

## **WHO discussion paper on non-communicable diseases (NCDs)**

Thank you very much for inviting views on the World Health Organisation (WHO) discussion paper on 'Monitoring framework and targets for the prevention and control of non-communicable diseases (NCDs)'.

If you have any queries or would like to discuss further, please contact Jean King ([jean.king@cancer.org.uk](mailto:jean.king@cancer.org.uk); 020 3460 8150).

### **Comments**

Cancer Research UK supports the global NCD Alliance and believes it is key that Governments now deliver on their commitments at the UN High Level Meeting in September 2011, to address the rising threat of cancer, cardiovascular disease, chronic respiratory disease and diabetes. NCDs must be integrated into national goals, as well as the Millennium Development Goals (MDGs) and into any successor framework after 2015 when the MDGs expire.

We are concerned that there have been some significant changes to the goals on NCDs proposed in the WHO discussion paper<sup>1</sup> including:

1. The number of proposed targets has gone down from 10 to 5.
2. Two of the original targets are still in: mortality and blood pressure, but both have 25% relative reductions.
3. Two of the original targets have been changed:
  - tobacco down from 40% to 30% relative reduction.
  - salt from 5gms per day to 30% relative reduction with aim to achieve 5gms per day.
4. Gone are the targets on diabetes, alcohol, transfats, obesity, multi-drug therapy, cancer screening.

The global targets need to be realistic, with a process and timeline for additional targets, and we believe the ten original goals were more ambitious but achievable. The original ten goals should therefore be reinstated.

**Cancer Research UK supports the views expressed by the NCD Alliance on monitoring and targets, as summarised below, and we urge the WHO to adopt a similar position.**

#### **1) Stand up for the rights of people living now with NCDs by adopting targets on treatment**

- Include a target to achieve a minimum of 80% availability of affordable, quality-assured essential NCD medicines and technologies in public and private sectors.
- Reinstatement a target for 80% coverage of multidrug therapy for people with a risk of heart attack or stroke, including people with diabetes.

#### **2) Put public health first and adopt targets on all major risk factors**

- Including a new target on physical inactivity is a major step forward. Targets to reduce tobacco use, salt intake and blood pressure are equally important. More governments need to support these critical targets to *ensure they are retained*.
- Reinstatement a target to reduce alcohol consumption. Amid reports of intense lobbying by the alcohol industry to pressure Member States, it is alarming to see this important target has been dropped.
- Reinstatement the targets on industrially-produced trans-fats in food and on obesity; and aim to develop a broader range of indicators to monitor the affordability and availability of fresh fruit and vegetables (and the ability of the agriculture and food sector to provide dietary diversity).

<sup>1</sup> [http://www.who.int/nmh/events/2012/consultation\\_april\\_2012/en/index.html](http://www.who.int/nmh/events/2012/consultation_april_2012/en/index.html)

### 3) Demonstrate leadership at the World Health Assembly in May

- Resolve to adopt the target to reduce preventable deaths from NCDs by 25% by 2025 in May as the central *goal* of the next global plan on NCDs.
- Stand firm against any pressure to make do with a handful of targets on what is possibly the most complex public health issue the world has ever had to deal with. **Ten is not too many targets. They are achievable and necessary if we are really to combat NCDs across the world.**
- Recapture the passion demonstrated at the High-Level Meeting and commit to realising in full the ambitions articulated in the Political Declaration; recognizing the need for life-cycle approach (and for the monitoring framework to track other NCDs including mental and neurological disorders, renal, oral and eye diseases).
- Agree to reporting progress every two years. This can be done and will elevate NCDs to the appropriate level of priority on national and global agendas. Ensure that the global monitoring framework and targets are designed to be at the heart of the next global NCD plan. The timeline set for WHO by the Executive Board resolution (EB130.R7) barely allows for development of a truly multi-sectoral and fully costed global NCD plan. This must be addressed.