Political Declaration.

In addressing other risk factors, such as an unhealthy diet and the harmful use of alcohol, we have, in a principled way, constructively engaged industry players. However, we look forward to agreed guidelines for the engagement of all stakeholders towards minimizing the effects of NCD risk factors. Specifically, there also must be global commitment. We have seen the success of the Framework Convention on Tobacco Control as a public health treaty, which can be used as an example.

Jamaica subscribes to the view that health must be an integral component of the post-2015 development agenda and that NCDs must be adequately addressed therein. The commitment to reducing NCD-related premature deaths by 25 per cent by 2025 “will remain but a fleeting illusion to be pursued, but never attained” — in the words popularized by Jamaica’s reggae icon Bob Marley — if we do not scale up our responses. We must do everything in our power to avert that possibility.

Ms. Juan López (Mexico) (*spoke in Spanish*): It is an honour to participate in this exercise, which is aimed at reviewing the progress made by our countries in implementation of the commitments undertaken in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted by the General Assembly in September 2011 (resolution 66/2, annex).

In consolidating the inclusive Mexico that has been called for by the President of Mexico, Enrique Peña Nieto, and in implementing the Political Declaration before us, our Government has fully assumed its responsibility in the face of the challenge posed by non-communicable diseases (NCDs).

Mexico is in a process of demographic transition characterized by an increase in life expectancy and in the number of older adults. Chronic NCDs relate basically to four common risk factors: tobacco consumption, unhealthy diet, physical inactivity and the harmful consumption of alcohol. These are complex and multifaceted problems that affect all sectors of society as well as the individual.

In Mexico, in order to control tobacco use, we have promoted a law on tobacco control inspired by the World Health Organization Framework Convention on Tobacco Control, and 95 per cent of public places such as restaurants are now tobacco-free. In a four-year period, tobacco taxes have increased by 200 per cent. We have also agreed with industry to decrease the salt content of bread in order to combat high blood pressure.

We have also promoted the installation of alcohol breathalyzers in 100 cities; over a five-year period, that has led to a 20 per cent reduction in the number of injuries and deaths from traffic accidents related to alcohol consumption.

In order to prevent cervical and uterine cancer, we have included in our universal vaccination system a vaccine against the human papilloma virus, which for the past three years has been given to all girls from the ages of 9 to 11. In order to reduce the number of cases of liver cancer, our universal vaccination system also includes a hepatitis B vaccine.

Acute lymphoblastic leukemia is one the principal childhood cancers. However, thanks to our universal coverage of this illness, among the more than 1,500 children afflicted, the survival rate is 84 per cent.

However, the main public-health problem that we in Mexico are facing is that of excess weight, obesity and diabetes, of which we have one of the highest rates in the world. In accordance with the national health survey carried out in 2012, about 70 per cent of adults and 30 per cent of our children are overweight or obese. According to the same survey, diabetes now affects 9.2 per cent of our population.

Therefore the President of the Republic, Enrique Peña Nieto, in October 2013 presented to Mexican society a national strategy for the prevention and control of overweight, obesity and diabetes. This is a comprehensive strategy that has three pillars: public health, medical care, and regulatory and fiscal policy, approached from the perspective of social influences.

The strategy promotes the elaboration of a public policy that brings about profound changes in lifestyles, healthy food consumption habits and an increase in physical activity among the population. For this purpose, the political Constitution was amended to prohibit the provision in schools of any food that does not contribute to student health. We also promote physical activity in various areas and have undertaken an awareness-raising campaign in the mass media.

As regards medical care, we have developed a comprehensive-care centre for diabetics involving multidisciplinary interventions. This model is being duplicated at the national level. Efforts are also under way relating to a comprehensive-care model based on active prevention that empowers system users through technological innovation at the primary-care level. We have also ensured free universal coverage for prescription drugs for persons benefiting from the national social security system as well as those who do not.

The last pillar is the health and fiscal policy regarding food and beverages, which mandates a front label on products stating the total calorie content of a product, with both the calorie source and the percentage in a 2,000-calorie daily diet. We have also created a nutritional seal that will be granted to products that meet the nutritional standards set by the Ministry of Health.

As concerns marketing targeted to children, we have prohibited commercials for chocolates, candy, sodas and snacks at times of day when there is a large child audience.

There is also a special tax on sugared beverages and on high-calorie foods at the rate of 8 per cent for every 100 grams. Those taxes entered into force on 1 January of this year. In order to evaluate the impact of our actions, we have also designed a Mexican monitoring centre on NCDs with the participation of the public sector, the private sector and the social sector.

