



COMMONWEALTH  
SECRETARIAT

# A REPORT ON THE COMMONWEALTH CONSULTATIVE MEETING RELATING TO **Non-Communicable Diseases**

9 NOVEMBER 2010, MARLBOROUGH HOUSE, COMMONWEALTH SECRETARIAT, LONDON





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## Foreword

### Abbreviations

CHMM: Commonwealth Health Ministers Meeting

CHOGM: Commonwealth Heads of Government Meeting

FCTC: Framework Convention on Tobacco Control

MDGs: Millennium Development Goals

NCDs: Non-Communicable Diseases

STPD: Social Transformation Programmes Division

UN: United Nations

WHO: World Health Organization

It gives me great pleasure to present this report on the *Commonwealth Consultative Meeting on Non-Communicable Diseases* (NCDs). This consultation offered an excellent opportunity to engage with key experts and stakeholders as the Commonwealth Secretariat prepared to chart the way for the Commonwealth Health Ministers Meeting in May 2011, the theme of which is 'NCDs – A priority for the Commonwealth'.

NCDs mainly include diabetes, cardio-vascular diseases, cancers and chronic respiratory diseases. They are a priority within the Commonwealth and across the globe since they are now the leading cause of death in almost every country. Together they contribute to an estimated 35 million deaths each year globally, 80 per cent of which are within low and middle income countries. This burden accounts for double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined. Alarming, the incidence of NCDs is rising. This places an ever-growing burden on health systems and economies and thereby poses a serious threat to sustainable development.

Fortunately, NCDs are largely preventable, since their risk factors (of obesity, diet, physical inactivity, excess alcohol intake and tobacco use) can each be modified or eliminated. Therefore, we recognise that action taken now within the Commonwealth can stem the flow of this rising trend.

This report offers an insight into the presentations and discussions of the Consultative Meeting. I hope that you will find this an informative account of the mode through which the Secretariat engages with key stakeholders to ensure that its work is relevant, informed and responsive to current global health concerns.

*Dr Sylvia J Anie CSci CChem MRSC  
Director  
Social Transformation Programmes Division  
Commonwealth Secretariat*

# Introduction

The Health Section of the Social Transformation Programmes Division (STPD) at the Commonwealth Secretariat works under the remit of Commonwealth health ministers.

Of the six major health programmes currently being implemented by the Health Section, one focuses solely on the issue of non-communicable diseases (NCDs). At the 2009 Commonwealth Heads of Government Meeting (CHOGM) in Port of Spain, Trinidad and Tobago, leaders adopted the *Commonwealth Statement on Action to Combat Non-Communicable Diseases*. The Statement acknowledged the epidemic of NCDs to be a serious threat to global health and to sustainable development. This provided a rationale for discussing the steps the Secretariat can take to lead on this issue and influence the global agenda. Thus the Commonwealth Secretariat Road Map on Non-Communicable Diseases was developed, and accepted by ministers of health at the annual Commonwealth Health Ministers Meeting (CHMM) in Geneva, Switzerland, on 16 May 2010. Commonwealth health ministers meet in Geneva each year on the eve of the World Health Assembly: it is notable that the theme of the 2011 meeting will be 'NCDs – A priority for the Commonwealth'.

In line with the objectives set out in the Road Map on NCDs, the Health Section hosted a Consultative Meeting relating to non-communicable diseases on 9 November 2010 at Marlborough House, headquarters of the Commonwealth Secretariat in London, UK. The meeting's objectives were fourfold:

1. To share experiences (both challenges and successes) of responding to NCDs at a national and international level.
2. To discuss the way forward for countries to proceed in prioritising their response to the burden of NCDs and associated risk factors.

3. To discuss how the Commonwealth Secretariat can further support member countries and associated organisations in responding to NCDs.
4. To discuss preparations for both the CHMM in May 2011 and the United Nations High-Level Meeting on NCDs in New York in September 2011.

