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A STEP TOWARDS GLOBAL HEALTH : THE CASE OF NON-COMMUNICABLE DISEASES

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Eleven years since the adoption of the [Global Strategy for the Prevention and Control](#) of NCDs by the World Health Assembly, global leaders seem to have reached consensus in the UN General Assembly on concrete actions to tackle non-communicable diseases (NCDs) by adopting a [Political Declaration on the prevention and control of NCDs](#). This is only the second time a health issue has been debated at a special meeting of the General Assembly after the group decided to address the HIV/AIDS epidemic a decade ago.

[NCDs](#), such as cancer, heart disease, diabetes and lung disease, are considered to be, by killing together some 36 million people each year, the leading cause of disease burden and death worldwide. They share four major causative risk factors: tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity. As it emerges from the [declaration](#), the consequences of these risk factors go well beyond health consequences to include serious social and economic dimensions.

Beyond the rhetoric surrounding the conclusion of such a declaration, I would like to briefly discuss how much this first High-level Meeting on the

Prevention and Control has achieved. To address this question one has to compare its outcome against its declared objectives. Some background can be find [here](#).

An analysis of the Political Declaration

The institutional aim of the UN Summit was to bring Heads of State and other representatives from the UN member states together to agree on commitments to tackle the growing global burden of cancer and other NCDs. [NGOs](#) and civil society's organizations presented this event as a once-in-a-lifetime opportunity to mobilize the world to take action, and commit, against the risk factors causing NCDs in order to make them salient to the general public.

Although a political declaration cannot be more than what its name suggests, its adoption undoubtedly represents an achievement in the highly-bureaucratic and slow-moving UN world, especially when it is adopted by such a large number of States. The declaration will guarantee that NCDs will stay on the UN agenda for the years to come.

Yet, despite a general recognition of the global burden of NCDs and the urgent need to greater measures to prevent and control these diseases, the Political Declaration lacks specific targets including no overall goal of reducing preventable death and it falls short on action to tackle NCDs.

Governments around the world were not persuaded to commit to reduce the avoidable deaths from [NCDs by 25% by 2025](#) - a target that WHO believed to be achievable. Moreover, although the Declaration acknowledges that the resources devoted to combating NCDs are not commensurate with the magnitude of the problem, there are no commitments to increase the proportion of development assistance devoted to health outcomes.

The most tangible result of the declaration seems to be the agreement to develop within the WHO a framework for monitoring global progress and to prepare, before the end of 2012, recommendations for a set of global targets to monitor trends and assess the progress in countries to reduce the toll of suffering, disability and premature death due to these diseases.

Although an overarching goal, time frame and targets are missing from the document, it foresees to hold a comprehensive review in 2014, which might include a follow-up High-Level Meeting. This review clearly represents an opportunity to make a 'reality check' on commitments made in the present Declaration and assess progress on the global targets established by the Member States.

Besides some commitments to increase access to affordable, safe, effective and quality medicines, agreement was also reached on several other issues including commitments to eliminate industrially-produced trans-fats in foods, and to implement interventions to reduce consumption of salt, sugars and saturated fats. Although the possibility to conclude a [Framework Convention on Obesity Control](#) was not ruled out, the actual text does not lend much support to the conclusion of internally binding legal commitments among States.

Moreover, Member States have ignored calls to agree measures to protect children from the marketing of alcohol but have committed to implement WHO recommendations to restrict the marketing to children of foods high in fats, sugar and salt; and to reverse the rising trends of obesity in children, youth and adults.

The Declaration also includes a commitment to accelerate implementation of the [Framework Convention on Tobacco Control](#) (FCTC). In addition, Member States have agreed to introduce policies and actions aimed at promoting healthy diets and increasing physical activity in the entire population.

According to the [World Economic Forum](#), if current efforts are not intensified, the four main NCDs will cause economic losses to low and middle-income countries of nearly \$500 billion yearly in 2011-2025 : an average of \$25 per person a year in low-income countries, \$50 in lower middle-income countries and \$139 in upper middle-income countries.

What's next in the EU

At the time of economic struggle and fiscal austerity, the most palatable measures to adopt seem to be tax measures, the so-called fat taxes. As

previously discussed here, their [rationale](#) as well as their [impact](#) are not undisputed and within the EU context they also raise significant legal questions, notably in relation to both state aid and common market rules. For an initial legal analysis of fat taxes under both EU and WTO law see the latest issue of [Trade Perspectives](#). The proliferation of national fat taxes may lead the EU to consider whether to step in and adopt EU-wide measures in order to mitigate the negative trade effects and distortions caused by such national schemes. Yet the EU would not only face seriously difficulty in proving its competence to do so, but it would also face the challenge to establish a common tax rate on countries whose obesity prevalence varies considerably. Thus for instance while fewer than 10% of Danes are obese, Britain's rate is 24.5%. According to the [OECD](#), the European average is 15%.

If the Danish tax is the first to target saturated fats specifically, there are already other European nations using taxation in their battle with fattening populations. In particular, the Danish tax imposes a Euro 2 per kilogram duty on the saturated fat content of meat products, some dairy including butter, cooking oils, margarine, spreadable composite products and extracted animal fats. Products containing more than 2.3% saturated fat by weight are subject to the tax, which includes all oils, including olive oil (11.43% saturated fat), peanut oil (17.14%), canola oil (9.2%), sunflower oil (10%), corn oil (12.9%) and soya oil (15%).

[Hungary](#) has also introduced duty on foods implicated in the obesity epidemic, such as high caffeine drinks and high sodium foods, including sugar and other high level carbohydrates. In the meantime, [Finland](#) and [Romania](#) are also considering a tax on fat and in [Britain](#), which has Europe's highest obesity numbers, some campaigners would welcome an initiative such as the one in Denmark. As recently confirmed, the UK government is currently considered its adoption.

Conclusion

By concluding a political declaration on NCDs, the process of addressing NCDs globally has been set in motion. Now it is time to experiment new policies and assess their impact and effectiveness in achieving their

declared goal. The time to question the need to address NCDs seems over today. This should sound as a wake-up call for the relevant industries who should start being creative and bold in finding ways to become part of the solution instead of remaining part of the problem.