UN High-level Meeting on NCDs

(New York, 19-20 September 2011)

Summary report of the discussions at the round tables

(prepared by WHO -- not an official record)

On 19 and 20 September 2011, the United Nations General Assembly convened the High-level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) in New York, with the participation of Heads of State and Government.

The impetus for this meeting came from United Nations General Assembly resolutions 64/265 and resolution 65/238 which were adopted in May 2010 and December 2010, respectively.

The High-level Meeting included formal plenary sessions, as well as three round tables. The themes of the round tables were as follows:

- Round Table 1: The rising incidence, developmental and other challenges and the social and economic impact of noncommunicable diseases and their risk factors
- Round Table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases
- Round Table 3: Fostering international cooperation, as well as coordination, to address non-communicable diseases

The round tables brought together 113 Member States, including 34 Heads of State and Government. A list of speakers in the round tables is found in the Annex..

Over the course of two days, participants reviewed the changing landscape for global health and development, acknowledging the rapidly growing burden of NCDs, particularly in developing countries, and charting a way forward to strengthen national capacities and foster international cooperation. WHO's role in coordinating global efforts to scale up the prevention and control of NCDs was widely accepted.

The round tables did not aim to discuss the Political Declaration, which had been endorsed by the United Nations General Assembly before the start of the round tables. Rather, it was conducted as a strategic conversation: identifying key issues, challenges and opportunities, and discussing priorities for action at global and country levels. A synthesis of the discussions at the round tables is available below.

Round Table 1: The rising incidence, developmental and other challenges and the social and economic impact of NCDs and their risk factors

The first round table was co-chaired by the Secretary of State for Health from the United Kingdom and the Minister of Health from Indonesia. total of 38 interventions were made, from national Member State delegations, NGOs, IGOs and IFIs. Several key messages emerged, including:

- There is a sense of urgency to scale up action to prevent and control NCDs, taking into account that 300 million lives have been lost to NCDs since the call for MDG+ was made a decade ago. Low- and middle-income countries are experiencing a faster growth of the NCD

burden than high-income countries. Low- and middle-income countries have compressed timelines for mounting an effective national response and need to catch up with four decades action undertaken in high-income countries.

- Effective national responses focus on a package of low-cost, cost-effective interventions, including interventions to address tobacco use (mainly the provisions of the WHO Framework Convention on Tobacco Control), unhealthy diet (e.g. through salt reduction), physical inactivity and the harmful use of alcohol.
- National multi-sectoral responses need to be developed and implemented with the full involvement of all stakeholders, including the private sector while guarding against any conflict of interest.
- Constraints that hold back action on NCDs include vertical disease-based responses, insufficient human resources with the skills to manage with NCDs, and insufficient data.
- National leadership is needed to set national agendas beyond the health sector.
- Targets need to be set at national and global levels to drive the national responses. A monitoring framework for measuring progress needs to be established accordingly.
- Alongside the Political Declaration adopted at this High-Level Meeting on NCDs on 19 September 2011, the Global Strategy for the Prevention and Control of NCDs (endorsed by the World Health Assembly in May 2000), its Action Plan (endorsed by the World Health Assembly in May 2008) and the Moscow Declaration on Healthy Lifestyles and NCD Control (endorsed by the World Health Assembly in May 2011) provide a vision and a roadmap to scale up action for the prevention and control of NCDs.

There was general agreement that NCDs -- mainly cardiovascular diseases (heart disease and strokes), cancers, diabetes and chronic lung disease -- are today the leading causes of disease burden and death worldwide. There is no dispute that they share four major causative risk factors: tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol.

Many participants spoke to the 36 million people who died from NCDs in 2008. More than 9.1 million people died from NCDs too young -- before the age of 60. Nearly 90% of these premature deaths occurred in low- and middle-income countries. Equally clear messages came from governments on the impact of NCDs on national economies (loss of national income) and social disparities.

The first round table heard plenty of challenges:

NCDs are hidden, misunderstood and under-recorded

- There is still insufficient statistical data on NCDs, particularly in low- and middle-income countries, as current capacities for surveillance of NCDs are inadequate in many countries.
- The rapidly increasing burden of NCDs in low- and middle-income countries over the past decade has remained relatively hidden from the public domain.
- Policy makers need to recognize that the NCD epidemic is largely preventable by government-led action -- in close collaboration with civil society and the private sector.

