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Executive Summary

Non-Communicable Diseases (NCDs), such as cancer, diabetes, heart disease and respiratory illness, are no longer a subgroup of diseases that can be classed as exclusive to developed nations. They are being seen in the global south in epidemic and ever growing proportions, where 80% of NCD deaths occur. Moreover, these 4 NCDs are estimated to account for 66.5% of all years lived with disability in low and middle-income countries. As such, there has been a growing call on the international community to recognise the scale of this problem and to make steps to address it, which has lead to the first UN High Level Meeting (HLM) on a health issue since HIV/AIDS in 2001 to be raised.

Handicap International has been concerned that the political declaration, which would come out of the HLM, would refer to treatment but more in terms of preventing mortality rather than any focus on morbidity and the potentially disabling implications of living with an NCD that would need rehabilitation in the continuum of care. Furthermore it was concerned that people with disabilities can be a particularly vulnerable group to the risks of NCDs. As such Handicap International, along with other disability stakeholders (see Appendix), have been pushing to ensure:

- The inclusion of rehabilitation in the continuum of care necessary for people living with NCDs,
- The inclusion of disability terminology and recognition into the HLM and minds of the policy makers.

Handicap International attended the meeting at the invitation of the French Government as a civil society representative in its delegation. Over the course of the 4 days, numerous official and “side events” were attended. Main take home points included:

1. An international political declaration on NCDs has now come into force and recognises for the first time, the scale of the problem: The summit mobilised 133 member states, among which 34 heads of State (compared to 25 for HIV/AIDS 10 years ago). The declaration stopped short at setting specific targets, which was a disappointment for many. It will now be further developed in a process lead by the WHO into an international action plan. Japan will co-host another high level meeting at the end of 2012.

2. Success of our advocacy: Language surrounding the potentially disabling implications of NCDs has made it into the declaration along with specific reference to the need for rehabilitation services to be included as “treatment” for NCDs.

3. Further efforts needed: However, disability remained very low on the discussion with much of the focus on preventing mortality rather than also considering morbidity. Of some concern, when referring to particularly “vulnerable” groups, persons with disabilities were not mentioned alongside women, children or indigenous populations.
4. The main focus is for strategies to prevent the onset of NCDs by combating the main risk factors, namely tobacco, alcohol, diet and physical activity. This will require a multi-sectoral approach across many levels. Strong actions against industries who profit from sales of harmful products was also encouraged. Handicap International supports these strategies, using a health promotion approach in the primary prevention of NCDs tackling the environmental factors alongside the behavioural factors.

5. Mental health was repeatedly cited as being the major “missing” NCD based on the 4x4 matrix. Though a reference is made to mental health in the declaration, civil society representatives (including Handicap International) and several countries reiterated the severity of the scale of mental health issues globally.

6. The civil society and NGO movement has been powerful in getting this issue through to such a high level international forum and Handicap International has become well positioned within this sector to voice concerns on the need for rehabilitation and disability inclusive actions to be incorporated into health systems.

7. Other notable actors present who brought an angle on the disabling implications of NCDs were Sightsavers International and HelpAge and both organisations are keen to build up links to have a collaborative effort pushing disability related issues on NCDs.

8. Civil society was disappointed by the fact that no strong language was used for setting specific resources or targets in the declaration though a process of action planning is now to be embarked on, lead by the WHO. Handicap International should continue to be heavily involved in this process.

Since the meeting, Handicap International has continued to be involved in NCD networks and developed new links. There is an opportunity to have good collaboration between actors who have a particular interest in disability issues within NCDs to work together for a common purpose.
Background

As part of the 66th UN General Assembly, running from 13th to 23rd September 2011, a High Level Meeting took place on Non-Communicable Diseases. Non-Communicable Diseases are conditions which are not infectious such as heart disease or diabetes. Although this can be extremely broad ranging, including conditions such as musculo-skeletal problems or some dermatological conditions, the main four which have been focussed on have been chronic heart diseases, chronic respiratory diseases, diabetes and cancer. Many expressed disappointment the mental health had not been included in this “prioritisation”. The four priority conditions are often – although not always – lifestyle linked and whilst there has been a perception that these are conditions exclusive to the North, 80% of NCD deaths occur in the global South.