The Consultative Meeting was attended by representatives from the ministries of health of five Commonwealth countries – Lesotho, Malaysia, Maldives, Trinidad and Tobago, and the United Kingdom – and from the Caribbean Community Secretariat (CARICOM). Additionally, Jamaica's High Commissioner to the UK was present, together with representation from the South Asian Health Foundation. Civil society organisations were also represented and included the International Diabetes Federation, the National Heart Forum and C3 Collaborating for Health. Commonwealth organisations present included the Commonwealth Foundation and the Commonwealth Medical Association. (See Appendix 1 for a full delegates list.)

## Background to the Commonwealth and its work in addressing NCDs



Chair and host:  
Dr Sylvia Anie, Director,  
Social Transformation  
Programmes Division,  
Commonwealth Secretariat

The Commonwealth has been described as a unique family, made up of 54 countries and accounting for around one-third of the

world's population. Some of the planet's largest and smallest, richest and poorest countries make up the Commonwealth – the association is home to two billion citizens of all faiths and ethnicities. Membership to the Commonwealth continues to grow, with the most recent members to join being Cameroon and Mozambique (both in 1995) and Rwanda (in 2009), and all have interest in the growing problem of NCDs. One of the first preparatory steps for the work of the Commonwealth Secretariat was a consultative meeting held in Toronto, November 2008.

The Commonwealth Road Map relating to NCDs identifies a set of objectives and associated activities which are summarised in Table 1.

The 2010 Consultative Meeting not only helped further the activities set out within the Commonwealth NCDs Road Map, but also complemented the Launch Event of *The Lancet* third series relating to chronic disease and development on 10 November 2010 in London.

The Marlborough House meeting's main aim was to contribute to the current work of the Secretariat in responding to NCDs. However, it also contributed to the planning for key events relating to NCDs in 2011, particularly the Commonwealth Health Ministers Meeting in May and the UN High-Level Meeting in September, which will seek to address NCDs across the world through the engagement of Heads of State and Government.

NCDs are a priority for the Commonwealth, and tackling this health issue requires maintained country support, ministerial enthusiasm and continued engagement and action by civil society.

**Table 1: Commonwealth NCDs Road Map: Activities**

**1. CONDUCT ASSESSMENTS.** Support member countries to conduct the assessment and monitoring of the public health burden imposed by NCDs and their determinants.

**2. DEVELOP ANALYTICAL TOOLS/ PRODUCTS.** A Commonwealth-wide analysis of the findings of the assessment on NCDs will be undertaken by the Commonwealth Secretariat and a Commonwealth report will be issued and presented at international forums for advocacy purposes.

**3. DEVELOP A MEDIA STRATEGY.** A media strategy will be developed by the Secretariat which will build on the Commonwealth's network of journalists, to increase reporting on NCD issues in the Commonwealth.

**4. ORGANISE DIALOGUES WITH THE PRIVATE SECTOR, CIVIL SOCIETY AND OTHER AGENCIES.** In partnership with Commonwealth bodies, the Secretariat will seek to convene dialogues with relevant private sector and civil society entities, government sectors and industries to discuss the challenges and opportunities for addressing NCDs.

## Expert Panel Presentations

### The Commonwealth Secretariat's activities in responding to NCDs: Progress and plans



Dr Joseph Amuzu,  
Acting Head of Health,  
STPD

#### 1.1 Road Map

The Health Section is currently working to implement activities outlined within the Road Map. These include arranging dialogues with key partners and stakeholders, assembling reports relating to the prevalence of NCDs and their determinants and best practice examples in response, and also the development of a media strategy. It is anticipated that CHMM 2011 will contribute to the preparedness and representation of countries for the UN High-Level Meeting relating to NCDs in September 2011.

