

UN High Level Meeting on NCDs

HRH Princess Dina Mired – Opening Remarks

September 19, 2011 – New York

MR PRESIDENT,

MR SECRETARY GENERAL,

MADAME DIRECTOR GENERAL,

YOUR ROYAL HIGHNESSES,

YOUR EXCELLENCIES,

DISTINGUISHED DELEGATES,

LADIES AND GENTLEMEN,

I am honored to be the representative of civil society on one of the most important health issues that we are facing in this century. Knowing the long and arduous road that it has taken ‘Non Communicable Diseases’ (NCDs) to grace this hall and this honored audience,

I hope that in the few minutes that are allotted, I can humbly attempt to translate the agony of the millions of people who are dying each year; people who **look to you** to deliver the global changes required to stop this unnecessary loss of life.

Today, we are *the* voice of the 36 million people who have died from an NCD in the last year, and *the* voice of more than 360 million persons who will lose their lives to NCD's in the next decade.

What do we say on behalf of all these people? To start with, we have an incredible situation; we are armed with the figures, the statistics, an understanding of the common risk factors, the knowledge of proven affordable interventions and even the overwhelming human cost to prove our point. And yet we are facing what has rightly been described by UN Secretary General Ban Ki Moon as a "*public health emergency in slow motion*". How did we reach this point? Why were NCD's left to flourish uncontrolled, especially in the developing world?

We are struggling with an issue of labeling. Four major diseases, cancer, heart disease, chronic respiratory illnesses and diabetes, each affecting millions of people each year, have been lumped together under one pseudonym; NCD's. Non-communicable diseases – Even the name makes them sound unimportant, as if to say "Don't worry, these diseases are non-communicable, you can't catch them, therefore we can deal with them later".

Splitting diseases into communicable and non-communicable, while maybe convenient for the United Nations has ultimately resulted in one group receiving

all your attention, *all* the bi-lateral funding, *all* the action; and the other left to flounder unassisted.

NCDs also took on another label and became known as a problem exclusive to the developed world. **Think again**; Non-communicable diseases are responsible for more deaths worldwide than all other causes combined. 63% of total deaths are caused by NCDs; and 80% of those deaths occur in low and middle-income countries.

This means that even though an individual in the developing world may survive AIDS, malaria or TB through the great global efforts taking place, chances are, *that very* same survivor will eventually die prematurely of an NCD, putting all these great efforts to waste.... One fact is sure: **NCDs are the clear winners in the business of dying.**

The good news however, is that today, we are all here to correct that wrong: Heads of State, Ministers of Health, UN agencies, civil society, the global community; the medical, the political, the financial and the private sector; we are all here to lift the lid on NCDs.

As I read the Political Declaration, I was pleased to see the inclusion of several key points: Recognition of the scale of the problem we are facing and a call for urgent action; an understanding that NCDs are the great equalizers, affecting people of all ages, gender, race and income levels; comprehension of the fact that NCD's not only affect the health of nations but also their economic development.

Most importantly, I was happy to see an affirmation of the right of everyone to receive the highest standards of healthcare.

However, I noted with **great disappointment** that the NCD burden is **not** recognized as an “**epidemic**”, but rather diluted into “a **challenge** of epidemic proportions”.

Not one to be known for diplomacy, and I happen to be standing here with the microphone in front of me, I would like to say it *as it is*; Let it echo through this room: ***There is an NCD epidemic.***

The World Health Organization has said it, NGOs have said it, the scientific community has said it and most importantly the 36 million people who lost their lives this year proved it.

Let us not do NCDs another injustice of mislabeling. Let us acknowledge the scope of the challenge that is facing us **for what it is**, otherwise **how else** can we respond adequately and effectively?

The next thing I noted in the Political Declaration was that although it covers the full depth and breadth of the NCD issues we all face, there is **an absence of clear and measureable targets**.