Following the guidelines of the Political Declaration, we have shared this experience with the World Health Organization, the Pan American Health Organization, the Organization for Economic Cooperation and Development and the World Bank.

At the regional level, we recently established a technical group jointly with Canada and the United States, and at the bilateral level we are cooperating with the Government of France.

I am certain that the aforementioned efforts represent a strong foundation to reverse this difficult epidemiological situation, so that Mexico can contribute to the construction of a global society that enjoys greater well-being.

Mr. Ibovi (Congo) (*spoke in French*): It is my honour to take the floor in the General Assembly in my dual capacity as Chairman of the sixty-third session of the World Health Organization's Regional Committee for Africa and as Minister of Health of the Republic of the Congo.

First of all, I should like to welcome the holding of this High-level Meeting, which is the logical follow-up to the summit held here in 2011 that brought together Heads of State and Government as well as various representatives of States and Governments of Members of the United Nations, to take up the important issue of the prevention and control of non-communicable diseases throughout the world and in particular the challenges that these present for the development of our countries.

Three years ago, the 46 States members of the World Health Organization Regional Office for Africa (WHO/AFRO) adopted the Brazzaville Declaration, affirming that Africa was a continent already being crushed by the very heavy burden of communicable diseases, such as HIV/AIDS, malaria and tuberculosis. Other non-communicable diseases — including cardiovascular diseases, cancers, mental illness, genetic diseases and haemoglobin disorders such as sickle-cell anaemia — were sweeping the populations with unusual force. To these diseases, we would add the consequences of traffic accidents and those related to climate change that some wrongly and ignorantly attribute to witchcraft. The very high indicators related to morbidity and maternal, neonatal and infant mortality are of concern in numerous ways. The universal nature of these diseases has led the international scientific community to place humanity on the alert regarding the challenge they pose not only to populations, but also to development.

Since that time, all the health development plans of WHO/AFRO member countries have undergone significant readjustments in order to take into account the epidemiological transition and its serious consequences. This question now enjoys pride of place at each meeting of African health ministers. The Luanda Declaration, adopted in November 2013, is one example of our Governments' commitment to combating non-communicable diseases.

With respect to the growing reach of these diseases throughout the world, this campaign should not be limited to health ministries. Civil society and all stakeholders working in the health sector must also be involved; hence the interest and importance of stepping up the public and private partnership at the local, regional and international levels so as to better coordinate action to combat disease in general.

In the Republic of the Congo, non-communicable diseases are continue to spread and to pose major containment problems in both technical and financial terms. In our major hospitals, cerebral vascular accidents are now the leading cause of death. The number of patients with renal failure is rising sharply. Sickle-cell anaemia in its heterozygous form affects about 25 per cent of the population and 2 per cent in its homozygous form. The number of new cancer cases rises every year.

The Government, which has made a priority of the fight against illness in general, and non-communicable diseases in particular, recently established general guidelines on epidemiology and the fight against diseases in the health-care system, in which hygiene is the principal element of development. To allow for a more intense mobilization of the efforts of civil society and for the greater involvement of the private and external health sectors, my Government, like others in the region, is now preparing a legal framework for cooperation that will help all health actors to work in synergy.

The delegation of the Republic of the Congo therefore supports the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, adopted by the World Health Assembly. We would suggest that future actions be focused on the effective mobilization of resources by States; the involvement of other sectors, aside from the health sector, to ensure the containment and reduction of risk factors; the promotion of health; prevention; the screening of risk factors; equal access to health care; the institutionalization of universal health coverage; and the improvement of technical conditions for treating patients.

Aware of the urgent need for all States to take more effective measures to prevent and control non-communicable diseases, my delegation would like once again to underline the importance of prevention and of an effective multisectoral response. We therefore voice our support for resolution 68/300, which we have just adopted and which enjoys our full backing.

Ms. Udval (Mongolia): It is a great honour to participate in this important High-level Meeting to address the most challenging public-health issues. I welcome the adoption of the concise, focused, action-oriented outcome document (resolution 68/300), which will speed up the implementation of the Political Declaration (resolution 66/2, annex). I wish to express our gratitude to the United Nations, the World Health Organization (WHO) and other global partners for their efforts in helping to address the greatest challenges facing the health sector in many countries.

Mongolia attaches great importance to the full implementation of the Political Declaration on the Prevention and Control of Non-communicable Diseases, as well as the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. With a view to achieving our goals, my Government has been intensely implementing a national programme on the control and prevention of

NCDs. For the past nine years, this has been a priority issue for the health sector in my country.