Handicap International’s involvement has been in advocating for a stronger recognition of disability and rehabilitation within the discussions and particularly in the political declaration which was to be the outcome of the meeting. Handicap International prepared a brief with several other organisations on NCD and disability and disseminated a slightly shortened version (see Appendix) of this at the summit itself and the side events. Handicap International used this brief to lobby governments of both its national associations and programme countries on the need to push for disability recognitions. Handicap International has also been actively involved in support and lobbying with the NCD alliance – a consortium body made up of the International Diabetes Federation, the International Union against Tuberculosis and Lung Disease, the Union for International Cancer Control and the World Heart Federation. The main focus had been this “4x4” approach: 4 diseases, 4 risk factors (tobacco, alcohol, diet, physical activity), though many other conditions can be classed as “non-communicable” and don’t fall under these four, most notably mental health conditions.

The High Level meeting took place over 2 days, Monday 19th and Tuesday 20th September. However a number of side events also ran before and during the days of the HLM. In total 34 heads of State were present over the two days of the HLM which was more than the 25 present at the HIV/AIDS HLM in 2001.

Layout of report

The report is in four sections: A brief narrative of the HLM round table discussions; a narrative of the side events; a table of contacts and potential future collaborations, with suggested action plan and lead actor; and added findings, recommendations for the next stages with a final overview.
1. High Level Meeting Events and Discussion

a) Plenary Session: Opening of the High Level Meeting on NCDs

The plenary was attended in person only by the senior members of the France delegation and the remainder watched from a side room. The session aimed to introduce the issue and opened with four keynote speakers.

**Ban Ki-moon**, Secretary General of the UN, in his **speech** recognised how “grim” the situation of NCDs was. He targeted prevention strategies as better than treatment, though access to treatment was also necessary to prevent death and disability. He encouraged all parties from government, civil society and private sector to play their role in the fight against NCDs. He focussed on the role of the private sector in his speech, as both a champion for positive change and economic stability for good health but also acknowledged the “shameful history... of ignoring science” and called on food, media, marketing, alcohol and tobacco industries to act with integrity. He stated that public/private partnerships will be required to overcome the fight against NCDs.

**Margaret Chan**, Head of the World Health Organisation, in her **speech** gave an impassioned plea to address NCDs now and requested that the meeting serve as a “wake up call” for the international community. She said that the medical world has been aware of this problem for years addressing the “complications and disabilities”. She came down strongly on industry, particularly the tobacco industry, for what she called “despicable efforts”.

**HRH Princess Dina Mired of Jordan**, speaking on behalf of civil society and the Union for International Cancer Control (UICC), in her **speech** welcomed the recognition of NCDs as a global problem and spelled out quite clearly what she felt others had failed to say - that this is an epidemic. She noted both positives and negatives of the declaration and expressed her disappointment at some of the weak language and lack of targets within the declaration. She also urged the international community to support the people who are dying or suffering from “pain and disability” now.

**Jacques Rogge**, President of the International Olympic Committee (IOC), in his **speech** noted how the IOC through their promotion of active lifestyles are ready to be involved in tackling the NCD challenge.

Following the opening speeches the **political declaration** was formally adopted by all States with no objections. The plenary continued with member state statements with 133 member states requesting a window to speak. Concurrently, the round table events took place with Ministers of health and other state delegates, NGO members and private sector actors in attendance. Although not attended, the **press release** of the statements is available.

**Points to note:** It was pleasing that the three first speakers all referred to the disabling effects of NCDs in their keynotes. Looking at the summary document of the member state speeches, disability also seems to have been specifically mentioned by several other countries, notably United Kingdom Minister for health Andrew Lansley (Handicap International UK had written to the UK Minister for international development) and the New Zealand Representative (NZ seemed to be an advocate for rehabilitation in the declaration writing process).
b) Round-tables

1. The rising incidence, developmental and other challenges and the social and economic impact of NCDs and their risk factors.
2. Strengthening national capacities, as well as appropriate policies, to address prevention and control of NCDs.
3. Fostering international cooperation, as well as coordination, to address NCDs.

The three roundtables (between 3 and 4 hours each) are available to view online (RT1, RT2 and RT3).

