

REPORT

BUILDING THE CASE
FOR CHRONIC
DISEASE
PREVENTION
POLICY
AND ACTION

*CARMEN Policy
Observatory
Meeting on Chronic
Noncommunicable Disease*

PROMOVIENDO LAS
POLÍTICAS Y
ACCIONES PARA LA
PREVENCIÓN DE
ENFERMEDADES
CRÓNICAS

*Observatorio de
Políticas de CARMEN
Reunión sobre las Enfermedades
Crónicas no Transmisibles*



Port of Spain, Trinidad and Tobago, 17-18 November 2010

Puerto España, Trinidad y Tobago, 17 y 18 de noviembre de 2010



Public Health
Agency of Canada

Agence de la santé
publique du Canada



Republic of Trinidad and Tobago
Ministry of Health



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

in Peroune

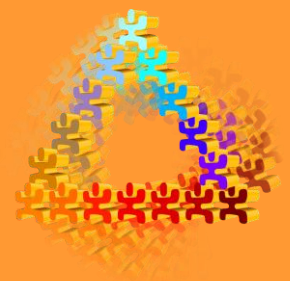
for

Public Health Agency of Canada

11/25/2010

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Advances in NCD Policy: Perspectives from the Region of the Americas

Dr. Hospedales after greeting participants drew attention to the problem of NCDs, its health and economic impacts, pointing out that while the risk factors are known, addressing the problem was not just about how people behave but also the determinants, e.g. social and environmental. The challenge he pointed out is to apply that knowledge and to change the policy and environmental determinants, and the need for a multi-stakeholder approach since the non communicable disease (NCD) problem cannot be solved with a vaccine.

The epidemiologic situation was presented according to a recent report to the governing bodies of PAHO, which stated that 250 million people in the Americas live with a chronic disease. The report also stated that lower and middle-income populations are the most affected. The flash point is emerging obesity in children. In March of last year it was learnt that 24% of children, 12 -16 years old, are deemed to be overweight or obese in Trinidad and Tobago schools.

It was noted that the regional goal is to reduce chronic disease related deaths by 2% as outlined in the regional strategy, which was approved by all the ministers of health for the prevention and control of chronic disease, through reducing salt and tobacco consumption and pursuing preventative treatment for cardiovascular disease.

The problem, Dr. Hospedales reiterated, is not technical, but one of political will as put forward in the November 2010 issue of the Lancet. As such the opportunity is to explore the range of policy instruments from voluntary to more obligatory, from more government involvement to private enterprise involvement to address the issue at hand. He proposed that NCD- related policies must be instituted in the following areas:

- Primary Health Care – screening especially for CVD, cancer, hypertension, and diabetes, emergency care, palliative care
- Social protection policies – inclusion of NCDs in social protection packages
- Tobacco taxes, smoke free spaces; unhealthy diet (salt), physical activity, alcohol
- Life course – prenatal care, breastfeeding & child nutrition, advertising, especially to children
- Healthy settings - workplaces
- Healthy public policies – in Education, Agri-food, Finance, Transport & urban planning sectors, Development funding, and poverty reduction, which must all include health policies
- Public health and medical training programmes with the inclusion of NCD-relevant content

Advances in NCD Policy: Perspectives from the Region of the Americas

**C. James
Hospedales**

Day 1

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**PPT presentation
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These policies can be implemented at different levels: local/municipal, national, sub-regional, regional and global and it is important to note that the necessary policies lay outside of the health sector.

Advances

- ✓ According to the National Capacity Survey (2010), nearly all countries (28/32 surveyed) report having infrastructure for NCD, as compared to 2001 when less than half of the countries had a unit or department, staff and a budget. But coordination, implementation and monitoring and evaluation still present major challenges. Two-thirds (22/23) report having integrated plans and policies but only one-third (12/32) report having plans that are fully operational.
- ✓ In the Caribbean, the political leaders have given their commitment to fighting chronic diseases as evidenced by the CARICOM Summit on Chronic Non-communicable diseases in 2007. But the reality on the ground is still far-removed from where it needs to be. Reference was made to the monitoring report, largely developed by Dr Alafia Samuels, which is delivered every 6 months to the Heads of Government and the Ministers of Health on their country's progress in relation to the Summit and the fight against NCDs. These reports Dr. Hospedales stated should also be distributed to NGOs and the media to help ensure government accountability. One of the lessons learnt in the Caribbean process was that creating a feedback loop helps to advance policy.
- ✓ A compilation of legislation for the English-speaking Caribbean on the prevention and control of obesity, diabetes and cardiovascular diseases was recently published, and a similar one exists for Latin America. The paper concluded that no Caribbean territory has a comprehensive set of legislation to help deal with the problem of NCDs, however, some of the South American legislation, like Colombia's new obesity law was progressive.
- ✓ A Partners Forum was launched by PAHO in 2009, aimed at bringing together public, private and civil society sectors to take joint ACTION and to prevent and control NCDs and risk factors, and promote health. It was the first time that health ministers of this hemisphere sat with companies and discussed issues pertaining to health.
- ✓ In 2007, there was a hemispheric meeting of major food corporations where they were presented with the evidence and pledged to eliminate trans-fats from their products by 2009. An evaluation on whether that goal has been achieved is currently being done. If it has been achieved, there is an estimated avoidance of 300,000 cardio-vascular events per year in Latin America.
- ✓ The International Food and Beverage Alliance (IFBA), a group of food and non-alcoholic beverage companies sharing over \$350 billion in revenues, and with a presence in over 200 countries, was established. The IFBA has made 5 commitments to be realized within 5 years, which include: product reformulation, information to consumers, advertising to kids, and partnerships with governments and NGOs. IFBA claims that its overarching goal is to help consumers in all nations achieve balanced diets and healthy lifestyles.
- ✓ In Mexico, another group of companies, Alianza para Vida Saludable, came together to tackle similar issues.

Referring to a statement by Dr. Jon Andrus, DD/PAHO 'attention and resources ... are severely lacking, despite the enormous disease burden and economic costs' the point that globally there is relatively little development aid policy for chronic diseases was reiterated.

In relation to political commitment, Dr. Hospedales noted that many resolutions have been made over the past few years via the following high profile meetings:

- CARICOM Heads Summit on chronic diseases Sept 2007
- Summit of the Americas 2009
- Commonwealth Heads of Government 2009
- RESSCAD/COMISCA Resolutions chronic diseases & cancer; Inter-Governmental Commission
- MERCOSUR surveillance of NCDs; to guide policy and decision makers

Actions for Improvement

1. Foster greater partnerships between Member States and PAHO to build competencies and capacity for the prevention and control of NCDs, including surveillance, policy analysis and development, tobacco control, healthy diets and physical activity, improved quality of disease management, and multi-stakeholder engagement and coordination mechanisms.
2. Increase Member States' capacity to adopt evidence-based policy actions in the following areas:
 - a. tobacco control, salt reduction, policies that support healthy eating and physical activity
 - b. scale up access to medicines and quality health services for screening, early detection, and control of chronic diseases, especially CVD, cancer and diabetes while paying specific attention to low-income populations
3. Increase in capacity and competencies of health systems for integrated management of NCDs and risk factors, including patient self-care and with a focus on primary health care
4. Improvement in the quality and timeliness of health information to guide policy, planning and evaluation, especially in relation to risk factors
5. Leverage of novel approaches/technologies to increase participation
6. Advocacy for and support of the UN Summit on NCDs
7. Cooperation between countries on successful practices & sharing experiences
8. Establishment of national inter-sectorial efforts, partnerships & alliances. (CARMEN Network and the Partners Forum can support this effort)
9. Support to the Member States as they review their legislation and norms for NCDs re: tobacco control, food marketing to children, with the participation of the civil society

In relation to the 2011 UN Summit on NCDs, Dr. Hospedales emphasised the unique opportunity and policy window and tabled the following actions which would help ensure that the most is made of the opportunity presented.

- Think big and unite forces in the fight against NCDs and build a roadmap/battle plan for before, during, and after the summit
- Develop a country by country advocacy campaign
- Package the evidence to speak to head, heart & pocket
- Create a "Global Demonstration", e.g., The Healthy Caribbean Coalition's texting campaign.
- Find Champions for the cause, go viral, foster and encourage media alliances for increased advocacy



Working Together Globally: Progress thus far. An overview of the Carmen Policy Observatory Project

The main objective of this presentation was to provide an update on the progress made since the last meeting of the CARMEN Policy Observatory in Montreal, in 2008.

The CARMEN Policy Observatory on Non-Communicable Disease (NCD) is a joint initiative with a very specific mandate to promote evidence-based health policy-making through comprehensive analysis of NCD policy processes.

Ms. Desjardins, drew reference to our common 'sense' as the solution to building popular health in the Americas, suggesting that the work to be done can be compared to the sensory functions of the human body: sight, sound, taste, touch and smell as outlined below.

Sight: Observing and monitoring innovative approaches.

Over the past two years, there has been collaboration with academia and other regional institutions to develop an NCD Policy Survey Capacity Tool. The design and testing of this survey capacity tool, as well as the collection, validation and analysis of the findings is in progress and a monitoring and evaluation framework for the Partners' Forum recently developed. This innovative performance framework measure will help document and assess chronic disease interventions both outputs and outcomes.

A backgrounder on NCD Policy International Events (1992 – 2011) for CARMEN member was prepared. This is seen as a way to document key milestones for non-communicable diseases, and will help to make convincing arguments about in relation to building momentum to address non-communicable disease.

Sound: Listening to the lessons learned

There has been work on case studies focusing on the formulation of NCD-related policy using a innovative qualitative research method. The CARMEN Policy Observatory Exchange, hosted by PHAC, is a new online platform for the sharing of such case study documents.

The goal of the Policy Observatory is to extract, from the case studies, lessons learnt and the factors that enable people, society and NGOs to move forward with the formulation of policy. For example, analysis of the CARICOM Summit on Healthy Living and Chronic Diseases showed the importance of three factors: evidence, a champion, and action.

Another case study is that of the Canada-Chile Technical Cooperation on chronic non-communicable disease policy, which highlights the following:

- Collaboration, between countries and in country partners,

*Working
Together
Globally:
Progress thus
far.*

**An overview
of the
Carmen
Policy
Observatory
Project**

Sylvie Desjardins

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Appendix 2

- The opportunity to view the problem through new lens – based on cross-disciplinary perspectives and ‘non-health’ expertise
- The need for visibility – putting the spotlight on urgent national challenges concerning chronic disease prevention and management.

A third case study on the establishment of ActNowBC was shared and demonstrated how to mobilize inter-sectorial action to promote health. The following three key factors which played prominent roles in this case-study were highlighted:

- Holistic framework – the adoption of a ‘sail the ship while you build it’ approach
- High-level public promotion - top level political commitment, along with its linkages to the Olympic Games helped keep the initiative high on the agenda
- Community-level impact – ActNowBC helped close a health inequity gap between Aboriginal peoples and other British Columbians

Taste/Speaking: Informing policy decision-makers about technical aspects

Over the past two years, books on the UN Summits have been published in an attempt to give the health professional an introduction to the process. Other initiatives based on the dissemination of information include:

- Developing Health impact assessment tools
- Scoping reviews of Economic consequences
- Developing capacity building tools to track costs and outcomes for NCD interventions

Touch: Reaching out to learn from strategic cooperation, pooling our knowledge and resources through collaboration and multi-sectorial partnerships

In this regard, Desjardins referred to a Compilation of Norms on the Prevention and Control of Chronic Disease in the Americas: Obesity, Diabetes, Cardiovascular Disease has been prepared. This compilation will help to better understanding the impact of legislation on health outcomes.

Smell: Awareness of our environment, ‘sniffing’ around to identify the next place to go, where to put our focus

In concluding Desjardins stated that ‘Today, we are here to look at what we have accomplished and where we are going, and to help provide you with the expertise that will take you to the UN Summit and beyond’ and referred to the African Proverb “If you want to go fast, go alone. If you want to go far, go together.”



Discussions

Question 1

What is being done about the development of research capabilities and building capacity within countries and by extension the development of M&E capabilities regarding NCDs?

Response:

Dr. Hospedales informed of work done on a description of the problem, interventions that work, analysis of the risks, and the economic impact of the problem which are important parts of building up the evidence base has been done. He referred to a quick review of all the economic studies in Latin America which was done and of 23 studies there were two good studies, one on the economic impact of diabetes in Latin America and the other on the economic impact of diabetes and hypertension in the Caribbean. Dr. Hospedales pointed out that there is a big gap in this area, especially as we go to the UN Summit and informed of the World Economic Forum commissioned Harvard study to look at the global economic impact of chronic diseases, which is critical since this information is needed to engage the finance ministers. He also demonstrated how current surveillance connects to this need, especially the risk factor surveys, and referred to the use of the STEPS surveys in the countries which is aggressively promoted, however uptake varies and very few countries have established such a system. To note however, is the initiative by MERCOSUR, which is about to adopt a law that makes risk factor surveillance mandatory.