NCDs affect the pace and the process of economic growth

- New data has been released that estimates that NCDs exert the equivalent of a 4% tax on economic output in low-and middle income countries. The cost of inaction is unacceptable, especially given that the benefits of action outweigh the costs by three times.
- Because of the magnitude of the illness, the disabilities and premature deaths they cause and the long-term care required, NCDs reduce productivity and increase health-care costs, thereby weakening national economic development.

- Around 30% of people of deaths due to NCDs in low- and middle-income countries occur during working age (below the age of 60), compared to only 13% in high-income countries.
- Health spending to control NCDs outpaces economic growth.
- NCDs lock millions of people into chronic poverty every year due to impact on household income. Numerous examples of this were quoted from all continents. Indeed, it was estimated, based on a cost of US$500 per case annually, that the cost of treating obesity-related diseases alone in Mexico would be greater than the total current cost of health care.

NCDs lead to unprecedented health-care needs in low- and middle-income countries

- Over the past three decades, deaths from NCDs have increased at an astonishingly fast rate in low- and middle-income countries. As a result, many low- and middle-income countries are now suffering from a double burden of disease. This phenomenon means that the already over-stretched public health services will now have to also cope with the increasing trend of NCDs.
- A large proportion of people with high risk of NCDs remain undiagnosed in low- and middle-income countries, and even those diagnosed have insufficient access to treatment at the primary health-care level. Examples included the full range of NCDs, but special mention of the cost of cancer was made by a number of speakers.

NCDs impact the international efforts at development

- Participants recognized the mutual linkage between inequalities and NCDs. Socio-economic inequalities lead to NCDs and health inequalities in turn lead to impoverishment, loss of work and other forms of inequity. "Where you live should not determine whether you live".
- NCDs have a negative impact on family income, because a substantial proportion of household income is spent on health-care in low-income countries.
- Costs for NCD-related health care, medicines, tobacco and alcohol displace household resources that might otherwise be available for education.
- Improper nutrition during pregnancy is associated with stillbirths and pre-term births and leads to higher rates of diabetes and high blood pressure later in life.
- The rising prevalence of high blood pressure and gestational diabetes is increasing the adverse outcomes of pregnancy and maternal health. Diabetes during pregnancy presents serious risks to both the mother and the baby.
- The increasing burden of NCDs also interferes with effective tuberculosis control. There are close links between tuberculosis, diabetes, and tobacco and there are close links between the management of HIV/AIDS and NCDs. Many speakers underlined that the investment in NCDs should be synergistic with, and should not impede, the work on infectious diseases.
- Strong appeals were made for linking NCDs with related conditions such as mental health, oral health, musculo-skeletal disorders, violence and injuries, and sickle cell anemia.
- NCDs are also a gender issue. There is wide disparity in risk of NCDs between men and women, differences in access to diagnosis and treatment, linkages with empowerment of women and education of girls. It was also noted that the burden of caring is unequally shared between women and men.

More challenging is that the solutions require action across several governmental departments, civil society, the private sector, WHO, global health organizations (within and beyond the UN): Some elements of consensus emerged in a way forward, including a shared responsibility to:

- Acknowledge the magnitude of the NCD epidemic and strengthen political commitment to prevent and control NCDs at the highest levels of government. This shared responsibility

should lead to responses that address the determinants and the risks of NCDs. A range of sectors were mentioned in government (agriculture, education, transport, urban design) as well as outside government (academia, civil society, the private sector, religious leaders, the community).