Though the three roundtables held different themes, there was generally little tangible in content between the content of the speakers across them. Generally they were an opportunity for State representatives, often the Minister or sub-minister for health, to present the largest challenges that their respective country faces with regards NCDs, to reveal strategies that their country is undertaking to tackle NCDs and to offer opinion on the main priorities needed to be addressed following on from this HLM. Independent organisations were also invited to speak at the roundtable and these included members from the private sector as well as international and national NGOs.

As with the opening remarks, a vast majority of the focus was on strategies for preventing the spread and onset of NCDs. These were aimed at both population awareness and positive practice campaigns or enforcement, but also the need for actions to be taken on industries who provide harmful products into the market were strongly pushed. Recognising and addressing disparities in the social determinants of health was a phrase used repeatedly and suggested that the solution to the problems of NCDs cannot be tackled solely by health systems but requires multi-sectoral approaches. On that theme, collaboration and coordination was also a regular theme with the need for integration between State, the private sector and civil society in order to overcome the challenges. As with Millennium Development Goals 8, the Georgian representative pointed out that global partnership was the glue that binds all other development issues together.

Several speeches also expressed the need for the international community, and States themselves, to better address the issue of mental health problems across the globe. In particular Germany, Canada, Kenya, Mexico, the Philippines and India were noted to have expressed specific statements on mental health. Disability or rehabilitation was specifically mentioned by relatively few, though those who did are mentioned below.

c) Particular elements of note included

Countries who noted disability specifically did so mainly in terms of recognising that the fight was not just against deaths from NCDs but also in addressing or preventing the impairments that can come with them. The countries included Philippines, Mexico, Germany, Hungary and Benin. Benin went further to become the only country delegation to specifically state the need for rehabilitation services to be part of health planning. New Zealand called for the international community and countries to adopt an “inclusive and culturally anchored approach” in countering NCDs.

Disability and rehabilitation was better advocated amongst the non-country delegation speeches such as by Anne Keeling of the NCD Alliance who specifically referred to rehabilitation as part of treatment packages for NCDs. In a similar vein, the International
Diabetes Federation, the World Medical Association and the International Organisation for Migration (IOM) called for rehabilitation services or services to address physical and mental health.

South Africa have already developed a **country declaration** on NCDs, which does include recognition of the disabling implications of NCDs and specific reference to rehabilitation within treatment services. Several countries, notably India, Fiji and Botswana have since either followed suit or committed funding to NCDs.

### 2. Non-Communicable Diseases Side Events

#### a) NCD Alliance event: From Advocacy to Action, 17th September

The NCD Alliance side event took place on the Saturday – 17th Sept. Many actors were present, largely from the NGO community since the Alliance had acted as representative of many NGOs in the build up to the meeting.

The day outlined where the NCD alliance had come from and where it now stands, though stopped short of committing to where it will be after the HLM. Reactions from the political declaration seemed mixed – pleased that the key aim of getting NCDs to be discussed at the highest level had been achieved, but a feeling that it fell well short in terms of setting measurable targets and some important issues were not addressed enough e.g. alcohol. Mental health was also mentioned several times as being the missing 5th condition.

Several presentations and paper launches took place and included NCD Alliances own **briefing papers** such as health systems, human rights as well as briefs on diabetes and tuberculosis, asthma and overviews on diabetes and cardio-vascular disease.

The lunch session was hosted by New York city officials who gave an insight into methods they have used, such as targeting transportation systems for more cycling and public transport for clean air, tobacco public space bans and healthy eating initiatives.

Working groups in the afternoon focussed on international response, national response, evidence and research, items missing from the agenda and cross sectoral working. I participated in the 4th group – missing in action, which highlighted the already noted absentees such as alcohol, mental health and targets. The lack of mention of other NCDs such as psoriasis and bone/joint conditions and it was thought that this was due to these not necessarily having a mortality link.

**Points to note:** Much of the language was extremely medical with even social initiatives describing people as patients, a fact pointed out by a person with diabetes who spoke out at this aspect. On a similar vein it was noted that service user/patient groups’ voices were low and needed to be more encouraged by civil society. The official NCD briefing papers did not include the disability and NCD paper (though was not expected to). The human rights and NCD brief, which lists several highly vulnerable groups to target, but not people with disabilities, was critiqued in a number of circles. There was, however, a repeated eagerness for disability expertise to be included in the future discussions.
b) Global Health Council Side event: Tackling NCDs: How can existing platforms be leveraged?