Non-communicable diseases (NCDs) account for 72 per cent of the total disease burden in my country. Thus, they are one of the most serious issues of public health. Moreover, one third of the population is affected by cardiovascular diseases, while one-fifth is affected by cancer and its associated risk factors. Therefore, Mongolia is strongly committed to fully implementing the Political Declaration on NCDs and has been striving to promote a multisectoral response through all-stakeholder partnerships, including civil society.

As members of the Assembly may be aware, in 2009 His Excellency Mr. Elbegdorj Tsakhia, the President of Mongolia, initiated a nation-wide alcohol-free movement in Mongolia. This initiative was well accepted by Mongolian society. We have seen its result in the increased number of alcohol-free communities, villages and provinces. Non-governmental organizations (NGOs) are actively contributing to the prevention and control of harmful alcohol use and advocating a movement to prevent heavy drinking. As a result, three provinces of Mongolia has been registered as alcohol-free and one province as tobacco-free.

I take this opportunity to recall our President's initiative to draft and adopt a framework convention on alcohol control. In seeking to realize this initiative, the Government of Mongolia has been conducting serious discussions and dialogues at the national, bilateral and international levels. We will continue our efforts to deliver positive outcomes. We strongly believe that a legal document, such as the framework convention on alcohol control, would be the most powerful tool for reducing NCDs in all countries, regardless of their development level.

Allow me to briefly touch upon the actions undertaken by the Government of Mongolia. This year, the Government of Mongolia established a national committee on health, headed by the Prime Minister, and adopted a policy document for multisectoral coordination. The policy document addresses multisectoral commitments to reducing the risk factors of NCDs, which are generated by malfunctions in other sectors. A programme on early detection of five common NCDs has been implemented and a life-course screening programme has been developed.

In addition, in 2012 the Parliament of Mongolia adopted major amendments to the law on tobacco control in order to meet its commitments under the Framework Convention on Tobacco Control. This year, it also ratified the WHO Protocol to Eliminate Illicit Trade in Tobacco Products. Hence, in accordance with the amended law on tobacco control, smoking in public places, including bars, restaurants and schools, is prohibited. The size of the health warning sign on cigarette packs has increased from 33 per cent to 50 per cent on each side, and the penalty for the abuse of the law has been raised.

In Mongolia, local Governments have been initiating health-friendly community campaigns on maternal and child health care and undertaking daily physical activities to promote wider community participation. Moreover, Mongolian NGOs have initiated a forum on citizens' participation in and ownership of health care. They have been advocating nationwide public awareness on issues including blood-pressure control, health education and common health risk factors. Those activities are financially supported by the Government through a health promotion foundation that has been generated from tax revenues on tobacco and alcohol.

As we all recognize that the global burden and threat of NCDs constitute one of the major challenges to development, we need to strengthen efforts to achieve our common goals and commitments to a world free of NCDs. Therefore, the Government of Mongolia joins the call for including the prevention and control of NCDs — especially alcohol and tobacco control — in the post-2015 development agenda.

Mr. Bustos Villar (Argentina) (*spoke in Spanish*): At the outset, I wish to note that Argentina aligns itself with the statement made earlier by the Permanent Representative of Bolivia on behalf of the Group of 77 and China.

In my national capacity, I would like to say, as I noted in this Hall at the High-level Meeting on the Prevention and Control of Non-communicable Diseases (see A/66/PV.7), the growing epidemic of non-communicable diseases is not a medical or a public health problem; it represents a crossroads in our countries' development efforts and, as such, it is a political problem. That is why we in the Argentine Republic understand that it is on the basis of the State's regulatory power and the active participation of multiple sectors of society that it will be possible to find and sustain over time solutions that will ensure that our citizens' quality of life will not deteriorate or be otherwise affected.

In my country, through the resolute and active involvement of President Cristina Fernández de Kirchner, it was decided that the management of non-communicable diseases (NCDs) would become a priority issue on the public health agenda. That is why substantive progress has been made from that moment on and based on those precise instructions. We have come here today to humbly share the progress made since the 2011 summit in controlling NCDs in their various forms.

We have formed a space for intersectoral coordination. We have established an advisory commission on the prevention and control of NCDs, composed of governmental organizations, such as the Ministries of Agriculture, Education and Social Progress, Science and Technology, and non-governmental organizations representing civil society, scientific societies and food producers from the private sector. Furthermore, it has helped to create a space for the coordination, integration, development and implementation of public policy.