#### 1.2 Commonwealth Health Ministers Meetings

Each year, Commonwealth health ministers meet in Geneva on the eve of the World Health Assembly. CHMMs offer a unique opportunity for ministers to gather and discuss a topical global health theme. The next Commonwealth Health Ministers Meeting is scheduled to take place on 15 May 2011, the aims of which will be to:

- Provide countries with an opportunity to examine the status of NCDs in the

Commonwealth and the challenges and opportunities that face countries.

- Discuss the implementation of the Commonwealth Secretariat Road Map on NCDs.
- Identify elements of possible contribution to the debate at the UN High-Level Meeting on NCDs in September 2011.
- Provide an opportunity for the Secretariat to get policy and technical direction for its existing work and any proposed work on the health MDGs and NCDs.

At each CHMM, a *Commonwealth Health Ministers Update* is distributed, and subsequently made available to the public. This annual publication is currently being prepared, with papers commissioned on the theme of NCDs to offer readers a technical and epidemiological update and showcase examples of best practice in national or regional response to these diseases.

Civil society representation is an important part of these ministerial meetings. Preparations are under way to host 'partners meetings' for civil society organisations on 14 May 2011 in Geneva.

The work of the Secretariat in implementing the Commonwealth NCDs Road Map will be presented at CHMM 2011 by the Commonwealth Advisory Committee on Health (CACH). This Committee comprises of a rotation of no more than 15 government representatives who advise the Secretariat through the Health Section of STPD, on matters of public health concern and interest to the Commonwealth. CACH's role is critical since the annual Commonwealth Health Ministers Meeting held each May is now the sole forum at which both review of ongoing health activities and discussion with agreement on future activities will occur.

Finally, it is hoped that an outcome message for both CHOGM 2011 in October in Perth, Australia, and the UN High-Level Meeting on NCDs will stem from the 2011 CHMM, to demonstrate the commitment of the Commonwealth to respond to NCDs.

### The NCD Alliance



Professor Jean Claude  
Mbanya, President,  
International Diabetes  
Federation

Launched in 2009, the NCD Alliance uses targeted advocacy and outreach to ensure that non-communicable diseases are recognised as a major cause of poverty, a barrier to economic development and a global emergency. The Alliance is led by four international health organisations with a total membership of more than 800 associations across the world in 200 countries. It works with a wide range of partners and organisations, speaking with a united voice at key international meetings, and pressing governments to recognise that NCDs are a global development priority requiring an urgent response. The NCD Alliance has developed a set of 'key asks' which are being promoted for inclusion in the discussions of the New York UN High-Level Meeting.

Currently, it is in the process of publishing an NCD Alliance Plan, and developing an Advocacy Toolkit for NCDs (for the media and organisations). The Toolkit will be launched in January 2011. Further information can be found at: [www.ncdalliance.org](http://www.ncdalliance.org).

### Partnership response to NCDs: A civil society perspective



Modi Mwatsama,  
International Programme  
Manager, National Heart  
Forum

Despite the strong and persistent global challenges to an effective response to NCDs (globalisation, growth of consumer industries, and the power of industries such as the tobacco and fast-food industries), the role of civil society networks remains essential. These networks were acknowledged to:

- Strengthen governance.
- Act as a watchdog, holding government and industry to account.
- Champion the public interest.
- Provide a countervailing force to excesses of industry.
- Promote non-compromising engagement with industry (through dialogue).
- Offer expertise: policy research and development.
- Act independently from political and commercial interests.

The National Heart Forum works both nationally in the UK and also internationally within the area of prevention and population health. The Forum represents 70 organisations and works 'upstream' in areas of health determinants, social justice and health promotion. Further information can be found at: [www.heartforum.org.uk](http://www.heartforum.org.uk).

## General Discussion

### Panel Discussion: Preparation for the 2011 UN High-Level Meeting

During the discussion, there was general consensus that were all partners to agree on a united message to be forwarded to the UN High-Level Meeting, then a stronger impact would be made and hopefully result in stronger outcomes.

