

July 11, 2011.

Rajendra Pratap Gupta President

Dr.Manmohan Singh Prime Minister Government of India 7, Race Course, New Delhi 110001

Subject: UN High-Level Summit on Non-Communicable Diseases, September 2011

Dear Dr.Singh,

In the above quoted reference and in continuation to the letter I wrote to you on 8th June 2011; I am connecting with you on my return from the UN session on NCD's

On 16th June 2011, on the invitation from the United Nations, I participated in the informal interactive civil society hearing & delivered an address at the UN General Assembly Hall. The session was presided by the President of the UN General Assembly, Mr. Joseph Diess

My view was also quoted in the closing remarks by Sir George Alleyne, UN Special Envoy to the Caribbean.

This September, you and your fellow political leaders will have a once-in-a-generation opportunity to halt a global epidemic that is killing and disabling millions of people, impoverishing families and undermining economic progress. The United Nations High-Level Summit on Non-Communicable Diseases (NCDs) is a chance for the Government of India to play a leading global role in confronting this major threat to health, prosperity and security of all of us and future generations.

I wish to assure you of the full support of our organization for the High-Level Summit in September 2011. We campaigned for such a Summit because the NCD epidemic has reached such proportions that it now constitutes a major risk to global prosperity, development and political stability.

Together the four major NCDs – diabetes, cancer, heart disease and chronic respiratory disease - are the world's number one killer. It is estimated that some 35 million people die from NCDs each year, and 14 million of these deaths could be averted or delayed.

Recently, Our Hon'ble Health Minister quoted; that every ten seconds two new cases of diabetes are reported. Further, 14 % people in Bangalore were found to be diabetic, 21 percent had high blood pressure and 13 % had both diabetes and hypertension. DMAI had conducted the first Health Risk Assessment study in 2009, and our findings showed that other NCD's pose a threat of similar magnitude. We found that 44 % males & 42 % females were Obese, 18 % males and 8 % females were suffering from Hypertension, 21 % males

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and 11 % females were suffering from Diabetes, 7% males and 6 % females were suffering from respiratory ailments.

Overall average occurrence across occupations was found to be thus:

Obesity 44 %, Diabetes 20 %, Hypertension 16 % &, alarmingly 7 % of the students suffered from Hypertension

India's biggest enemy is taking the shape of a multiple headed monster i.e. chronic diseases .We must be proactive in keeping India prepared for victory against our biggest enemy, Non- Communicable diseases. If we win the war against chronic diseases, rest of the enemies could be easily defeated, but if we lose the war against chronic diseases, we would certainly lose the war against all other enemies

The right word for NCD's is 'Irreversible diseases' or 'debilitating chronic disorders- DCD's' or 'Life threatening disorders – LTD's '. As a first step, let us address the diseases with the seriousness they need! Let's change the name from NCD's to LTD's or DCD's. Through the same note, I call upon the UN & WHO to redefine the terminology for addressing these disorders.

Dr.Singh, I must highlight you the points of discussions that we had at this special session at the UN on chronic diseases.

President of the General Assembly emphasized the need for a global response to the challenge of non-communicable diseases (NCDs). NCD prevention and control should not be seen as competing with other development and health priorities, and solutions must be integrated with existing initiatives

The Deputy Secretary-General noted that NCDs are a threat to societal well-being, taking Their greatest toll in developing countries. This is an issue that the United Nations is taking very seriously to ensure that there is a global response to the broader social and economic impact of NCDs. Praising the work and commitment of those present at the hearing, who are at the frontline of the fight against NCDs, she encouraged them to learn from and link with those working on other key health development issues – HIV/AIDS, and maternal and child health.

The World Health Organization's Assistant Director-General for Non communicable Diseases and Mental Health cited key evidence on the scale, distribution and impact of the global NCD epidemic. Reviewing the key achievements of the past decade, *he noted the important role that civil society had played in progress of management of chronic diseases to date*

The Director-General of the King Hussein Cancer Foundation, Princess Dina Mired of Jordan, emphasized the need for everybody to be unified in their efforts to get NCDs on the global agenda and receive the attention they deserve

The first roundtable addressed the health, social and economic scale of the NCD challenge.

