

**First Global Ministerial Conference
on Healthy Lifestyles and Noncommunicable Disease Control
(Moscow, 28-29 April 2011)**

DRAFT MOSCOW DECLARATION

PREAMBLE

We, the participants in the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases (NCDs) gathered in Moscow on 28-29 April 2011;

I.

Recognize the leading role of the World Health Organization and the Government of the Russian Federation in the preparation and holding of the Ministerial Conference;

II.

Recognize that the right of everyone to the highest attainable standard of physical and mental health cannot be achieved without greater measures to prevent, control and manage NCDs as the main causes of mortality and disability at global and national levels;

III.

Note the existence of significant inequities in the prevention, control and management of noncommunicable diseases both between countries, as well as within countries;

IV.

Note that policies to reduce the social, economic, environmental and behavioural risk factors that determine NCDs need to be rapidly and fully implemented to ensure the most effective responses to NCDs, and to avoid substantial fiscal imbalances and impoverishment of families and individuals due to health costs;

V.

Emphasize that prevention, control and management of NCDs requires leadership, and a wide range of intersectoral measures to create the necessary conditions for leading healthy lives. This includes preventing what can be prevented, detecting disease at the earliest possible time to minimize suffering and reduce costs, and providing patients with the best possible integrated care across the life cycle, including palliative care. These measures should be implemented according to individual country circumstances and priorities and in an equitable and fiscally sustainable manner;

VI.

Affirm our commitment to address the challenges posed by NCDs, through strengthened and reoriented policies and programs that emphasize action on the social, economic and environmental determinants of health;

VII.

Express our belief that NCDs should be part of the global development and research agenda; that they should be included in the key partnerships for global health; and that they should be integrated into health and other sectors' planning and programming, particularly in low- and middle income countries;

VIII.

Recognize that a paradigm shift is an imperative in dealing with NCDs' challenges, and that NCDs are caused not only by biomedical factors but also by social, economic and environmental factors, emphasizing the necessity of a multifactorial, multisectoral approach to deal with NCDs.

RATIONALE FOR ACTION

1. NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases are the leading causes of preventable morbidity and disability, and currently cause over 60% of global deaths, 80% of which occur in developing countries. By 2030, NCDs are estimated to contribute to 75% of global deaths.
2. NCDs have serious negative impacts on human development with the potential to significantly impede progress towards achievement of the Millennium Development Goals (MDGs).
3. NCDs now have a serious impact on all levels of health services, on the costs of health care, and on the health workforce, as well as on national productivity in both emerging and established economies.
4. In low- and middle-income countries, NCDs are the major causes of premature death, striking hardest among the poor. They impact the lives of billions of people around the world and can have catastrophic financial impacts that impoverish individuals and their families.
5. Many countries are now facing extraordinary challenges from the double burden of disease: communicable diseases and noncommunicable diseases. This requires a reconfiguration of health systems and health policies and a shift from disease-centred to people-centred approaches. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Addressing the four principal NCDs results in stronger health systems able to respond to other chronic diseases, including mental health and neuropsychiatric disorders, chronic infections, and injury.
6. Evidence-based and cost-effective interventions exist to prevent, control and manage NCDs at global, regional and national levels. These interventions could have profound social and economic benefits across the globe.
7. Existing highly cost-effective interventions include measures to control tobacco, the harmful use of alcohol, and reduce salt which, together with combined drug treatment to lower blood

pressure and cholesterol for people at high absolute risk of cardiovascular disease, could prevent millions of deaths every year with costs that are affordable in low-income countries.

8. These interventions should be complemented by the promotion of healthy diet, physical activity and reduction of obesity (decreased consumption of fat, trans fats and sugar).
9. Effective NCD prevention, control and management requires concerted whole of government action across a number of sectors such as health, education, energy, agriculture, sports, transport and urban planning, industry and trade, finance and economic development.
10. Effective NCD prevention, control and management requires the active participation and leadership of individuals and communities, civil society organizations, industry and employers, health care providers, governments and the international community.

COMMITMENT TO ACTION

We, therefore, commit to act by:

At the Whole of Government level:

1. Developing public policies that create equitable environments for individuals, families and communities that enable the adoption of healthy lifestyles;
2. Mainstreaming intersectoral policies to strengthen engagement of other non-health sectors;
3. Facilitating the role of civil society and taking action to engage the private sector to harness their unique capacities for NCD prevention, control and management;
4. Developing and strengthening national institutional bases for the coordination, implementation, monitoring and evaluation of national and sub national strategies and programmes;
5. Complementing population-wide prevention strategies with individual interventions that are equitable and sustainable;
6. Implementing effective evidence-based policies and international instruments, such as the WHO Framework Convention on Tobacco Control (WHO FCTC) at national and global levels for NCD prevention and control;
7. Prioritizing country led NCD prevention, control and management in national and international health and development policies and plans, including development assistance frameworks, poverty reduction strategies and country cooperation agendas;

At Ministry of Health level:

1. Strengthening health information systems to monitor the evolving burden of NCDs, their risk factors, their determinants and their prevention;

2. Implementing cost-effective and affordable measures to reduce the shared risk factors such as tobacco, unhealthy diet, physical inactivity and the harmful use of alcohol.
3. Ensuring that, according to national priorities, services related to NCDs are an integral part of health systems' strengthening, including primary healthcare and essential services; through ensuring access to, and the availability of quality essential medicines for NCDs; and through health workforce development;
4. According to country-led prioritization, ensuring the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with NCDs and protect those who are at high risk of developing them;
5. Prioritizing research to identify the causes of NCDs, effective approaches for their prevention and implementation strategies appropriate to distinct cultural and health care settings;
6. Facilitating and supporting the key roles of civil society and local governments as resources and partners in the response to NCDs.

At the International level:

1. Working with the World Health Organization, other multilateral and bilateral organizations, international nongovernmental organizations, the private sector and civil society stakeholders to harmonize normative guidance, pool technical expertise, coordinate policy and capitalize on synergies between existing global health initiatives;
2. Coordinating the contributions of a diverse range of stakeholders' efforts towards achieving the objectives of NCD prevention, control and management worldwide;
3. Supporting the full and effective implementation of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO FCTC and other international strategies and instruments to address NCDs;
4. Investigating innovative financing mechanisms to mobilize the necessary financial, human and technical resources at country level in addition to the provision of development funds;
5. Establishing global targets and indicators to monitor NCDs and their determinants and risk factors, and to assess the progress countries are making in addressing the epidemic.

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