Question 2

Is the document on the compilation of legislation mentioned by Dr. Hospedales available?

Response

Sylvie Desjardins informed all that the compilation is available on the portal (CARMEN Policy Observatory Exchange) <https://php-psp.phac-aspc.gc.ca>

Dr. Hospedales added that this first step was a compilation of legislation with some analysis. The next step will be to have a deeper analysis looking at compliance, lessons learnt, practices, tips for making a good law and having it implemented.

Question 3

What has the International Food and Beverage Alliance actually done? It is my experience that those alliances are not genuine.

Response –

Dr. Hospedales shared that in the IFBA report to Dr. Chan in September 2009, they documented with data what they had been doing. Most of the changes have been in the North, in Western Europe and North America. He noted that the IFBA has definitely reduced advertisements to children, in North America, they have taken out 2.4 M tons of salt from the food supply and they are putting better calorie

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information on the front of the product labelling. Noting that IFBA supplies 15-20% of the world's food, there is a need to keep pressing the big companies, and to keep looking in detail at their commitments and have a more detailed dialogue with them in relation to how much progress they are making.

Question 4

What exactly are the actions that are going to be taken by these partnerships? Since there is concern with the partnerships, noting that some of the business companies under the text of social corporate responsibility are making risky agreements, e.g., the EU and Philip Morris where Philip Morris has earned a lot of money in an illegal trade in tobacco.

Response

Dr. Hospedales proposed that the IFBA and other private sector alliances should be encouraged to form a winning coalition against the tobacco industry because tobacco is hurting their bottom line.

Question 5

An opinion was sought on the preference on labelling the fat content and not just the calorie count on the front of food products.

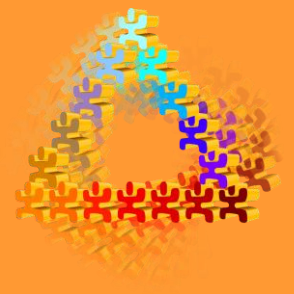
Response

Dr. Hospedales Reiterated that it was important to know the calorie count as the fat content may be reduced but it contains high fructose corn syrup. So the calories are important, and reiterated that once labelling is done correctly people start making different and informed choices.

Recommendations

1. There is an opportunity, to involve people who are stricken by these specific disease problems. This approach is currently a component that is missing from our discussions and advocacy efforts.
2. There is need for nutrition literacy and policy mandating labelling in the Caribbean. Wellness groups and advocates are not always aware of what is good and what isn't, and labelling is not mandatory in the Caribbean.
3. A note of caution was made in relation the food manufacturers who may be reducing the salt content of their food, but replacing it with MSG.

In conclusion Dr. Hospedales noted that initiatives would have to be carefully thought through for example where many countries are using salt for iodine fortification. As such he noted that negotiations would be specific to ensure one initiative does not compromise another.



Lessons learned from Policy Dialogue Experiences: the Case of CARICOM

In their 2001 Conference, the CARICOM Heads of Government highlighted NCDs as one of three health issues which should be given top priority by regional health officials, the other two being HIV/AIDS and mental health. This gave rise to the Caribbean Commission on Health and Development, which in its 2005 report, identified NCDs as the most significant health problem of the region.

In 2009, the region promoted the importance of NCDs during the Summit of the Americas and CHOGM.

In May 2010, the UN made a resolution which empowered the Secretary General to host a high level meeting in September 2011.

Lessons learnt

1. The Caribbean has a political structure (CARICOM) and a history of cooperation in health. Whenever there is an issue of significant importance, the Heads of Government meet and this is what was done in September 2007 when they met to discuss NCDs.
2. Advocacy must appeal to the 'head, heart and pocket'.
3. 'Champions', whether they be political, technical or in public health, can be an important asset.
4. Officials were empowered to visit member states and explain the significance of their findings on NCDs to the Cabinets.
5. All of this was accomplished in collaboration with PAHO.

What has been done?

1. A regional Strategic Plan of Action for NCD has been formulated.
2. It has been used to help develop NCD plans for individual countries.
3. Over half of the countries have National Commissions, institutional mechanisms for guiding the evolution of the summit.
4. Trinidad, Barbados, Jamaica and Guyana have demonstrated that there are mechanisms that can be put in place to help deal with NCDs.
5. The Caribbean has had a very solid history of cooperation in health of which the Standing Committee of Ministers of Health now COHSOD, is an example.

Lessons learned from Policy Dialogue Experiences: the Case of CARICOM

Rudolph O.
Cummings

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6. The Caribbean led in the initiative to eliminate measles globally.
7. PANCAP, the Pan-Caribbean Partnership against HIV/AIDS, was acclaimed by UNAIDS to be an example of best practice.
8. At least seven countries have done the STEPS survey.
9. Belize, Barbados, and Trinidad and Tobago have all made the case for effective tobacco control.

Other issues

- The 14th Special COHSOD, 2008, promoted NCD preventative lunches, specifically in countries that already had school health programmes.
- COHSOD also moved to revamp the PE curriculum for teacher-training institutions and to re-introduce PE in schools.

Areas to tackle

- Labelling and the elimination of trans-fat, salt and sugar content in food. To this end regional standards agency, CROSQ has been engaged.

Caribbean Wellness Day

- All of the countries participated in 2010, with the exception of Haiti.
- The costs are now budgeted for locally and celebrations last for up to one month.

Support of the Media

- The media has supported the NCD initiatives via media articles, interviews and web-based activity.

Alliances

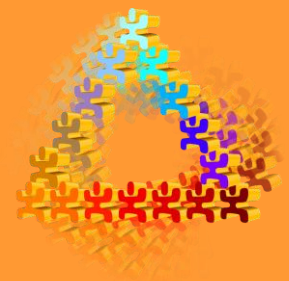
- Alliances have been forged with the Healthy Caribbean Coalition, The Caribbean Association of Industry and Commerce, and in Jamaica faith-based organisations.

International Alliances

- Canada's assistance during the Summit of the Americas, their support through CARMEN, and their support of the Caribbean's position on NCDs has been invaluable.
- Discussions have been initiated with South Pacific countries to foster a best practice exchange on a continuous basis.

Challenges

1. Governments and 'ownership'
2. Financing
3. Translating policy into practice
4. Involving non-traditional sectors
5. Unifying surveillance system



The Case of Chile-Canada Policy Dialogue

In September 2006, Canadian and Chilean delegates at the PAHO Directing Council meeting agreed to technical cooperation focused on the prevention and control of chronic non-communicable diseases (CNCDs).

The presentation is based on the technical reports prepared by Public Health Agency of Canada (PHAC) as well as the Chilean Ministry of Health. These reports and other material will soon be available on www.redcronicas.cl

The collaboration between Canada and Chile was achieved in three phases. The first two phases involved exchange visits between the two countries. The last phase consisted of a dialogue in Santiago.

Phase 1, December 2007

A Canadian delegation representing PHAC and Health Canada travelled with the PAHO Regional Advisor on CNCD to Chile to gain in-depth knowledge of how Chile deals with CNCDs, risk factors and determinants of health in the context of its recent national health system reform.

Phase 2, August 2008

A Chilean delegation, representing different areas of the MOH (health promotion, primary health care, prevention and the control of CNCDs) visited Canada to gain an equivalent understanding of Canada's public health and primary care systems and reforms. They learned how CNCD prevention and control and action on social determinants are addressed in Canada's highly decentralized context, from federal and provincial perspectives. And they visited organizations and facilities where the good practices of most interest to them could be demonstrated.

Phase 3, Preparation

Following the visit, there was a preparatory phase for Phase 3, which we call Policy Dialogue. The following policies were agreed upon on the political and technical levels.

Political:

- Public health action on determinants (national) within the social protection rights-based framework promoted by the government
- Health promotion and disease prevention (regional) with increased participation in regional health authority governance
- Health services (municipal/local), increased participation of citizens in municipal primary health governance.

Technical:

- National plan of action on CNCD that incorporates social determinants and population level health promotion and disease prevention
- Expand the scope of surveillance of population health integrating data from other sectors
- Promote the adoption of evidence based elements of the Expanded Chronic Care Model to local circumstances

The Case of Chile- Canada Policy Dialogue

María Cristina
Escobar

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presentation

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- Development of corresponding evaluation models including tools, methodologies and training approaches.

Phase 3, September 2009

The Chilean MOH hosted an international dialogue in Santiago with cross sector national and regional stakeholders and CNCD experts from Canada, and representatives from the MOH of Paraguay and Brazil.

The dialogue, besides seeking to collect inputs towards a final draft of a new national plan of action on CNCD for Chile, was also meant to contribute towards development of a model for dialogues on public policies to address CNCD. The outcomes of these discussions would be disseminated through the PHAC/PAHO Observatory on CNCD Policy to inform the CARMEN network.

The core of the dialogue was the workshop component, where input was collected through five group exercises, each guided by a set of pre-prepared questions, each following presentations in plenary by national stakeholders and international guests on the topic or issue that was the basis of the exercise.

The meeting was the the largest and most diverse group to ever give input to a national plan to address the prevention and control of CNCDs in Chile. Of particular importance was the participation of regional authorities who have been limited to classical public health functions, food and water safety until now.

Lessons Learned from managing the dialogue

The lessons learned from handling the dialogue process include:

- The importance of the internet. Using the webpage www.redcronicas.cl before the meeting and videoconferencing during the dialogue greatly assisted in connecting the Regions to the central dialogue in Santiago.
- Participation could have been even greater with more advance preparation of local (regional) facilitators.
- Participation could have been even greater with more advanced preparation of local (regional) facilitators.
- More advanced elaboration of what the dialogue intended with other government departments and the private sector may have encouraged more of their participation.
- The working group sessions, which were guided by the sets of prepared questions, were essential to gathering the necessary information.

Conclusions of the Policy Dialogue

- Both Canada & Chile are faced with significant challenges in prevention and control of CNCDs which require different strategies and interventions to promote health, and to prevent and treat disease.
- The classic, acute model based on delivery of health services upon demand, does not respond to the needs of the population for prevention and control of CNCDs in Chile.

- Although there is progress, we have not been successful in enabling persons to make significant changes in their lifestyles to reduce risk factors (eg. obesity) and improve patients' control of chronic diseases.
- Key elements that have to be incorporated into any response to CNCDS include:
 - Consideration of social determinants of health
 - Incorporation of other professionals from social sciences to work with health workers
 - Inter-sectorial work at the community level
 - Leadership of persons or organized groups to promote the development of policies, and the design and implementation of health programs.

Lessons learnt

- The two exchanges were integral to helping participants from both countries understand the context of the other and enabled the Canadians to add value to the dialogue.
- International collaboration, particularly the support of the Canadian government, is of utmost importance in creating awareness of the burden of CNCDS and validating the technical work that makes it possible to implement policies, plans, and programs to prevent and control them.
- Policy development for the prevention and control of CNCDS is a long and complex endeavour and requires negotiating competencies, both political and technical, at different levels.
- Resources are required for the development and implementation of public health policies and to implement health information technologies.
- Opportunities for innovation of policies, programs and health care models should be provided.
- Evaluation is a crucial phase in the process of formulating new policies, plans or programs, and must be done in order to recognize what is working well and what is not.
- A priority issue is to eliminate health inequities and the understanding of behaviours of different population groups.
- To improve health equitably, intervention strategies must include participation of other sectors: education, sports, planning, and representatives from more vulnerable communities.

Beyond the Collaboration with Canada

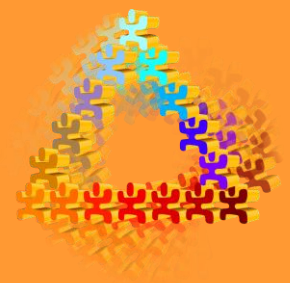
- A new coalition government has led to changes in the health care system.
- The earthquake of February 2010 changed the health priorities agenda to managing that kind of disaster.
- National Health Objectives for 2011-2020 are currently being developed.
- Regional action plans in the area of cardiovascular health are being reformulated, and
- The National Cancer Program has been redefined.

The Case of Argentina's programme on Chronic Diseases

Sebastian Laspiur provided an update on the progress in Argentina, where chronic diseases are responsible for 60% of all the diseases and the national response has been to strengthen the surveillance system in an effort to manage the problem of NCDs.

