High Level Meeting of the General Assembly on the Review of the Progress achieved in the Prevention and Control of Non Communicable Diseases

Handicap International welcomes the revised version of the Outcome Document of the High Level Meeting of the General Assembly on the Review of the Progress achieved in the Prevention and Control of Non Communicable Diseases, which explicitly makes reference to people with disabilities in its paragraph 30 (g) (iii) and recognizes specifically mental health and neurological conditions.

Handicap International also welcomed the Conclusions of the Roundtable 2 of the 19th June Informal Interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia insisted that “Governments should create opportunity for synergy. For instance addressing NCDs provide synergies to address also mental health conditions including Alzheimer disease and improve the life of people with disabilities.”

However considering that NCDs are a leading cause of disability worldwide and heavily contribute to the rising prevalence of disability, we are concerned that the global response that will be given to NCDs seems to overlook such an intrinsic link in the outcome document.

Specific to the outcome document, we:

• **Support strongly the wording of paragraph 30 (g) (iii)** which calls for a disaggregation of data by sex, age and disabilities;

• **Regret the lack of specific reference to the disabling consequences** of NCDs as per previous versions of the zero draft.

• **Recommend that when speaking about health systems response and the lifecycle, it implies a full continuum of health services from prevention, treatment, rehabilitation and palliative care**

Knowing that people with disabilities may be more susceptible to acquiring NCDs because of the influence of risk factors (such as the lack of physical activity and smoking) while also experiencing numerous barriers to health services, including lack of information; knowing that the Global Burden of Disease estimate that 78.6% of years lived with disability are due to NCDs; and knowing that inequity and the magnitude of the health problem caused by NCDs is greatest among poor people where disability and poverty are inherently linked; the response that will be given to NCDs at a global, regional and national level should adequately address disability, from planning to implementation and monitoring.

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