Agitate, educate, integrate and communicate!

Language Undefined

Sir George Alleyne - Closing Comments at UN Civil Society Interactive Hearing on NCDs My first words must be of thanks to the President of the General Assembly for the invitation to participate in this important hearing. I also wish to thank the Task Force and the NCD Alliance as well as the World Health Organization for their support. If there was any doubt about the importance of the input of Civil Society into the process leading up to the United Nations High Level Meeting, the events of today would have put these to rest. I gather that there were some 400 organizations registered. In the time allotted to me I wish to make three sets of comments. First, there will be a brief reflection on the critical importance of this hearing; Second will be my appreciation of the essential and important issues that arose from today's discussions. I gather that these will contribute to the document that will go forward formally to the UN through you, Mr. President. Third I will end with some brief thoughts as to your continued action and involvement. I use the word continued advisedly and deliberately as there will be much to be done post HLM. The first objective of this hearing is to "identify and report on the specific contribution of civil society in NCD prevention and control and how this can be most effective". I hope I can show how this has been achieved. Secretary-General Ban Ki Moon at a meeting of the World Economic Forum last year said the following. "Our times demand a new definition of leadership-global leadership. They demand a new constellation of international cooperation-governments, civil society and the private sector, working together for a collective global good." This is a clear recognition by the highest UN authority of the value of the power and potential of the modern pluralist state and your presence here today is an affirmation that you consider the effort to prevent and control NCD as a supreme "collective global good". I must congratulate you on a good, positive hearing. There was energy and engagement from all partners, and I am impressed by the degree of coherence of positions-perhaps there were some differences at the margins, by the overwhelming impression is one of coherence and unity as to the vision of what we wish to see. I was impressed that such a group, diverse by definition, assembled literally from the four corners of the earth physically or electronically, could be so effective in the communication of their ideas. But let me be clear, even in my optimism, I am not so naïve as not to recognize that academia is not one homogeneous whole-the private sector has many different coats and colors and civil society is definitely not a homogeneous entity and there are actors within these broad headings with which we would strain to find the mutuality of interest that is a fundamental prerequisite to effective cooperation. Let me now address the common themes that I heard emerge from the various presentations. I must thank Dr. Ashley Bloomfield for his help over this. I have listed them under 14 headings. 1. The universal value of health. All persons have the right to those sanitary and social measures necessary to protect and preserve their health. To deny them such in the context of NCD is a manifestation of social injustice 2. The current macroeconomic impact of NCD is already significant and the projections are staggering. The burden will be borne disproportionately by the poor. In this as in other areas there is need for further research. 3. The issue of the prevention and control of NCD has to be elevated to the political level and interest there maintained. 4. NCD are categorically a development issue and attention to them should be included in the country's development agenda. The Paris Declaration speaks to the alignment of development assistance to national development priorities. There is need for ideas and strategies to attract the philanthropic community to funding for NCD. 5. There are effective interventions for the prevention and control of NCD, and WHO has provided a list of "best buys". A holistic approach is needed, but countries are counseled to look at a "start here" list. It behooves all countries to invest as a priority in the interventions that are of proven value, notably in the area of tobacco and salt. 6. There may be a need for a "clearing house "to facilitate knowledge transfer. But in addition, use of modern social marketing technology is critical. Health is one such approach. The world needs some type of global forum as an enabling mechanism to facilitate global cooperation. 7. Collective action is essential to make the "game-changing" steps required for the optimal approach to the prevention and control of NCD. A crucial aspect of this collective action is multisectoral cooperation. The sectors within government as well as the sectors within the State (public sector, private sector, civil society) must be brought together. 8. Primary and secondary prevention are both essential and in the context of the former, interventions across the life course are critical. The particular case of nutrition must be addressed. 9. Strengthened health systems are crucial for the response and there were three critical aspects mentioned-human resources, universal access and information systems which are essential for the monitoring, evaluation and accountability mechanisms that are necessary. At the level of the health systems there are opportunities to work with the communicable disease community-the maternal and child health community. This brings into focus the need for the various UN agencies such as UNICEF, FAO and others to be involved. There are other groups which must be involved-women's groups, those concerned with environmental issues such as climate change and those addressing occupational and work place issues. 10. Some industrial influences may be in conflict with the