Achievements

1. In Argentina there is a formal document, outlining a clear strategy for the prevention of NCDs. This document, is based on the PAHO Regional Strategy, has been approved by the Ministry of Health and has resulted in a complete change in the ministry's organizational chart in relation to human resources and programs dedicated to NCDs.
2. A National Commission for the prevention and Control of Chronic Diseases, consisting of diverse representatives i.e. NGOs, civil society and ministries, was created and significant advances made in relation to establishing the function, roles and responsibilities of the commission.
3. An oncology institute for the coordination of activities on the detection of cancers was recently opened by the Ministry of Health. The institute has drawn up protocols and methods for the surveillance of tumours.
4. Two programs, geared towards the strengthening of policy within the Ministry of Health, have been set up with external financing.
5. Modifications to the Ministerial structures have been initiated. These reforms have been extended to the various provinces.
6. Since 2006, objectives to address salt reduction aimed to decrease the number of deaths caused by NCDs were established. Details on this initiative are documented and available in a seminal document formulated in collaboration with the Ministries of Health in the various provinces.
7. The National Strategy, which inspires all of the above, has broad lines of action including: the promotion of health at the ground level; understanding the risk factors, and improvement in the performance of the healthcare service sectors.
8. Currently there is no functioning system for monitoring and surveillance. A clear, public policy is needed in this area.
9. An inter-sectorial commission with political rank has been created and there are technical commissions for different health issues such as the tobacco control and physical exercise.



The Case of Argentina's programme on Chronic Diseases

Sebastian
Laspiur,
Argentina

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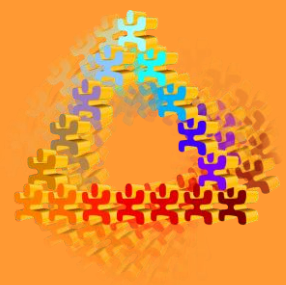
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10. Funding for some aspects of these programmes has been through externally sources, for example, programs which distribute medicines to the various health sectors are financed by the World Bank.
11. An agency, with branches in the provinces, which works in the area of surveillance of NCDs has been established, and
12. There is also a program which deals with mothers and children. This program has been broadened to address tobacco control and diabetes.

Strategies in the area of surveillance and the detection of risk factors

1. News bulletins containing information on the death rates and work that done is produced and the information is also made available on a website.
2. A pilot experiment to determine whether the strategies can be extended to other parts of the country was conducted. This would enable the use of telephones as a means of surveillance.
3. Argentina has not signed on to the WHO Framework Convention on Tobacco Control (FCTC). A national policy is needed to inform subscription to the framework agreement on the control of tobacco use.
4. The number of obesity cases has risen significantly in Argentina due to the fact that only 55% of the population uses fruits and vegetables on a continuous basis. Salt consumption also poses a problem. From a recent study there seems to be a relationship between salt consumption and obesity.
5. There is an urgent need to change individual's behaviours and as such it has become necessary to work with other sectors such as the media.
6. Attempts have been made to reduce the use of trans-fats but only about 50% of the industry has been reached to date. As such regulations are needed to cover the production of certain foods.
7. Argentines eat a lot of bread; as such an agreement was made with the Federation of Bakers of Argentina containing guidelines on the amount of salt to be used.
8. A promotional campaign to encourage the consumption of fruits and vegetables was launched in collaboration with the central market.



Lessons Learned from the Summit of the Americas, and G8/G20 Summit processes with Respect to Health Issues

John Kirton,
University of
Toronto

Day 2

Session 3

Presentation 4

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Appendix 6

Lessons Learned from the Summit of the Americas, and G8/G20 Summit processes with Respect to Health Issues

John Kirton set out in his presentation to demonstrate how summits can make a difference whether they are plurilateral or UN Summits; and to outline the lessons learned from these previous high level meetings that can be applied in preparation for the upcoming UN Summit on NCDs.

Value of Plurilateral Summit Institutions

1. Leaders, specifically heads of state, bring authority, awareness, resources and personal connection to summits.
2. Plurilateral summits tend to have a comprehensive agenda. They deal with health but cover a broad array of health issues. In order to ensure that attention is paid to a particular health issue, it is necessary to make the economic case for NCDs as well as the case of fiscal sustainability.
3. Summits seek to provide a coherent agenda by balancing conflicting objectives, avoiding conflict and establishing co-benefits.
4. The challenge in designing summits is to develop strategies that cover different summits. But cross-institutional strategies can help ensure that important issues are kept on the priority list from summit to summit by going through the five functions that summits perform. These are: domestic political management; direction; decisions; delivery; and the development of global governance.

Health at the Summit of the Americas

1. In the summit communiqué, two full paragraphs were dedicated to NCDs and a third one to obesity. But the case for NCDs was made almost entirely within the field of health.
2. At the end of the summit communiqué was a list of implementation mechanisms and compliance monitoring mechanisms for NCDs.

Health at the G8 (1975-2009)

1. At the G8, NCDs were given minimal attention.
2. When the summit addressed health in 1980, it dealt with malnutrition. In 1983, it dealt with research and development for health, specifically for cancer. Since then, infectious diseases have received most of the attention given to health.

Health at the 2010 G8 Muskoka Summit

1. This summit focussed primarily on maternal, newborn and child health (MNCH) and raised \$7.3 billion for the cause.
2. The Canadian government's decision to highlight this cause was driven by civil society groups.
3. The health cause outlined by the Muskoka Summit was taken up by the United Nations in its September summit.
4. The summit concentrated on the core of MNCH and didn't diffuse the attention out to other health issues while ensuring that the messages were simple and to the point.

Health at the 2010 G20 Toronto and Seoul Summits

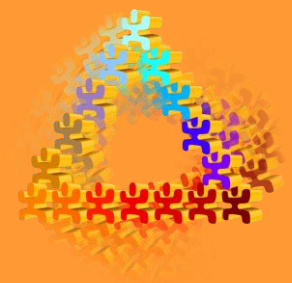
1. The G20 Summits have hardly dealt with health. But at the most recent summit in Seoul, it was decided that governments of emerging surplus economies should spend more on local public healthcare.

Looking ahead to 2011

In 2011, there are a number of scheduled summits and summit-related meetings. With the UN Summit in the middle, the design strategy is to take the G8 Summit, hosted by France in July, and use it to establish the September UN Summit. The G20 Summit, which follows in November, will be used to follow up on the issues raised.

A Strategy for the NCD meeting

1. Confirm the causal case, particularly in an economic sense.
2. Recruit champions among leaders who attend the summit and celebrities outside of the summit.
3. Get the influential leaders of the G8 Summit to commit to attending the UN Summit.
4. Include business and civil society, starting with the mainstream civil society NGOs such as the International Cancer Society.
5. How much new money does the UN Summit need to mobilise? This must be decided so that strategies can be put in place to achieve that goal.
6. It is necessary to put in place monitoring mechanisms so that promises made are promises kept in ways that work.



Country Capacity: Gaps and Needs in Health Policy

Gerardo de
Cosio, PAHO

Day 2

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Appendix 7

Country Capacity: Gaps and Needs in Health Policy

In his presentation titled 'Country Capacity: Gaps and Needs in Health Policy' Gerardo de Cosio's presented the results of the 2010 National Capacity Survey, conducted in the Americas. He began by outlining the current situations 'Burden of NCDs in the Americas, 2004: when the future caught up with us' which clearly demonstrated the situation at hand.

- Of a total of 5.2 million deaths, 3.2 million (**62%**) were due NCDs (51% males, 49% females)
- The average NCD:CD ratio is 6:1
- 97% in high and upper middle-income countries
- Leading causes:
 - CVD (192/100,000 or 1.6 million deaths)
 - Cancer (121/100,000)
 - Chronic respiratory disease (56/100,000)
 - Diabetes (26/100,000)
 - Premature deaths
 - Before age 60 years 598,000 (19%)
 - Before age 70 year 2.2 million (70%)

Risk factors for NCDs in the Americas

Not much is known and understood about risk factors since most information on risk factors are based on surveys, some older than others, and estimates from the WHO.

The available evidence however indicates the key risk factors as tobacco use, poor diet and physical inactivity.

- 145 million people >15 years are current smokers
- Prevalence of hypertension ranges from 3-34%
- Low fruit & vegetable intake in females >18 years: 56-94%; and 57-92% in males
- Low physical activity in adults >18 years: 14-46%
- Projected that the number of persons >15 years with obesity will increase from 139 million in 2005 to 289 million in 2015! Majority females

Economic Impact

Little is known about the economic impact of NCDs. From available and anecdotal evidence identified below, it has been accepted that addressing the issues costs a lot and further research is critical to provide the needed evidence base to make the case at the UN Summit.

- NCDs reduce the economy of LAC by 2% a year
- Expenditure for diabetes '07 = \$131 billion

- 40% of patients with kidney failure pay from their pocket \$99/dialysis session, \$15,500/year
- Treatment/care of NCDs cause catastrophic health expenses because of out-of-pocket expenditure, worsening poverty and increasing health inequities
- Access for low-income persons hindered by 39-63% of the population having to pay full cost of basic medications for diabetes and hypertension

In relation to the survey conducted the following was outlined:

Survey Overview

The survey, which was divided into 5 sections, had over 1,000 variables and was done via self-response through group consensus. Thirty-two countries participated.

Survey Limitations

The limitations of the survey included:

- There were a large number of questions to be answered.
- It was a self-response survey, which is known to have biases.
- Each country selected a methodology for answering the survey, although one approach was recommended.
- Some questions were not answered while others required more detailed answers.

Countries completing the Survey

Thirty two (32) countries completed the survey as follows: 32 countries; 3rd survey since 2001

Summary of Survey results:

- Most countries have some capacity installed
 - But needs to be strengthened (Central American and Caribbean need more attention)
- Financial resources come from the public sector and mainly allocated for treatment
 - Other funding sources such as international organization (not available in most cases)
 - Some have tobacco and alcohol taxes; most not earmarked for NCDs
- Most countries report to have developed specific policies on NCDs
 - However, strong tobacco and alcohol use are missing
- All countries have mortality surveillance systems
 - But still limited information on NCDs incidence and risk factors
- Most countries reported addressing NCDs and risk factors with a primary health care approach
 - But Model used for attention is the communicable diseases one
- Most reported having established a partnership/collaboration
- Most reported having financial resources for health promotion
 - But it seems most of them are not implementing health promotion activities



Discussion

Moderator: Branka Letegic

Question: How Champions selected, and how they adopt health issues.

Response: Champions are well-loved at home and abroad, this is usually the first criteria. There is also the need for them to have a sense of authenticity. President Lula, for example, is known for his commitment to the cause of food security.

Question: What is a good figure to target at the UN Summit?

Response: The first thing is to have the communities or the 'Big 4s' form a coalition and come to a consensus about how they would divide the money that a summit can provide. Since MNCH is still unfolding, co-benefits can be sought, where both can benefit from the same authorization, the same money which would already be in the pipeline. Micro-nutrition and breast-feeding, for example, can be used to forge an MNCH/NCD alliance. The L'Aquila G8 Food Security Initiative, which covers a wide range of programmes including agricultural research, has mobilised \$20 B over a three-year period.

The culture at recent UN summits seems to be a money-mobilising one. Given that the \$7.3B that was raised for MNCH got ratcheted up to \$40B, and given that in 2009, at the worst point of the global financial crisis, the L'Aquila came up with \$20B, somewhere between those two numbers would be a good start. However it is difficult to say how much is really needed until we know how many lives would be saved if we spend x , y and z on what.

Question: How can compliance to the forthcoming resolution be monitored?

Response: From the perspective of the G8, the first thing would be to have the summit craft commitments that contain compliance catalysts. There are a few that stand out in the G8:

- Involve the core multi-lateral core organisation: in this case, PAHO/WHO. Involving a broad range of multi-lateral organisations diffuses the responsibility and leads to lower compliance.
- Have a one-year timetable for a specified target. Multi-year promises tend to be complied with less. Instead, they can be broken down into one-year benchmarks.

However, there is no guarantee that these findings can be transposed from the G8 to other types of summits.

Question: Does there need to be a discussion from a policy perspective with respect to how PAHO/WHO will go forward in partnership with the civil society as separate from its collaboration with the private sector?

Response: The private sector comes in two/three parts: the firms, the industry association, and the firm foundations. For example, we've done alliances with the Gates Foundation. That's where it would begin. I would make the sharp divide between tobacco and alcohol. I can think of the advantages of recruiting individuals from the alcohol industry to serve as domestic champions for healthy

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alcohol consumption in ways that avoid the well-known difficulties with the tobacco industry.

Question: What about the public health and strategic objectives on Alzheimer's disease? What is the sense on the increasing rates of Alzheimer's and related dementias, especially bearing in mind that France has put it on the top of their agenda?

Response: France has already acquired the chair for the G20. So if that's the one health-related issue that Sarkozy would put on his public agenda, it is an opportunity to be expanded, if he buys in there is the built-in benefit of another celebrity, his spouse. There will also be a built-in ally within the G8 because if Sarkozy advocated the prioritization of Alzheimer's and dementia, the Prime Minister of Canada would acquiesce.

Question: Recently, the HIV/AIDS financing community had started looking towards health system strengthening. With the summit coming up next year, is it politic to cement that issue or should we leave it alone?

Answer: Health system strengthening is a neutral platform but enough is not known to make a judgement. In principle, it should be explored but there may a possibility of double coverage downstream.

Comments:

We tend to lack data. We have some surveillance data but not that much research has been done and definitely not much in terms of monitoring and evaluation. Is that because there is no or limited capacity in the countries to acquire the data? It's necessary to work on building the capacity to collect real data that can help this case.