- Integrate NCD prevention and control into national and global development agendas. NCDs should be part of every programme in sustainable and human development, whether at national or international level.
- Strengthen public awareness: many delegations emphasized the importance of healthy behaviours and raising public awareness. This included a wide range of supports such as school-based food and nutritional programmes, regulation of marketing, infrastructures for promoting physical activity, and integration with social welfare services.
- Strengthen health systems: specialized human resources in health systems need to be recruited, trained, and retained in order to recognize, assess, and manage NCDs. Issues of universal coverage and financial sustainability need to be addressed.
- Strengthen research: The capacity for research and development needs strengthening; the experience of programmes like HIV/AIDS and malaria show the power of bringing to bear global cooperation and innovation on a health problem.
- Strengthen surveillance: Share the responsibility to map and monitor NCDs and their risk factors and determinants and build effective NCD surveillance systems, as an integral part of national health information systems:

Round Table 2: Strengthening national capacities, as well as appropriate policies, to address prevention and control of NCDs

The second round table was chaired by the President of Hungary and the Minister of Health of Mexico. The second round table highlighted best practices in countries with different income levels. Affordable and cost-effective interventions were highlighted, priorities to strengthen national capacities were identified, and international experiences and lessons-learned in promoting intersectoral action were reviewed. The round table also reflected on ways to forge new alliances between sectors: government departments, communities, NGOs, and the private sector. A total of 43 interventions were made from national delegations, NGOs, IGOs, and IFIs.

Key messages which emerged during the debate include:

- Addressing NCDs through the implementation of affordable and cost-effective best practices ("best buys") is a question of urgency.
- Investing in the prevention and control of NCDs must be an integral part of efforts to promote sustainable socio-economic development, not only to promote better health outcomes, but also to reduce poverty and attain the MDGs.
- "Best buy" interventions and other effective measures to reduce risk factors can only be implemented through active engagement of non-health sectors. Thus, effective (governance and coordination) mechanisms for intersectoral action must be established.
- Health-care systems need to be strengthened, particularly at the primary health care level, in order to improve and reach universal access to essential health care for people with NCDs including essential medicines
- Institutional mechanisms need to be established and developed to enable governments to engage systematically beyond the health sector and address the underlying determinants of health.
- Health personnel needs to be trained in adequate numbers to ensure appropriate national capacity to tackle NCDs and achieve universal coverage, especially at primary health care levels.

- Social protection mechanisms need to be established to provide access to health services for all.
- The provision of health care services to detect and treat cancers, diabetes, cardiovascular diseases, chronic respiratory diseases, mental health conditions and disabilities needs to be dealt with in the context of overall health strengthening, based on a primary health care-based system

Several speakers acknowledged that the existence of ongoing initiatives to combat NCDs in a growing number of countries provides a strong foundation to scale up efforts in the coming years . Guiding principles to scale up action may include::

- National NCD policies and plans need to be aligned with broader development frameworks (including Common Country Assessments, UN Development Assistance Frameworks, Country Cooperation Strategies, etc)..
- Strengthening political commitment and according a higher priority to NCD programmes at national levels are key to strengthening national capacities to tackle NCDs.
- Lessons learned from international experiences in the prevention and control of NCDs, including community-based programmes, has been identified and disseminated. This knowledge should be used to guide future efforts..
- Ongoing efforts to strengthen national capacities to address NCDs in low- and middle-income countries indicate that there is a significant opportunity for progress over the coming years.

At the same time, there was recognition that more prevention gains may be achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, pricing, advertising, information and communication technology and taxation policies, than by changes that are restricted to health policy and health care alone. Immediate national priorities may include:

- A comprehensive national approach that includes integrated interventions to tackle NCDs and their risk factors, both in regard to prevention, as well in regards to early detection and treatment. Such a national approach should aim to target the population as a whole.
- Multisectoral action to prevent and control NCDs requires support and collaboration from government, civil society and the private sector. Therefore, multiple sectors must be brought together for successful action against the NCD epidemic. In this respect, policy-makers must follow successful approaches to engage non-health sectors based on international experience and lessons learnt..
- Establishing national surveillance and monitoring frameworks for NCDs that monitors exposures (risk factors and determinants), outcomes (morbidity and mortality) and health-system responses (interventions and capacity) that are fully integrated into national health information systems. Equally important, measurable national goals and targets must be adopted, as well as a standardized set of core indicators.
- Strengthening of country health-care systems to address NCDs must be undertaken through reorienting existing organizational and financial arrangements and through conventional and innovative means of financing. Reforms, based on strengthening the capacity of primary health care, and improvements in health-system performance can be implemented to improve NCD control outcomes.
- Prevention and control measures with clear evidence of effectiveness and high cost-effectiveness ("best buys") should be adopted and implemented, as well as population-wide interventions that could be complemented by individual health-care interventions.