Delegates believed that health organisations should be stating expected outcomes of the UN meeting at this stage and requesting an outcomes resolution which calls for accountability across governments in their response to the epidemic.

Health organisations and the Commonwealth called for active participation of Heads of Government at the New York meeting, and for the duration to be that of three days and not just one day as has been suggested. This would facilitate good coverage of issues and ensure that objectives are met.

It was emphasised that stronger civil society engagement was required for these preparations. Also needed was an agreement among partners on the outcomes from the September 2011 meeting that were clearly expressed.

A greater commitment from development agencies in addressing NCDs was felt to be important, as the issue currently lacks precedence. UN-wide ownership and central co-ordination of the response to this global health problem was also seen as essential.

It was proposed that the Commonwealth Secretariat could develop a Commonwealth civil society network relating to NCDs to partner with the NCD Alliance Common Interest Group.

The Secretariat should also make sure that opportunities are taken at the 2011 CHMM and the NCD Ministerial Conference in Moscow in April 2011 to galvanise enthusiasm of ministers to ensure that Heads of Government are represented at the UN High-Level Meeting.

It was strongly felt that Commonwealth ministers could be encouraged to issue a strong statement for inclusion within the draft UN High-Level Meeting outcomes document, committing to fully implement the Commonwealth Road Map, to continue to champion the response to NCDs as they have done since 2007, and seek the attendance of Heads of Government at the UN High-Level Meeting.

### General Discussion Points

The issue of data collection on the prevalence of NCDs and their determinants was discussed. Since many civil society groups and government bodies already routinely collect this, it was felt that the Commonwealth Secretariat needed to be careful not to duplicate, but make use of existing data.

Plans to develop a Commonwealth media strategy relating to NCDs were strongly welcomed by participants. There were opportunities to partner with the NCD Alliance and the African Tobacco Control Program which have already made good progress in this field. The Secretariat could provide valuable resources and outlets in this area, and help amplify messages.

It was also suggested that the Secretariat should explore ways to greater engage with the London School of Hygiene and Tropical Medicine and other concerned schools of public health, as well as with the high commissioners to the UK, in discussing and

promoting appropriate actions on NCDs. These were seen as interventions that would promote the political image of NCDs, and would also represent activities that could be presented at the 2011 CHMM.

Civil society involvement at the UN High-Level Meeting was discussed at length. Such organisations were keen to see their messages voiced at this event.

Participants also discussed how young people could be included in the response to this global issue. It was suggested that a focus given by the Secretariat upon youth and NCDs could give a 'special Commonwealth flavour' to the advocacy work, while ensuring that young people were involved in an issue which bears heavy consequences upon their future.

Delegates agreed that the 'NCD Message' from civil society organisations and the Commonwealth needs to be 'packaged well' remembering that for the layperson, the term 'NCD' is as yet an unknown.

Governments and health organisations, it was felt, must ensure that they are clear that they are *not* calling for another vertical health programme to be established for NCDs, but instead global health efforts to be placed into health system strengthening.

They should also consider how the current global financial crisis will impact upon NCD funding, and will therefore require advocates to dialogue with donors. It should be noted that the Bloomberg Initiative and the Bill Gates Foundation have already begun to explore donor attitudes relating to NCDs within Africa.

### The Commonwealth Foundation



Vijay Krishnarayan,  
Deputy Director,  
Commonwealth  
Foundation

The Commonwealth Foundation seeks to strengthen civil society organisations across the Commonwealth as they advance sustainable development, among other areas. Vijay Krishnarayan, Deputy Director of the Foundation, was present at the Consultative Meeting and outlined ways in which the Foundation could contribute to the Commonwealth response to NCDs.

For example, the UK Commonwealth Scholarship Commission (funded by the UK Department for International Development) facilitates Professional Fellowships for periods of between 3 to 6 months within UK institutions to gain new or upgrade existing skills. This is to act as a mid-career break for professionals. The applicant is a host organisation within the UK. Some of these offered Fellowships *could* focus on NCDs.