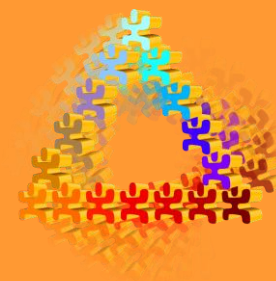
The NGO alliance of the major groups has already been formed and in their opinion, the priority of selling this should be somewhere in the vicinity of health system strengthening, coupling what has happened with MNCH and what has happened with the recent replenishment for the global fund.

There are concerns regarding the voices of the NGO forum within the summit and how those are to be heard. There has to be some strategising on how to get the NGO opinion on the governmental plates because at the General Assembly, there's no scope and space for NGOs to speak.

There is an opportunity to prioritise childhood obesity. Anton Cumberbatch in a recent presentation reminded us that we need to focus on the coming generation, for which obesity is a burgeoning issue.

Conclusion – Branka Letegic:

The discussions were dedicated to past achievements and lessons learnt and how these practices can be applied to further advances in chronic disease policy. Demonstrated were the lessons that unless there is a clear entity, with a specific responsibility, a budget, and the necessary capacity, there is no way to move the agenda ahead. The case of Argentina shows that even in a decentralised country, progress can be made once these things are in place. Also demonstrated was that the countries that have very stable NCD programmes like Chile have had the courage to revise them with the aim of addressing the new challenges and circumstances that exist today. The CARICOM example proved that the political integration movements can help move the technical agendas forward and the lessons from previous summits were tabled for consideration guide preparations for the NCD UN Summit.



Priorities and Actions in Preparation for the 2011 UN Summit on NCDs

Dr. Hospedales began his presentation by drawing attention to documents provided in the meeting folder. The first, the UN Summit on Noncommunicable Diseases, which outlines expectations, necessary concrete actions, and the numbers - challenges and opportunities in the Region challenges and the second, Backgrounder on UN Summits an overview by the Public Health Agency of Canada, WHO Collaborating Centre on chronic noncommunicable disease policy. Both documents he recommended as excellent background information to guide preparatory advocacy activities.

This presentation focused on outlining the facts and actions that lead the UN General Assembly to convene the Summit in September 2011. Dr. Hospedales referred to the many resolutions in the WHO system over the last 10 years for the prevention and control of NCDs - tobacco control, sustainable development, global strategy on diet and physical activity, alcohol, diabetes, and the historic CARICOM summit which was the first time Heads of Government sat down to pay attention to the problem of chronic diseases. The WHO Action plan, for the global Strategy for the prevention and Control of NCDs, the Summit of the Americas with concluding articles 28 and 29 addressing NCDs, the ECOSOC leaders July 2009 meeting which called on the global development initiatives to take into account the prevention and control of NCDs and the Commonwealth heads of Government issued statement to combat NCDs.

The CARICOM group is leading the drafting of the resolution which is a formal expression of the opinion and will of the UN. It is written in two parts. The Preamble which sets out the basis, rationale for which action is being taken, and the operative part, which states the desired actions: that there should be a high level meeting of the General Assembly Heads of Government; consultations must be held before the end of 2010 on the scope and modalities of the summit and a request to the Secretary General to submit a report on the global status of NCDs.

A summit was deemed necessary as the issue of NCDs is a complex problem with multiple risks which require a whole of society approach response involving sectors and partners outside of the health sector i.e. income, social support, education, health services, physical environment, food, agriculture, people and employment working conditions all which create the conditions for the epidemic and as such need to be addressed to reverse the epidemic.

Expectations

The expectations of the summit as identified by Dr. Hospedales include:

- An increased awareness of CNCDs and its development implications, an understanding of the need to change perception that there are low cost effective interventions and the need for political commitment for a coordinated approach to prevention and control, and greater solidarity for

Priorities and Actions in Preparation for the 2011 UN Summit on NCDs

Dr. C. James
Hospedales

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national support for national policies and plans including those for universal access to services medicines and technologies

- Increased engagement of international partners and significant increases in ODA and technical cooperation as more resources are needed to support countries
- Establishment on the UN agenda through a request for status reports every two years as a way to establish a cycle for follow up
- The launch of coherent strategies for action securing broad political commitment financing and a stage for powerful international advocacy as outlined in recently published Lancet.

The what

The Lancet identified and modelled out that salt reduction and tobacco control can avert 14 million deaths over 10 years at a cost of .4 US dollars per person per year in 23 low and middle income countries which make up 80 % of the burden of NCDs in the world. In addition to these major population measurers, the Lancet also purported that scaling up treatment with aspirin and low cost off patent drugs lower blood pressure and cholesterol and averts a further 18 million deaths. As such a total of 32 million deaths can be avoided over 10 years in a cost effective manner.

Dr. Hospedales referred to the other interventions - a packet of measurers to tackle unhealthy diet, physical inactivity and obesity would deliver a lot of health gains. These he pointed out the ones that have been much more carefully studied and modelled and the science is stronger. He also pointed out the externalities factor as addressing healthy agriculture with subsidies for shifting from the bad things to the good things will be a general benefit as with addressing physical inactivity with changed infrastructure which proved good not only for health but for the environment, tourism and security and as such these factors also need to be factored in decision making.

The Cost

As also noted in the Lancet, the approximate annual cost of the three interventions - tobacco control, reduced salt and scaling up treatment is set at 6 billion dollars a year. While this amount seems to be a large amount it is merely 6-8 weeks of the Pfizer corporate earnings. The world economic forum published in their Global Risk Report for 2010 a conservative estimate of the economic impact of NCDs at 1 trillion dollars per year. As such the cost of 6 Billion is merely 6% of 1 trillion. He also referred to Rachel Nugent et al at Global Health Development who are about to publish that if totalled, all ODA inputs to NCDs total 600million of 120 Billion that goes into health development. Making it clear that to attain the needed 6 Billion there is need for a 10 x scale up, raising the question of how to raise the needed 6 Billion. He shared a proposal he developed with John Kirton of the University of Toronto where 3 billion would be financed by Governments, 1.5 billion from foundations and 1.5 from private sector and civil society organizations.

Next steps

Jamaica and Luxemburg are the co facilitators to introduce the draft resolution on November 10, 2010, taking the first set of input into what the modalities should look like. In December with other input from WHO there will be a report produced by the WHO to be discussed at the General Assembly and the scope and modalities resolution should be adopted including decisions on the number of days for the meeting, noting that at least two days were necessary to have the time to discuss the major issues that

surround the topic. Other aspects of the documentation will be worked out by May – August 2010 by then the outcome document should be available for review.

Also scheduled are regional consultations and global consultations scheduled for April 2011, with informal consultations with NGOs and private sector held two weeks ago. These are all necessary steps in preparing reports leading to the Governing Bodies meeting in 2011.

Dr. Hospedales acknowledged Ambassador Raymond Wolfe, permanent representative of Jamaica and Ambassador Sylvie Lucas, Permanent representative of Luxemburg the co facilitators to hold consultations on the modalities of the high level meeting on NCDs.

Preparations

In relation to preparations, Dr Hospedales noted the WHO role at the global level, the NCD alliance as a powerful part of the formula for success, and the Global Alliance for NCDs involving the USA, UK Canada, Australia, China, India and South Africa, and the medical and health research councils which have also gotten together to form a global alliance.

In the region of the Americas work is under way at the sub regional, with the PAHO Director Dr. Roses briefing PAHO/WHO Country Representatives at the recent managers meeting, advances in forging alliances with civil society, developing a media communication campaign and efforts to leverage the partner's forum. In addition an initiative is underway with the Inter American Heart Foundation to bring civil society together to create a Healthy Latin American collation of NGOs. He also noted that three years ago the IBERO American summit Global Health council only held small side session on NCDS however at the next meeting NCDs is the major theme.

In concluding Dr. Hospedales proposed the need for champions running through the tape, and referred to Olympic Champion Jamaican Usain Bolt to demonstrate the need for champions and an approach of going beyond the tape enabling follow through and sustainability and noted after summit opportunities for follow through at the G8, G20, Summit of the Americas and the APEC meetings, and noted as per the US Surgeon General the need for a global approach as the problem of NCDs is one for both the developing and developed nations.



Overview of the Round Table Session

Moderator: Silvana Luciani

Purpose:

To provide various perspectives on what are the expectations for the UN Summit and what are some of the contributions that can be made not only from Governments but also from NGOs and international organizations.

Ms. Luciani noted that the World Economic Forum, a conglomerate of businesses and CEOs of large businesses, has also been pioneering and leading advocacy efforts for chronic non communicable diseases and that they were invited to attend and be part of the panel but at the last minute had to send their regrets. She acknowledged the important role of the private sector and regretted their absence but anticipated the feedback from the preset NGOs, International Organizations and Governments.

The questions posed to the representatives were:

1. What are the expectations from your particular organizational perspectives as well as the sector perspective on the UN Summit?
2. What are the contributions that can be made from your organizations and sector perspective to help contribute to achieve some of these expectations?

Presentations were made by the following representatives, and the summaries of each presentation outlined in the following pages.

Civil Society Perspectives:

Dr. Cristina Parsons Perez, NCD Alliance
Dr. Eduardo Cazap, International Union Against Cancer

Governments Perspectives:

Dr. Cuauhtemoc Mancha Moctezuma, Mexico
Dr. Anton Cumberbatch, CMO, Trinidad & Tobago

International Community:

Dr. Ian Ho-A-Shu, Inter-American Development Bank

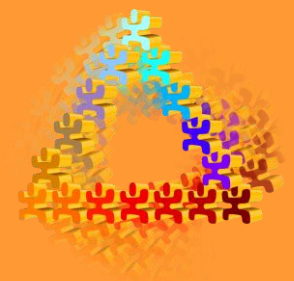
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Civil Society Perspectives

Dr. Perez presented on the background and organization of the NCD Alliance, stating that the NCD Alliance was created in January 2009, by the International Union for Cancer Control, World Heart Federation and the International Diabetes Association in response to the burgeoning epidemic of NCDs. The Union against Tuberculosis and Lung disease joined shortly after completing the four main non communicable diseases that are aligned to the WHO NCD action plan.

The Alliance was organized around four demands, the first one being a UN General Assembly Summit on NCDs on which the alliance is currently focusing. The others demands including indicators on NCDs in the review of the MDGs in Sept 2010 and a formal inclusion in what will follow the MDGs in 2015. The third is access to affordable quality essential medicines for NCDs in low and middle income countries and the integration of NCDS into health systems particularly at primary health care level.



Civil Society Perspectives

Dr. Cristina
Parsons Perez

NCD Alliance

&

Dr. Eduardo
Cazap


International
Union against
Cancer

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Dr. Cazap presented on the expectation of the summit and the modalities Resolution that the Alliance is organizing strongly around. He began by indicating that the main concern as part of civil society was how to bridge the gap between the documents, the knowledge and the reality and expressed the satisfaction that at last Cancer and other NCDs have been placed on the global agenda. He alluded to the similarity between the economic crisis situation facing the world where the signs were seen and not headed to the health crisis, where the signs are clear and if not headed would result in health care system 'bankruptcy' even in rich countries

The main concern for the Alliance according to Dr. Cazap is the immediate implementation of practical and useful actions. In this light the first action identified was to join other organizations to build alliances with those with similar concerns and interests in advancing NCDs on the global agenda. The second was to present a position paper in the Lancet November edition which focused on NCDs and outlined the objectives of the NCD Alliance.

In addition the Alliance is focusing on direct advocacy, talking between colleagues, to influence the partners and others involved in the process. The Alliance has brought together a group of people with legal advice and established a permanent consultation office which focuses on liaising with key stakeholders. The current focus is advocacy with the Jamaican and Luxemburg permanent representatives to the UN to present a clear position of the Alliances' 'asks' to enable a successful meeting.

The first 'ask' is the meeting to be at least three days to facilitate discussions and second for the necessary financial commitments to enable critical follow through, noting that the work following the Sept 2011 meeting would be more difficult and costly. In this light the Alliance felt that it was necessary for a strong and powerful outcome document and for the greatest possible participation by civil society organizations which needed to be scaled up to achieve optimum representation and participation.

In conclusion Dr. Cazap noted that there was also the need to have more information on the duration, format, participants and outcome document and stated that the alliance needed to apply firm and continuous pressure for the Summit to be 3 days with greater civil society participation, for a strong outcome document and the necessary financial resources allocated to follow through, which he stated is critical as the cost of investing at this point will be far more beneficial for the economies of the countries and the world in the long run.

Summation by Silvana Luciani

Dr. Luciani expressed gratitude to both Drs Parsons and Cazap for the presentation of the Alliances perspective and reiterated that civil society represents the communities, the voice of the people and patients, the people affected, who can really influence and make an impact on the negotiations and decisions. She also noted the organizations efforts among NGOS regionally and nationally.