A one afternoon session where individual presentations and a panel discussion were hosted by the Global Health Council. The US based organisation, LIVESTRONG, who are mainly cancer focussed but have been open to supporting the wider NCD challenge through lifestyle improvement had a strong presence and launched their awareness raising film, Delivering Hope on cancer in the global south.

Much discussion focussed around what lessons can be learned from the HIV response and what platforms that have been established can be utilised to face the NCD epidemic. Much talk was around task shifting, innovative approaches and the fact that the workforce needed to combat NCDs is not necessarily a different one from that required for communicable diseases (just with adjusted skills). In developing countries, the private sector is a huge actor in terms of providing management for NCDs and this will need to be considered and incorporated.

It was noted that whilst there are similarities with HIV and NCDs, there are also, however, many differences and a “copy and paste” approach cannot be adopted. Social health insurance systems were debated and the need for multidisciplinary team approaches and research was reinforced. Health systems, it was noted, did not just mean the medical community.

Points to note: The reinforcement of the need for a multidisciplinary health force to address the challenges of NCDs was pleasing, even if rehabilitation was not specifically said (the two professions mentioned were nutritionalists and social workers). Representatives from the Global Health Council invited Handicap International to be part of their monthly round-table in Washington.

c) GHWA Side event: It takes a workforce!

The Global Health Workforce Alliance (whom the rehabilitation unit of the Handicap International Technical Resources Unit has been exploring in terms of utility in joining as a member to advocate for rehabilitation workforce needs) hosted a high profile event in the lunch break of the Monday High Level Meeting. The event included small presentations from the head of the GHWA along with a Ugandan Doctor working in a remote Health clinic where lack of trained staff means that he often has to see up to 100 patients, many of them with NCDs, per day.

A panel discussion took place between representatives of two governments (France and India), civil society, health systems in the developing world and the private sector. An integrated approach was heavily advocated, between NCDs and all other conditions with task shifting again a buzzword for achieving this, though prevention must be at the forefront as if we pass into a strategy of treatment, we ill not be able to cope. Many of the challenges of training, recruiting and retaining a health workforce were briefly discussed: “it’s not just that we don’t have the numbers of people trained, it’s that we don’t have them trained in what we want and have them where we want“.

The need for a full, well trained and diverse health workforce to treat people with NCDs was well debated. The Indian governmental representative spoke powerfully on this, citing the example of mental health where psychologists, mental health nurses and social workers are perhaps more key to supporting people with these conditions.
It was also noted that health workers are only one pillar of a health system and that without infrastructure, medicines, management, resources etc then even a full workforce will not be effective.

**Points to note:** The GHWA showed that they are able to mobilise a high level of discussion which could be of interest for Handicap International in our considerations of becoming a member. Two potentially interesting organisations: Touch Foundation and Action for Global Health, spoke at the end of the session.

d) **UNAIDS Side event: HIV, NCDs and Health systems**

Panel discussion by prominent members of the fight against HIV including the Minister of Health for South Africa, the US Global AIDS coordinator and Nancy Brinker, the former chief of protocol for the US and breast cancer champion.

Similar to the Global Health Council side event previously discussed, the session focussed around how HIV has been a trailblazer and how the NCD movement might be able to capitalize on this. The donor communities need to be less vertical to allow crossover in services between HIV and NCDs and so that resources can be shared to benefit all.

There was a call from the audience to focus on strategies for the youth as it was this population who will be facing the major implications of NCDs as they truly evolve. Finally breaking down the stigma of some non-communicable diseases, as was similar with HIV, needs to be worked on and addressed.
3. Added findings/comments, recommendations for the next stages and final overview

a) Added findings/comments

A momentum has now gathered and it will be important to keep abreast with and ahead of developments in order to maximise this. Handicap International and its partners joined the NCD debate late into negotiations and, as such, missed a number of potential opportunities to play a more impacting role from the outset. However, it was clear that once involved, the NCD community looked to us for input on rehabilitation and disability. This must continue as the process now develops into action planning and specific activities. The WHO will be at the forefront of this planning and although the NCD alliance will take forward issues from the civil society sector, it may also be prudent to utilise the direct linkages Handicap International already has established such as with the DAR and through the French Delegation contacts.

b) Recommendations for future action

Next stages for action on a general level include:

- Supporting the DAR and other actors to have input into the WHO action planning which will stem from the political declaration.
- Continued participation at NCD forums to ensure representation of disability issues (French, American, Swiss, etc...).
- Continue the work with the NCD Alliance to support them including rehabilitation and disability in their NCDs agenda.