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There is a fundamental right to good health that is being undermined by the globalization of NCD risk factors and an insufficient action to date. Thus, a human rights-based approach to NCD prevention and control is warranted. The global response to NCDs needs to address the developmental and political aspects of the drivers of the main NCDs, and this will require collective action – no individual country will be able to deal with the problem alone. Much greater progress can, and must be made in preventing and controlling the NCD epidemic to prevent unnecessary suffering and premature deaths.

Speakers emphasized the need for urgent national and global action as NCDs are increasingly frustrating social and economic development. Some countries already suffer the 'double burden' of communicable and non-communicable diseases as well as under- and over nutrition, sometimes in the same household. Health systems in all countries will not be able to cope with the projected burden of NCDs and governments need to be clear that the cost of intervening is much less than the cost of inaction. The economic burden of NCDs is already substantial and will become staggering over the next two decades. Economic policy makers need to better understand that NCDs pose a significant economic threat as they can be expensive to treat, require long-term management and undermine the labour contribution to production. There is also a substantial opportunity cost as the money spent on treating preventable diseases could be spent on other priorities.

Speakers stressed that the economic impact of NCDs is felt disproportionately among the poor and many individuals and families are already tipped into poverty by these diseases; thus NCDs are also a social justice issue. This will only worsen if NCDs are not prioritized in Countries' health and development plans. Health systems strengthening must address the need for social insurance to reduce the potential for 'catastrophic' expenditure by individuals who suffer from an NCD.

Given the complexity of the factors driving the NCD epidemic, speakers underscored the need for a response that is 'whole-of-government', multi sectoral and spans the life-course. Both prevention and control are essential, and there is much that can be done by more systematically applying existing knowledge. There are highly cost-effective population and Individual interventions for the four main NCD key risk factors – tobacco use, poor diet, Inadequate physical activity and harmful use of alcohol – and these should be prioritized. Focusing on the 'best buys' should not be at the expense of the broader range of approaches that is needed to effectively reduce the impact of these risk factors. Speakers noted that this includes the need to consider the broader social, environmental and economic determinants of health, which strongly shape health-related choices and decisions made by communities, families and individuals. Likewise, the cultural, religious and social context should be considered in implementing effective interventions.

Many speakers highlighted the need for a response that is integrated – not competing – with existing initiatives, improving health systems for all conditions regardless of their origin. There is great potential for synergy with existing health development priorities, including those in the MDGs. The important role of health professionals in both prevention and control was highlighted by speakers. A holistic approach is required that addresses the needs of people and doesn't treat diseases in isolation. In this sense, other non-

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communicable conditions such as mental health and substance abuse and oral health disorders should be considered in the health system response to NCDs.

The leadership role of governments was highlighted, which should include a commitment to developing and implementing a national NCD action plan and committing to 'health in all policies'. It was repeatedly emphasized that all key stakeholders need to be involved in the response, but it was noted that clarity of roles is essential to ensure that potential conflicts of interest are appropriately managed and it was proposed that frameworks be developed to assist countries to do so. It was noted that there are some industrial influences that are in conflict with not just health and social goals but also the goals of other industry and private sector actors; all stakeholders have an interest in dealing with these negative influences.

Speakers agreed on the need for ongoing and improved surveillance of NCDs, their risk factors and outcomes. This will be needed to monitor progress, guide policy decisions and research priorities, and provide information on the effectiveness of different interventions. There was strong endorsement of the need for a clear monitoring and accountability framework as part of the global response to NCDs, with measurable indicators that countries can report against.

Finally, it was noted that success is possible, and there are many examples of significant and rapid progress in addressing NCDs. Now is the time to scale up collective action on NCDs, and the opportunity must not be lost to avoid the growing negative social and economic consequences of the NCD epidemic.

The second roundtable examined effective ways to address the NCD epidemic. Much is known about effective interventions at both the population and individual levels to both prevent and control NCDs.