Civil Society action points:

- Urgency to act now – need to mobilize additional civil society and NGO groups to maximise participation prior to and during the Sept meeting
- Clear asks for:
 - Three day duration for the meeting

- Powerful outcome document that reflects the realities and situation in both developed and developing countries with money attached



Government Perspectives

Dr. Moctezuma, thanked PAHO for the opportunity to share the Governments perspective noting the importance of Governments participation in the meeting and the need to share in the preparations for the Summit. He then gave a brief overview of the Chronic Disease situation in Mexico, highlighting that it is responsible for 30% of total mortality with diabetes and cardio vascular diseases being among the major priorities.

Mexico, as Dr. Moctezuma, pointed out has been collaborating with WHO and PAHO over the years to implement several initiatives to address health problems. The example sighted was the Food Health agreement which provided an example of how a health manifested problem has its solutions in other sectors such as agriculture. This experience he stated lead to a situation of conflict of interest among various government institutions. While the objective of the initiative was to change the type of meals, food cooperatives provided to students, it caused conflict between the school establishment and the Ministry of Health, demonstrating the complex of collaboration for common goals. The lesson learned was that it is essential that changes be made to safeguard the health of students in the education sector and that the necessary alliances be fostered to ensure initiatives such as there where health prevention efforts can be easily applied. Diagnosis and complications come in later in the health continuum, and often at a high cost as such investing earlier will achieve a great saving in health care provision.

Similarly he noted, opportunities within the labour sector, where within workplaces the environment and working arrangements should be made to facilitate health lifestyles, noting that many work arrangement meant spending hours sitting in front of computers or operating equipment which encouraged sedentary behaviour. He suggested the need for arrangements to facilitate break times and generally other appropriate arrangements to facilitate greater movement.

The recently developed Mexican initiative - 5 steps for health was then presented. Developed to encourage improved lifestyles, this initiative was so names as 5 steps are easy to remember and apply to day to day life to foster healthy habits.

Step 1 - 'get active' which instructs people to increase physical activity, move around more, to walk at least 30 minutes a day;
Step 2 - 'drink water', this practice is not common in Mexico where soft drinks are more popular and perceived as a sign of financial ability for choice;
Step 3 - 'eat vegetables and fruits', a wide variety are produced locally but not consumed in preference for fast foods. The campaign strives to demonstrate the long term negative benefits of eating processed food, and recommends using seasonal fruits and vegetables offering a variety of ways to prepare and serve these foods.

Government Perspectives

Dr. Cuauhtemoc
Mancha
Moctezuma
Mexico

Dr. Anton
Cumberbatch

CMO, Trinidad &
Tobago

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Step 4 - 'watch body weight' over weight and obesity are particular concerns in Mexico, if the recommended steps are practiced it will assist in weight loss which will contribute to general health and well being. In this light persons are also encouraged to pay attention to other lifestyle habits and practices such tobacco cessation, alcohol reduction, safer sexual practices etc

Step 5 – 'to share the information' this step encourages people to share the information received with others i.e. family, friends and co-workers and become advocates for lifestyle changes. Specific training of trainers has also been conducted to facilitate such sharing. This initiative is being conducted across the social sectors and in schools at the federal level and 32 regions across the country as it is seen as a cost effective investment in preventative measures.

In relation to expectation of the summit, Dr. Moctezuma expressed Mexico's desire to hear about other successful initiatives that are practical and operational which could be tried in other countries. He acknowledged that some interventions will require funding but hastened to say that many were feasible and can be adapted as necessary and carried out in many countries.

In conclusion he reiterated the need to create supportive environments: at work - healthy environments for workers where employers demonstrate greater socially responsible to their employees creating environments and arrangements that will foster and enable healthy life styles at work; and in the community addressing security issues that determine whether people and children go outside to play.

Also of critical importance is the need for product modification in relation to ingredients i.e. amounts of salt, fat etc; modified marketing protocols mandating appropriate labelling; and taxation of such products to generate national income which must be invested in protection, prevention and management activities. Reference was made to 'Health for all' and the fact that so much more needed to be done to attain the goal set lamented. In this light Dr. Moctezuma, stressed the need on this occasion to establish clear agreements and commitments, the need for research to establish base lines to enable strict monitoring and follow up over time ultimately for to assess the impact of national and regional responses on the life of citizens.

Dr, Cumberbatch, presented the position of the Ministry of Health from a public health stand point. He established the opinion that the summit presented an opportunity across the world to establish a different conceptual thinking of the problem of NCDs. He proposed that since the problem is described as a global epidemic that it was imperative to prove that it was indeed a global epidemic and drew reference to the global response a global epidemic of infectious disease would initiate.

He noted that in relation to chronic diseases the world is looking at a number of diseases to respond to at once as opposed to an infectious disease e.g. cholera, HIV , but NCDs bundle four or five diseases to be tackled at one time. The conceptual problem he stated is that infect disease can kill rapidly, while chronic takes a long time and at the moment there seems to be an acceptance by the global community is that it was ok to die from a stroke after 70 years of age. There is also a need to change the wording of CNCDs stating that the problem is not CNCDs but that we want to make a change to improve the quality of ageing making it an issue of addressing lifestyles paying attention to risk reduction and prevention.

To respond appropriately it is necessary for a change in eating, exercising and food production which essentially are the risk factors. As such the decision needed to be made whether the epidemic was

global requiring a global response as only a global response would stop a global epidemic, therefore making it critical to change the mindset that it is not acceptable to die of stroke at 60 or 70 years of age. Also on the table is the issue of medical treatment which need to be suited to individuals, a particular challenge for small island states that cannot respond as necessary since some of the determinants originate from another source i.e. mass communication, imported foods.

The opportunity therefore is to present a number of diseases not as a health problem since the root causes are not only health related, but rather as a life style issue where the determinants lie outside of the health sector, and the challenge being how to do so globally.

In conclusion he reiterated that a public health approach is necessary, for this different kind of challenge and requires a different kind of thinking since the issue is believed to be a global epidemic and the need for a global approach to (1) monitoring, not only the epidemic but responses to evaluate progress, (2) establishing mechanisms to share best practice and (3) global cooperation to address risk factors as food production.

Summary - Silvana Luciani

The commonalities in the presentations between a large country as Mexico and a small country as Trinidad and Tobago, were noted and the fact that both called for a multisectorial approach since solutions lay outside the health sector. Also noted was the common call for organization at country level to influence global actions.

The need for a change in thinking was supported by Dr. Moctezuma who pointed out that the current approach is based on diagnosis and treatment which needs to be balanced with pushing for 'medicine' for healthy people in the context that the situation at hand is not merely a health issue but more so one of human development.

International Community

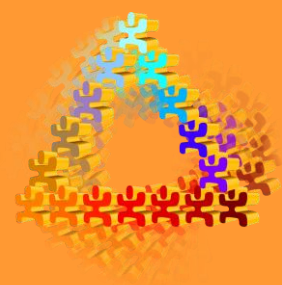
Non communicable diseases are now the main topic in the health section out of eight topics on the Inter-American Development Banks (IDB) social agenda. This is articulated in its new social strategy, currently under public consultation, to be presented to the Banks board in March 2011 for approval. As explained by Dr. Ho-A-Su, this new framework has enabled the Bank to hold much more focused and deliberate dialogue with countries to both raise awareness of the NCD development issue and negotiate financing to support appropriate responses.

To this end the Bank has been engaged in conducting analytical work, in September 2010 a 2 day regional NCD policy dialogue was organised in Chile. This event demonstrated that NCDs is really a burning multisectorial issue requiring its own platform and to be treated as such.

The new strategy prioritising NCDs, the portfolio for loans now being prepared for a number of Member Countries especially those where the Bank is focusing on strengthening primary health care approach the Bank is stressing the importance of putting in measures to deal with the prevention and management of NCDs. Reference was made to discussions with Dr. Ramsammy, Minister of Health Guyana, who is requesting technical cooperation focusing on assisting people to take responsibility for their lifestyle choices especially in relation to diet and exercise. He pointed out that Dr. Ramsammy felt the need to encourage people to be self managers a view supported by many.

The Bank is also establishing a NCD knowledge network, a recommendation emanating from the Chile meeting, essentially to share information and to help countries prepare info for the summit by sharing information, tools and methodologies to assess and measure the social and economic impact of NCDs. There is currently a dearth of information in relation to the economic impact of NCDs and the evidence is needed if advocacy i.e. cost benefit/ cost of inaction and negotiations are to be successfully in getting the attention of and engaging the decision makers and in mobilizing additional resources. The analytical work by the Bank will provide new evidence based approaches and allow for discussions and likely interventions for the prevention and management of NCDs.

In addition, the Bank takes civil society and their interventions very seriously and as such has set up civil society advisory groups at country level. This facilitates the desired feedback from civil society on what is happening and the bank also directly provides funding for civil society projects. Dr. Ho-A-Su noted the benefits of funding and supporting civil society interventions which as pilots raise the visibility of the various initiatives, and since nothing succeeds like success, once the benefits are demonstrated, government and decision makers incorporate the initiatives as part of national programmes. As such the opportunity and benefits of collaborating and engaging civil society should be pursued.



International Community

Ian Ho-A-Shu

Inter-American
Development
Bank

Day 2

Round Table
Session

Presentation 5

The Bank's expectations of the summit, as stated by Dr. Ho-A-Shu, is that there be an established structure and coordinated process for the response to NCDs among beneficiary countries and international donor communities. Since the issue at hand is a global epidemic and everybody wants to do something, it is pertinent to be careful that all are not doing 'one thing and not the other'. Also expected is that there be an established mechanism for follow up to reflect and share best practices and workable solutions for the prevention and management of NCDs.

Dr. Ho-A-Shu reiterated the need for a consistent message and dialogue, regular reflection and continued engagement of key stakeholders and partners. He suggested a standalone NCD summit every three years to facilitate feedback and reporting in the spirit of accountability. In conclusion he stated the additional expectation of the Bank for the sharing of analytical work so all can learn, actions be guided by the evidence and the benefits realised by the people.



Discussion

Moderator: Silvana Luciani

Comments:

Acknowledging that it is a global epidemic and that previously the issue was dealing with infectious diseases, Dr. Samuels sought to point out that in relation to infectious epidemics, it is in the interest of every one to spend money to stop it because it can be caught. However diabetes cannot be caught from another so the economic interest is not driving one to save another from getting diabetes. There is also the need to be cognizant of the fact that many of the risk factors for NCDs are produced in the north and as such it is not in their economic interest for us in the global community to be looking at e.g. reducing tobacco, change food types etc, those businesses will be hostile to NCD control advocates and programmes. As such there is a difference in the response to an infectious epidemic as opposed to NCD where some of the inputs are actually making profit for some of these countries.

The second point raised by Dr. Samuels is the need to be more specific in discussing NCDs and refer more to premature mortality. It was recommended that the focus be placed on emphasising the premature deaths i.e. 30 %of deaths are from premature NCDs instead of just 60 % deaths are from NCDs. The age of 6 really not the issue it is premature mortality we need to 60 in terms of the working population to demonstrate to the finance sector the potential loss of productive labour force and loss of income tax from those dying prematurely, in the context of an 80 year life expectancy.

The recommendation was made by Dr. Samuels, to encourage countries to have high level summits. These national summits would facilitate a review of current initiatives, and the development of their own commitments in terms of the essential elements of human resources and finances, national NCD plans and mechanisms for civil society and private sector involvement. This would strengthen negotiations as countries would be able to demonstrate their achievements, plans, commitments and partnerships to facilitate advancing the issue.

Professor Trevor Hassell noted that the greatest achievement thus far has been the formation of the NCD alliance which has successfully brought together the cancer, heart, lung and diabetes association's for the common cause of NCDs.

He however expressed his desire that civil society be given full expression. He noted that the duration of the summit was important as a shorter time would compromise civil society's ability to play a significant role in the summit. Referring to the HIV approach and one of the successes in the HIV approach was the role played by the people which in the final analysis what this is about. It is not about regional institutions or governments but rather about the people about civil

Discussion

Day 2

Session 3

society. He strongly recommended that the role and opportunity for civil society participation be revisited to ensure success. In addition he cautioned of linking civil society with the business community and suggested a principal position be taken as motivations and agenda clearly can differ, acknowledging however the role the business community needs to play.

Dr. Edwin Sancho of the International Diabetes Federation, highlighted the need to back to principles and recognize that health is natural it is disease that is abnormal, as such there here is a need to reorient the general outlook to health and disease since disease seems to have been accepted as a normal occurrence in life. In relation to the involvement of the private sector, Dr. Sancho acknowledged that advances that have been made in obtaining some support from the financial sector to address health from a developmental point of view. He suggested there be o separation between the health and financial sector but rather greater collaboration starting the principle of good intentions.

Dr. Yitades Gebre PWR Trinidad and Tobago, referred to the issue of changing lifestyles, and encouraged reflection on how the issue is framed. He explored the victim of lifestyle approach indicating that this particular approach would not facilitate the issue from a development agenda point of view since individuals need to take responsibility for their choices from the risk factor point of view. The question therefore becomes how to frame the issue and suggested three aspects to consider economic, organizational and political incentives. Referring to the HIV experience in framing the issue around the most vulnerable women and children, Dr. Gebre suggested that for NCDs the most vulnerable would be the poor, low and middle income countries where they could not invest in prevention. The expectation of the summit is to link it into the developmental agenda which should also be the context for framing the issues for successful advocacy.