Although Handicap International will continue to push forward issues on NCDs at various levels, a collaboration between organisations who have a particular interest in the disability related elements of NCDs would be of great interest. Suggestions of collaboration include;

- Update and lengthen the disability and NCDs briefing to incorporate more detailed and broader reporting on the issues. This could include development on sections relating to, specific impairments needs and NCDs (Visual, post-stroke impairments, respiratory impairments, etc...), disability and mental health, reference to disability rights and access to healthcare and strengthening of the sections on vulnerabilities.
- Development of a small forum on disability and NCDs. Handicap International would be prepared to take a lead on this and feedback from the group at other NCD forums.
- Overlapping of work relating to NCDs: there may be much scope to jointly and identify project areas where collaborative projects to target NCDs within the disability arena could be undertaken.
- Development of guidelines related to rehabilitation and NCDs, or disability inclusion in NCDs policies, etc. or inclusion of rehabilitation and disability in existing guidelines.
c) Final Overview

The process has been somewhat successful so far in ensuring that disability is acknowledged and addressed as a key issue within NCDs. Handicap International has managed to position itself among actors within NCDs, however the opportunity to link with partner organisations such as CBM, Motivation and others on the issue has helped to build common ground and collaboration. As such, Handicap International was representing much more than its own interests at the High Level Meeting, but took on a responsibility to lobby on behalf of many organisations to push a disability inclusive agenda. There remains much more to be done and as the issue of NCDs now has a momentum on a global level, capitalising on this momentum collaboratively will be key.
APPENDIX

Disability and Non-Communicable Diseases

Context

An estimated 1 billion people, or 15% of the world's population, have a disability, and the increase in diabetes, cardiovascular diseases (heart disease and stroke), mental disorders, cancer, and chronic respiratory illnesses, will have a profound effect on this population. According to the World Report on Disability, these diseases are estimated to account for 66.5% of all years lived with a disability in low and medium resource countries.

A large number of people living with NCDs are likely to develop impairments as the disease progresses. According to studies, 13% to 65% of the persons living with diabetes will develop neuropathy, leading to chronic ulcerations and amputations in 1% to 17% of them; 10 to 47% of persons living with diabetes will develop a retinopathy leading to visual impairment. In 2004, there were 30.7 million people in the world living with impairments due to stroke, one of the conditions caused by cardiovascular risk factors. They may be considered to have a disability when social, economic, political or other barriers hinder their full and effective participation in society on an equal basis with others. Furthermore, many individuals with pre-existing impairments are at higher risk of developing NCDs and 70-80% of people with NCDs live in low and middle income countries.

This brief discusses the actions urgently needed to ensure that people with impairments due to NCDs have access to treatment and appropriate, timely, affordable, and high-quality rehabilitation interventions for all those who need them. These actions are in line with the Proposed Outcomes Document for the Prevention and Control of NCDs, recommendations of the World Report on Disability and the principles and standards of international human rights law, in particular the Convention on the Rights of Persons with Disabilities.

NCDs and Definitions of Disability under international and national laws

- The Convention on the Rights of Persons with Disabilities states that: “Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1).

- Whilst the Convention does not explicitly refer to NCDs, states are required to recognise that where persons have impairments which, in interaction with the environment, limit their participation, they can fall under the protection of the Convention. Environment can limit participation of people living with NCDs in terms of physical barriers to access services, information barriers to communicate, economic barriers and/or discrimination among others.

- States parties to the Convention are required to ensure that national legislation complies with this understanding of disability. Ideally, such laws should offer a means of redress against NCD-related environmental barriers in a number of areas, such as accessibility to services, employment and education.
Rehabilitation for people with impairments and disability due to NCDs

The World Report on Disability examines a number of topics, including Rehabilitation and Disability, which is addressed in Chapter 4. For many individuals with disabilities, rehabilitation is central to ensuring active participation in their community. Article 26 of the Convention on the Rights of Persons with Disabilities on Habilitation and Rehabilitation calls for “appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.”