We can say with satisfaction and pride that the Argentine Republic is a regional leader in the regulation of trans fats and that by December we will be a country free of trans fats. Four years ago, we modified the Argentine food code, which has the power of law. To do so, starting with the space established by the law and specific governmental entities, the fats in question would be replaced in accordance with the goal of ensuring that the State would neither produce nor market products containing fats derived from hydrogenated vegetable oils. We have also pursued a policy of reducing salt consumption through specific national legislation. We are enacting a national law on tobacco control and have updated diabetes legislation to expand coverage to all diabetic patients, including the provision of all medication without charge and without regard to type of diabetes.

As for tobacco use, I note that we started out in 2003 with a 40 per cent usage rate among the population over the age of 18. However, due to the attention focused on the situation, the rate had declined to 22.5 per cent by 2012, which is a major achievement. We have strengthened the epidemiological monitoring system for NCDs and accompanying risk factors, including mortality studies, chronic illness registries and national population surveys. Our national goals and indicators have contributed to regional indicators and the nine targets for 2025 regarding NCDs, established by the World Health Organization. In the near future, the national registry of cardiovascular diseases will begin operations; law 25.501, whereby the registry was established, has already helped to promote not only the collection of epidemiological data, but also the provision of timely, quality care in cases of acute heart attack before reaching a hospital and stroke.

The Argentine Republic is implementing a comprehensive and integrated strategy and an action plan for the prevention and control of non-communicable diseases. We face huge challenges, and we are aware that we need to broaden our policies in that area, including to many other sectors. Today, we are close to receiving the results of the third national survey of risk factors. The first survey took place in 2005, the second in 2009 and the survey that we are now processing and for which we are receiving the reports is from 2013. It will enable us to have a clearer picture of what is happening with the obesity epidemic in our country. We understand that that is a problem and challenge facing every country in the world, which will therefore require more robust and comprehensive public policies at the national, regional and global levels.

On the basis of the legitimacy that the achievements and developments in the health of Argentines bestow on us, we urge the States Members of the United Nations to draw up and implement policies that clearly include the regulation of food advertisements, to undertake actions that encourage the rational use of sugar, to promote measures to reduce the intake of unhealthy foods and to promote physical activity in our communities. We also call for actions to control the excessive use of alcohol and to deal with mental illnesses, such as that clearly seen in dementia.

While we are making progress, the road ahead is not easy. However, we know that we can succeed. We wish to draw the attention of Member States to the need to work vigorously for the prevention and early detection of neurocognitive impairment, which is evident in depression, dementia and other pathologies, as a result of the increased life expectancy of the elderly. If we fail to do that, we will miss an excellent opportunity to combat ills, such as overweight and obesity, that have affected our populations since the previous century but that in the twenty-first century have become a true epidemic with a serious impact on the harmonious development of our countries. As Member States, we cannot remain mere spectators of the demographic, epidemiological, biotechnological and cultural changes

that jeopardize the preservation of a decent quality of life for our citizens in the immediate future. We must therefore act with creativity and innovation to respond to those challenges, which are already a reality. The future is now, and there will be no future if we do not change our present.

In the Argentine Republic, we promote and call for inclusiveness, social development and the strengthening of the rights of our peoples through action on the social determinants of health and the entire range of tools that, together with civil society and the private sector, we can jointly develop and bring about. It is not just a health issue. It is an issue for each of us, since in a society we are jointly responsible for what happens to us. We have the ability to make decisions and to raise awareness among our communities so that, with active and concrete participation, we can together change the reality. Member States must be strengthened with a clear direction in integrated, comprehensive, intersectoral and sustainable public policies. That is how we can ensure that chronic non-communicable diseases no longer threaten the health of our peoples and their economies, forging a healthier, more equitable and socially fairer future.

Mr. Kostennikov (Russian Federation) (*spoke in Russian*): In 2013, Russia completed a two-year health sector modernization programme, which, at a total cost of $19 billion, was unprecedented for our country in scale and financial support. The priorities for modernizing the health system were to strengthen primary health-care services and to develop preventive care, including through the universal and large-scale medical examination of adults and children for the early detection of illnesses. Priority attention was given to improving the system of compulsory medical insurance.

The major result of all our efforts was an increase in the average life expectancy to 70.8 years and, for the first time since 1991, there has been natural population growth. That has happened in the context of a modest downturn in the birth rate. The population therefore increased owing to a reduction in the mortality rate. That instils confidence in us with regard to the effectiveness of our efforts.