- NCDs should be included in national discussions on sustainable development. The NCD epidemic has a substantial negative impact on human and social development. NCD prevention can be included as a priority in national development initiatives and related investment decisions. Depending on the national situation, strengthening the prevention and control of NCDs can also be considered an integral part of poverty reduction initiatives and other development assistance programmes.
- Civil society, including the private sector, is uniquely placed to mobilize political and public awareness and support for NCD prevention and control efforts, and to play a key role in building capacity and in supporting NCD programmes. The private sector and industry in particular can contribute to NCD prevention and control by reducing the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, producing and promoting more food products consistent with a health diet (including by reformulating products to provide healthier options that are affordable and accessible), promoting and creating an enabling environment for healthy behaviours among workers, reducing the use of salt in the food industry, and improving access and affordability for medicines and technologies in the prevention and control of NCDs. Governments are responsible for monitoring the required actions.
- Financing of prevention and health care interventions remains a major impediment to the achievement of progress. Domestic financial allocations to implement national NCD programmes are often inadequate. However, the potential to increase taxation on tobacco and alcohol exists in many countries. Even if only a portion of the proceeds were allocated to health, access to services would be greatly enhanced. Some countries have also introduced taxes on other harmful products, such as sugary drinks and foods high in salt or transfats.

Some elements of consensus emerged in a way forward, including a shared responsibility to:

- Make prevention work worldwide. Consider different settings for action, particularly schools, workplaces, households and communities. Sustain health financing through innovative approaches, like earmarking revenue from alcohol and tobacco taxes.
- Advance multisectoral action by developing national multisectoral plans and establishing effective multisectoral coordination mechanisms. Consider establishing cross-cluster action teams, in particular with Ministries of Agriculture, Education, Finance, Planning, Social Affairs and Welfare, Trade, and Transport.
- Scale up access to NCD essential health care in all countries by integrating NCD policies and plans into wider health system planning, providing cost-effective early detection and treatment services for people at a high risk of heart attacks and strokes and curable cancers, establishing policies that make essential medicines accessible for all through efficient procurement and distribution, providing viable financing options, establishing policies for high-quality generic medicines, developing and promoting the use of evidence-based guidelines for the treatment of major NCDs, providing training for health workers at all levels of care, and developing health financing policies that move towards universal coverage.
- Set targets and measure results by monitoring NCDs and their risk factors; strengthening national information systems by implementing a surveillance framework that monitors key risk factors, morbidity and mortality and health-system capacity for NCDs and; by setting standardized national targets and indicators, consistent with internationally agreed monitoring mechanisms.

../..

Round Table 3: Fostering international cooperation, as well as coordination, to address NCDs

The third round table was chaired by the Prime-Minister of Saint Kitts and Nevis and the MInister of Health and Social Welfare of Liberia. This round table addressed the importance of fostering international cooperation in assisting countries in addressing NCDs. International cooperation was interpreted by participants to include cooperation between governments, cooperation between governments and international organizations as well as cooperation with all relevant sectors, public and private, working at inter-country level.

The round table discussions highlighted areas where coordinated action and international solidarity are important in advancing national and international surveillance and monitoring of NCDs and their risk factors, reducing exposure to risk factors and strengthening care and treatment of people with NCDs.

A total of 42 interventions were made from national delegations, NGOs, IGOs, IFIs and the private sector.

Key messages which emerged during the debate include:

- Many speakers highlighted that the international community is entering a 'new frontier' in public health for which international collaboration and coordination will be vital. It is now widely recognized that in an increasingly globalized world, national action alone will not be sufficient to address the rising tide of NCDs. The lessons learned from international action to tackle HIV over the past 10 years provide examples of international cooperation that could be useful, as we move forward in addressing NCDs.
- The stark intra- and inter-country health and economic inequities related to NCDs is clearly acknowledged. The role of poverty in increasing NCD risks and the impact of NCD on poverty and on development is widely understood. Participants recognised the importance of international cooperation in increasing the collective understanding of NCD-related inequalities and the need to integrate NCDs into official development assistance programmes.
- International instruments such as the WHO FCTC were acknowledged as critical tools needed to scale up action to address NCDs. Continued dialogue on possible additional global frameworks, trade related codes of conduct and other international instruments was encouraged.
- The importance of sharing of information and experiences was repeatedly emphasized. Tackling NCDs was seen as an opportunity to increase South-South cooperation, as well as to increase inter-country, regional and international collaboration. Professional networks were acknowledged as important mechanisms for sharing experience and for stimulating research into effective, cost-effective interventions to address NCDs, particularly in low-resource settings. Many participants took the opportunity during the round table to share their national experiences.
- Many participants raised the importance of developing time-bound targets for "holding ourselves to account", for monitoring progress and for ensuring continued attention and investment in NCDs.

