Else Kröner-Fresenius Award for Development Cooperation in Medicine 2018
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Katie Dain, CEO, NCD Alliance
KEYNOTE SPEECH

Honourable ministers, distinguished guests, ladies and gentlemen,

It is my honour to be here today with you at this award ceremony, recognising the work of Dr. Carina Vetye-Maler and her commitment to improving the lives and well-being of impoverished people in Buenos Aires.

Dr. Vetye-Maler's work seeks to ensure that people suffering from hypertension, diabetes, high cholesterol or obesity have access to medical care and prevention for at least 10 years – something that is far from reality for many people around the world. The reality for many people in developing countries is that there is no hope of receiving appropriate and affordable prevention and care, and many will continue to feel that being diagnosed with cancer is a fate worse than being diagnosed with HIV.

Today, noncommunicable diseases - cardiovascular disease, cancer, chronic respiratory disease, diabetes, and mental and neurological conditions - are the most common killers worldwide.

At the World Health Summit in Berlin last month, it was sadly apparent that many myths still persist around NCDs. The widespread misperceptions that NCDs are just "first world problems" or an inevitable consequence of ageing populations are not only false - they are getting in the way of action and costing lives.

Every day, in every single country, we see the same diseases striking people down in their most productive years. These diseases are causing 41 million deaths every year, equivalent to three in every four deaths worldwide.

One third of deaths from NCDs are premature, occurring before the age of 70, blighting families and economies. The vast majority are preventable or can be delayed.

It is the poorest and most vulnerable populations that are the hardest hit by these diseases. Four in every five people living with NCDs live in low- and middle-income countries. And in these countries, NCDs hit people 10 to 20 years earlier than in the high-income countries, and with worse outcomes.

Projections forecasting the next twenty years show that the NCD epidemic has only just begun. Described by WHO Director-General Dr Tedros as a "cause of needless suffering, expense and death," the individual and societal burden of NCDs is expected to swell to an unthinkable scale within a generation. For diabetes alone, global prevalence will escalate from 425 million in 2017 to 625 million by 2045. To put that in context, globally, the number of people living with diabetes will be greater than the current population of North America.

This acceleration in NCDs is largely a crisis of our own creation. Urbanization, globalization and economic development in emerging economies are increasing exposure to five shared risk factors -

unhealthy diets, physical inactivity, tobacco use, harmful use of alcohol and air pollution. These risk factors cause over two thirds of all new cases of NCDs. Tobacco use alone accounts for one in six of all deaths resulting from NCDs. Levels of obesity are increasing, more than doubling since 1980. Over 1.9 billion adults are overweight, and 41 million children under the age of five are overweight or obese.

We know that social, economic, environmental and commercial determinants are driving exposure to these risk factors. And, for NCDs, the commercial determinants are perhaps one of the most significant factors. As Dr Ilona Kickbusch from the Graduate Institute said, *"Nowhere in public health are the interrelationships between the political and commercial determinants of health more evident than with NCDs."*

There is a well-documented history of unhealthy commodity industries - big tobacco, alcohol, big food and fossil fuels - infiltrating public health organisations, subverting science, and interfering with and undermining public policies that promote health. Many of the same tactics of Big Tobacco are now being adopted by the Big Food and sugar-sweetened beverage lobbies. We are at a crucial time in the global NCD response where governments must stand up to those with vested interests and put people ahead of profit.

No country – rich or poor – is immune. The majority of countries are far off track to reduce premature mortality from NCDs by one-third by 2030. Even Germany has considerable work to do: if Germany were to implement policy measures recommended by WHO, over 340,000 lives could be saved by 2025.

There is no single magic bullet to turn the epidemic around - the response demands investment of resources, a package of measures, and above all, political commitment. We know that it takes time to see the benefits of NCD policies - time that often does not align with political cycles. And, while the bill for NCDs ends up in the health sector, the costs originate in a range of sectors as broad as finance, agriculture, trade, education, and transport. Addressing NCDs requires partnership and collaboration, recognizing that the outputs of non-health sectors have an impact on NCDs and health.