These include tobacco control as set out in the Framework Convention on Tobacco Control; reducing the sugar, salt, trans-fats and saturated fats content of processed food; improved diets; increased physical activity; effective policies and programmes to reduce the harmful use of alcohol; and providing low-cost high-quality essential medicines and technologies.

For example, chapters four and five of the WHO Global Status Report on non communicable diseases 2010 summarize the 'best buys' in NCD prevention and control http://www.who.int/nmh/publications/ncd-report2010/en/index.html

There is little contention about the evidence for the most cost-effective interventions, and the challenge is thus primarily one of ensuring their proper implementation. It was agreed that NCDs are a societal problem, so a range of government departments and societal actors need to be involved in the response. An effective mechanism to achieve this should be a priority for every country. *There is an important role for civil society and civil society should be given a formal role in both the development and implementation of each country's response.*

Speakers highlighted that premature deaths from NCDs are largely preventable, and prevention is central to a more effective NCD response at both national and global levels.

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Many primary and secondary preventive interventions are highly cost-effective and there are existing tools to support their implementation, including agreed international codes, strategies and Conventions.

Full implementation of the World Health Organization Framework Convention on Tobacco Control (FCTC) was cited by many speakers as being a top priority for action, due to the domination of tobacco-related premature deaths across the NCDs – currently six million per year. The FCTC is now widely ratified by both developing and developed countries, but more can and should be done to support its full implementation in developing countries.

NCD prevention and control should be grounded in a life-course approach, given the fatal and early childhood origins of some NCDs. Children are an important focus for interventions, with the growing impact of risk factors such as obesity on children and adolescents and the opportunity afforded to reach them through schools. Likewise, women are an important target for interventions as child bearers and, frequently, as the 'gatekeepers' for food, physical activity and health services for families. Speakers also emphasized the importance of prevention and effective treatment across the life-course, including into older age where much of the burden or diseases falls.

Speakers agreed on the need for an effective health system, which has benefits for all areas of health, not just NCDs. Primary care is the key healthcare setting for cost-effective NCD prevention and control. An important learning from HIV/AIDS is the need for better integration of prevention and treatment services across disease areas – so-called 'horizontal' and 'diagonal' approaches. In support of this, one participant proposed '15 by 15' – namely that by 2015, 15% of funding in all 'vertical' programs should be earmarked for strengthening 'horizontal' health systems activities. In low-income countries, such approaches should also address the endemic NCDs that affect the so-called 'bottom billion', for example sickle cell anemia and rheumatic heart disease, as well as palliative care.

Speakers referred to the roles that civil society organizations can play in NCD prevention and control. There is a significant opportunity to use information and communication technologies to promote health awareness and increase empowerment of individuals and communities to reduce their exposure to NCD risk factors and supporting self care.

Many speakers emphasized that access to essential medicines and technologies for prevention and treatment of NCDs is critical. The cost of the essential medicines is low, and these should be included in readily available 'packages' of essential care; this will require increasing manufacturing capacity of essential drugs to ensure quick access to high quality generic pharmaceuticals. The specific need for better access to adequate pain relief, especially morphine, as part of palliative care was raised by several speakers. It was noted that late presentation is all too common in developing countries, partly because of a lack of universal social insurance, as well as lack of awareness; both need to be addressed to avoid unnecessary suffering and premature deaths. Patient and 'survivor' groups should be engaged in policy and implementation and can play a significant role in influencing the public, politicians and the media with their stories.

Speakers noted that governments need to set the pace for change and utilize their power to

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ensure appropriate regulation to achieve public health goals. This may require regulation at both national and international levels to address significant health threats such as the obesity epidemic, for example to support the effective implementation of standards on marketing of unhealthy foods to children and agreed targets for salt reduction. Children and the public should be protected from commercial marketing that encourages unhealthy actions and, exposed to educational messages in schools and in their communities that encourage healthy action. The use of social media to deliver such messages needs to be greatly expanded. The role of physical activity was raised by a number of speakers. The benefits of physical activity are wider than NCD prevention and national and local policies should create an environment that encourages and supports people to be physically active.