Pannel Response

Dr. Cazap indicated that CNCDs as a theme should not limit the messages as some of the CNCD diseases are caused by bacteria. As such he proposed that the message to the public should be revisited as the current concept of chronic is not totally correct, sighting that some cancers can kill in a month some strokes are acute leading to sudden death. The issue and key message he suggested should be disease prevention and create mass messages to communicate that it is every one's problem.

Dr Perez on the issue of tackling infectious and chronic disease offered that health has always been about economic interests even for infectious disease where the issue was of vaccines producers noting that CNCDs bring a whole new burden and industries to the table. She emphasised that it was all about public demand and suggested that if the population stated the problems and asked or demanded action that would present an opportunity to begin tackling the issue with public support when facing big industry and all the economic interests. In this context she suggested an agreement where government representatives and civil society agree that civil society has a seat at the table to tackle the issue. Civil society as she pointed out can mobilise necessary public support and create the awareness and demand needed by the governments. As such it was a case where the governments need civil society and civil society needs the government to achieve a common on behalf of the population.

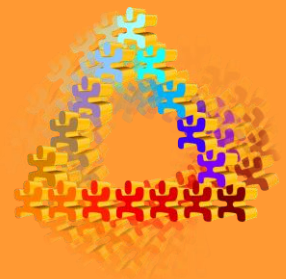
With reference to premature mortality, Dr. Perez referred to the WHO fact sheet which presented the information as suggested i.e. CNCDs responsible for 60 % of worlds deaths; 80 % in low mid income countries; 47% in low and mid income countries occur before the age of 60, demonstrating the premature mortality message.

Another argument is the necessity to avoid death in pain and so pursue available treatments and medication for palliative care as the approach should be care across the continuum- prevention diagnosis, treatment and palliative care.

In relation to the need to develop a price tag to the 'asks', i.e. the cost of the burden, the alliance is working with the World Economic Forum to fund a study to show the cost of inaction. The American cancer society is providing funding for such research to the WHO on an economic study to establish a basic and economic package of interventions for NCDs.

In relation to the HIV references it was noted that by 2001 when the UN summit on HIV was held, the HIV movement was well organized with civil society playing a pivotal role. With CNCDs four or five diseases and there is the opportunity to unify and speak with one voice given common risk factors. Dr. Peres ended by availing the NCD alliance to mobilise and take forward the 'asks' as necessary. She particularly noted the need in doing so to speak to heads pockets and hearts and acknowledged that speaking to the hearts needed to be prioritised and persons with the disease engaged to advance and strengthen advocacy efforts and activities.

Dr. Luciani wrapped up the session by thanking every one for their participation and rich discussion. She indicated that the points and key messages raised can be developed further during the small work group sessions to follow.



Road Map for Effective Action

Purpose:

Recognizing lessons learned from previous chronic disease policy advances in the Region and the expectations for the UN Summit on Chronic Diseases identify issues and actions to prepare for the UN Summit.

Questions for Small Group Discussion:

1. In your organization/institution, what are the expectations for the outcomes of the UN Summit on Chronic Diseases?
2. From your perspective, what are the top 3-4 priorities (conceptual, organizational and technical and for each entity) which should be undertaken over the next 8 months to contribute to a successful UN Summit outcome?

Priorities for:

- a) Governments (3-4 priorities)
 - b) International Organizations (3-4 priorities)
 - c) Civil society sector (3-4 priorities)
 - d) Private Sector (3-4 priorities)
3. In your organization/institution, what are the planned activities to prepare for the UN Summit?
 4. What specific type of support would you require to help you prepare for the UN Summit? Type of support from:
 - a) PAHO
 - b) CARMEN Policy Observatory
 - c) Other organizations (specify)

Work Groups

Each work group (ANNEX 1) documented their discussions using a standard format in keeping with the questions. After each group presentation, there were discussions on the priorities identified by each group. The full group presentations and discussions are documented in ANNEX 2.

The summary outcome of these discussions incorporating discussions throughout the two day meeting is presented as the ***'Conclusions from CARMEN Policy Observatory Meeting: Agreements on Technical Actions to Prepare for the UN Summit and Beyond'***. The full discussions and initial draft recommendations are presented in ANNEX 3.

Road Map for Effective Action

DAY 2

SESSION 4

**Conclusions from CARMEN Policy Observatory Meeting:
Agreements on Technical Actions to Prepare for the UN Summit and Beyond**

Objectives of the CARMEN Policy Observatory Meeting:

- To share advances in the CARMEN policy Observatory work and lessons learned from recent projects of the CARMEN Policy Observatory
- To promote dialogue between CARMEN members and discuss how the existing tools and projects of the CARMEN Policy Observatory can support country and regional preparation for the upcoming UN Summit on Chronic Diseases in September 2011.
- Develop a draft Action Plan for Country preparations which will “make a case on NCDs” to support the UN Summit on Chronic Disease

Meeting participants¹:

- 17 countries: represented by Ministry of Health chronic disease program managers
- International NGO representatives: NCD Alliance, UICC, IDF, HCC, Rotary
- International organizations: IDB, PAHO - INCA, CFNI, CAREC, PAHO/WHO CC
- Sub Regional organizations: CARICOM, MERCOSUR, COMISCA,
- Academia: UWI

Expectations of the outcome of the Summit

- I. Increased awareness of the global development implications of Non Communicable diseases their protective and risk factors especially by global leaders.
- II. That there is a Resolution which consolidates Non Communicable Diseases as a priority for Governments and the development agenda, sets out concrete Global commitments for effective multi-sectorial strategies, is cognizant of the social determinants of health and is directed across the public health spectrum addressing protective factors, the promotion of healthy lifestyles across the life cycle and the continuum of care and treatment.
- III. Highest level of support for and participation in the Summit from all concerned:
Heads of Government, Civil Society and the Private Sector
- IV. Higher engagement and commitment to a significant increase in financial and other resources adequate to the challenge, from official development assistance and technical cooperation and other instruments and stakeholders from NCDs.
- V. A clearly articulated mechanism for the ongoing monitoring and evaluation of national compliance and advancements in relation to the outcome NCD Resolution i.e. progress report system to the UN.

¹ See Participants list

Priorities for Technical Actions:

Evidence/analysis:

- Conduct an analysis and synthesise the evidence of the burden and impact of NCDs
 - Make the economic case, using economic terms; and also
 - in the context of other determining factors including –social justice and inequities, human rights, environmental, development, political, policy arguments
- Conduct an inventory of stakeholder, partners and potential partners and analyse to understand their purposes and positions to identify opportunities for and strategies for collaboration.

Communications:

- Develop a set of key messages, actions, asks and arguments to be used in consultations and multi-level and multi-sectorial engagements
 - Frame the issues to reflect both the national and regional realities
- Develop a communication strategy to sensitize the public through media outreach and technology including social media to build public support

Consultation:

- Conduct Regional Political Integration Movement consultations to develop a regional position with concrete recommendations for action and follow up
- Conduct National multi-sectorial consultations (including civil society, NGOs, FBO, private sector) with the requisite technical cooperation provided (i.e. guidelines and methodologies), to develop national positions and commitments
- Identify and cultivate champions for the cause. These champions must appeal to a range of audiences and include high level political as well as celebrity personalities.

Recommendations for Next Steps:

PAHO:

- Issue communiqué on conclusions from this meeting to all Member States
- Dr. Roses to write to Ministers of Health, and PAHO/WHO country representatives, recommending the facilitation of national multi-sectorial consultations to prepare the country response i.e. situation analysis, actions and commitments
- Develop guidelines to aid the conduct of national multi-sectorial consultations
- Through CARMEN network, share information and experiences, best practices specific preparing for UN Summit

- Pursue and build cross area/unit internal coordination and collaboration for comprehensive support to countries
- Keep all partners informed of the process and planned preparatory meetings to facilitate participation and support
- Facilitate the support and involvement of the established partners forum in preparations for the Summit and follow through thereafter

PAHO/WHO Collaborating Centre:

- Provide technical support, in collaboration with PAHO and other relevant partners, for the preparation of document which synthesizes national and regional evidence to be used for national consultations
- Maintain CARMEN portal an facilitate ongoing information knowledge management

Governments

- Through the country specific/appropriate mechanism e.g. Foreign Affairs Ministry or Office with technical support from the Health sector:
 - Establish and coordinate a multi-sectorial group engaging other relevant ministries to oversee preparations for the NCD Summit
 - Conduct consultations with all stakeholders to establish a national position i.e. understanding of the national NCD situation, responses in place, to develop necessary additional response actions and commitments.
 - Advocate on the modalities and resolution as informed by the national consultations and technical advice from the Health Sector
 - Ministries do their own analysis on the effects of an impact of NCDs on their sector to inform sector response, actions and commitments

Political integration movements:

- Conduct consultations and prepare position papers/recommendations to present at the Summit
- Formally put on the agenda of their discussions and mainstream the inclusion of NCDs into all sections beyond those directly addressing health issues e.g. COTED in CARICOM

NGOs including FBOs:

- Organize and unify to have collective position and voice
- Participate in and support government consultations and recommendations
- Support communication activities and champions
- Respond to UN consultations and the civil society participation processes

Private sector:

- Establish workplace wellness programmes to protect the health and wellbeing of their employees
- Contribute financial and other resources to preparatory activities and the implementation of the UN Summit commitments



List of ANNEXES

- ANNEX 1 Work Group participants
- ANNEX 2 Work Group Summary Table Presentations and Discussions
- ANNEX 3 Conclusion Discussions on the Proposed Technical Conclusions

ANNEX 1 WORK GROUPS

A (Spanish language) Facilitador: Branka Legetic		B (Spanish language) Facilitator: Gerardo deCosio	
Argentina	Sebastian Laspiur	Brazil	Luciana Sardinha
Chile	Maria Cristina Escobar	Colombia	Gladys Bernal Moreno
Mexico	Cuauhtemoc Mancha Moctezuma	Costa Rica	
Peru	Carlos Acosta	Panama	Elsa Arenas
Uruguay	Carla niz	INCAP	Lorraine Thompson
Paraguay	Felicia Canete	COMISCA	Rolando Hernandez
MERCOSUR	Ricardo Barcelos	NCD Alliance representative	Cristina Parsons Perez
IDF	Edwin Jumenez Sancho	IDB	Ian Ho-A-Shu

C (English language) Facilitator: Alafia Samuels		D (English language) Facilitator: Glennis Andall	
Bahamas	Cherita Ojetta Moxey	Canada	Sylvie Desjardins
Belize	Michael Pitts	Trinidad & Tobago	Faith Brebnor Roma Bridgelal
BVI	Ivy George	St Kitts & Nevis	Petrinella Edwards
Dominica	Helen Royer	Suriname	Marthelise Eersel
Jamaica	Tamu Davidson	CARICOM	Rudolph Cummings
CFNI	Laura Richards	CAREC	Glennis Andlall -Bereton
University of Toronto	John Kirton	Caribbean Healthy Coalition	Trevor Hassell

ANNEX 2 Summary Work Group Sessions

1. In your organization/institution, what are the expectations for the outcomes of the UN Summit on Chronic Diseases?

EXPECTATIONS FOR OUTCOMES FOR THE UN SUMMIT

Group A	Group B	Group C	Group D
Resolution should help to consolidate NCDs as a priority for governments and organizations within the MoH	A document with multi-sectorial results and general guidelines for the development of policies and programmes to deal with NCDs and risk factors and protective factors with some flexibility that will enable national adaptation for implementation	Increased awareness of the global development implications of NCDs by global leaders	Increased funding available for NCDs
That there is active participation and inclusion in the discussion and processes under the form of alliances	There should also be a follow up and monitoring system for accountability	Create the perception that there are proven cost effective policy interventions e.g. ban on smoking, marketing to children, supportive environment using the mechanism of legislation, taxation, transportation.	Changed agenda for development agencies to include NCDs (with funds attached)
The focus on early prevention and detection to avoid complications in the health sector recognizing the determinants are outside of the health sector	Expect to see the highest level of participation possible HoG and civil society in lead up and at the summit itself	Political declaration of commitment for globally coordinated multi-level multi-sectorial action across the continuum of care as a key contribution to development	Commitment to NCD prevention and control across multiple non-health sectors (education, urban planning, legal)
Presentation of MERCUSOR position to the Summit a preliminary document presenting the unified position of Ministers of Health		International solidarity for policies for universal access to prevention, services, affordable medicines and technologies	Commitment to building capacity within and outside of health to push the Health/NCD agenda (surveillance, research, M&E, etc)
Declaration has concrete commitments related o effective strategies re the role of the different sectors		Higher engagement and commitment to a significant increase in financial and other resources adequate to the challenge from official development assistance and technical cooperation and other instruments and stakeholders for NCDs	Commitment to surveillance, M&E risk factors and NCDs
Commitments have financial backing		Establishment as a mainstream concern on the regular UN agenda	Modification of MDG on malnutrition to include childhood obesity reduction
			Commitment to taking concrete actions to reduce salt, trans fat and sugars in manufactured foods
			Strengthened relationship with appropriate private sector for prevention and control of NCDs
			Commitment to workplace wellness programs.