We are increasingly participating in global health protection. Russia was one of the initiators of the international programmes for the prevention and control of non-communicable diseases (NCDs) and actively supports those international programmes. A real contribution of the Russian Federation to combating NCDs in low- and middle-income countries was the investment of more than $3 million in financing the WHO global project on healthy lifestyles and the prevention of non-communicable diseases. With the financial and technical support of the WHO and Russian experts, those countries have developed national action plans. Our upcoming plans include the opening of a WHO office for the prevention and control of NCDs in Moscow. The Government of the Russian Federation has allocated more than $22 million for that project.

In the past few years, the international community has made significant progress in combating NCDs through the adoption of global targets on countering the spread of NCDs, the development of a global monitoring framework to track progress and the endorsement of the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The Action Plan links the political commitments of Member States and the tools for practical implementation at the country level.

The WHO has recently agreed the terms of reference of the global coordination mechanism to facilitate the implementation of the Global Action Plan. It is important that the decision-making role within the global coordination mechanism be the preserve of Member States, which will involve the organizations of the United Nations system and non-State actors in that task. In our view, the global coordination mechanism could convene its meetings as forums, whose outcomes could be followed up and used as the main element of the progress report of the Director-General of the WHO on the implementation of the Global Action Plan. The first meeting of that forum could take place in 2017, as indicated in the terms of reference.

In the context of combating NCDs, we attach great importance to the upcoming Second International Conference on Nutrition, to be held in Rome from 19 to 21 November. We hope that its outcome will help to achieve the agreed indicators with regard to the prevention of obesity and the reduction in salt intake and in harmful alcohol use.

In conclusion, I would like to note that the Russian Federation fully supports the adoption of the outcome of the High-level Meeting (resolution 68/300) and the actions that it contains at the national and international levels to resolve the problem of non-communicable diseases.

Ms. Rahateng (Indonesia): I am delivering this statement on behalf of the Deputy Minister of Health of Indonesia.

I would like to begin by expressing my delegation's appreciation for the President's exemplary leadership in organizing this High-level Meeting and thanking the Permanent Representatives of Belgium and Jamaica for their excellent facilitation of the consultations on modalities and the outcome document.

My delegation aligns itself with the statement made by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China.

With non-communicable diseases (NCDs) accounting for more than 60 per cent of deaths in my country, the Government of Indonesia is fully committed to scaling up efforts to prevent and control NCDs. At the national level, a national policy framework on NCD prevention and control, which includes promotion, preventive, curative, palliative and rehabilitative programmes, was initiated in 2011. Through consultation and partnership with all stakeholders at all levels, concrete action plans have been developed. As NCD control and prevention have now become an integral part of the development plan at the national and subnational levels, indicators for NCD prevention and control have also been included in the draft of the national midterm development plan of 2015-2019.

I take this opportunity to share with the General Assembly some lessons drawn from Indonesia's NCD prevention and control efforts. First, the role of community is key. NCDs play out in homes, in the workplace and in communities. Therefore, awareness and advocacy efforts begin at home and in ommunity. Accordingly, community-based interventions have been initiated throughout the country.

Secondly, providing access, services and coverage is of utmost importance. The Government of Indonesia reminds communities to ensure access for all to NCD-related services by continuously improving the quality and effectiveness of services at the primary, secondary and tertiary levels. To ensure coverage for all citizens for such services, beginning in January 2014, the Government of Indonesia launched a national health insurance scheme.

Thirdly, with respect to collaboration and partnership, across sectors involving all stakeholders, several alliances have been formed, including national and regional alliances for tobacco and NCD control.

Fourthly, regulatory and institutional frameworks are imperative. Through cross-sector collaboration, the necessary legislation to strengthen the regulatory framework for NCD prevention and control has been enacted.

Given that this is a moment of critical change whereby Member States are being called further into the design of a post-2015 development agenda, the High-level Meeting is an opportune moment to further dialogue and refine the targets and indicators for NCDs. Forming the NCD targets in identifying its indicators in the next development agenda should aim for strengthening commitments and actions, in particular of the global effort to support national efforts to prevent and control NCDs, including by addressing the diverse and complex causes of epidemics. They should also be aimed at creating an enabling environment at the national and global levels to allow the transformation towards greater efficiency in NCD prevention and control, as well as an enhanced partnership that allows for better coordination and coherence across and within sectors.