Regarding the resources required to prevent and control NCDs, speakers noted that the majority of funding for health comes from within countries, and States need to mobilize their own resources. Health needs to be a higher priority for government spending, and NCDs a higher priority in health spending – this is the only way that funding will be sustainable in the long term. Likewise, current spending on NCD prevention and control needs to be carefully scrutinized to ensure the best possible value for money. NCD prevention and control should also be considered in decisions about ODA for health, in particular through integration with existing health development priorities. In addition, innovative funding mechanisms will need to be explored.

Many speakers emphasized that one important source of funding for NCD prevention and control is through increasing taxation of tobacco products. Tobacco taxation is also irrefutably one of the most effective ways to decrease tobacco consumption, particularly among young people, and is fundamental to an effective tobacco control programme.

Speakers endorsed the need to build capacity and capability to address NCDs among health professionals. This will require concerted efforts to revised training curricula, dealing with 'brain drain' of trained professionals from low income to higher income countries, and greatly strengthening research capacity in developing countries to monitor trends and evaluate interventions.

The final roundtable examined ways to scale up action at the global level to collectively address NCD prevention and control. The full range of stakeholders, including all those present at the debate, was identified as been essential to a more effective response. It is vital to carefully examine previous international experiences to draw out the key lessons.

The value of international instruments such as the FCTC was emphasized, and it was noted that other such instruments may be needed in the future to support effective international action.

Speakers provided specific examples of enabling mechanisms to support global cooperation, including a 'clearing house' function to facilitate knowledge sharing, a global forum, and bilateral and multilateral partnerships to support technology and knowledge transfer.

The need for appropriate monitoring and accountability was reiterated, noting that

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accountability is a national responsibility that can be supported by appropriate international monitoring.

It was acknowledged that the funding environment is currently challenging, but there is much that can be done with existing funding. At the national level, there are opportunities to generate or 'free up' resources, for example through taxation of tobacco, alcohol and foods high in fat or sugar, and reprioritizing spending on ineffective and expensive health care interventions. Reducing donor 'silos' will help to ensure that health development occurs in a much more integrated way that will benefit NCDs as well as other priority areas. There is a need to expand the donor base, and opportunities to do so through linking with other related issues such as climate change.

International federations of NGOs, private sector and other organizations have a useful role to play in promoting global cooperation. Representatives of the research-based pharmaceutical industry and the food and non-alcoholic beverage industries outlined pledges they have made to contribute to NCD prevention and control. There is potential to expand new partnerships, for example with the sporting goods industries to promote physical activity. The private sector can bring a range of capabilities to support NCD prevention and control; for example, its global reach, and experience with global brands and global marketing campaigns. With respect to NGOs, speakers identified the value of greater collaboration, which has been realized over the past two years. This has greatly enhanced their ability to mobilize resources, advocate and generate social and political momentum. This collaboration will need to be further developed to support and monitor the implementation of the outcome document that is to be adopted in September.

Sir George Alleyne, Director Emeritus of the Pan American Health Organization,

summarized many of the key points canvassed during the day's discussions. He noted a strong degree of coherence in the day's discussion and agreement on the need to act urgently, while acknowledging the different views within and between the different stakeholder groups on some key issues. Underscoring the need to use proven tools and the value of strong partnerships within the UN and across broader society, Sir George urged all stakeholders to work together for the global public good of reduced suffering and early deaths from NCDs. He echoed the comments of many speakers on the need to integrate NCD prevention and control with action on other key health priorities, notably HIV/AIDS and maternal and child health.

In concluding, Sir George Alleyne exhorted participants to increase their efforts to stimulate political action on NCDs. Civil Society has the resources and passion to overcome the apparent inertia and it must use its unique ability to 'agitate' for change. The wider public needs to be informed of the size of the problem and of the consequences of inaction. He emphasized that the High-level Meeting is an important milestone but that sustained action will be needed beyond September.

