

# EDITOR'S CHOICE

## NCDs and the UN summit

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In September the United Nations will hold its first ever high level summit on non-communicable diseases. Richard Smith has been keeping *BMJ* readers up to speed on developments via his blog (<http://bit.ly/kiAkr0>) and it's clear that the build up to this important meeting is gaining pace. Since the summit was announced last year, questions about who and what should be included have been hotly debated. The need to prioritise against a huge potential list of conditions has led to a focus on four main disease groups that share causative factors: cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and common cancers. The summit won't address mental health, as some had hoped, but it will tackle the wider social determinants of health, including poverty and urbanisation. As to whether it will make any real difference, much will depend on what member states are willing to commit to.

Two weeks ago the UN published its draft "outcomes document" (<http://bit.ly/lXyIVe>), which over the next few weeks of intense negotiation will be revised to become the document that member states will sign. An outcomes document is the strongest possible agreement between UN member states and can be a powerful tool for holding them to account against an agreed action plan. So getting the wording of this one right could be key to the summit's success.

Various groups have offered their thoughts on what outcomes they want from the summit. In an Analysis paper in this week's *BMJ*, a network of researchers, mostly from low and middle income countries and including Richard Smith as the corresponding author, summarises these "asks" and delivers its own (doi:10.1136/bmj.d3823). There is much agreement

between their seven priorities and those suggested by the Lancet NCD Action Group and the NCD Alliance, but as our authors admit, shorter is best. They approve of the more succinct list from Sir George Alleyne, former director of the Pan-American Health Organization, which calls for action on four fronts: risk factor reduction, monitoring and surveillance of NCDs, access to simple technologies such as drugs for hypertension, and strengthening of health systems.

There has been no shortage of criticism of the plans for the summit, not least from the NCD Alliance, which led the campaign for a UN summit and has just published a critical response to the draft outcomes document (<http://bit.ly/maFGBB>). But the NCD Alliance itself comes in for criticism from Iona Heath this week, as does WHO (doi:10.1136/bmj.d4239). Quoted estimates of the number of people dying from NCDs are misleading, she says, since they don't differentiate between premature and timely deaths. "Everyone must die; and in this context it is essential to concentrate on premature avoidable mortality." (I see that our Analysis authors also fall into this pitfall in places and we and our peer reviewers failed to correct them.)

Heath is also concerned about proposals to apply "misplaced risk factor thresholds" that she says are already "causing havoc in rich countries and wasting prodigious amounts of healthcare resources." Will drug companies be the main beneficiary, as Heath implies, or can we achieve a focus on more challenging but sustainable lifestyle and social change?

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