../..

Areas where international cooperation was thought to be particularly important in addressing NCDs included:

- Strengthening national surveillance: The current lack of critical national data needed to guide policy development and international assistance was highlighted by many participants. International assistance to address this issue is urgently needed.
- Strengthening international collaboration to engage in constructive dialogue with commercial sector to develop trade related practices that protect and promote healthy consumption. Many participants sought to encourage internationally coordinated action to tackle pressure from the pharmaceutical industry and engage productively with private sector.
- Marketing and advertising: The positive and negative aspects of advertising and modern communications were highlighted. Internationally coordinated action to optimise the benefits of modern communications in promoting healthy lifestyles were raised, as were the importance of international efforts to limit the negative impact of advertising and marketing.
- Regulatory harmonization: A key role of international coordination and collaboration in developing international standards and harmonizing regulation of (particularly) food standards was raised by a number of participants.
- Access to medicines and technologies: Access to affordable medicines was raised by number of participants. Again, the experiences from addressing HIV was highlighted as a possible model for addressing some of the access issues. This was acknowledged as a complex issue where the right balance between cost to consumer and reasonable profit for pharmaceutical companies will need to be balanced.

ooo000ooo

ANNEX

ROUND TABLE 1: The rising incidence, developmental and other challenges and the social and economic impact of NCDs and their risk factors

LIST OF REGISTERED SPEAKERS

CO-CHAIRS	
His Excellency Andrew LANSLEY Secretary of State for Health, UNITED KINGDOM	His Excellency Endang Rahayu SEDYANINGSIH Minister of Health, INDONESIA

NAURU	His Excellency Marcus STEPHEN President
GABON	His Excellency Ali Bongo ONDIMBA President
CHINA	His Excellency CHEN Zhu Minister of Health
SOLOMON ISLANDS	His Excellency Charles SIGOTO Minister for Health and Medical Services
TRINIDAD AND TOBAGO	His Excellency Fuad KHAN Minister of Health
TONGA	His Excellency Uliti UATA Minister of Health
BAHRAIN	Her Excellency Fatima AL BALOOSHI Minister of Health
ITALY	His Excellency Ferruccio FAZIO Minister of Health
BARBADOS	His Excellency Donville INNISS Minister of Health
CHAD	Her Excellency Toupta BOGUENA Minister of Public Health
JAMAICA	His Excellency Rudyard SPENCER Minister of Health
UZBEKISTAN	His Excellency Anvar ALIMOV First Deputy Minister of Health (TBC)
BELGIUM	His Excellency Philippe COURARD Secrétaire d'Etat à l'Intégration sociale et à la Lutte contre la pauvreté
MEXICO	His Excellency Dr. Mauricio HERNANDEZ-AVILA Vice Minister of Health
DOMINICAN REPUBLIC	His Excellency Jose RODRIGUEZ Under-Secretary of Public Health

PHILIPPINES	His Excellency Nemesio T. GAKO Assistant Secretary of Health
ISRAEL	His Excellency Gad LUBIN Director of the Mental Health Division at the Ministry of Health
SURINAME	Her Excellency Marthelise EERSEL Director of Health
ZIMBABWE	
MAURITANIA	His Excellency Abderrahim OULD HADRAMI Permanent Representative to the United Nations
EUROPEAN UNION	John DALLI Commissioner for Health and Consumer Policy
INTERNATIONAL OLYMPIC COMMITTEE	Jacques ROGGE President
WORLD BANK	Tamar MANUELYAN-ATINC Vice-President, Human Development Network
INTERNATIONAL ALLIANCE OF PATIENTS ORGANIZATIONS	Eva Maria Ruiz de CASTILLA
WORLD MEDICAL ASSOCIATION	Wonchat SUBHACHATURAS
INTERNATIONAL FOOD AND BEVERAGE ASSOCIATION	Donna HRINAK
HARVARD SCHOOL OF PUBLIC HEALTH	David BlOOM
INTERNATIONAL UNION AGAINST TB AND LUNG DISEASE	Asma El SONY