In closing, the President of the General Assembly emphasized that, as with other key health and development issues, all stakeholders need to act collectively to address the global challenge of non-communicable diseases. He noted that the global community can act decisively and effectively on important global health issues, and we must learn from these

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prior experiences. It is in our common interest to act now.

Thanking all those who participated in the hearing, the President noted his optimism that the High-level Meeting and the subsequent response will make a real difference to the global NCD epidemic. This optimism had been strengthened by quality of the discussion and range of ideas canvassed during the hearing and the obvious energy and sense of purpose from all stakeholder groups.

Principal conclusions

The key conclusions of the hearing include the following:

Countries should move urgently to prevent and control NCDs to alleviate the significant social, economic and health impact these diseases are having, which is now compromising development gains. The last decade has seen some progress at the global level in NCD prevention and control and it is clear that concerted action and leadership by governments can result in significant and rapid progress. However, efforts need to be greatly scaled up to avert unsustainable increases in the costs of treating NCDs, which no country can afford.

There is a strong consensus that NCDs are a development issue and urgently need to be afforded greater priority in national health and development plans, and a higher priority in government funding decision. NCDs also need to be incorporated into the global development agenda in ways that complement rather than compete with existing health development priorities, and innovative funding mechanisms need to be rapidly identified and implemented.

The complex drivers of NCDs require multi-stakeholder action, and countries should put in place a mechanism to engage all the sectors needed for an effective response. Governments should 'set the pace' of the response and must show political courage and leadership.

Addressing the key risk factors for NCDs will require involvement of government, communities, civil society, non-government organizations, academia and the private sector. It is important that potential conflicts of interest are appropriately managed so that effective action is not compromised.

NCDs disproportionately affect the poor at global and, in many cases, national levels and lead to 'catastrophic' expenditure that forces people below the poverty line. Universal social insurance schemes are essential to avoid this and their implementation should be a priority, with attendant benefits for health care that go beyond just NCDs.

Countries should prioritize the implementation of the most cost-effective population and individual level interventions to prevent NCDs, some of which are in fact cost saving, to ensure they are getting the best value for money from existing expenditure. These interventions should be the priority for new spending on NCD prevention and control.

A renewed commitment to full implementation of the FCTC is essential to prevent a huge burden of suffering and many millions of premature deaths among working age people.

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Countries should honour their commitment not just to full implementation nationally, but to international cooperation to support low-income countries to implement the FCTC.

Countries should continue to strengthen NCD surveillance and monitoring to inform and guide NCD policy and action at both national and international levels.

The health system response to NCDs must be fully integrated with programmes that address other key health issues, to ensure that services are delivered around the needs of the people who use them. Access to high-quality and affordable essential medicines is an essential component, and the implantation of programmes to deliver them effectively in low resource settings.

The outcome document for the High-level Meeting must have clear objectives and measurable indicators, supported by a monitoring and evaluation function, to support national accountability for scaling up NCD prevention and control. Civil society organizations should play a role in independently monitoring and reporting on progress.

It is essential the Heads of State and Government attend the High-level Meeting, to ensure that there is the high-level political commitment to scale up NCD prevention and control.

Countries should consider including NGOs on their delegations to the High-level Meeting, as they can bring technical expertise, can help to mobilize political support, and will be essential actors in implementing the agreed outcomes of the High-level Meeting.

Health workers are key to an effective national response to NCDS, but many are not trained to prevent, detect and manage NCDs. Training curricula should be reviewed to ensure that health workers receive relevant training in both NCD prevention and control.

Governments should look to tobacco taxation as a key way of raising revenue to prevent and control NCDs – in addition, this is a highly effective way to reduce smoking rates, particularly among young people.

DMAI – The Population Health Improvement Alliance asks you to attend the UN Summit and in person and make this a high priority for the Ministry of Health & Family Welfare. We are also calling for the establishment of a NCDs partnership to lead multi- sectoral and coordinated action, and a UN Decade of Action on NCDs to implement the commitments governments will make at the UN Summit in New York

DMAI – The Population Health Improvement Alliance would be pleased to provide your office with any further information in preparation for the UN Summit.