2. From your perspective, what are the top 3-4 priorities (conceptual, organizational and technical and for each entity) which should be undertaken over the next 8 months to contribute to a successful UN Summit outcome? Priorities for:

- a) Governments (3-4 priorities)
- b) International Organizations (3-4 priorities)
- c) Civil society sector (3-4 priorities)
- d) Private Sector (3-4 priorities)

	Group A	Group B	Group C	Group D
Governments	<p>Prepare the case on NCDs to inform heads of state as to the health / epidemiological and economic consequences of NCD so they can support this as a priority</p> <p>Submit a recommendation for effective policies to address the problem of NCDs at the different sectorial levels</p> <p>Advocate for the participation at the highest level president or prime minister to the summit in 2011</p>	<p>Set up a multi-sectorial group to prepare the national contribution at the summit to bring the different sectors and government ministries together</p> <p>A regional and national articulation to make a priority among competing priorities in the region country</p> <p>Identifying how we approach and define the problem – define as a human or sustainable development problem or as an economic issue</p> <p>Develop inter-sectorial committee to strategize on how to frame the issue successfully to influence other sectors to support</p>	<p>National inter-sectorial consultation on NCD and the HLM to prepare a situational analysis</p> <p>To obtain a national position on NCD for the HLM</p> <p>To commit to the Expected Outcomes from the HLM</p> <p>Leaders to publicly state their intention to attend the HLM</p> <p>Commitment to report back on the implementation</p> <p>To properly brief and convince Foreign Affairs officials of the strategic approach to the summit and desired outcomes</p>	<p>Development of national positions on NCD</p> <p>Involvement of multi-sectorial approach for each country</p> <p>Develop Summit steering committee in each country (include ministry of foreign affairs)</p>

	Group A	Group B	Group C	Group D
International Organizations			<p>Use their expertise to make the case for the need for global interventions</p> <p>Convene health and non-health regional and International organizations to form a coalition for consultation, commitment and common agenda towards the HLM</p> <p>Get Ban Ki Moon (UN Sec. General) and Bob Zoellick (World Bank) to publicly adopt the NCD cause as a priority concern.</p> <p>Invite Executive Heads of relevant international organizations to the Summit e.g. WHO, WB, FAO, WTO and IMF</p> <p>Have the UN commit to a 3-day meeting</p> <p>Provide facilities for the participation of civil society at the HLM</p>	<p>Preparation CARICOM position paper for summit</p> <p>Include NCDS on all regional heads of government meetings agendas</p> <p>Prepare sub/regional Situational analysis on NCDs</p> <p>Sensitization of other organizations</p> <p>To create opportunities for civil society organizations to have greater involvement in the process</p> <p>Setting up an office for spearheading preparation for the summit – including civil society orgs (NCD Alliance)</p>

	Group A	Group B	Group C	Group D
Civil society	<p>Request 3 days for the summit</p> <p>Have a large civil society attendance</p> <p>A final document which lays out the agreements commitments and follow up to identify the necessary funding</p>	<p>Unite and unify speak with single voice create a demand for participation</p> <p>Collaborate in developing evidence for the summit in identifying and bringing together champions of the cause</p>	<p>To create a broad coalition, beyond health NGOs</p> <p>The coalition to mobilize and advocate for global action for NCDs</p> <p>To raise and contribute funds to support Summit participation and outcomes</p> <p>To conduct regular reviews of country's compliance with country commitments</p>	<p>Informing and sensitizing the public (including other civil society organizations) using mass media about the NCD agenda</p> <p>Civil society should speak with policy makers about what it expects of the governments – prepare a position paper for submission to heads</p> <p>Civil society will engage with private sector to get them to commit</p>

	Group A	Group B	Group C	Group D
Private Sector	<p>Not to include at this point as the need is for governments at this point to mobilize the necessary action</p> <p>Include the private sector based on the United Nations resolution and be invited by the corresponding governments</p>	<p>Private sector to raise public perception engage as part of the solution not problem where their earnings would not be affected</p>	<p>Form a Summit focused coalition with a champion as a leader in the private sector.</p> <p>Use companies with “best practices” to advocate to other companies on reformulation of products to be more healthy</p> <p>To convince the private sector that the health status and productivity of their workers is a function of the work environment.</p> <p>To convince the private sector that they should review the health implications of their products and identify ways to improve the quality of the products they are selling to the public</p> <p>Seek resources to fund preparatory activities for the summit and their country's participation in the Summit</p>	<p>determine the leadership role that they can play in moving this NCD agenda forward</p> <p>Major commitments to actions</p> <p>Sensitize their staff about NCDs</p> <p>Encourage them to assess the economic burden of NCDs in their workplaces</p>

1. In your organization/institution, what are the planned activities to prepare for the UN SUMMIT

	Group A	Group B	Group C	Group D
Organization/ Institution	<p>MERCUSOR will have a preparatory meeting of the Ministers of Health and a document will be prepared outlining the MERCUSOR position</p> <p>Govt to convene intersectorial committees to work together to develop a national intersectorial coordinated approach for NCDs</p> <p>Convene a forum to discuss the issue with different sectors based on the outcome of this CARMEN policy observatory meeting outcomes</p>	<p>Desire to see technical cooperation to include TC for NCD on the international agenda opportunities disseminated at national and regional meetings</p> <p>Facilitate communication and collaboration across levels and sectors</p> <p>Provide policy arguments beyond the health sector to engage other sectors</p>	<p>Pre-Summit conference of stakeholders to come to consensus to advise Government on their participation on the summit</p> <p>Pre-Summit advocacy to key stakeholders</p> <p>Sharing the conclusions of this meeting with all stakeholders</p> <p>Discuss this at the next meeting of COHSOD (Ministers of Health) and at Heads of Government meeting in July</p> <p>Documentation of summit process</p>	<p>PHAC - Interdepartmental structure at ADM level</p> <p>PHAC - NGO engagement strategy</p> <p>PHAC – position paper/documentation to UN/WHO/PAHO</p> <p>Tobacco Control Project – working with other NGOs to do research to develop a CSO position</p> <p>Tobacco Control Project - Provide support to any government agency to develop</p> <p>Tobacco Control Project - partner with other NGOs to develop position on NCDs</p> <p>Rotary International – Awareness/education about diabetes and summit</p> <p>Healthy Caribbean Coalition - Text messaging campaign to advertise about the summit and NCD information, also include social networking</p> <p>Healthy Caribbean Coalition – SMS petition</p>

4. What specific type of support would you require to help you prepare for the UN Summit? Type of support from:

- a) PAHO
- b) CARMEN Policy Observatory
- c) Other organizations (specify)

	Group A	Group B	Group C	Group D
PAHO	Through director issue guidelines for Ministers of health to make this a priority to inform the convening of inter-sectorial councils to prepare country positions to be presented at the Summit	Technical coop included on the agenda	To reconvene the Partners Forum, including the private sector and civil society to prepare for the Summit Guidelines on how to convene and conduct a consultation Peer-reviewed study result of economic impact of NCDs	Statistical data (economic, risk factors, other health info) Advertisement (campaign material – for NCD and summit) Make all relevant documents available Provide opportunities for civil society to be involved at upcoming meetings Information packages
CARMEN	CARMEN policy observatory provide support in providing technical support in preparing the national and regional position and specific projects to prepare the case	Participate and spread information at national and regional levels meetings Facilitate the national consultations and communication process at all levels Maintaining the CARMEN network and sharing experiences and follow up – portal electronic means to share information initiatives	Build the economic case in economic terms in a summary form Projections of impact of NCDs if no action, projected outcomes if implemented UN Summit and who is biggest beneficiary globally Baseline situational analysis of NCD capacity globally and how Caribbean countries will benefit in the global context Create a framework and analysis of the countries compliance with the commitments	

	<p>made at the UN NCD summit</p> <p>Compile media attention from internet and submitted by countries to the CARMEN portal</p>
Other Organizations	<p>Type of support 1 - OECD to issue report on % of ODA for NCDs and NCD related programmes,</p> <p>Type of support 2 – La Francophone (French speaking countries) to support NCD summit as the Commonwealth has done</p> <p>Type of support 3 – Convince Haiti that NCD focus will not detract from their priorities</p>

	Group A	Group B	Group C	Group D
Suggestions for next steps			<p>Report of this meeting in a timely manner to all countries</p> <p>Meeting report to Mexico so that the Mexico meeting can build on the discussions of this meeting</p> <p>Advocacy to regional Parliamentary groupings to be involved and engaged</p> <p>Each participant here to advocate to at least 5 persons not in the health sector</p> <p>Encourage and monitor media attention to the HLM</p>	

Discussions

- ✓ Clarification was sought on one group's proposal not to involve the private sector during the next 8 months of preparation. It was the consensus of the group that given what needed to be done at this point that the private sector not be invited to participate at this stage, but later once the Government was organized and started national consultations.
- ✓ In relation to communication and sharing, it was suggested that greater use of electronic media be made specifically to share information experiences and feedback e.g. through the CARMEN portal.
- ✓ With reference to the suggestion to solicit support from UN Secretary General Ban Ki moon it was pointed out that the Secretary General had already made a supportive statement and that this should be build on.
- ✓ The need to present the economic case in economic terms and to present it using economic terminology was reiterated as essential to communicate clearly with the economists and financial sectors.
- ✓ The issue of a possible concern from countries (e.g. Haiti) and organizations/ groups who may feel threatened and see the resource mobilization for this summit as diverting resources was tabled, noting that it was possible that the intentions be misunderstood and seen as a threat to divert funds from previous areas of interest and support. This was also presented as an opportunity to build alliances with these countries and organizations to ensure that their needs were also addressed and that NCD fundraising would not be done at the expense of others. The bottom line is to avoid the touble of the beneficiaries since a shift of donor priorities not the intention.
- ✓ Participants were encouraged to share what was being done in preparation for the NCD summit to build alliances. Reference was drawn to 'evangelizing' meaning to speak to people outside of the Jewish community, so new partnership are formed, and other understand the initiative and do not feel threatened but instead see how they should and feel compelled to get involved and support the initiative.
- ✓ With reference to the development of a communication strategy, the work of SS+K was mentioned and the need to ensure that communication efforts do not split the health issues into communicable diseases and chronic diseases making a 'them and us' situation. Reference was also made to Dr. Alwan recent statement in New York City where he stated that the world faces a serious threat of communicable and non communicable disease, taking an inclusive approach, which should inform the platform for the communication strategy.
- ✓ Leverage investments being made in health already in building health systems important principle build bridges across the other health constituencies

- ✓ The opportunity as outlined in the recent Lancet meeting/publication to utilize the current funding in the health sector to focus on building health system as an entry point for chronic diseases as the benefits would be across the health care service.
- ✓ The need for a strategy or even market analysis to identify and build alliances with potential partners/stakeholders and other actors with different or even opposed positions.
- ✓ Recommendations were made for the development of a communication strategy that would demonstrate the linkages between various actors articulating complementary and supportive relations towards the common goal of reducing NCDs and their risk factors and increasing supportive factors.
- ✓ The point was made of the need to specify the funding asks, tagging amounts to the various aspects of need i.e. for prevention, treatment, management, risk factor reduction etc
- ✓ The need for a document which would specify for governments, civil society, private sector etc, broad action points to guide the critical next steps was proposed. It was also recommended that such a document have an executive summary with annexes written clearly for the different audiences with key messages i.e. conclusions from the CARMEN meeting with key action points for the different actors – Governments, civil soc, private sector etc for dissemination and follow up. It was also suggested that the detailed discussions be annexed to the document so not to lose the details and discussions.
- ✓ The need for Regional preparatory meetings was tabled and favourably supported.
- ✓ There were some calls for a resolution from this meeting on the way forward; however it was clarified that resolutions would only be made by political groups, as such given the composition of meeting technical recommendations would be prepared for dissemination and follow up action.
- ✓ Participants were informed of the upcoming COMISCA meeting scheduled for December 1 -2 Dec to discuss country health plans and address NCD among the ministers of Health and will be used as an opportunity to inform the Ministers of recommended actions. A specific invitation was extended to Dr. Hospedales to conduct the specific summit briefing.
- ✓ The question and need for after summit actions was raised and participants asked to incorporate this forward thinking into all aspects of preparation to ensure follow through is built into all actions and activities.

