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Chronic diseases – a global challenge

Topic: Chronic diseases and (health) policy: a global challenge

Keynote Address

**by Ambassador Martin Dahinden, Director General
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Ladies and Gentlemen

I would like to thank the Swiss Society for Public Health and the Swiss Tropical and Public Health Institute for inviting me to this conference. I will take the opportunity offered to me by this important meeting to share with you my Agency's, SCD's view on the global challenge of chronic diseases and the priorities.

Chronic or non communicable diseases (NCDs) are high on the international agenda this year. The United Nations General Assembly plans a High Level Meeting on this topic in September. For the first time the global dimension of these diseases will be in the international spotlight. And it is not too soon: Non communicable diseases are the leading causes of deaths today, killing more people each year than all other causes combined. And surprisingly, 80% of deaths from NCDs occur in low and middle income countries. Whereas in countries with high income levels therapies are available, this is often not the case in lower and middle income countries. Non communicable diseases have reached epidemic proportions. Yet with steps to reduce the risk factors, early detection and timely treatment their impact could be reduced significantly, saving millions of lives and much suffering.

The impact of non communicable diseases in low and middle income countries is quite incredible. It was demonstrated in a very impressive manner this year in Tanzania when thousands of chronically ill persons waited for a miracle cure in a very remote area near the border with Kenya. A retired pastor and self declared healer claimed to cure people suffering from chronic diseases with boiled tree roots. Within weeks hundreds of thousands of sufferers were transported to this remote area. A new bus line was established, latrines were built and people selling all sorts of things made their way to this village. The multitudes who came were suffering from such chronic illnesses as cancer, diabetes, cardiovascular diseases, AIDS and TB. To have made such a long and exhausting journey they must have been truly desperate. Clearly such diseases are a burden for hundreds of thousands of individuals and for the societies in which they live. The financial burden alone for lifelong therapies is heavy, and is for many unaffordable. Therapy for TB and HIV/AIDS may be free for the patients, but for diabetes and cardiovascular diseases the cost is high. It is also increasingly clear that for many, not only is there no access to treatment, but even a proper diagnosis is beyond their reach. In such a desperate situation the attraction of a miracle healer is not surprising, whatever the actual results.

Ladies and Gentlemen,

According to the World Health Organization a 10% rise in the prevalence rate of non communicable diseases brings with it a drop in gross domestic product of about 0.5%. The rapid rise in NCDs is expected to have a negative impact on efforts to reduce poverty and is thus a threat to achievement of the Millennium Development Goals. Vulnerable and socially disadvantaged people - even in the more developed nations - sicken and die sooner and younger than those who are better off. A status report published by WHO last year made it clear what SDC is observing since quite a long time: non communicable diseases are no longer particularly relevant to high income countries. The main burden of morbidity and mortality from NCDs now falls almost entirely on low and middle income countries, and the trend is alarming. The growing, disproportionate impact in terms of mortality and morbidity in these countries is clear from the statistics. Over 80% of cardiovascular diseases and diabetes, over 90% of chronic obstructive pulmonary disease and two thirds of all cancer deaths occur in low and middle income countries. And NCDs are killing at younger ages, with 29% of deaths in these poorer nations occurring among people below the age of 60, compared to just 13% in the high income countries.

Most low and middle income countries are also struggling with communicable, maternal, perinatal and nutritional causes of illness. Africa is the only continent in which NCDs are not yet the dominant cause of morbidity and mortality. But this is expected to change in around 2030. Even today however the impact of NCDs in Africa is considerable. Every third death in South Africa and Benin is due to NCDs as is every fourth death in Mali, Chad, Tanzania and Mozambique. This phenomenon known as the "double burden of disease" already exists in poor countries. So it is no longer correct to categorize NCDs as something typical of high income countries.

