

Boston Statement on Non-Communicable Diseases of the Poorest Billion People

**2-3 March 2011
Boston, Massachusetts, USA**

The Boston meeting on non-communicable diseases (NCDs) of the world's poorest billion people was organized by Partners In Health, Brigham and Women's Hospital, the Harvard Global Equity Initiative, the Non-Communicable Disease Alliance, the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries, the Harvard Medical School Department of Global Health and Social Medicine, and the Harvard School of Public Health on 2nd March and 3rd March 2011 in Boston, Massachusetts.

The Meeting was attended by a wide range of government, civil society and academic organizations who have advocated for the inclusion of NCDs as a priority on the global health agenda.

Participants have approved the following declaration:

We, the participants taking part in the Conference on the NCDs of the Poorest Billion held in Boston, USA on 2nd and 3rd March 2011, and other committed individuals and organizations,

In reference to:

- World Health Assembly Resolution WHA56.1 dated 2003: Framework Convention on Tobacco Control.
- World Health Assembly Resolution WHA57.17 dated 22 May 2004: A global strategy on diet, physical activity and health
- UN Resolution No. 225/61 dated 20 December 2006 on World Diabetes Day
- World Health Assembly Resolution WHA61.14 dated 14 May 2008 on the Prevention and Control of Chronic Non-Communicable Diseases – Implementation of Global Strategy
- UN Resolution No. 265/64 of 20 May 2010 establishing a UN Summit on Non-Communicable Diseases for Heads of States, to be held in September 2011
- Resolution of 17 September 2010: Keeping the Promise: United to Achieve the Millennium Development Goals.

Acknowledge that:

- The prevalence of major NCDs including cancer, cardiovascular disease, chronic respiratory disease and diabetes has reached epidemic proportions globally and is rising fastest in low-income countries.
- According to the World Health Organization, NCDs account for 60% of all global deaths, and 80% of these deaths occur in low- and middle-income countries.
- NCDs affect the poor disproportionately, resulting in premature death, intense suffering and catastrophic expenditures for individuals and families.
- The poorest billion people are particularly affected by NCDs related to poverty such as lung disease from indoor cooking fires, rheumatic heart disease, cervical cancer and diabetes and lack of access to healthcare.
- Linkages between infectious and non-communicable diseases require integrated approaches for prevention, diagnosis, treatment, survivorship and palliation.
- NCDs, in combination with infectious diseases, injuries, maternal and child mortality, and mental disorders impose a serious burden on vulnerable, low-income country health systems.
- Maternal nutrition and health during pregnancy, and health and nutrition in the first two years of life have a profound impact on development of NCDs in adult life.
- NCDs impose costs on the economy, such as lost productivity among people of working age and decreased rates of economic growth.
- Less than 3% of US\$22 billion Official Development Assistance for health in low-income countries is allocated to NCDs.
- Strengthening health systems – including public health and healthcare delivery services – is essential to tackle the NCD epidemic.
- The magnitude of the NCD epidemic requires effective engagement by a broad range of stakeholders that bring expertise, resources and experience, including the private sector which can serve as a value-adding partner to governments, NGOs, academia and other stakeholders.
- NCDs pose a serious threat to the achievement of the Millennium Development Goals.
- Effective programmes have demonstrated that it is possible and affordable to prevent and treat NCDs across the lifecycle in low-income settings.

- Palliative care is a low-cost intervention that can significantly alleviate suffering across all NCDs, as well as other illnesses, and serves as a key example of integrated health systems strengthening.
- Health and the right to life are both human rights.

Therefore, we call on all UN member state Heads of Government and Heads of State to unite at the September 2011 UN Summit on NCDs and take urgent action to address the millions of premature deaths and widespread suffering caused by NCDs amongst the world's billion poorest people by:

Leading at global and national levels for NCDs

- Agreeing on an Outcomes Document that includes specific commitments on addressing NCDs in the billion poorest people in the world.
- Integrating health in the development of public policies across all sectors since NCDs require multisectoral action.
- Integrating NCDs in the successor goals to the Millennium Development Goals after 2015.
- Including NCDs in Official Development Assistance in accordance with national priorities and with commitments made under the Paris Declaration and Accra Agenda for Action.

Strengthening Health Systems and NCD Prevention, Treatment and Care

- Strengthening and adjusting health systems to address the prevention, treatment and care of NCDs, particularly at the primary health care level.
- Developing and implementing programmes for education and awareness-raising on the common risk factors for NCDs, as well as programmes that reduce these risks.
- Accelerating effective implementation of the Framework Convention on Tobacco Control (FCTC).
- Promoting NCD prevention across the lifecycle, starting in utero through childhood and adulthood.
- Ensuring that essential medicines and technologies for NCDs are available, affordable and distributed to the poorest billion people at the primary health care level.

Strengthening Research and Data Systems

- Strengthening surveillance systems to track and monitor the health and economic burden of NCDs and their risk factors for the poorest billion.
- Conducting research on NCD causes, prevention, management and cures.

Addressing poverty, vulnerability and discrimination

- Recognising that the social determinants of health are relevant for NCDs and pursuing programmes to address poverty eradication, improving education and the empowerment of women to support NCD prevention.
- Stopping stigma and discrimination against people with NCDs.

Hence, and by approving this statement, we unanimously agree to:

- Take measures to prevent NCDs and improve the quality of life of people currently living with NCDs, particularly the poorest billion.