There is also the Commonwealth Fund for Technical Co-operation (CFTC). This Fund is administered and dispersed by the Commonwealth Secretariat. Civil society organisations are allowed to apply for small grants from this Fund, which has earmarked £1 million of the CFTC budget for this purpose. The Foundation has suggested the development of a strategy with the Secretariat, whereby initiatives involving NCDs could be particularly supported by the Fund. This would facilitate partnership of efforts by both

## Advocacy and the Next Steps

governments and civil society. The Secretariat and the Foundation plan to liaise to see how they could develop this concept.

There is a range of relevant experience within the broader Commonwealth family. There are more than 80 Commonwealth accredited bodies, many of which are professional bodies and others which hold strong advocacy agendas. The Foundation, in partnership with the Secretariat, has offered to convene a meeting of Commonwealth associations, relating to NCDs to reflect, share and plan. This would include the Commonwealth media organisations.

Additionally, it was discussed that the Foundation could convene a Partners Forum at CHMM 2011 to encourage participation and voice.

The next CHOGM is to take place in Perth, Australia, in October 2011. The Commonwealth Foundation will be hosting civil society meetings during CHOGM 2011, and the themes could include NCD/health issues.



Chair: Sir George Alleyne,  
Director Emeritus,  
Pan American Health  
Organization

### **‘How can the Commonwealth effectively apply the resources at its disposal to support the cause of NCDs?’**

- Health links partners between low/middle income and high income countries, with an exchange of expertise relating to NCDs between countries.
- Initiate a process by which epidemiological data relating to NCDs is provided by Commonwealth member countries.
- Contribute to the strengthening of health systems (for example, essential drug supply and training).
- Assist in the development of public policies across all sectors at the national level.
- Work with the Commonwealth Secretariat’s Education Section regarding the NCD prevention agenda for youth.
- Bring together a range of examples and materials from across Commonwealth countries regarding behavioural change to facilitate learning and inspiration within other country NCD programmes.

- Assist small island states in respect to trade. Some industries are replicating standards used in larger countries when moving into small island states which are impacting upon health. Could a Commonwealth set of standards in regard to producers and consumers be produced, to enable countries to better negotiate with large industries?

### **‘How can Commonwealth perspectives be captured at the UN High-Level Meeting?’**

- The CHMMs are political, not technical forums. Therefore it is important that in this context, we must avoid technical presentations to give space for policy issues to be discussed.
- The Commonwealth Secretariat should lay out the NCD-related policies that need to be adopted and implemented. For example, most African countries have ratified the WHO FCTC, although very few have developed complementary active legislation.
- Call for financial commitments by governments for NCD-related country programmes.
- Encourage the development, strengthening and implementation of national NCD programmes.
- Encourage governments to build partnerships with businesses and civil society organisations to encourage behavioural change programmes within their populations.

- Engage civil society groups at the time of the World Health Organization’s Executive Board Meeting in January 2011, and ensure their participation and presence where possible at CHMM 2011.
- Encourage ministers to promote the attendance of their Heads of Government at the UN High-Level Meeting.
- Advocate for Commonwealth perspectives to be expressed within the UN High-Level Meeting’s outcomes document.
- Present the economic savings of the NCD prevention programmes. Much of this has already been calculated, so the Secretariat must be careful not to duplicate work in this field, but rather bring the current evidence to the attention of ministers.
- Define the particular message relating to NCDs to be discussed during the Commonwealth Secretary-General’s lunch during the 2011 CHMM.
- Write to Commonwealth health ministers before CHMM 2011, outlining the outcomes of this meeting and asking them what their ‘key asks’ are for the UN High-Level Meeting.
- Health ministers could be requested to provide an update at CHMM 2011 as to their country situation regarding NCDs, their national NCD plans and their current stage of implementation.
- Encourage ministers to build upon the WHO NCD Plan of Action (2008–2013).