NCDs have the power to affect us all. Increasingly NCD's strike people in younger age groups, including children, threatening international economic progress. But we are not powerless.

We have achievable cost-effective solutions. We need political leadership now to make them

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a reality. Please be a champion for NCDs by attending the UN Summit in September and safeguard the health and prosperity of future generations in India

We sincerely hope that the country will take leadership and set an example for the world on how to manage chronic diseases through early interventions

DMAI – The Population Health Improvement Alliance Recommends that:

- Indian government establishes NGO-Private Healthcare Players Government Alliance. An India NCDs Alliance , linked to WHO, to coordinate follow up action with member states, other UN and multilateral agencies, foundations, NGOs and private sector
- We must look at enacting a Chronic Care bill 2011 in the parliament in the winter session that addresses this biggest healthcare challenge (NCD's).
- Create a high level committee for creating an actionable plan for identification, enrolment and treatment of chronically ill populations or move them under a primary prevention plan for people at the risk of chronic diseases. This plan should be implemented on ground before end of this year
- As written in my comprehensive healthcare reforms document in 2009, we must set up a CDR (Central Disease Registry). Details available at <u>www.dmai.org.in</u>.
- Come out with protocols for the treatment of chronic diseases
- Come out with mandatory guidelines for work force wellness
- Enforce child health guidelines in all primary schools & dietary guidelines. Please refer DMAI's note on Healthy Foods & An Appeal at <u>www.dmai.org.in</u> for details
- Include general & basic information on nutrition and physical activity in school curriculum from class VI onwards. Have a compulsory paper on health & Wellness for class 10th exam for all educational boards in India
- Adopt an open minded and outcome driven approach of roping in private healthcare players to improve preventive care & treatment of identified populations
- Include preventive checks and health clubs (Gyms & Yoga) under tax benefits
- Levy additional premium on insurance policies for smokers to dissuade them from smoking
- Launch a nationwide campaign for creating awareness on avoiding and managing chronic diseases

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• Encourage and implement the use of mHealth for timely access & affordability

Post my return from UN session, I had discussions with leading pharmaceutical companies as to how to get their support and involvement in this major pan India efforts. All the Companies I have talked to are willing to work with the government on the way to address the issue of chronic diseases. I believe that we must involve the companies in our outreach efforts and form a long term partnership with the pharmaceutical companies

Finally, I must state that success will depend on the development of strategic partnerships, ensuring there are explicit and measurable targets, and governments providing the necessary political leadership. I would be grateful for your consideration of the following in order to ensure a successful Summit in September:

- Support the strong participation of civil society in the Summit. We request that civil society representatives be included in the official government delegation to the Summit.
- Invest in the consultation process leading up to the Summit to ensure that the meeting produces an outcomes document with strong recommendations and a concrete plan of international action, as outlined in the NCD Alliance 10 Outcomes Document Priorities. This should include:
 - Language on the NCD Alliance's 10 Priority Outcomes, based on previously agreed upon language.
 - Acknowledgement of the health, social and economic burden of NCDs in the world, particularly in low- and middle-income countries.
 - An increase in international development funds and technical assistance to NCD prevention and control, including support for international instruments such as the Framework Convention on Tobacco control.
 - Measures that address the availability and affordability of quality medicines and technologies to ensure that people living with NCDs can access lifesaving treatments.
 - $\circ\,$ Agreement to global accountability monitoring, reporting, and follow-up mechanisms.

DMAI – The Population Health Improvement Alliance is a not-for-profit organization formed by global healthcare leaders, and the only civil society organization in India dedicated to the management of chronic disease management in India. In the past three years, DMAI has worked at both International level and within India to address the issue of chronic diseases with the support of patient groups, Industry & policy makers, and wishes to put on record the continuous support DMAI has received from policy makers and the industry. We wish to expand this association further to address the issue of NCD's together in form of a 'PPPP' – Profitable Private public partnerships. I personally believe, that if the first "P" – Profit is missing from PPP We would just be restricted to pilot stage. We should not shy from adding the

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additional "P" – Profits, so that the industry is incentivized to align its goals to government, and work together in a sustainable and profitable manner with performance that is measurable and with positive outcomes

I think without profit, government cannot demand performance; and without performance, private players should not expect profit. So profit has a pivotal role in the success of PPPP

To show our support for this summit, we have put the sub-theme 'Management of Chronic Diseases using technology' at the International Telemedicine Congress (<u>www.telemedicon11.com</u>) that I am chairing from 11-13 November 2011 at Mumbai, India.

