

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

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Question 1: As the development banks on this Task Force, how can the loans provided to countries be leveraged to support the creation of enabling environments for healthy living and have a positive impact on NCDs?

Thank you very much, Ambassador Parsan, and for the invitation to speak today.

As the second development bank speaking on the panel today, I should probably begin by saying that I agree with everything that Dr. Regalia said, and we can move on. However, they pay me to speak so I will make three points. The first is that NCDs are not a new phenomenon. I remember when I joined the bank 15 years ago I had a colleague who was working in Brazil that came to me and said: "You know I think we should do something on NCDs, it is a huge issue in Latin America and it will become the next big challenge, particularly in Brazil." This was 15 years ago.

I have been working a lot in the European region, and a lot of countries in the region have successfully implemented interventions to address NCDs. And as you know, it is estimated that about half of the life expectancy gains in Western Europe are related to successfully addressing cardiovascular disease, for example.

The second point has to do with us as institutions, I think it is good to be humble and introduce a bit of self-criticism, so I would like to say that we are slow; if we were slow in addressing Ebola, it is not surprising that we will be slow in addressing NCDs. However, as I always say to myself, development is a messy business and it pays to be patient and persevere.

I would like to give an example to suggest that the tide is changing: the World Bank's Board of Director's last week approved a project for Argentina that is 100% devoted to addressing NCDs. It is introducing interventions to support changes in the service delivery mechanisms, to expand to scope of services for the uninsured, especially services related to the early detection of colon cancer (for example), and it also is supporting interventions to address risk factors associated with NCDs for vulnerable populations.

I can give a few more examples, we have been working on NCDs for a number of years now, but over the last two years have really devoted a lot of energy on the design and implementation of projects that exclusively address NCDs.

The final point is something that has already been said a number of times, addressing NCDs requires multi-sector and multi-stakeholder approaches, this is a strength that the World Bank has and can bring to the Task Force. I am an economist, so I always say that we need to speak the language of Ministers of Finance, in addition to speaking the language of the Ministers of Health. Ministers of Finance care about

the poor but they will care more if we can show that doing nothing will cost them money. And ECLAS and others can help make this case, and that is an area where the World Bank can contribute.

Question 2: NCDs are often seen as a disease of the rich and the elderly, what sort of collaborative mechanisms can you envision in terms of getting institutions together, like yourself and others, to build a public awareness campaign that it is also a disease of the poor, and there are things that we can do to mitigate the risk for the elderly?

If it was a disease of the rich then we would probably be doing a lot more than we are doing now, that is the first point.

The second is that this is not necessarily an issue of whether or not this is a disease of the rich or the poor, but whether the poor have access to the tools they need to successfully address NCDs, and the evidence shows that they don't. There is a lot of evidence that suggests that the poor lead a less healthy lifestyle, they exercise less, and they consume food of worse quality. There is also the issue of financial protection; they don't have access to NCD detection or financial access to treatment.

So in my mind the best way to show that these are diseases that affect the poor is information and data. And obviously the World Bank and many institutions on the Task Force are supporting this effort. We are supporting, for example, the implementation of risk factors surveys. These are surveys that actually show, for example, the prevalence of obesity in Argentina is 20% for the third poorest segment of the population, compared to 13% for the third richest segment of the population. For blood pressure, the prevalence is more or less the same; however 76% of the poor population have it under control compared with 86% of the rich population. So in my mind the most important point to advocate and to show that this is a set of diseases that affect the poor is data and evidence.

Thank you.