Functional rehabilitation is increasingly important in the continuum of NCD care and can slow deterioration of the individual’s functioning and enable the person to achieve and maintain independence. Rehabilitation services, whether targeting physical, sensorial or mental impairments, can have a huge impact in the quality of life and functioning of a person living with an NCD.

- It is estimated that people with diabetes are 40 times more likely to have a lower limb amputation as those without the condition. Without the skills of prosthetists, functional recovery is likely to be extremely limited, though indeed many diabetic foot problems can be avoided with specialist care such as podiatry and orthotics.
- A number of Cochrane reviews have also shown the importance of rehabilitation therapy input in regaining function following stroke.
- In cancer care, rehabilitation has been demonstrated to have a significant role from preventative and restorative to supportive and palliative management.
- In the health systems of many high income countries, chronic obstructive respiratory diseases are regularly supported by allied rehabilitation health services.
- Finally, though not one of the four diseases classified as NCDs, Mental Health also has major implications for disability prevalence and can be well supported by rehabilitation professionals such as psychologists and occupational therapists.

The report acknowledges that rehabilitation services are provided in most regions in the world, but their availability varies. The planning of appropriate rehabilitation services for individuals with disabilities is complicated by the lack of data regarding the unmet need for care. This overwhelming need for services is compounded by the shortage of personnel available in these fields as well as a dire shortage of trained personnel, and lack of affordable assistive technology.

When considering rehabilitation services and their future development “the priority is to ensure access to appropriate, timely, affordable, and high-quality rehabilitation interventions, consistent with the Convention on the Rights of Persons with Disabilities, for all those who need them.” This may vary though from country to country depending on the availability of resources.

Finally, vocational rehabilitation, income support and other benefits also help a person with an NCD related disability to maintain a healthy and productive lifestyle. Service models for people with disabilities such as community-based rehabilitation, personal assistance schemes and other independent living services are often appropriate or can be adapted for people living with NCD.
People with Disabilities and Risk of developing NCDs

According to the World Report on Disability, some persons with disabilities may be more susceptible to developing chronic conditions because of the influence of behavioural risk factors such as lack of exercise and smoking, as well as higher rates of overweight, obesity and premature ageing. For example, some publications have already suggested that psychiatric disorders may be a risk factor of developing diabetes, through the disorder itself or through the intake of specific medicines necessary to control the condition (anti-psychotic for example). More research is needed to support these assumptions.

Lack of access to health promotion, prevention and basic minimum healthcare for people with disabilities, including screening for breast and cervical cancer, cholesterol, high blood pressure and diabetes screening, is widespread. Finally even where knowledge of NCD may be high among persons with disabilities, this does not always translate into use of NCD testing and counselling services.

The 2006 Convention on the Rights of Persons with Disabilities commits State Parties to:

“provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other people, including in the area of sexual and reproductive health and population based programmes” (Article 25).

NCD policies and services themselves must therefore be inclusive of people with disabilities. Eliminating physical, information and communication, economic and attitudinal barriers not only increases access to NCD prevention, treatment and rehabilitation, but may assist in accessing broader health and social services and are essential to fulfilling the right of persons with disabilities to the highest attainable standard of physical and mental health.

This document is a shortened version of a fuller brief, with references of the statistics cited, available at http://www.ncdalliance.org/resources/reports
Endorsement:

This policy brief has been endorsed by the following International Non-Governmental Organisations:

- Rehabilitation International
- Motivation: Freedom Through Mobility
- Handicap International
- Light for the World
- CBM
- International Association of Logopedics and Phoniatrics
During the 66th UN General Assembly in New York a High Level Meeting on Non-Communicable Diseases (NCDs) was convened. This was only the second time that a health issue had been discussed at such an international forum. The resulting political declaration recognised this global health challenge, which has reached pandemic proportions, and took steps to recommend action on prevention, treatment and coordination for the management of NCDs.

Many NCDs can be potentially disabling for individuals who live with them and persons with disabilities can be also susceptible to developing NCDs. Handicap International, with the approval of several other disability focussed organisations, attended the meeting and advocated for the inclusion of disability within the NCD agenda.

This document describes the outcomes of the High Level Meeting and collaborations engaged in before, during and afterwards. It recommends future action to continue to push for the inclusion of disability into the NCD agenda through a collaborative approach.