Sixty-sixth General Assembly
Plenary
3rd, 4th & 5th Meetings (AM, PM & Night)

NON-COMMUNICABLE DISEASES DEEMED DEVELOPMENT CHALLENGE OF ‘EPIDEMIC PROPORTIONS’

IN POLITICAL DECLARATION ADOPTED DURING LANDMARK GENERAL ASSEMBLY SUMMIT

‘Meeting Must Be Wake-Up Call — a Watershed Event that Replaces Ignorance And Inertia with Awareness and Right Actions’: Says World Health Organization Chief

Proclaiming the spread of non-communicable diseases a socio-economic and development challenge of “epidemic proportions,” Governments today pledged to work with the United Nations to adopt before the end of 2012 targets to combat heart disease, cancers, diabetes and lung disease and to devise voluntary policies that cut smoking and slashed the high salt, sugar and fat content in foods that caused them.

World leaders joined Health and Development Ministers in the consensus adoption of a wide-ranging Political Declaration on the prevention and control of non-communicable diseases at the opening of the General Assembly’s first ever summit on the deadly chronic illnesses. Often referred to as “lifestyle” diseases because the majority of them were preventable, illnesses from smoking, alcohol abuse, poor diets and physical inactivity killed some 36 million people a year, mostly in low and middle-income countries where they disproportionately affected people under 80.

GHULAM NABI AZAD, Minister of Health and Family Welfare of India, said his country faced the “triple burden” of communicable diseases, new and re-emerging infections and the increasing incidence of non-communicable diseases. Due to alarm over their impact, India held a national summit on non-communicable diseases after the April 2011 global health ministers conference on the issue. Besides the Delhi Call for Action, which resulted from that national meeting, ten key messages had also been issued from the recent WHO South East Asia Regional meeting in Jaipur, India.

This year India began a $275 million pilot project covering 150 million people in 100 of its least accessible districts. It included establishment of clinics that made life-saving drugs available, provided cancer diagnostic and chemotherapy services, and screened for diabetes and hypertension. “Our target is to screen 150 million people by March 2012 under this pilot project. This would be the largest such exercise attempted anywhere in the world. I am happy to state this programme will be rolled out in the entire country in April 2012,” he said. India’s technological innovations, such as re-combinant human insulin and poly-pill for prevention of cardiovascular and stroke events, had led to affordable health care, not only for India’s people, but for many other countries around the world. But, trade barriers which restricted access to affordable and newly developed medicines needed to be addressed.