NCDs are not just a health issue. They threaten the economic development of countries and global security. This is why Germany - as a rising star of global health and champion of UHC and health security, particularly in Africa - must not overlook NCDs in its foreign and development policies. In LMICs, nascent health systems and vulnerable health budgets will be further stretched and economies flattened as workers in their most productive years develop NCDs. Annual GDP losses from NCDs range from 3.5% – 5.9%, and the cumulative cost of NCDs is predicted to exceed $47 trillion from 2011 to 2030 – the amount it will have cost developing countries alone between 2011 and 2025 will be $7 trillion dollars, equivalent to the combined GDP of France, Spain and Germany last year. At the household level, out of pocket payments force millions into poverty each year, reinforcing a cycle of poverty and poor health within households.

These are not just empty numbers. As Dr. Vetye-Maler's work highlights, they represent people, with families, stories, and a right to live long and healthy lives. But accidents of geography and poverty are still tragically cutting lives short. Millions of people and communities are losing loved ones of all ages to avoidable death. Millions are witnessing the carnage of amputations and disability that these conditions cause when undiagnosed and untreated. And millions more are struggling with the entrenched poverty and untold misery that is often the product of weak health and social protection systems.

It is clear the world has belatedly woken up to the epidemic. The political response has been gaining momentum since 2011, when the first United Nations High-Level Meeting on NCDs convened world leaders in New York to discuss the enormity of the problem and agreed the necessary action required to address the NCD epidemic. To underline the rarity and importance of such an event, it is worth remembering that this was only the second time that the UN held a summit on a health-related issue, the first being in 2001 on HIV/AIDS. It was at this first HLM that governments agreed a landmark Political Declaration on NCDs that was a game changer in recognising NCDs as a poverty and development issue, and tied political leaders to taking action.

Since then, NCDs have been discussed at the UN by world leaders twice more, in 2014, and just two months ago in September. A global set of targets for NCDs has been adopted by all governments, with an ambition to reduce NCD mortality by 25% by 2025. Consensus has been built on the big question of "what works," with a menu of proven, cost-effective interventions for the prevention and control of NCDs, agreed by all governments. In 2015, we saw a major sea change in priorities with the shift from the Millennium Development Goals that completely overlooked NCDs to the Sustainable Development Goals that firmly established NCDs as a development priority. And the World Health Organisation, the leading technical agency for health, is now joined by the entire UN family to address NCDs, via the emergence of a UN task force on NCDs.

Political voices have gradually gotten louder, spurred by a strong civil society movement, accelerating the global momentum for NCD prevention and control. It is now almost ten years ago since my own organisation, the NCD Alliance, was formed by the international federations representing the four major NCDs. The founding federations of NCDA came together in 2009 in recognition of a shared agenda to tackle the common risk factors, strengthen health systems, and generate political priority for an issue that had too long been marginalised in the global health and development agendas. Ten years on, embracing the philosophy "together we are stronger," we have unequivocally demonstrated the value of working across silos of diseases and risk factors for a common cause. A previously fragmented community has coalesced into a unified network of 2000 civil society organisations in 170 countries. And testament to both the demand for, and effectiveness of, this unified approach to NCD advocacy is the emergence of a network of 57 national and regional NCD alliances around the world, including a national alliance here in Germany. [www.dank-allianz.de - Deutsche Allianz Nichtübertragbare Krankheiten]

These are certainly signs of progress. But despite the promising political rhetoric, the evidence on what works and a strong civil society movement building, we know there is an important ingredient lacking. ACTION! We are witnessing a major implementation gap - a chasm between global discourse and country level implementation. In the UN Secretary General António Guterres' own words, ***"****The world has yet to fulfil its promise of implementing measures to reduce the risk dying prematurely from NCDs**…** Political commitments have often not been translated into concrete actions."*

To illustrate this point, today less than half of all countries have national NCD plans and targets, which are the foundational building blocks of any national response. Only 16% of countries have fully implemented tobacco taxes; only 26% of countries are doing well on salt reduction; and just 27% of countries are providing at least basic NCD services such as drug therapy and counselling to prevent CVD and strokes. And above all, we know that at the current rate of progress, more than half of all countries in the world will fail to meet the SDG 3.4 NCD target by 2030, and in 15 countries around the world, progress on NCD mortality reduction for women is stagnating or going backwards, as it is in 24 countries for men.

Despite this perhaps dismal picture of the global state of the NCD response, what are the tangible actions that can stem the tide of NCDs? What is needed to ensure significant progress in the coming years so that the global NCD targets are met? I will end by proposing 5 priorities for action that, if undertaken, will help result in healthier populations and economies.