It is also important that the provisions for enabling conditions for developing countries, including through the full use of the flexibility in the Doha Declaration on the Agreement on the Trade-Related Aspects of Intellectual Property Rights and Public Health, be addressed in the context of the post-2015 development agenda.

Mr. Acurio (Ecuador) (*spoke in Spanish*): Since the new Government of the Citizens' Revolution took office, Ecuador has adopted a Constitution that has brought radical change to the country, in particular in terms of what we understand as development and the conception of development we seek. We Ecuadorians have asked ourselves what type of life we want and how we want to achieve the well-being of society. We have decided that no development can be described as sustainable if it does harm to the health and well-being of the human being. We have decided to change our vision of development, giving priority to the human being over capital.

It is impossible to speak of development if we do not change our concept of it. Development must be sustainable and focus on the well-being of the human being. In the quest for good living, health is the starting

and the ending point. We need health to live well and we need to live well for health. Using that approach, and with the leadership of our President, Rafael Correa, we have decided in our country to tackle, with an intersectoral perspective, the different determinants of health — improving access to basic services, housing conditions, nutrition conditions, physical exercise and environments — that can help to bring about a healthy life. We have assumed that public health should be cost-free and of high quality. It is a fundamental right; mercantile goods are not.

We are facing new health challenges that test world leaders seeking innovative ways of building societies that are united and fair and that generate health. The future demands that we have a different vision of development; we therefore need to change the present paradigm. We must broaden our vision of health. Otherwise, how are we going to achieve good living?

Non-communicable diseases (NCDs) are perhaps one of the major challenges we face at the world level. To confront them, we need first of all to expand the availability of healthy food, which is related to food sovereignty. Secondly, we need to promote fiscal policies. Thirdly, we need to regulate trade and marketing of products, such as tobacco and alcohol. Fourthly, we need to control foreign investment in processed foods and make the population aware of the harm done by their unhealthy consumption.

None of that will be possible if we do not recognize and strengthen the regulatory power of the State and its ability to govern, through regulations that see to it that legislative and regulatory frameworks that promote and protect health make health possible in all policies. Ecuador has progressed considerably on that subject by strengthening our national health authority and developing standards to ensure universal access to health care for the entire population, in which humanitarian health care is universal, free, comprehensive and equitable, based on a primary-care model and focusing on individual care and collective intervention.

Today in our country, we have a model of comprehensive health care, in the framework of which we have a national strategy for the prevention and control of cancer in its different expressions. In addition to that, we have implemented a policy that has allowed us to reduce tobacco consumption, increase taxes and absolutely prohibit tobacco use in all public spaces in the country.

We cannot claim to give a systematic answer to the new world health challenges without the leadership of our health institutions and authorities. The health sector needs to participate actively in intersectoral, national and international spaces for decision-making. We will thus be able to contribute to planning for sustainable development.

We would like to draw attention to the obesity epidemic that can be found today in all corners of our continent, without distinction to ethnicity or social condition. In our country alone, there are some 5 million persons who are overweight or obese and almost 9 per cent of our children under the age of 5 are showing signs of being overweight or obese. In other words, the situation is twice as bad as it was in 1986.

We need to stop processed industrial foods with little nutritional value and high in sugar, saturated fats, trans fats, salt and additives from penetrating our markets. The excessive use of those products and lack of physical activity threaten the very development of our populations. Ecuador would like to acknowledge the actions undertaken by the Government and legislators who have taken bold decisions to defend their citizens, boys and girls, by establishing regulatory measures such as taxes on sweet beverages, improvement of food in schools, introduction of clear front-labelling and control of abusive advertising of industrially processed foods.

In Ecuador, we recently approved regulations for labelling processed goods, allowing the user or consumer to identify the fat, sugar and salt content in all processed foods. We also have a new communication law which prohibits the advertising of alcohol and tobacco, which makes it possible for the health authorities to limit or prohibit commercials or advertising of any product that might affect public health. In addition, we have undertaken intersectoral actions, such as an interministerial agreement on school cafeterias. We have established a daily hour of physical exercise in schools.

Ecuador and other countries have thus made great progress in regulation, but a great deal more needs to be done than what we have done so far. We must set high goals; perhaps we will not be able to achieve our goals in the short term, but that is no reason to lower the bar of our aspirations. Chronic non-communicable diseases and the consumption of healthy food cannot just be a matter for the individual to decide; we must

understand the structural nature of the consumption of healthy food and the effect of the market, regulations, advertising and foreign investment in food.

The prevention and control of chronic non-communicable diseases requires that we turn to action. We must act on the socioeconomic factors for their existence and thus reduce the pressure that chronic diseases have on health systems.

