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tolerance is included. One consistent finding of all surveys is the low detection rate, from 40% to over 60% of diabetics in the Middle East are not aw



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personal choice. Much larger forces are at play here. For example, an urban landless family in a slum area may emerge from a state of under-nutrition into a state where it can only find or only afford low-quality, energy-dense foods, leading to the paradoxical “obesity of poverty”. The risk factors for overweight in this family are not a result of



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**the negative socioeconomic impact of noncommunicable conditions was not adequately recognized. Today's reality is far different and today's goals need to reflect this reality.**



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found to be significantly associated with higher levels of household healthcare expenditure in Russia<sup>(57)</sup> and further analysis is indicating that this situation is worse in poorer households. In the design of Seguro Popular, the Popular Health Insurance scheme in Mexico, a burden of disease analysis found an “advanced transition” to NCDs in the poorer segments of the population and an “unmet demand [for NCD care











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8. An agenda for action.





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## ANNEX

### ACTION POINT 1: BUILD THE EVIDENCE

- 1.1 A balanced investment pattern needs a global consen



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## ANNEX

### ACTION POINT 2: RECOGNISE THE ROLE OF GOVERNMENT

2.1 Recent publications from the World Bank<sup>(4)</sup>, WHO<sup>(45)</sup>, and a series of reviews<sup>(107-109)</sup>, have established a range of options for cost-effective action by national authorities. Effective population-based interventions (such as tobacco control and salt reduction), and clinical interventions in primary care (such as integrated management of cardiovascular risk) have been proposed. They are cost-effective and suitable for low- and middle-income countries. Deploying these interventions would have a positive impact on human and on econom





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## ANNEX

### **ACTION POINT 4: RESOLVE ON NCD AS A DEVELOPMENT ISSUE IN THE GENERAL ASSEMBLY**

4.1 It is time to bring this epidemic to the attention of the UN General Assembly. The UN General Assembly has already discussed the problem of NCD in the historic resolution (A/RES/61/225) on diabetes<sup>(114)</sup>. The time has come to consider NCD firmly as a part of the world's development concerns and to start to ramp up responses synergistically with poverty alleviation while there is time to blunt the peak of the epidemic.

4.2 It is time to give the issue its due attention. It is time to consider NCD as an essential problem of failed development and to support governments in building a balanced, harmonious response, whether they are rich countries seeking to reduce the inequitable burdens on their



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