







high in fat and sugar and low in essential nutrients. While widespread undernutrition persist in a large number of low- and middle-income countries, obesity is also fast emerging as a problem. Underweight children and overweight adults are now often found in the same households. Recent research also suggests that the origins of obesity and NCDs start very early in life, and that maternal malnutrition or low birth weight may program a child to be more prone to adulthood obesity. This -- along with increased availability and affordability of unhealthy foods and more sedentary lifestyles in the UNESCWA Member States -- helps to explain why many countries in the region that had high levels of low birth weight and early undernutrition are now experiencing an epidemic of NCDs.

2.7 Similarly, injuries have an important impact on development: at the societal level, as caring for injured survivors and those with long-term disability is inherently costly. Also, at the household level, the disproportionate impact of injury on the 5-44 year old population has a devastating impact on families' risk of being tipped into poverty.

2.8 Heart disease, stroke and diabetes alone are estimated to reduce GDP between 1 to 5 per cent in low-

Convention not only reduces the burden of disease, but can also raise tax revenue and improve mechanisms for health financing. At a household level, it frees up to 25% of funds among poor families for improved nutrition and investments in education.

3.3 Through effective tobacco control policies and programmes coupled with other preventive strategies including healthy diets and physical activity interventions, one third of the seven million cases of cancer deaths that occur every year can be prevented. With balanced health system strengthening investments, another one third of cancers can be cured, if detected early and treated effectively.

3.4 With community-based lifestyle interventions and individual action, improving diet and physical activity and reducing weight can prevent type 2 diabetes among those at high risk in a very short space of time and can reduce the incidence between 30% and 60%.

3.5 Multi-stakeholder efforts to reduce salt in processed foods and in the diets of the population can help avert deaths from cerebrovascular and hypertensive diseases in the region. Evidence shows that the current high salt intake, both in low- and middle-income countries, as well as high-income countries, is a major cause of increased blood pressure and, thereby, of strokes, heart attacks, and heart failure world wide. The WHO Global Strategy on Diet, Physical Activity and Health calls for limiting salt (sodium) consumption from all sources and ensuring that salt is iodized.

4. Integrating the care of NCDs into primary care

4.1 Most health systems in low- and middle-income countries are straining under a double burden: growing numbers of people with NCDs and injuries, often coupled with persisting communicable diseases. Essential medicines for NCD treatment are often not available and when available, not affordable. Health care costs are escalating beyond the coping capacity of most health care systems.

4.2 Hypertension (())TJETBTi2n (11 0 0 1 2209(9 17(d)20(u)20(c)17(t)22o48.11 Tm.c0(s)25(i)19(o)20(n)3



account the prevention and control of NCDs and injuries. Instruments such as the MDGs provide opportunities for synergy, as do strategies for poverty alleviation.

7.7 The Global NCD Action Plan calls on Member States and International Partners to raise the priority accorded to NCDs and injuries in development work at global and national levels.