health goals. The appropriate regulation of these industries which drive risk factors for NCD is a sign of good governance. 11. There are lessons to be learned from the HIV experience. 12. Many of the MDGs are directly related to NCD, so there is no need for an either/or approach. The UN Resolution called for the HLM to deal primarily with four NCD that share four common risk factors. 13. Unlike the weather, we can control NCD. The best way to predict the future is to control it. Finally, let me comment on the value of the work you have done and the input you have made-its value to those who have NCD and all of us who are at risk. In every great social movement of history-and the elevation of NCD to its appropriate place in the considerations given to the afflictions of man must be a social movement, there is naturally initial inertia. The essential problem has been how to overcome it. It is not that there are not enough data, not enough information-not enough knowledge as a basis for addressing the prevention and control of NCD. The problem has been how to raise the issue to a high enough level in the political agenda and maintain it there, as without that there will be no material progress. We have learnt that to overcome this inertia-and we shall overcome- it is necessary not only to frame the debate appropriately, but to have the people, institutional and moral resources to advocate for this frame. I cannot but eco and re-echo the clear call made this morning by Princess Dina Mired that this issue has to be framed not only in terms of those who suffer and die, not only in terms of what it costs the individuals and your governments, but as a matter of social justice. The enthusiasm and dedication you have shown in coming here and staying thorough the hearing give credence to the belief that we do have the critical resource in civil society to overcome the inertia. I know you have the skill -I would only ask that you show the passion for continuing-the passion without which nothing great is ever achieved. Another source of comfort to me is to see the participation of all sectors almost on an even basis and to note that the optimal outcome will only be achieved if there is genuine partnership- partnership within the UN system itself-partnership within civil society, but with the caveat I made before. I wish to leave you with three reflections. First, the UNHLM is not the end-and to use one of my favorite quotes from Winston Churchill, it is not the end, it is not the beginning of the end; but it is really the end of the beginning. We have to be committed to this effort up to and beyond the HLM. Second, I would hope that the obvious linkages demonstrated here can be maintained and strengthened. All partnerships tend to a state of entropy and we have to find the energy necessary to keep them functional. There are enough of us willing souls within and without organizations to try to supply some of that energy - WHO and the NCD Alliance for sure. I would also ask you to take from here the message that in addressing NCD, it is not a game; it is certainly not a zero-sum game. It is not NCDs or Diabetes. It is not cancer or mental health. It is not vertical campaigns or broad health systems. We have to adjust our thinking to embrace the lot. The strengthening of health systems we envisage, the systems of provision of essential medicines and technologies especially at the primary level-the promotion of universal access will be of benefit to diabetes as well as to mental health. **I ask you to agitate, to educate, to integrate and to communicate** I would ask you to continue to trumpet the message that we have the proven tools to address the prevention and control of NCD. The recent WHO Global Status report, the Lancet series and its recent two publications, the material from the NCD Alliance provide the evidence of what can and must be done. Finally, let me paraphrase and plagiarize what was once part of a rallying cry for some of the patriots from my part of the world when they were mobilizing to address social injustice. I ask you to agitate, to educate, to integrate and to communicate. Agitation in the sense of stirring the consciousness of all, particularly the political decision makers and the consciences of some. I have yet to see a placard for reducing impotence from diabetes. I have yet to see a placard for reducing blindness due to diabetes. I have yet to see a placard advocating for the increased use of morphine for palliation as so many of our people die in pain. Educate-education in its true sense of bringing into the light the facts and dispelling the myths related to NCD, and informing all our publics of the gravity of the crisis and the availability of solutions that work. Preach integration of the services necessary. It is good for people and good for governments. But above all there is the need to communicate not only horizontally, but vertically as well and there is no shortage of material for your communications. And let me end by paraphrasing a friend of mine, Julio Frenk; it is the power of the right ideas to change the ideation of those in power that has made the great differences to life in our time and this can only be done by communicating. I wish you well and I wish us all good luck! Read the NCD Alliance September 2010 Interview with Sir George: Hhttp://www.ncdalliance.org/alleyne [1]

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