## Outcomes: Key Actions for the Health Section, STPD

1. Prepare for the Commonwealth Health Ministers Meeting (May 2011) and accelerate advocacy in relation to NCDs across the Commonwealth.
2. Letters to be sent to all 54 Commonwealth health ministers, to promote a renewed focus on the NCDs, to encourage participation of their Heads of Government at the UN High-Level Meeting and also to request them to report on their country's progress in NCD prevention and response at CHMM 2011.
3. Define the mechanisms for collecting and presenting Commonwealth relevant NCD data.
4. Explore ways in which the NCD message can be delivered through other Commonwealth ministerial meetings such as on education and finance.
5. Discuss opportunities to partner with the Commonwealth Foundation to further engage with civil society organisations and to encourage Professional Fellowships that focus upon health and in particular NCDs.
6. Explore mechanisms in advocacy for youth relating to NCDs.
7. Incorporate the gender perspective into the work on NCDs.
8. Seek opportunities and modalities for further work with the NCD Alliance.

## Appendices

### Appendix 1: Delegates List

**Sir George Alleyne**  
Director Emeritus  
Pan American Health  
Organization

**Professor  
Jean Claude Mbanya**  
President  
International Diabetes  
Federation

**Dr Muhamad  
Nazaruddin Bihari**  
Medical Officer  
Ministry of Health  
Malaysia

**Dr Varsay Cooper**  
Consultant Physician  
Head of Internal Medicine  
QEII Hospital  
Lesotho

**Dr Anton Cumberbatch**  
Chief Medical Officer  
Ministry of Health  
Trinidad and Tobago

**Om Kumar Dabidin**  
Acting Permanent Secretary  
Ministry of Health, Mauritius

**Dr Fathimath Nadhiya**  
Consultant, Internal Medicine  
Maldives

**Katy Cooper**  
Senior Project Manager  
C3 Collaborating for Health

**Dr Rudolph Cummings**  
Programme Manager  
Health Sector Development  
Caribbean Community  
Secretariat (CARICOM)

**Marianne Haslegrave**  
Director  
Commonwealth Medical Trust

**Dr David Heymann**  
Chairman  
Health Protection Agency

**HE Mr Anthony Johnson**  
High Commissioner  
Jamaican High Commission  
London

**Rachel Kitonyo**  
Co-ordinator  
Africa Tobacco Control  
Consortium

**Mark Lodge**  
UK Director  
International Network  
for Cancer Treatment and  
Research

**Professor David Matthews**  
Founding Director  
Oxford Health Alliance

**Paul Lincoln**  
Chief Executive Officer  
National Heart Forum

**Modi Mwatsama**  
International Programme  
Manager  
National Heart Forum

**Roger Odd**  
Secretary, Commonwealth  
Pharmacists Association

**Kiran Patel**  
Chairman of Trustees  
South Asian Health  
Foundation

**Greg Paton**  
Policy and Advocacy  
Co-ordinator  
International Diabetes  
Federation

**Tim Probart**  
Joint Managing Director  
ProBrook Publishing

**Dr Nick Tomlinson**  
Head of European Union and  
Global Affairs  
Department of Health, UK

**Abina Amo**  
Project and Policy Officer  
Department of Health, UK

**Chris Trimmer**  
Executive Director  
International Association for  
the Study of Obesity

**Kenny Yap**  
Head of International Office  
Health Protection Agency

**Dr Mark Collins**  
Director  
Commonwealth Foundation

**Vijay Krishnarayan**  
Deputy Director  
Commonwealth Foundation

**Dr Sylvia Anie**  
Director  
Social Transformation  
Programmes Division  
Commonwealth Secretariat

**Dr Joseph Amuzu**  
Acting Head and Adviser  
(Health)  
Commonwealth Secretariat

**Vanessa Baugh**  
Adviser (Health)  
Commonwealth Secretariat

**Victoria Holdsworth**  
Communications Officer  
Commonwealth Secretariat

## Appendix 2: Speakers' Biographies

### Dr Sylvia Anie

Dr Sylvia Anie is a scientist and a Fellow of the Royal Society of Medicine in the UK. She is currently working at the Commonwealth Secretariat as Director of the Social Transformation Programmes Division (STPD) which encompasses the Health, Education and Gender Sections.