Mr. Al-Sahlawi (Kuwait) (*spoke in Arabic*): It is a great honour for all of us to come together at this High-level Meeting to transparently and objectively review what has been achieved on the ground with respect to our commitment to fighting non-communicable diseases (NCDs) pursuant to the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in September 2011.

Kuwait understands the reach of the NCD problem and its ramifications for health systems and their impact on the quality of life. Since the adoption of the Political Declaration, we have started to implement the measures necessary to fight non-communicable diseases, integrating them into our national development plan for our country. We have mobilized all resources and stakeholders in order to wage the battle in all sectors. We have formed a high-level multisectoral committee under the auspices of the Ministry of Health, composed of specialists from different Government agencies and civil society, which has been dedicated to evaluating potential objective and cross-cutting change based on the Political Declaration and resolutions of the World Health Organization (WHO), in addition to decrees from the Ministers of Health in the Gulf Cooperation Council and the regional office of the WHO in the Middle East.

Through cooperation between the Ministry of Health and the different sectors, Kuwait has begun to reduce the salt content of bread by 20 per cent, which will have a positive impact on cardiovascular diseases. We have also taken a number of initiatives to deal with such risk factors as smoking and lack of physical exercise and other measures, and working with schools, including issuing a health manual for schools and encouraging sports activities in schools, continuing our commitment with the WHO Framework Convention on Tobacco Control and in application of our Law No. 15 of 1995.

We have taken labelling measures and adopted regulations on tobacco and cigarettes. We have announced greater penalties for violations of those new regulations. We have also stepped up efforts to assist smokers in quitting the habit. Our Minister of Health has cooperated with all partners in society in organizing a conference on health awareness in that area.

We are also fighting non-communicable diseases and have established early-warning systems for the early detection of those diseases. We have established various clinics to fight those diseases. We have universal vaccination coverage against hepatitis. We have applied primary and rehabilitative health-care protocols. As part of our commitment also to addressing the leading causes of death and chronic disease, in cooperation with the WHO, we have undertaken surveys of adolescents, students and the elderly, using the latest scientific information to address causes of death and making use of the available indicators to monitor and assess progress.

Regionally, specifically at the level of the Arabian Gulf region, since January 2014 we have been implementing a document adopted to fight chronic non-communicable diseases as a priority. That text has been translated into reality as a vision for the Gulf region as a region free of the burdens of chronic non-communicable diseases. We were also proud to increase the pace of work to implement the United Nations Political Declaration through the regional meeting for the Middle East held in Kuwait in April 2013.

Kuwait also reiterates its commitment to the Political Declaration, to fighting non-communicable diseases and to working together with the international community. We are confident that we will fulfil the commitments we have undertaken, maintain our strong political will and make use of the lessons learned in the different international forums so that we may all achieve what we aspire to and mitigate the impact of the spread of chronic non-communicable diseases.

Mr. Burrows (Chile) (*spoke in Spanish*): At the outset, I would like to thank the President of the General Assembly for having taken the initiative of organizing this High-level Meeting on a subject which is common to and affects the entire international community. My delegation supports the statement made earlier by the Permanent Representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China.

Non-communicable diseases are a priority for the Government of Chile, since, as in many countries throughout the world, they are the main cause of death, disease and lost years of healthy life. Non-communicable diseases are a form of expression of social inequality because they are concentrated in poorer and less educated groups. It is possible, on the basis of gender, age, socioeconomic status and education, among others, to make differentiated assessments of the physical appearance and the efforts to take care of our bodies, strengthening the development of healthier or less healthy lifestyles. Therefore, non-communicable diseases cannot be considered and addressed only as a health-care problem, but rather must be addressed on the basis of the social factors, in accordance with the concept of health throughout all policies.

For all those reasons, public policy to address non-communicable diseases must consider its relevance vis-à-vis different factors. Such relevance underscores and values the community's customs, heritage, world views and ways of life, such as those associated with practices related to eating habits, alcohol and tobacco consumption, and physical activity, among others, with a view to understanding and respecting their sociocultural value, that is, the ways in which they are desired or appreciated, obtained or disposed of. Therefore, the effectiveness of public policies depends on their relevancy.

In Chile, for more than 15 years we have been implementing population and intersectoral policies to promote health in order to generate changes in behaviour and habits in a sociocultural and environmental context which limits the possibility of healthier choices. We have not achieved the desired results. In that context, we welcome the initiative of the United Nations to promote a more proactive role for States, laying the structural foundation for the creation of healthier environments, which are conducive to behavioural changes, and making it possible to reduce the prevalence of non-communicable diseases in the medium and long term.