ROUND TABLE 2:
Strengthening national capacities, as well as appropriate policies, to address prevention and control of NCDs

LIST OF REGISTERED SPEAKERS

CO-CHAIRS	
His Excellency Pál SCHMITT President of HUNGARY	His Excellency Salomon CHERTORIVSKI WOLDENBERG Minister of Health, Mexico

MADAGASCAR	His Excellency Andry Nirina RAJOELINA President of the High Authority of Transition
VANUATU	His Excellency Meltek Sato Kilman LIVTUNVANU Prime Minister
GEORGIA	Her Excellency Sandara Elisabeth ROELUFS First Lady and WHO Goodwill Ambassador for Health-related UN MDGs in the European region
BOTSWANA	His Excellency John SEAKGOSING Minister of Health
DENMARK	His Excellency Bertel HAARDER Minister for the Interior and Health
IRAN (ISLAMIC REPUBLIC OF)	His Excellency Aliakbar SALEHI Minister for Foreign Affairs
NEW ZEALAND	
FINLAND	Her Excellency Maria GUZENINA-RICHARDSON Minister of Health and Social Services
CANADA	Her Excellency Leona AGLUKKAQ Minister of Health
INDONESIA	Her Excellency Endang Rahayu SEDYANINGSIH Minister of Health
TURKEY	His Excellency Murat TUNCER Minister of Health
BRAZIL	His Excellency Alexandre PADILHA Minister of Health
NORWAY	Her Excellency Anne-Grete STRØM-ERICHSEN Minister of Health and Care Services
BULGARIA	His Excellency Stephen KONSTANTINOV

	Minister of Health
IRELAND	His Excellency James REILLY Minister of Health
HONDURAS	His Excellency Arturo BENDAÑA PINEL Minister of Health
PERU	His Excellency Carlos Alberto TEJADA NORIEGA Minister of Health
UGANDA	Her Excellency Christine ONDOA Minister of Health
FRANCE	His Excellency Xavier BERTRAND Minister of Labour, Employment and Health
SOUTH AFRICA	His Excellency Aaron MOTSOALEDI Minister of Health
DOMINICA	His Excellency Julius TIMOTHY Minister of Health
UNITED ARAB EMIRATES	His Excellency Hanif Hassan Ali AL QASSIM Minister of Health
CÔTE D'IVOIRE	
MALAWI	His Excellency Arthur Peter MUTHARIKA Minister of Foreign Affairs
HUNGARY	His Excellency Miklos SZOCSKA Minister of State for Health
GERMANY	Her Excellency Annette WIDMANN-MAUZ Parliamentarian State Secretary for Health
UKRAINE	Her Excellency Raisa MOISEENKO First Deputy Minister of Health
CUBA	His Excellency Luis Estruch RANCAÑO Deputy Minister for Public Heath
SWEDEN	Her Excellency Carin JOHANSSON Secretary of State
SPAIN	His Excellency José Martinez OLMOS Secretary-General for Health
UNITED STATES OF AMERICA	His Excellency Howard KOH Assistant Secretary for Health for the Department of Health and Human Services
SWITZERLAND	His Excellency Pascal STRUPLER Secretary of State and Director of the Federal Office of Public Health
ICELAND	Sveinn MAGNUSSON Director General, Ministry of Welfare
NETHERLANDS	Paul HUIJTS Director-General for Public Health (TBC)
MALAYSIA	Hasan ABDUL RAHMAN Director-General of Health
MALTA	Raymond BUSUTTIL Superintendent of Public Health

