National Summit on Noncommunicable Diseases
Universal Coverage and Noncommunicable Diseases

New Delhi Call for Action
New Delhi, India. 23-24 August 2011
Jointly Organized by
Ministry of Health and Family Welfare, Government of India and
WHO Country Office for India

1. Gathered in New Delhi on the occasion of the National Summit on Noncommunicable Diseases, we the participants:

1.1. Note with great concern that noncommunicable diseases (NCDs), principally cancers, cardiovascular diseases, diabetes, chronic respiratory diseases, etc. have overtaken communicable diseases and become the leading cause of death and disability in India causing each year about 53% of all deaths, a substantial proportion in the productive age group before the age of 60 years and preventable in nature.

1.2. Recognize that mental, behavioral and substance abuse disorders are an important contribution to the burden of NCDs.

1.3. Recognize that injuries and disabilities also add significantly to the burden.

1.4. Recognize that other conditions such as chronic kidney disease, neurological disorders including stroke, epilepsy, autism and dementia, genetic disorders, musculoskeletal disorders, geriatric disorders, nutritional disorders, oral and dental diseases, physical disabilities including blindness and deafness, diseases among elderly, occupational and environmental diseases, and all other chronic health conditions also contribute significantly to the growing burden of NCDs.

1.5. Express concern that the rising burden of NCDs is putting a strain on health care systems and the overall cost of diagnosis and management of NCDs are impoverishing individuals, families, and society.

1.6. Recognize that the burden of NCD is projected to escalate in the future due to changing lifestyle, population ageing, genetic predisposition, trade and intensive marketing of unhealthy foods and beverages, poor hygienic conditions and changing dietary patterns of the Indian population with increasing energy intake and reducing physical activity as a result of rapid urbanization of India and globalization of Indian economy.

1.7. Emphasize that NCDs affect more vulnerable and economically poorer section of society thus affecting them more adversely.

1.8. Realize that in addition to the huge disease burden, NCDs and their risk factors have serious socioeconomic consequences by exacerbating poverty and adversely affecting the national economy.

1.9. Understand that the major NCDs are linked to common risk factors, namely tobacco use in all forms, unhealthy diet especially high consumption of fats, salt and sugar, physically inactivity, obesity, alcohol abuse and stress; and being aware that these factors have economic, social, political and environmental determinants, understand further that they require a multisectoral response.

1.10. Realize the need for adequate awareness regarding NCDs and their risk factors (including their nonhealth determinants) amongst the population, policy makers, and planners.

1.11. Understand the importance of addressing risk factors and providing universal coverage to appropriate interventions at all levels of the health care delivery system.

1.12. Acknowledge that addressing the problem requires a multisectoral response and vital role to be played by multiple partners and stakeholders including the Government, civil society, academia, industry and the private sector (excluding tobacco interests), and other stakeholders in the prevention and control of NCDs.
1.13. Note with profound concern that millions of people affected by NCDs may have severe pain and other debilitating symptoms and can be effectively treated by providing essential medicines recommended by the World Health Organization were available.

2. We, the participants of the National Summit on NCDs, therefore call upon the governments to demonstrate exemplary commitment and support for reducing the health and social and economic burden of noncommunicable diseases by:

2.1. Investing in health systems for universal coverage of essential NCD packages of promotion, prevention, management and rehabilitation including palliative care.

2.2. Involving multiple sectors to plan, co-ordinate, implement, monitor and evaluate national NCD-related activities, headed by high-level empowered committees.

2.3. Increasing the budget for promotion, prevention, screening, management, and control of NCDs.

2.4. Strengthening primary health care system and introduce community-based approaches to widen the reach and scope of health promotion, prevention, and control of NCDs.

2.5. Building capacity of policy makers and program managers to plan, implement, monitor, and evaluate NCD programs and upgrading skills of health workforce at all levels of the health care system for NCD prevention and care through continuous professional development programs.

2.6. Mainstreaming health promotion within broader national health and developmental programs of all ministries directly or indirectly involved in improving health of people.

2.7. Promoting an enabling environment that reduces the common NCD risk factors (stress, tobacco use, diets high in saturated fats and or transfats, salt and sugar, physical inactivity, obesity and alcohol abuse) using a range of options including legislation, regulation, fiscal measures, public education and awareness, promoting healthy eating habits, public health policies and programs.

2.8. Accelerating the implementation of the WHO Framework Convention on Tobacco Control and other international instruments and strategies that address NCDs.

2.9. Promoting healthy settings in family, work place, school, community and health Institutions and creating an enabling environment at all levels starting from schools, public places to homes for physical activity.

2.10. Integrating the promotion and protection of human rights into national NCD policies, ensuring particular attention is paid to women and girls, young people, orphans and children, older people, migrants and people affected by humanitarian emergencies, indigenous people and people with disabilities, depending on local circumstances.

2.11. Addressing NCDs and their risk factors using a life cycle approach and overcoming gender inequalities in access of health care, resources, opportunities, and information on NCD prevention and treatment.

2.12. Promoting use of information technologies like Tele-Medicine to improve access of NCD services.

2.13. Facilitating active involvement of a wide range of government Ministries and Departments (such as Agriculture, Human Resource Development, Women and Child Development, Labour, Rural Development, Panchayati Raj, Social Justice and Empowerment, Communication and Information Technology, Industry, Transport, Housing and Urban Development, Finance, Information and Broadcasting, Law, Home Affairs, Food Processing Industries, Pharmaceuticals, Environment and Forests, AYUSH, Youth Affairs and Sports), NGOs, academia, civil society, and the population as a whole.

2.14. Implementing economic and trade policies to mitigate the risk factors contributing to the NCDs such as progressive increase in taxes on tobacco products, alcohol, unhealthy food products and beverages, and incentives for production and marketing of healthy foods, products, and equipment.

2.15. Strengthening national surveillance systems, with emphasis on monitoring NCDs, the related risk factors and the underlying determinants as well as research on NCD prevention and control.

2.16. Setting measurable indicators and time-bound targets to monitor progress at regular intervals in the prevention and control of NCDs and the promotion of healthy lifestyles.

2.17. Mandating concurrent health impact assessment an integral component of all ongoing and new public policies on trade, agriculture, education, rural and urban development, among others.

2.18. Strengthening epidemiological research to study trends and impact of public health interventions.

3. In supporting these commitments made in this New Delhi Call for Action on NCDs, we
the participants of the National Summit on Noncommunicable Diseases urge the global community for the forthcoming UN High-level Meeting on NCDs to:

3.1. Raise the priority of noncommunicable diseases on the national and global health and development agenda.

3.2. Strengthen the health system by focusing on health financing for universal coverage.

3.3. Align the NCD agenda with other development priorities, especially the Millennium Development Goals (MDGs).

3.4. Mobilize additional resources and support innovative initiatives for financing health promotion and prevention and control of NCDs.

3.5. Equip the health workforce at all levels of the health system with the skills needed for NCD prevention and care.

3.6. Facilitate sharing of new research findings and best practices across the globe about prevention, health promotion, and control of NCDs and their risk factors.

3.7. Improve access to affordable, essential, effective, and quality drugs and technology.

3.8. Initiate global action to counter commercial interests that promote risk factors for NCDs.

3.9. Promote evidence based traditional systems of medicine, including yogic interventions, at various levels of the health care system for prevention and control of NCDs.

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