Opening remarks at the Joint Inaugural Session of the
Twenty-ninth Health Ministers Meeting and the
Sixty-fourth Session of the Regional Committee for
South-East Asia
Jaipur, Rajasthan, India, 6 September 2011

Honourable ministers, distinguished guests, Dr Samlee, ladies and gentlemen,

Let me join others in thanking India for hosting this session of the Regional Committee for South-East Asia. I will be commenting on some of your agenda items tomorrow.

The twenty-ninth Health Ministers Meeting will discuss the follow up to the Bangkok Declaration on Urbanization and Health, strategies for combating antimicrobial resistance, and preparations for the high-level meeting on noncommunicable diseases to be held shortly during the UN General Assembly.

All three topics are distinctly 21st century challenges to health. And solutions for all three of these challenges depend on policies and actions in multiple sectors of government, not just health.

Policies in the international systems that govern how this world works are especially important for the prevention of chronic noncommunicable diseases. Worldwide, diseases like heart disease, stroke, diabetes, and cancers are already the world’s biggest killers.

These diseases, especially diabetes and stroke, are already responsible for half of all disabilities worldwide.

Future trends are ominous, especially for developing countries undergoing rapid modernization, as seen in many parts of this region. Most noncommunicable disease develop slowly. But the forces that drive the rise of these diseases are spreading with a stunning speed and sweep.

These forces are nearly universal, powerful, and difficult to reverse. Namely: population ageing, rapid unplanned urbanization, and the globalization of unhealthy lifestyles.

We all hope that the high-level meeting will be a wakeup call. And I do not mean for the health sector. We are already wide awake to the magnitude of the problem, with its multiple and heavy costs to health, societies, and economies.
And these burdens are frightening, especially in the many countries that are still fighting to control high-mortality infectious diseases.

In my view, the meeting needs to be a wake-up call right up to the level of heads of state. They need to be confronted with the facts right now, and how things will look very soon if the right actions are not taken immediately.

They need to understand the costs. These are the diseases that break the bank. In some countries, for example, care for diabetes alone consumes as much as 15% of the national health care budget.

Estimates from the USA indicate that diagnosed diabetes costs the country $174 billion a year, of which $116 billion goes for direct medical costs. That is a huge pile of money for a largely preventable disease.

To put it bluntly, these diseases have the capacity to literally devour the benefits of rapid modernization and economic growth.

We need to emphasize population-wide preventive measures as well as cost-effective treatments, ideally delivered at the community level through primary health care.

The right actions need to be broad-based, including high-level government policies touching multiple sectors, and engaging industries, civil society organizations, medical associations, and patients’ groups.

Without question, full implementation of the WHO Framework Convention on Tobacco Control would bring the single biggest boost to the prevention of these diseases.

Ladies and gentlemen,

The Regional Committee, which starts tomorrow, has an outstanding report on national essential drug policies, including the rational use of medicines.

As the report notes, most efforts in the region to promote the rational use of medicines have been educational in nature, small-scale, and fragmented, with very limited impact. I can readily confirm that this observation holds true at the global level as well.

Combating antimicrobial resistance was the theme for this year’s World Health Day, under the slogan: No action today means no cure tomorrow.

This is the stark reality the world faces. We have taken antibiotics and other antimicrobials for granted. And we have failed to handle these precious, yet fragile medicines with appropriate care. The message is clear. The world is on the brink of losing its miracle cures.
As clearly set out in the document before the Regional Committee, the responsibility for turning this situation around is entirely in our hands. Irrational and inappropriate use of antimicrobials is by far the biggest driver of drug resistance.

This includes overuse, when drugs are dispensed too liberally. Sometimes this occurs because doctors want “to be on the safe side”. Sometimes this occurs in response to patients demands.

The problem includes underuse, especially when economic hardship encourages patients to stop treatment as soon as they feel better.

The problem includes misuse, when drugs are given for the wrong disease, usually in the absence of a diagnostic test.

Region-specific data, prepared for tomorrow’s session, document widespread improper use of antibiotics, especially for childhood killers like diarrhoeal disease and pneumonia, the use of unsterile injections, and the availability of many antibiotics over-the-counter, without any input whatsoever from prescribers.

The problem also includes the massive routine use of antimicrobials, to promote growth and for prophylaxis, in the industrialized production of food. In several parts of the world, more than 50% in tonnage of all antimicrobial production is used in food-producing animals.

Drug resistance costs vast amounts of money, and affects vast numbers of lives. At a time of multiple calamities in the world, we cannot allow the loss of essential medicines, essential cures for many millions of people, to become the next global crisis.

Thank you.