The treatment required by NCDs is often lengthy, which means the cost is high. In many parts of the developing world, non communicable diseases are detected late, when patients need extensive and expensive hospitalisation for severe complications or acute events. Most of this treatment must be paid for in cash, known as out of pocket payment, leading to catastrophic medical expenditures. NCDs thus have a two-fold impact on development. First, they cost the national income billions of dollars and they push millions of people below the poverty line each and every year.

Secondly, they take a big slice out of the health budget, which is already very limited in most low income countries. Our priority must be to find a locally defined sustainable mechanism for the financing of healthcare and the social health protection.

Ladies and Gentlemen,

I would now like to tell you how the Swiss Development Cooperation Agency is responding to these challenges. Generally speaking we can say that the SDC supports the efforts of partner countries to strengthen their health systems and in particular to take the “double burden of disease” fully into account. For this to happen an analysis must be made of the precise burden of diseases and the future outlook -- as the basis for adapting policy, strategy and the budget.

Only a relatively small amount of our health investments are for specific NCD interventions, and many “traditional” development approaches are still valid for non communicable diseases. The SDC focuses mainly on health promotion and disease prevention as the most cost-effective approach. In Poland for example we are financing as part of the Swiss contribution to the enlargement of the EU a project aimed at the prevention of overweight and obesity, mainly targeting women and children. We are also supporting a project to reduce the consumption of alcohol and tobacco. In Kyrgyzstan we are supporting healthcare reform, shifting the emphasis to primary healthcare and prevention with a project called “community action for health”. This has become a model of how to empower people through health promotion and education, leading to a change in behaviour.

In addition to health promotion and disease prevention, early detection and diagnosis accessible to everyone should be an integral part of primary healthcare. Since we also work in remote areas, we are able to test new technologies such as telemedicine for cancer diagnostics in Mongolia and Tanzania for example. The focus on diagnostics and early treatment is part of what we call our “family medicine approach”, which we have introduced in Bosnia-Herzegovina for example and which as well as being the most cost-effective model for a public health system is also the most accessible and acceptable for the population.

Switzerland also considers mental health as a non communicable disease and has integrated this much neglected area in primary healthcare in Gaza, Bosnia and Moldova.

The high cost of many NCD treatments, the impact of the exponential rise in the cost of new therapies on our own health systems, and the long term commitment required for such therapies are a challenge even for a country like Switzerland -- and more so of course for low income economies. This challenge cannot be met by the creation of a new global health fund for NCDs, or by the extension of existing funds. It can only be solved by involving the private sector and research. Such a global solution should go beyond the achievements of the TRIPS agreement. It should guarantee global access for essential treatment.

The SDC is providing bilateral and multilateral support for the introduction by governments of a social health protection mechanism, through the Providing for Health Initiative. These mechanisms should not only be characterized by the principles of solidarity – they should also generate funds for the healthcare sector.

Finally, SDC is convinced that NCDs have multi-sectoral causes and therefore require a multi-sectoral response in addressing the social, economic and environmental determinants of health. I do not wish to go into the details of all the Agency's activities, but I would like to stress the importance of our efforts in education, the water sector and agriculture, income generation, climate change and migration, all of which have a considerable influence on the health of the target populations. I would also like to mention Switzerland's contribution to the World Health Organization, which plays the leading role in international efforts to combat non communicable diseases.

Ladies and Gentlemen,

Chronic diseases are a global challenge and as such require a global response. NCDs are preventable and tend to affect the most deprived groups.

Such a global solution must however take into account the multi-sectoral causes of NCDs and the inequalities, and should involve all stakeholders including civil society, academia and the private sector. Switzerland is already doing much in the prevention and control of non communicable diseases in Switzerland at different levels of government, working with the private sector, scientists and civil society. In this way I am convinced that we will contribute much to our common goal of making the world a healthier place for all.

This conference offers an important opportunity to present current researches and experiences on policy implementations and to exchange on successes and challenges on this topic. I wish you fruitful discussions. SDC is eager to take some messages or results from here to New York, to make the UN High Level Meeting in September a first global step in combating non communicable diseases.

Thank you for your attention.