STPD's role is fundamental in ensuring that the Secretariat's strategic goal to assist member countries to achieve the education, gender and health Millennium Development Goals (MDGs) – all three being important pillars of human development – is realised.

Prior to joining the Commonwealth Secretariat, Dr Anie worked in various capacities and in collaboration with a variety of development agencies. She has worked in the area of HIV and AIDS for the past 15 years. She served as a member of the Monitoring and Evaluation Reference Group on HIV and AIDS, UNAIDS, Geneva. Her last appointment was as Director of Policy and Planning at the Ghana AIDS Commission where she was instrumental in establishing Ghana's multi-sectoral approach to addressing HIV and AIDS. She has worked to highlight the linkages between HIV and non-communicable diseases (NCDs) and to strategise to address these. She leads the Commonwealth Secretariat's work on NCDs.

### Dr Joseph Amuzu

Dr Joseph Amuzu joined the Commonwealth Secretariat in 2002. He currently works as an Adviser in the Health Section and is Acting Head of Health with key responsibilities for programmes relating to HIV/AIDS and e-health.

Dr Amuzu worked in the health service in Ghana for a number of years in various capacities culminating as the Deputy Director and Senior Medical Officer of Public Health in the Northern and Volta regions of Ghana.

He worked in the Ghana Ministry of Health for 11 years before joining USAID/Ghana, serving there for three years as the RH/HIV Team Leader. He also worked as a National Professional Officer (HIV) in the WHO/Ghana Office. Dr Amuzu has undertaken advocacy for policy change; and served as a key liaison between USAID/Ghana and the Ghana Ministry of Health. He has played lead role in influencing senior-level officials of donor agencies, governments, the private sector, and other local organisations at country and the Commonwealth levels to consider new policies and service delivery approaches.

Dr Amuzu is a Fellow of the Ghana College of Physicians and Surgeons, and holds a Masters degree in Community Health and Health Management and an MBA.

### Professor Jean Claude Mbanya

Professor Jean Claude Mbanya is President of the International Diabetes Federation (IDF). He is Professor of Medicine and Endocrinology at the Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Cameroon, and Consultant Physician, Director of the Health in Transition Research Group, Director of the National Obesity Centre and Chief of the Endocrinology and Metabolic Diseases Unit at the Hospital Central in Yaoundé.

He was instrumental in the IDF-led 'Unite for Diabetes' campaign, which led to passage of the United Nations Day Resolution on Diabetes in December 2006. He now steers IDF strategic direction to encourage governments to implement policies for the treatment, care and prevention of diabetes.

Professor Mbanya also serves on several WHO advisory groups: the WHO African Advisory Committee on Health Research and Development; the WHO Expert Advisory Panel on Chronic Degenerative Diseases (Diabetes); and the WHO Committee on Classification and Diagnosis of Diabetes.

He is a recipient of many international research grants and awards, including the American Diabetes Association's 2004 Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes and the 2009 Philip Sherlock Award of the University

Outreach Diabetes Group, Jamaica, for his outstanding international service in the field of diabetes.

### Modi Mwatsama

Modi Mwatsama is a policy adviser with a background in public health nutrition. She is currently the International Programme Manager at the National Heart Forum. Her projects include co-ordinating UK NGO advocacy efforts in the run-up to the 2011 UN high-level meeting on chronic diseases, and global health impact assessments of UK policy on health in low and middle income countries.