We would very much appreciate the opportunity to share perspectives on the meeting with you or one of your colleagues. At your earliest convenience, please let me know your availability in the coming weeks.

We look forward to your personal participation with a team of civil society organizations at the High-Level UN Summit in September, & I am sure that your thoughts will be really helpful for the summit and will set an example for others to follow. We wish you and the UN a successful summit.

Yours sincerely,

P.N.: Details of the work done by DMAI in managing chronic diseases is available at the website <u>www.dmai.org.in</u>

Encl: Message at the UN delivered on 16th June 2011. CC: H.E. Ban Ki Moon, Secretary General, United Nations H.E. Joseph Diess, President of the UN General Assembly Hon'ble Deputy Secretary General of the UN General Assembly Ms. Margaret Chan, Director General, WHO Shri Ghulam Nabi Azad, Hon'ble Ministry of Health & Family Welfare, GOI Dr.K. Srinath Reddy, President, PHFI Minister of State for Health & Family Welfare, GOI Dr.Syeda Hameed, Planning Commission, GOI Shri K.Chandramouli, Secretary, H&FW , GOI Board Of Directors, Disease Management Association of India – DMAI, The Population Health Improvement Alliance.

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Address of the President of DMAI – The Population Health Improvement Alliance at the UN on 16th June 2011

Venue: UN General Assembly Hall, United Nations, New York.

Chaired by Mr. Joseph Deiss, President of the UN General Assembly.

Dear Friends,

I am honored to be here, & have few key points for the special high level, two-day session that UN will convene in September 2011 for addressing the issue of chronic diseases.

I appreciate the point that UN session talks about local issues across regions. I would further suggest the United Nations that, if we want the governments to act on its recommendations, we must go beyond local i.e. get micro. My experience in public policy makes me believe that governments do appreciate and act on recommendations that are local but also focus on micro issues.

We have mega goals but our actions have to be micro and we must suggest inputs that are local and at micro level, for execution.

Also, let us accept the fact that for this generation, we are late, and we have already missed the bus. What I would not like is, that our next generation sits in the same UN General Assembly hall after 40 years, and discusses the same issues related to chronic diseases, and says that 'our earlier generation behaved irresponsibly and did nothing for us !'. So the time has come for us to distinguish the 'Urgent' & 'Important'. Urgent is that we must fix the issues related to the chronic diseases now, but it is more Important that we plan to build a healthier next generation. So my expectation from the UN is that there will be a dedicated session related to Child health at the UN General Assembly in September.

Also that, the technology is becoming all-pervasive and we must use this UN session to promote the use of mHealth to address the issue of chronic diseases. I am expecting that the UN general assembly will dedicate a session to mHealth, and how it can help in the delivery of care for chronic diseases.

Lastly, I would like to run a quick survey on ABCDE of Chronic Diseases / Healthcare. Where, A stands for – Asthma/ Arthritis , B stands for Blood Pressure , C stands for CVD / Cancer , D stands for Diabetes & E stands for Epilepsy / Elderly patients (as 84 % of all the elderly patients are on one or more medications)

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If anyone of you or your immediate family members have any of these ABCDE, please raise hands.

The response is unbelievable! I have made a point. It is not about the 5 or 10 % prevalence rate of chronic diseases. We have just now had the visual proof of the prevalence of chronic diseases, and it is much higher than the figures that we read often.

It's time to act now.

Thank you.

Rajendra Pratap Gupta

Recording of the speech is available at <u>www.un.org/webcasts</u>