The document is infused with elusive and vague terms: ‘*May*’ instead of ‘*will*’; ‘*encourage where appropriate*’ instead of ‘*provide*’. Unfortunately, in the world of NCDs, the terms are crystal clear and painfully emphatic. There *are* 36 million people who *are* dying each year – *not probably, not possibly, not maybe....*there is nothing vague or elusive about that.

Let us be inspired by what has been achieved addressing HIV/Aids since 2001. **You** agreed to a Political Declaration, which transformed the lives of millions of people around the globe. **You** increased the financial backing for communicable diseases *by ten-fold*.

You seized the once in a generation opportunity and converted political will into action, with targets and resources in place, and we continue to see the positive results today. As Dr. Margaret Chan says “*in our business, what gets measured gets done*”.

In comparison, the reality of today's healthcare with regards to NCDs is extremely bleak. This disparity is one that I experienced on a very personal level when my son Rakan, just shy of his second birthday, was diagnosed with leukemia. Fortunately, I was able to travel the distance necessary to ensure he received the life-saving treatment he needed. **Others are not so lucky.**

The sad reality is that 90% of children with leukemia in the developed world are cured while 90% of their counterparts in the world's 25 poorest countries will die. Tragically, these numbers are repeated many times over for NCD's.

This harsh disparity between treatment in the developed and the developing world is **simply unacceptable**. While prevention and early detection efforts *are* the cornerstone to stem future cases of NCD's, **they take time to have an impact**. What about the people who are dying **NOW**? What about the millions suffering with pain and disability from NCD's **now**?

Governments must take responsibility and lead on these issues. They must adjust their thinking to recognize that spending on healthcare **now** is a real and necessary investment that is far less of a burden than the untallied cost of inaction. We understand that in a challenging financial climate such as we are facing today income from tobacco sales and certain unhealthy food products may seem indispensable for economic growth. However, if governments can see past the

short-term profits, they will realize how their inaction is crippling their health systems and ruining their economic development.

That said, government efforts **should be** paralleled by funding and support from the global community. As H.E. Kofi Anan said with regards to AIDS, “*The war will not be won without a war chest*”. NCD’s by their very nature are complicated diseases that require sophisticated infrastructure, human resource needs and are associated with debilitating costs of medicines and treatment.

We all know that only a few nations in the world can manage their own NCD burden. Most countries in the developing world are struggling with delivery of basic healthcare if any; accessibility to essential drugs, and the specialists and specialized centers that are required for the treatment of NCDs are either non-existent or stretched to a breaking point.

Lifestyle changes, as they are so called, give the impression that it is a matter of choice or preference. But when unhealthy foods are more affordable than the healthy, when tobacco that kills is so easily available, and when facilities or space for exercise are non-existent, **it becomes *not* a lifestyle choice, but a life sentence.**

To do justice by our duty as the voice of all those who have suffered from NCDs, and to protect the lives of all those who will be affected by them in the coming years, **we**, all of us here in this room, have the opportunity and **the moral responsibility** today to muster the political will that is required to deliver the **right punch** in this fight.

To start with, let us send a message to the world that we will take the necessary steps to reduce avoidable NCD deaths by 25% by the year 2025; **25 by 25**. Otherwise, without clear targets there will be neither accountability nor a real incentive to deliver.

It is inconceivable that we leave this meeting without tackling the evils of the most obvious, the indisputable risk factor; tobacco. Let us make our future tobacco-free. We all know this product kills. We even put a label on it that says it kills. This century, tobacco is expected to kill **1 billion** people. And yet we still find it in every outlet, and increasingly so in the under-regulated environments of the developing world.

Let us address **the critical issue of treatment now**. Let us facilitate the transfer of scientific knowledge between countries and provide affordable essential medicines to those who desperately need it **NOW**.

It is time for us **to resolve** to no longer measure the magnitude of the NCD epidemic in lives lost. It is time to quit numbering deaths and start counting survivors. Not only is it doable, it is **simply impossible** to ignore the predicament of 36 million souls a year on this planet and the unthinkable tragedy facing our future generations.

Thank you