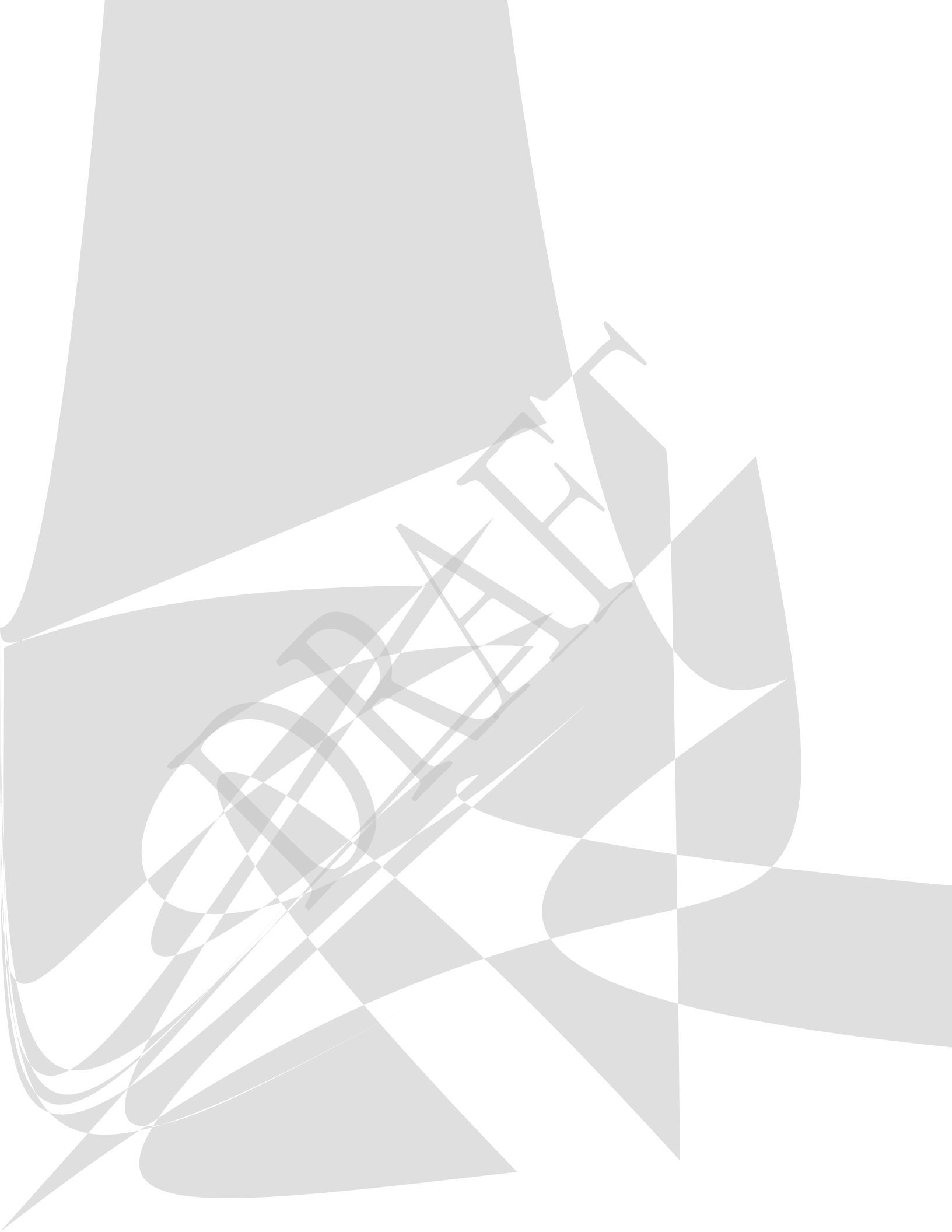


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high in fat and sugar and low in essential nutrients. In all low- and middle-income countries and by any measure, therefore, NCDs and injuries accounted for a large enough share of the disease burden of the poor to merit a serious public policy response. He called on low- and middle-income countries to reduce the number of premature deaths through policy initiatives and community-based interventions focused on diminishing tobacco use, unhealthy diets and physical activity, and strengthening primary care to address the needs of people who are already facing NCDs and injuries. He invited WHO to explore the idea of establishing a multi-sectoral ministerial task force on NCDs and injuries. He stressed the importance of incorporating NCDs into the global development agenda, in accordance with the first objective of the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable diseases, endorsed by WHO's World Health Assembly in May 2008.

Dr Hussein Gezairy, Regional Director, Regional Office for the Eastern Mediterranean, WHO, reflected on the fact that NCDs are not restricted to older populations who have already left the labour force. A considerable share of the burden of NCDs and injuries occurs in populations of working age. Although NCDs generally afflict people at older ages than do communicable diseases, NCDs are a more important cause of illness and death among working-age populations. To cope with the costs of a family member with NCD or injury, households in the region use savings and liquidate assets to cover the costs of care and lost productivity. Other household members, often women and children, are engaged in caring for sick family members. Although these effects of poor health are not unique to NCDs and injuries, the longer duration of NCDs and injuries made the negative impacts larger than in the case of acute illnesses from communicable diseases.

Following the opening remarks, Dr Ala Alwan, Assistant Director-General for Non-communicable Diseases and Mental Health, WHO, described the scope and objectives of the meeting.

Dr Alwan cited that NCDs account for 60 per cent of all deaths globally and when taken together with injuries, were responsible for about 70 per cent of deaths globally, with 80 per cent of these deaths occurring in low- and middle-income countries. About half of the deaths caused by NCDs are considered to be premature. WHO projects that global deaths from NCDs and injuries will increase significantly during the next 20 years in low- and middle-income countries, while deaths from communicable diseases will decline. Although not included in the MDGs, the magnitude and growth of NCDs and injuries will have a major socio-economic impact in low- and middle income countries and could also derail international efforts at poverty reduction. NCDs account for a third of excess deaths among the world's two poorest quintiles. The challenges policy makers increasingly face in low- and middle-income countries include how to address the links between poverty and NCDs, how to minimize the health and economic losses among the economically active population, and how to prepare for the pressures on health systems resulting from the growing number of people with NCDs. There are a wide range of proven strategies for lowering the rates of premature death and disability from NCDs and injuries in low- and middle-income countries and these require the active



unintentional injuries. An estimated 44 per cent of deaths from NCDs and 87 per cent of injuries occur in low-income countries before the age 60. Deaths from NCDs and injuries are projected to increase significantly in 2015 and 2030 in low- and middle-income countries, while deaths from communicable diseases will decline. Tobacco is a risk factor for six of the eight leading causes of death around the world. The tobacco industry is reaching out to new markets in low- and middle-income countries, where the poorest are the ones who smoke the most. Obesity is also fast emerging as a problem in these countries. Underweight children and overweight adults are now often found in the same households in low- and middle-income countries.

The epidemiological transition in the Western Asian region is already well advanced. All countries are at risk, irrespective of income group and socio-economic development. The impact of





Panelist Dr Yousef al

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He summarized that during the panel 1 discussions on the magnitude and trends of non-communicable diseases and injuries, the rising trend was discussed, the risk of inaction was identified and the need to take action agreed. A number of key challenges were identified in relation to the need for better quality and standardized data, and the need to move from launching new initiatives to scaling up of existing initiatives. The challenges of intersectoral action was raised repeatedly and the need to review and learn from existing successful experience had also been stressed. Health-in-all-policies was identified as an issue that would require-

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