INTERNATIONAL DEVELOPMENT LAW ORGANIZATION	David PATTERSON Manager, Health Law and Social Development Programmes
ORGANISATION FOR ECONOMIC COOPERATION AND DEVELOPMENT	Franco SASSI Senior Health Economist
LEAGUE OF ARAB STATES	Sima BAHOUS Assistant Secretary-General
INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES	Marwan JILANI Permanent Observer
UNITED NATIONS POPULATION FUND	Babatunde OSHOTOMEHIN Executive Director
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS	Michel SIDIBE Executive Director
INTERNATIONAL NARCOTICS CONTROL BOARD	Hamid GHODSE President
INTERNATIONAL ATOMIC ENERGY AGENCY	Massoud SAMIEI Head of Programme of Action for Cancer Therapy Programme Office at the Department of Nuclear Science and Applications
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURES AND ASSOCIATIONS	David BRENNAN
AMERICAN CANCER SOCIETY	John SEFFRIN
INTERNATIONAL DIABETES FEDERATION	Ann KEELING
AFRICAN HEART NETWORK	Kingsley AKINROYE
TATA MEMORIAL HOSPITAL	Pankaj CHATURVEDI

ROUND TABLE 3:
Fostering international cooperation as well as coordination, to address NCDs

LIST OF REGISTERED SPEAKERS

CO-CHAIRS	
His Excellency Denzil L. DOUGLAS Prime Minister of ST. KITTS AND NEVIS	His Excellency Walter T. GWENIGALE Minister of Health and Social Welfare, LIBERIA

MAURITIUS	His Excellency Arvin BOOLELL Minister of Foreign Affairs, Regional Integration and International Health
GREECE	His Excellency Andreas LOVERDOS Minister for Health and Social Solidarity
AUSTRALIA	Her Excellency Nicola ROXON Minister for Health and Ageing
MEXICO	His Excellency José Córdova VILLALOBOS Minister of Health
SAMOA	His Excellency Tuitama Talalelei TUITAMA Minister of Health
MONGOLIA	His Excellency Sambuu LAMBAA Minister of Health
NEPAL	His Excellency Upendra YADAV Minister for Foreign Affairs
BOSNIA AND HERZEGOVINA	His Excellency Ranko SKRBIC Minister of Health and Social Welfare
URUGUAY	His Excellency Jorge VENEGAS Minister of Health
INDIA	His Excellency Ghulam Nabi AZAD Minister of Health and Family Welfare
FIJI	His Excellency Neil SHARMA Minister of Health
BOLIVIA (PLURINATIONAL STATE OF)	His Excellency David CHOQUEHUANCA Minister for Foreign Affairs
MOROCCO	Her Excellency Yasmina BADDOU Minister for Health
RUSSIAN FEDERATION	Her Excellency Veronika SKVORTSOVA Deputy Minister of State
POLAND	His Excellency Adam FRONCZAK Under-Secretary of State, Ministry of Health
PORTUGAL	His Excellency Fernando Leal DA COSTA Secretary of State to the Minister of Health
SERBIA	Her Excellency Elizabet PAUNOVIC State Secretary, Ministry of Health

MONACO	Her Excellency Isabelle PICCO Permanent Representative to the United Nations
PARLIAMENTARY ASSEMBLY OF THE MEDITERRANEAN	Francesco AMORUSO Senator (Italy) and Vice-President of the Parliamentary Assembly of the Mediterranean
WORLD HEALTH ORGANIZATION	Margaret CHAN Director-General
UNITED NATIONS DEVELOPMENT PROGRAMME	Helen CLARK Administrator
UNITED NATIONS RELIEF AND WORKS AGENCY	Filippo GRANDI Under-Secretary-General and Commissioner-General
FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS	Jacques DIOUF Director-General
INTERNATIONAL TELECOMMUNICATION UNION	Hamadoun I. TOURE Secretary-General
UNITED NATIONS OFFICE ON SPORT FOR DEVELOPMENT AND PEACE	Wilfried LEMKE Special Advisor
LIVESTRONG	Lance ARMSTRONG
WORLD ECONOMIC FORUM	Borge BRENDE
CONSUMERS INTERNATIONAL	Indrani THURAISINGHAM
WORLD HEART FEDERATION	Srinath REDDY
PAN AMERICAN HEALTH ORGANIZATION	George ALLEYNE

Acknowledgements

This summary does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this summary.

The World Health Organization does not warrant that the information contained in this summary is complete and correct and shall not be liable for any damages incurred as a result of its use.

The designations employed and the presentation of the material in this summary do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this summary. However, this summary is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the presentation lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.