Preliminary summary

Branka Legetic who facilitated the discussions offered a summary of the suggested points as follows:

Expectations:

- Need to consolidate NCDs to be seen as a priority at Govt and NGO level
- Help in the organization of the MoH to support work for and after the summit

- Work around the summit based on alliance building reach out side health sector to include other sectors
- Whole life cycle approach- health care health prevention promotion – palliative care
- Agenda on the dev agencies and non health sectors – bring NCD commitment to other agencies build capacity, for concrete actions and for clear earmarked financial commitments

Government's expectation next 8 months

- Organise national consultations and produce national positions
- Go beyond national to regional consultations – put on the agenda of the regional integration movements –CARICOM, MERCOSUR, COMISCA consultations to derive clear positions on NCDs
- Sensitize other organizations in the country beyond the health sector
- Advocate for participation of the highest level to the summit – Presidents or Prime Ministers
- Build the national case/ position on NCDs

Civil Society

- Talk to government and provide clear expectations of the governments
- Talk to private sector and outline expectations and areas for support and collaboration
- Advocate for increased duration of Summit for at least 2 – 3 days
- Have a broad call of civil society organizations and groups, that go beyond health civil society groups, and define one voice from civil society
- Work to create a demand for participation and interest in attending and define financial commitments

International organizations

- Use expertise to convene different sectors and organizations, health and non health, regional and international placing NCDs on the technical cooperation agenda to support countries to build national NCD cases
- Support civil society in building broad coalitions
- Facilitate and assist in the identification of champions national and regional to support advocacy

Private sector

- One proposed position for no involvement at this point
- All other advocate private sector involvement, specifically to working on public advocacy to engage the public in the process and decision processes
- Inform them of the UN process and expected resolutions to prepare their involvement and commitment

Expectations of the CARMEN policy observatory

- Support the realization of national and regional forums and specific projects to make the case of NCDs
- Facilitate and provide technical support to build the epidemiologic and economic case for NCDs at national and regional levels
- Develop a framework for analysis of compliance after the summit

- Advocate for the establishment of a media campaign, maintain the policy observatory network, ensuring timely communication and dissemination of information on pursued actions and developments in the policy arena.

Discussion

In an effort to define the best way forward the suggestion was made to review the discussions from this two day meeting and to incorporate new ideas and emphasise some aspects in the current 'Draft resolution from New York'. Key points for inclusion and further development include:

- The need to include national consultations for define national positions
- More emphasis on the role and involvement of the Regional political integration mechanisms
- Increasing references to civil society initiatives that can be scaled up
- A letter from Dr Roses to write to ministers and PAHO Representations outlining the critical next steps including the recommendation for national consultations to define the national position and commitments
- The need to identify champions such as Past President Lula of Brazil, Clinton of the US etc
- Define the role of private sector, opportunities for collaboration and roles to be filled
- The opportunity to present to the World economic forum and to specifically leverage interest in NCDs
- The need to invest in understanding stakeholders those who may not support, may oppose, or just not understand the intentions of the NCD Summit.

ANNEX 3 Conclusion Discussions on the proposed technical agreement

Discussion on the 'Conclusions from CARMEN Policy Observatory Meeting: Agreements on Technical Actions to Prepare for the UN Summit and Beyond'. This session facilitated by Silvana Luciani sought to bring together the points raised in the groups, and discussions from the two day meeting into a conclusion to inform the critical next steps.

The summary conclusion and proposed agreement was discussed under the following headings:

Purpose and participants of the CARMEN Policy Observatory Meeting:

- 17 countries: represented by Ministry of Health chronic disease program managers
- Officially designated by the Minister of Health as representing the voice of national governments and national health authorities
- International NGO representatives: NCD Alliance, UICC, IDF, HCC, Rotary
- International organizations: IDB, PAHO - CFNI, CAREC, PAHO/WHO CC and INCAP
- Regional political integration organizations: CARICOM, MERCOSUR, COMISCA
- Academia: UWI, UOT

Discussion

It was noted that the summary conclusion would be a statement of the expectations of this group in relation to the expectations of the outcomes of the summit

Expectations for the UN Summit on Chronic Diseases and the outcomes

Expectations of the outcome of the Summit

- I. Resolution with concrete Global commitments for effective multi-sectorial strategies, directed across the - promotion of healthy lifestyles across the life cycle - continuum of care (social determinants, prevention to palliative care)include protective factors *
- II. Promote healthy lifestyle environments ---multisectorial strategies across the lifecycle prevent – care etc
- III. Comprehensive public health approach including –
- IV. Heads of State participate in the summit and support outcome resolution(s).
- V. Broad civil society involvement in the preparation and in the summit
- VI. Significant increase in financial and other resources from ODA and other instruments for technical cooperation
- VII. Monitoring and evaluation (eg. compliance framework, progress report to UN)
- VIII. To increase global awareness of NCDs and their risk factors

Expectations of the preparation for the summit

Heads of State support the preparations and participate in the summit.

It was agreed that the suggested expectation to include a statement on the proposal for 3 days be delete since it was not the purpose of this meeting to focus on the actual process of the Summit and the concern that advocating for three days may put undue pressure and work against the desired outcomes.

Priorities for Technical Actions:

Evidence/analysis:

- Analysis and synthesis of evidence on burden, its risk factors and impacts (socio-economic) of NCDs
- Making an economic case, using economic language
- Make broader case in the context of – epidemiology, social justice and inequities in health, human rights, environmental, development, political, policy and other arguments ...
- Stakeholder analysis (to understand stakeholders to build strategies to work with hem), including understanding stakeholder positions

Discussions:

- The need to understand the contenders was identified as a necessary action to inform a strategy to foster collaboration and alliances.
- The need to make a case from an economic point of view separately was emphasised, so it is not lost and at the same time to also make the case from other angles epidemiology, social justice and inequities in health, human rights, environmental, development, political, policy etc
- The need to consider inequity in health is critical as the economic needs be conveyed to the heads of states. As such the approach should be one in the context of social justice and inequity.
- It was also suggested that the evidence be also framed in the context of development a necessary angle especially in the negotiations with the UN.

Communications:

- Key messages and actions/asks and arguments to be used in consultations and multi-level and multi-sectorial engagement
- Sensitize public through media outreach and technology/social media to build public support
- How to frame the issue – and reflect the national and regional realities

Discussions

- The issue of how best to frame/conceptualise the issue whether as a human development problem, sustainable development problem, health problem, public health problem, health care problem, framing it appropriately will facilitate the development/definition of the policy arguments
- The need to develop communication messages in its real dimension to clearly reflect the national and regional realities was highlighted
- The need to also explain the magnitude of the problem in the context of its preventability highlighting from the political point of view the long term benefit to

human development and the urgency of the immediate need to respond with short term actions that can have the desired impact.

Consultation:

- Regional political integration movements develop position/recommendations
- National multi-sectorial consultations (including NGO & FBO): technical cooperation, guidelines/methodology, national positions and commitments
- identify and cultivate champions (appealing to a range of audiences) (high level political as well as celebrity) and appealing to various audiences

Discussion

- It was noted that it was critical that the champions be appealing to different audiences
- There was a request to define sub regional vs regional and it was proposed political integration movements be used to refer to CARICOM, COMISCA, SICA, MERCOS.
- In this light it was also suggested that regional political integration movements: develop a position/recommendations
- Was suggested that technical cooperation and guidelines with clear methodologies be made available for national multi-sectorial consultations (including NGO & FBO) to develop national positions and commitments

Recommendations for Next Steps:

PAHO:

- Issue communiqué on conclusions from this meeting to all Member States
- Guidelines on national multisectorial consultations
- Dr. Roses to write to Ministers of Health, and PAHO/WHO country representatives, with recommendations to hold national multi-sectorial consultations to prepare country response
- Through CARMEN network, share information and experiences, best practices specific preparing for UN Summit
- Build cross area internal coordination/collaboration e.g. tobacco control unit
- Keep partners informed re: planned meetings

Discussion

- The need to facilitate internal coordination and collaboration between units was noted
- CPHA noted that they would look to will look to PAHO to keep part them informed of planned meetings to ensure appropriate government participation
- A request was made for PAHO to consider other partnerships that address NCDs and to seek and engage these partners through the partners forum

PAHO/WHO Collaborating Centre:

- Provide technical support for the preparation of document which synthesizes evidence and can be used in national consultations (in collaboration with PAHO and other relevant partners)
- Maintain CARMEN portal

Discussion

- PHAC noted that they would be more appropriate for them to better able to provide the necessary technical support to countries to aid the preparation of their positions rather than prepare these documents i.e. where to get the information, types of information needed.
- PHAC also noted that they are preparing a report of this meeting to be disseminated to all, and that they would also
- Keep the CARMEN portal maintained

Governments

- Governments – through MoFA with technical support from Health (country specific):
 - Create and manage/coordinate a multi sectorial group -
 - Conduct consultations with all stakeholders
 - advocate on the modalities and resolution
 - Engage Ministry of Foreign Affairs and other relevant ministries
 - MoFA engage and convene various govt entities
 - Ministries do an analysis of the burden of NCDs to that particular sector

Discussion

- The need to liaise and coordinate with/trough the Ministries of Foreign Affairs as appropriate to specific country was reiterated
- It was proposed that Ministries of Foreign Affairs may be the most appropriate ministry to coordinate the preparatory efforts with the technical push and support from the Ministry of Health
- The need to be specific was noted and as such it was suggested that the Ministries needed to advocate on the modalities and the resolutions for the summit
- The need to have an order/ or directive that will facilitate the coordination and collaboration between ministries, best coming from the Ministry of Foreign Affairs which can facilitate the preparations in the context of the UN, was suggested and supported by many
- Reference was made to the Canadian experience where the Foreign Affairs facilitate such negotiations to the UN or other but rely on health sector for the technical input.

Political integration movements:

- Position papers/recommendations
- Put on the agenda of their discussions e.g. CARICOM , COMISCA appropriate section and outside of health

Discussion

- The need to put the preparation for the NCD summit officially on the agendas of these organizations and also on the agendas of their sub committees or groups e.g. agriculture, COSOD CARICOM, was highlighted and accepted as a necessary action

NGOs including FBOs:

- Organize and unify to have one voice
- Participate in government consultations and recommendations
- Support communications and champions
- Respond to UN consultations and civil society participation processes

Discussion

- The important role to be played by civil society in responding to Un consultation and civil society processes, was tabled for inclusion, noting that there are usually separate consultations with civil society and it was important that many civil society groups are available and desirable of participating in this process.
- A suggestion was made to include and refer specifically to faith based organizations as they have important roles to play in advancing the process

Private sector:

- Workplace wellness
- Contribute financial and other resources to implement UN Summit commitments

Discussions

- The proposals made for the private sector were accepted as presented.

Concluding Remarks

Dr. James Hospedales

This CARMEN Policy Observatory meeting policy is the first meeting facilitating dialogue on the preparations for the Summit at this level and has significantly advanced preparations. Dr. Hospedales thanked everyone input and noted that the summit is scheduled for between the 19th -23rd September 2010, leaving approximately 300 days for preparation. He also noted the role of Health is advancing the efforts and acknowledged the roles of all stakeholders including civil society and particularly the private sector, which he commented, should be invited match every dollar to be invested in the fight against NCDs. This he noted would be a tangible indication of their commitment to partner in the fight against NCDs.

Ms. Silvie Desjardins

Referring to the image of two drops in her earlier presentation, Ms Desjardins created the image of the two day meeting as the two drops with anticipation of the ripple effects of the meeting. She noted the advancements made towards the preparations for the Summit and encouraged participants to share the knowledge with their colleagues across the sectors and to consult the portal to keep informed of advances and generally facilitate knowledge share.

List of APPENDICIES Power Point Presentations

- APPENDIX 1 Perspective from the Region of the Americas, James Hospedales, PAHO
- APPENDIX 2 CARMEN Policy Observatory: A Conversation about progress with Chronic Disease Policy in the Americas and Achievements to date, Sylvie Desjardins, PHAC
- APPENDIX 3 Lessons learned from Policy Dialogue Experiences, The Case of CARICOM, Rudolph Cummings, CARICOM
- APPENDIX 4 The Case of Chile- Canada Policy Dialogue, Maria Cristina Escobar, Chile
- APPENDIX 5 The Case of Argentina's Programme on Chronic Diseases, Sebastian Laspiur, Argentina
- APPENDIX 6 Lessons Learned from the Summit of the Americas, and G8/G20 Summit processes with Respect to Health Issues, John Kirton, University of Toronto, Canada
- APPENDIX 7 Country Capacity: Gaps and Needs in Health Policy, Gerardo de Cosio, PAHO
- APPENDIX 8 Review Process and Expectations for the 2011 UN Summit and Lessons Learned from other Health Related UN Summits, James Hospedales, PAHO
- APPENDIX 9 NCD Alliance and the UN Process and Action Moving Forward, Cristina Parsons Perez, NCD Alliance and Eduardo Cazap, International Union Against Cancer
- APPENDIX 10 Work Group A presentation
- APPENDIX 11 Work Group B presentation
- APPENDIX 12 Work Group C presentation
- APPENDIX 13 Work Group D presentation
- APPENDIX 14 Participants List