Ms Mwatsama previously worked as a senior researcher with the Global Health Equity Group at University College London on a follow-on project to the WHO Commission on Social Determinants of Health. She was previously Food and Health Programme Manager at Heart of Mersey, honorary research associate at the University of Liverpool, and Policy Officer at the National Heart Forum. Ms Mwatsama is undertaking a part-time Doctorate in Public Health at the London School of Hygiene and Tropical Medicine where she also obtained her MSc in Public Health Nutrition.

She is on the governing council of the Association for Nutrition; a member of the UK Faculty of Public Health; and sits on the committee of the cardiovascular health working group.

### Sir George Alleyne

Sir George Alleyne OCC MD FRCP FACP (Hon) DSc (Hon), a native of Barbados, became Director of the Pan American Sanitary Bureau (PASB), Regional Office of the World Health Organization, in February 1995 and completed a second four-year term on 31 January 2003. In 2003 he was elected Director Emeritus of the PASB.

In February 2003, Kofi Annan, then Secretary-General of the United Nations, appointed Sir George as his Special Envoy for HIV/AIDS in the Caribbean. He was reconfirmed in this position by the current UN Secretary-

General, Ban Ki-moon. In October 2003, he was appointed Chancellor of the University of the West Indies. He currently holds an Adjunct professorship at the Bloomberg School of Public Health, Johns Hopkins University.

Sir George has received numerous awards in recognition of his work, including prestigious decorations and national honours from many countries of the Americas. In 1990, he was made Knight Bachelor by HM Queen Elizabeth II for his services to medicine. In 2001, he was awarded the Order of the Caribbean Community.

### Appendix 3: Commonwealth Statement on Action to Combat Non-Communicable Diseases

1. We, the Heads of Government of the Commonwealth, representing one-third of the world's population, affirm our commitment to addressing the burgeoning incidence of non-communicable diseases (NCDs), and to increasing the ability of our countries to respond to this emerging health crisis.
2. We recognise that NCDs presently account for over half of all deaths worldwide and that they significantly reduce life expectancy, quality of life and productivity. They place growing pressures on our health systems and our economies, thereby posing a serious threat to sustainable development.
3. We further note that poverty and NCDs are linked and that it is the poorest people who are most vulnerable to the impacts of these diseases. In many instances the costs associated with treating NCDs and related complications can push entire households into poverty, severely limiting family members' prospects for the future, especially those of women and girls, on whose shoulders traditionally rests the burden of caring for the sick.
4. Noting the Action Plan on Non-Communicable Diseases adopted by the Caribbean Community (CARICOM) during their 2007 Summit on Non-Communicable Diseases, we will work towards reducing the incidence of NCDs by fostering multi-sectoral policies and community-based initiatives to discourage tobacco use and unhealthy diets and to promote physical activity.
5. We will also work to fully integrate NCD prevention and control into our national health systems. In this regard, we will strengthen primary care to address the needs of people who are already facing NCDs, and support the universal access of essential medicines for people living with NCDs.
6. We firmly believe that the incidence and burdens of NCDs can be reduced through comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, the private sector, NGOs and our other social, regional and international partners. We therefore call for global engagement of the private sector, civil society and governments in efforts to combat these diseases.
7. Aware that surveillance is key to effectively combating NCDs, we commit to supporting initiatives to include the monitoring of NCDs and their risk factors in existing national health information systems.
8. Noting that international co-operation is critical in addressing the phenomenon of NCDs, we call for their inclusion in global discussions on development, such as those which will occur within the framework of the UN Economic and Social Council (ECOSOC) 2010 Co-ordination Segment. We similarly declare our support for the call to integrate indicators to monitor the magnitude, trend and socio-economic impact of NCDs into the core Millennium Development Goals (MDGs) monitoring and evaluation system during the MDG Review Summit in 2010.
9. We further call for a Summit on NCDs to be held in September 2011, under the auspices of the United Nations General Assembly, in order to develop strategic responses to these diseases and their repercussions.

*Port of Spain  
Republic of Trinidad and Tobago  
29 November 2009*



