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EDITORIAL

World Heart Federation and the UN High-Level Meeting on Non-Communicable Diseases (NCDs): Advocacy and action to address the global burden of cardiovascular and other NCDs

In September, organizations that have been addressing the four main non-communicable diseases (NCDs), which include cardiovascular disease, cancer, diabetes and chronic respiratory disease, will see the issue of NCDs finally receive focus as a global development issue. **The United Nations High-Level Meeting (UN HLM) on the Prevention and Control of Non-communicable Diseases** will occur just before the General Assembly and will bring together heads of state and heads of government and their designees for a meeting that, over the course of 2 days, will address solutions to the pandemic of NCDs in low-, middle- and high-income countries. The call for this meeting, only the second of its type to address a health issue (the first was the UN General Assembly Special Session on HIV/AIDs in 2001, which led to dramatically accelerated and increased funding for HIV/AIDS), was confirmed through a resolution in May 2010. The World Heart Federation and its disease partners in the NCD Alliance (the International Diabetes Federation, Union for International Cancer Control and International Union Against Tuberculosis and Lung Disease) played a key role in the call for this Summit, and are extensively engaged in actions leading up to the HLM. It is what comes after September that is most critical, and where the global cardiovascular (CVD) community can show our strength and unity.

As background to the UN HLM, in 2008 the World Health Organization (WHO) approved a strategy to address the four diseases that account for 60% of all deaths globally, with 80% occurring in low- and middle-income countries. The 2008–2013 *Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases* focuses on the shared risk factors across the four diseases: unhealthy diet, physical inactivity, tobacco, and harmful use of alcohol. The following year, in May 2009, the World Heart Federation became one of four founding members of the NCD Alliance, which sought to serve as the civil society voice for NCDs, and to elevate them on the global agenda. In an initiative led by the CARICOM countries, with subsequent support from the Commonwealth and other blocs, the NCD Alliance actively advocated for a Summit to address NCDs as a threat to global development. One year later, on May 13, 2010, the resolution was passed and the Summit is scheduled for 19–20 September 2011 in New York.

The past year has been one of intensive advocacy activity by the World Heart Federation and the NCD Alliance. The first major challenge was around the modalities resolution, to ensure that the meeting was of adequate length, substance and representation to be meaningful. Through mobilizing our respective member networks (of which there are over 900 national and regional member associations), working with a common interest group of 350 like-minded NGOs and contacts at the UN missions in New York, we were able to secure a 1.5 day meeting, with three roundtables and the guarantee that representatives of civil society could attend. The next challenge was to advocate for the appointment of a Civil Society Task Force to be convened by the President of the UN General Assembly for the Summit to ensure that the voice of civil society would be represented. This was approved, and once the Task Force was appointed and it was discovered that there was no one representing the CVD community, the World Heart Federation and NCD Alliance mobilized support among our members and friends to call for inclusion of CVD on the Task Force; this was quickly resolved with the inclusion of, World Heart Federation Board member and Secretary, Dr. Nooshin Bazargani of

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Dubai Health Authority. Further advocacy work has focused on calling for proposed outcomes for consideration by Member States and those charged with drafting the outcomes document that will be approved by all member states at the HLM. The proposed outcomes, modeled on the version approved at the UNGASS in 2001, calls for a variety of targets around leadership, prevention, treatment, accountability, and other key areas; the Alliance also joined with *The Lancet* to publish priority areas for consideration post-Summit, and a condensed version for advocacy purposes of both documents includes:

(1) Commit to a whole-of-government response through costed national plans for NCD prevention and treatment.
(2) Establish an NCDs partnership, linked to WHO, to coordinate follow up action with member states, other UN and multilateral agencies, foundations, NGOs and private sector.
(3) Increase national and international resources for NCD prevention and treatment.
(4) Include NCDs in future global health and development goals.
(5) Accelerate implementation of Framework Convention on Tobacco Control (FCTC).
(6) Reduce dietary salt, sugar, saturated and trans-fats and harmful use of alcohol.
(7) Implement strategies to encourage physical activity and improve diet.
(8) Strengthen health systems through integration of NCD prevention and treatment.
(9) Increase access to affordable, quality-assured essential medicines and technologies to prevent and treat cancer, cardiovascular disease, chronic respiratory disease and diabetes, including vaccines and palliative care.
(10) Establish a high level Accountability Commission on NCDs with cross sector representation to monitor Summit commitments.

What can we expect in September, and what will the post-September environment look like for CVD and other NCDs? It is still not completely clear, and much of the success of the Summit will rest on whether the outcomes document that is being negotiated through the month of July 2011 is strong, and whether heads of state and government attend the meeting. At the same time, there are some areas we can acknowledge and predict. To start with, the Summit, and all the advocacy and awareness that has been built in the lead-up to it, has changed the game; a new and much broader set of decision-makers and stakeholders have been made aware of the term NCDs and has a better understanding of what the four diseases and their common risk factors are. There have been new publications and a number of meetings around the issue, some involving those outside of health who also have a role to play. Global leaders including Vladimir Putin have spoken at meetings and made statements of support, and the development community has taken note. The formation of NCD Alliances at the country level has been notable, and means that if and when more funds are available to address NCDs, the systems in place to receive them have the capacity to be better organized and to better use resources than they might have if the various disease groups and other stakeholders had not joined forces. We are speaking something of a common language, no mean feat in an area as complex and varied as NCDs.

The challenges are that there are no signs that new sources of funding or commitments to support will be available. There is reluctance to commit to specific targets, and there are areas where there is lack of agreement around what priorities should be. Stakeholders are seeking to build an advocacy movement with no notable support other than that from our own budgets, and while funding relationships with pharmaceutical industry and others have generally been transparent and positive, the limited pool of funders makes next steps challenging. There is still not full agreement on what a multisectoral or whole of government response should be, and different UN agencies outside of WHO are only just starting to engage.

Still, there is no turning back and the CVD movement has had remarkable moments of unity and advocacy over the past year. This can and must continue post-Summit, as we continue to build support and evidence for the leading cause of morbidity and mortality in the world.

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