Firstly, NCDs demand political leadership from the very top. Strong commitment from Heads of Government and State to provide decisive, inclusive and accountable leadership and stewardship should put health at the heart of sustainable development. The lack of progress on NCDs is not a dilemma of a technical nature; rather, it is in the realms of the political and commercial. We all know that Ministers of Health don't control the purse strings. Nor do they have the power to mobilise a whole-of-government response, where all departments are accountable and have budget lines for NCDs. In reality, leadership must come from Prime Ministers, Presidents and Treasuries.

Secondly, focus on NCD prevention since the vast majority of NCDs can be prevented or delayed. With simple cost-effective interventions we can avoid the tragedy and cost of NCDs. A successful approach hinges on the recognition that NCDs are not a result of an individual's failure - this is not about "behaviour" of "lifestyle choices" - but rather, is symptomatic of wider societal and environmental factors which determine the health of the population.

The levers for change in the enabling environment lie in the hands of governments and can be affected through the instruments that they control – legislation, regulation and taxation. We have many public health instruments already in our hands, such as the Framework Convention on Tobacco Control and the WHO Best Buys, which are a menu of cost-effective interventions. We have seen more and more countries champion NCD interventions and take forward these good practices to reduce the consumption of tobacco and alcohol, and reduce the content of salt, trans-fat and sugar in processed foods.

Thirdly, alongside prevention, early diagnosis, treatment and care of NCDs are vital elements of the NCD response, along with well-equipped health systems, particularly at the primary care level. Universal access to affordable and high-quality essential medicines and technologies remains a distant reality in many countries, and millions of people worldwide with NCDs do not have access to lifesaving essential medicines. Insulin has existed for over 90 years, yet children with type 1 diabetes in some parts of Africa have a life expectancy of less than a year due to the lack of availability of the drug their lives depend on. In most industrialised nations, a person with type 1 diabetes can expect to live a long, full life. It is criminal that an accident of geography should arbitrarily govern who can access these essential medicines, determining who will live and who will die.

The proper resourcing for essential medicines needs to be supported by a well-functioning, resourced and equitable health ssystem. NCDs demand a different type of health system that prioritises prevention, patient education and treats the person as a whole. These changes to health systems would benefit patients with all diseases and conditions. The welcome advent of universal health coverage will aid a transition towards an integrated approach, particularly at the primary healthcare level, as well as a focus on financial risk protection from health care expenditures. Existing service delivery platforms for related health issues, such as HIV/AIDS, TB, and maternal health, can be used to introduce risk assessment, early diagnosis, and management of NCDs.

Fourthly, international cooperation is vital, and with this comes the question of funding. At a time when resources are scarce, increased investment in NCDs can seem a challenging option for

governments. However, investing in NCDs now will prevent huge healthcare costs in the future. The return on investment in NCDs significantly outweighs the costs. For too long, NCDs have been branded as an expenditure, when many of the interventions are in fact low cost for every country and represent a smart and strategic investment. According to a recent WHO report, for every dollar invested in NCDs, there will be a return to society of at least $7 in increased employment, productivity and longer life. The bottom line for governments is clear: invest now, save later.

Fifthly, there is a critical role of surveillance, research and innovation. Strengthening national surveillance capacity, particularly in LMICs, as well as supporting quality research, development and innovation, and translational research to inform policy and practice is key. With NCDs at epidemic levels and rising, high-quality data on the numbers and causes of death, risk factors, preventive and curative interventions, and health-system infrastructure are essential to monitor progress towards NCD targets, as well as their determinants and interventions. The saying “what gets measured gets done” must be put into practice for NCDs, with quality and complete civil registration and vital statistics.

We are at a turning point in the NCD response – unless urgent action is taken, governments will continue to sleep walk into a sick future. It is time to wake up to the severity of the challenge, accept that progress has been severely inadequate, and get serious to take urgent action. We must hold governments to account for their commitments and create the world we want if we are to reverse the tide of NCDs.

It is the work of dedicated individuals like Dr. Vetye-Maler who show governments and naysayers that addressing NCDs is not too complex. That it is cost-effective and yields long-lasting results. That it improves economies and societies, from the local level, every home and street, right up to the UN. That every country has work to do and that we already know the recipe for success. We owe it to her to amplify her work and scale up her successes to beat this epidemic.

I invite you all to join me once again in congratulating Dr. Vetye-Maler for her inspirational work.

Thank you.