Chile has also made progress in developing a regime of explicit health guarantees that ensures access to timely medical care with high standards and financial protection for 80 diseases, which have been given epidemiological priority, including cancer, diabetes, cardiovascular diseases and certain diseases that affect mental health. Inspired by the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, we also have a national health strategy which guides our health policies and programmes throughout the country with a horizon of 2020 and which has given priority to non-communicable diseases and their determining factors.

In structural and demographic terms, we have made progress on the commitments made in the Framework Convention on Tobacco Control, improving the current tobacco law to protect the rights of non-smokers through greater restriction in public spaces where smoking is allowed and by further restricting access to tobacco, especially among the youth. We have also added a zero-tolerance law for alcohol, reducing the permissible blood alcohol levels for drivers and increasing the penalties for violations. That has led to a decrease of almost 30 per cent in deaths caused by traffic accidents related to alcohol.

With regard to food, we have recently adopted a law that improves the labelling of foods by including warnings of excessive salt, saturated fat and sugar and indicating the energy levels associated with them. The labels are located prominently on the front of food packages. The same law restricts the advertising and sale of those foods in educational establishments.

Lastly, in order to improve the environment, today we have more bike paths and recreation areas, although significant gaps in coverage remain, especially in areas of lower socioeconomic status.

One of the challenges our country is facing is related to the achievement of a tax reform proposal, which is to be introduced soon, with tax increases for tobacco, alcohol, unhealthy foods and environmental pollutants. We are also making progress on an intersectoral agreement to strengthen the "Choose healthy living" strategy, which includes social participation through citizen forums and participatory dialogues to consider, throughout the action plan, the opinions of those who will be the subjects of the intervention, thereby avoiding imposition and reflecting their needs and demands.

We appreciate the call to create a turning point in the commitment to take action and to develop the global agenda on non-communicable diseases. Chile accepts that invitation and joins the political commitment that the United Nations has called for.

Ms. Picco (Monaco) (*spoke in French*): First and foremost, my delegation would like to thank Ms. Margaret Chan, Director General of the World

Health Organization (WHO), for her report on the prevention and control of non-communicable diseases.

Nearly three years ago, our Heads of State and Government adopted a fundamental Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) making it possible to highlight the scourge of our time, namely, the epidemic caused by non-communicable diseases — diseases which are primarily the result of smoking, alcoholism, a poor diet and a lack of physical activity, as well as the costs to which they give rise.

The WHO estimates that 85 per cent of the premature deaths of individuals between the ages of 30 and 70 years that took place in 2011 and were recorded in developing countries were attributable to non-communicable diseases, is simply frightening. The fact that globalization is creating deadly interactions between non-communicable diseases and communicable diseases in developing countries is an additional aggravating factor, while those countries struggle to implement the Millennium Development Goals. Added to the cost of human lives lost too early is the exorbitant economic cost, which slows or prevents growth and perpetuates the vicious cycle of chronic poverty. It is therefore essential to help those countries develop multisectoral strategies, as the report of the Director General indicates. The fight against tobacco and alcohol, the promotion of healthy eating and physical activity, together with access to treatment, makes it possible to reduce spending on public health.

The Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and the creation of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases will contribute to helping countries develop specific policies to collect data and to strengthen coordination at both the national and global levels and to ensure the necessary funding and cooperation.

The improvement of national capacity, as seen in the 2013 WHO global survey, is encouraging. Monaco recently participated in the first high-level meeting of the small States of Europe aimed at implementing the 2020 Health Plan. This new European framework policy of the WHO will strengthen health systems and revitalize public-health infrastructure and institutions by ensuring the participation of all relevant stakeholders, public and private.

We also welcome the initiatives undertaken by the WHO to forge strategic partnerships with the International Telecommunication Union, the International Atomic Energy Agency (IAEA), the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS. These partnerships must contribute to data collection and the implementation of multisectoral national policies. Monaco has invested in public health both at the national level and within its international cooperation framework. The Principality has also partnered with the IAEA in the fight against cancer.

The prevention of and fight against non-communicable diseases will be an essential element of the post-2015 development agenda. The road map has been drawn up, and the efforts already undertaken must be intensified to guarantee that the 2018 comprehensive review will yield substantive progress. The Assembly can count on the commitment of the Principality of Monaco.

The meeting rose at 1 p.m.