



Organization of  
American States



Government of the Republic  
of Trinidad and Tobago

**TACKLING THE LEADING CAUSES OF DEATH IN THE AMERICAS:  
LAUNCH OF THE INTER-AMERICAN TASK FORCE ON NCDs**

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Excellencies, honourable ministers, distinguished delegates, ladies and gentlemen,

I wish to begin my acknowledging the efforts of Ambassador Ramdin, Ambassador Parsan and Sir George Alleyne for their efforts, particularly political efforts to get us to this place. I also would like to acknowledge and to congratulate the OAS General Assembly for the approval of the Promotion and Protection of the Rights of All Persons. PAHO really does applaud OAS for this. Six years ago the Directing Council of PAHO had recommended such an action, so six years later it is a reality and certainly I look forward to everyone working together to improve the health and well-being of older persons.

It is a great honor for me to be here to launch the Inter- American Task Force on Noncommunicable Diseases, NCDs. This is a momentous occasion which, I believe, will accelerate progress on our multi-sector response to better prevent and control NCDs. I wish to thank the Organization of American States, the Republic of Trinidad & Tobago, and the organizations of the Task Force for co-hosting this important launch event.

Today, we create a strategic alliance with some of the leading development institutions and influencing agencies in the Region of the Americas--the Pan American Health Organization, the Organization of American States, the Inter-American Institute for Cooperation on Agriculture, the Inter-American Development Bank, the Economic Commission for Latin America and the Caribbean, and the World Bank. We have come together around one common agenda – to reduce premature mortality from NCDs, by

25% by 2025, by improving multi-sector policies, strengthening health systems, and improving surveillance. With this Task Force, we will stimulate a coordinated and harmonized region-wide response for NCDs.

I cannot underscore enough, the urgency with which we must act to stem the rising burden of NCDs—principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and their common risk factors-- tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Each year in the Americas, 4.5 million people die from NCDs; 36% of these deaths are premature- in persons under 70 years of age, and in the prime of their lives. Millions more are living with NCDs and require access to quality care.

The causes of NCDs are complex and rooted in the social determinants of health, notably poverty, unemployment, lack of education; as well as population aging, globalization and changing lifestyles.

By the sheer magnitude of this problem, NCDs threaten economic and human development and pose significant challenges, especially for low and middle income countries. Thus, action against NCDs will support overall development goals, including the post 2015 Sustainable Development Goals.

But what can be done? It is clear that prevention is the cornerstone of our response to NCDs. This needs both public policies that reduce the risk factors and protect population exposure to risks, especially for children and adolescents. And there is consensus that by reducing tobacco use, salt intake, harmful use of alcohol; and increasing consumption of more nutritious foods and physical activity, and reversing the obesity trends, NCDs can be prevented. We have the knowledge, we have the possibility, I believe we do have the political will. It is up to us to put our “shoulders to the wheel” and get it done. These interventions require public policy changes, not only individual behavior change. We need policies that support healthy environments, such as access to safe walking and cycling paths, go a long way to get people to be more

physically active. We need regulations on tobacco, alcohol, and salt content in foods can reduce NCD risk factors.

These interventions require the whole of government. Actions are needed not only from the health sector but from education, agriculture, finance, trade, urban planning, environment, and transportation, among others. They also involve action from civil society and the private sector. In this way, physical and social environments, which make the healthy choice the easy choice, can be established in all communities.

The NCD epidemic continues to overwhelm our health systems and services. That is why Universal Health Coverage is a critical part of the solution to the NCD problem. Investing in health and ensuring that all people have access to affordable and quality health care to manage NCDs is urgently needed. Health systems, however, are not yet structured for maximum prevention and managing chronic conditions, and to deal with their costly and demanding complications. You must know that in any one of your countries, the high cost to health that is borne because of those complications, the need for prolonged periods of renal dialysis, high cost of treatment for cancers, are all these are causing a tremendous burden of our health budgets and contributing to the impoverishment of people who need care.

The political commitments to address NCDs in our region are motivating. This began in 2007, when CARICOM Heads of Government held an historic Summit on Non-Communicable Diseases (NCDs) and established a 15 point plan to address NCDs. This was re-enforced in 2009, when all Heads of State from the called for action on NCDs, as part of the Fifth Summit of the Americas, Declaration of Port of Spain and in the 2015 mandates for action of the VII Summit of the Americas. And at the global level, in 2011, Heads of State from around the world committed to address NCDs at the United Nations High Level Meeting on NCDs, and subsequent High Level Meeting in 2014 to review of progress on NCDs. I must tell you that progress is slow. We have not yet made a significant dent on the epidemic. There is much more work to be done.

The technical commitments for NCDs have also been well established at global and regional levels. The WHO Global Action Plan for the Prevention and Control of NCDs calls for a 25% relative reduction in premature mortality from NCDs by 2025. It urges governments to: set national NCD targets; develop multisectoral national NCD plans; and to measure results. The PAHO Regional NCD Plan of Action supports this global plan, as well as provides region specific targets for multi-sector policies, risk factors, health service interventions, and surveillance. So I expect significant progress with NCDs in the future.

But, do we really need an Inter-American Task Force on NCDs? The answer is a resounding, yes. Don't expect PAHO, the health sector, to be able to effect the policy change that is necessary across those other sectors. Don't expect that the health sectors or policy makers can draw on the relationships across different sectors. Cooperation is essential not only among different sectors of government and society, but also among agencies. The nature, history and constitution of the Inter-American system present a unique opportunity to enhance the prevention and control of NCDs in the Americas through such cooperation. PAHO, as the specialized agency for health within the Inter-American System is poised to coordinate this Task Force. And PAHO, through the relationships with Ministries of Health, we commit to support and contribute to a stronger health system response to NCDs. But the other agencies in this Task Force are needed to integrate NCDs into sectors way beyond health, and to address NCDs based on their mandates and perspectives that include economic and social development, sustainable development, agriculture, education, international trade, environment, and employment.

At the global level, the World Health Organization has established a United Nations Inter-Agency Task Force on NCDs to coordinate the activities of relevant United Nations funds, programs and specialized agencies. We are not here trying to duplicate the work; but we recognize that in the Americas there are special needs, in the Americas we have developments that have taken us beyond where some of the regions are, and we have the capacities within the Inter-American system. And so, we believe that building those

partnerships needed to succeed within the multisectoral response requires the coming together of the different agencies in the Inter-American Task system.

I cannot emphasize enough, PAHO's enduring commitment and support to assist our Member States to address the tremendous burden from NCDs. This Task Force will enable us to intensify our policy advice, technical assistance, resource mobilization and capacity building and optimally use all of our existing resources to address NCDs.

It took many decades for the NCD crisis to emerge, and it will take several years of us working together to achieve sustainable solutions. But I am confident that the Inter American Task Force on NCDs will help tackle one of the major challenges of our times.

If I had to sum it up in three sentences it would be:

There is a killer loose in our families, in our homes and in our communities. We cannot rely only on one sector. It is all of us working together that will help stop that killer, helps to prevent that killer, and place our families, individuals and communities on the path to sustainable development, and thus help our countries attain national development.

Thank you.