Tariana Turia

'Through Government response to non-communicable disease'

My acknowledgments, firstly, to Dr. Yasin El-Husban, Jordanian Minister of Health, in your role as Chair of this session.

In the proverbs of my people, tangata whenua of Aotearoa New Zealand, we have a saying "Ehara taku toa i te toa takitahi. Engari taku toa he toa takitini"

The essence of its meaning is that success is not the work of one but the work of many.

I am honoured to have the opportunity to participate in this forum alongside so many people who are leaders in improving health outcomes for their people.

Our success in addressing the challenge of non-communicable diseases is as a result of all of us showing leadership in our respective nations, and working together to coordinate efforts and focus on priority actions which will lead to positive outcomes.

It is a particular privilege to welcome to this session Sir George Alleyne who will be known to many for his former role as the United Nations Special Envoy for HIV and AIDS in the Caribbean region.

I wish to acknowledge the leadership of the World Health Organisation and a number of Commonwealth countries in ensuring that the prevention and control of non-communicable diseases is given priority by the United Nations.

This Forum reflects the call for us all to demonstrate the priority we must accord non-communicable disease prevention, treatment and control as an issue which is cross-sectoral and affects most of our countries.

Non-communicable diseases, in particular diabetes, heart disease, cancers and chronic respiratory disease have reached epidemic proportions in developed and, increasingly, in developing countries. No country can sustain the ongoing impact of non-communicable diseases.

This epidemic is having a significant negative impact on economic and social wellbeing. It is exacerbating inequities within populations and in particular in low income families.

As World Health Organisation Member States, we recognise the need to take decisive action, based on evidence to prevent and control these diseases and the contributors to them. We cannot sit and wait in hopeful anticipation that a cure will be found or the global crisis averted, while every day in almost all countries and all income groups, our people are at risk of these diseases.
I note an article earlier this month, in The Lancet, on behalf of the Non-Communicable Disease Action Group and Alliance, proposed five over-arching priority actions for the response to the crisis:

- leadership,
- prevention,
- treatment,
- international co-operation and
- monitoring and accountability

My fervent hope for today is that we make progress on all of these fronts.

New Zealand has for some time recognised non-communicable diseases as a growing challenge for our people and our Pacific neighbours. We believe that cross-sectoral action is essential to halt and reverse the epidemic. In other words, solutions require action by the whole of government and the whole of society. And significantly, the solutions must include families, which have the capability and capacity to take responsibility if enabled to do so.

We must also actively engage with the community; a wide range of government agencies; and the private sector. It will require contextualising these efforts to fit the culture, beliefs and situation of all of those families and communities.

Non-governmental organisations, civil society and academics have already performed an invaluable role in ensuring that these issues are on our health and development agenda. These stakeholders have a crucial role to play in continuing to develop cross-sectoral and whole-of-society approaches to make a positive difference in the non-communicable disease crisis.

Globally, civil society organisations have already pioneered joint efforts with community and industry networks.

For instance, in New Zealand, the Heart Foundation has worked with the food industry to develop healthier food choices, such as those with reduced salt and fat levels.

The New Zealand advertising industry has also worked with a range of groups including consumer organisations and health NGOs to limit advertising of some food items to children.

Innovative strategies demonstrate that cross-society collaborations can and do work. We need to build on these initiatives. But much more remains to be done for our indigenous communities. We must restore self-belief and confidence in our traditions as hunters, gatherers and growers.
And if there is one area in particular I would want to focus on, it would be the role that Governments, NGOs and academics had in the development of the WHO Framework Convention on Tobacco Control.

The Framework Convention Alliance assisted in developing a focused, effective international treaty. It helped to ensure that national governments were kept informed of issues where extra evidence and support was needed. The efforts of the Alliance engendered massive support towards promoting a smoke-free society.

Referring back to the Lancet article again, 'Priority actions for the non-communicable disease crisis', a fairly radical goal was proposed to establish a target of 2040 as a world essentially free from tobacco where less than five percent of people use tobacco.

I have to say I admire the long-term thinking, and the vision of the NCD Action Group – comprising some of our leading health thinkers from Washington, Ottawa, Geneva, London, Manila, Paris, New Delhi, Copenhagen, Boston, Toronto, and Auckland. And I would be interested to hear any views from those countries here today, about how such a goal could be achieved.

Going smoke-free is a key challenge for that has been tackled in New Zealand. Smoking is the single leading preventable case of early death in New Zealand – and yet an estimated 650,000 New Zealanders; one in five people over the age of 15 – continue to put their lives at significant risk by smoking.

We are aware that effective tobacco control is one of the most cost-effective and feasible responses to the very high burden of non-communicable diseases.

The New Zealand government has made reducing the harm of tobacco a priority. One of the Government’s six health targets is “better help for smokers to quit”. This target is one concrete step towards the long term goal of a smokefree New Zealand.

In November last year, a Parliamentary Inquiry reported its findings on the tobacco industry and the consequences of tobacco use for our indigenous peoples. Māori smoking rates are double that of the population as a whole – about 45% of the Maori population between 15 and 65 are current smokers. So it was fitting that a Parliamentary inquiry approached its task from the viewpoint of Māori.

The Government has recently agreed to one of the primary recommendations of inquiry that is setting a goal of a smokefree New Zealand by 2025. It is an aspirational goal, and when we say smoke-free we mean reducing prevalence to minimal levels and essentially driving out any visible commercial presence. In my view, going smoke-free will have enormous benefits on the health outcomes of our people.
We offer this kind of aspirational goal as a model for other Member States to look to when thinking about the future health of their citizens. I would also hope that such a goal will be included in the outcome statements resulting from the High Level Meeting in New York in September.

A new amendment to our current tobacco control legislation is now before Parliament. This amendment will, among other things, ban the display of tobacco products at the point of sale. This move will help protect children and young people from being influenced by tobacco imagery and becoming users of tobacco products.

We have recently had two large increases on the tobacco excise tax (in April 2010 and January 2011) and have another rise scheduled for January 2012.

Our recent experience with tobacco control measures in Aotearoa New Zealand demonstrates that concerted and effective action can be taken, with the collaboration of a wide range of stakeholders, including in particular NGOs and civil society. We can learn from tobacco control and adapt its lessons to other issues associated with non-communicable diseases.

Of course I think we all recognise that many of the issues contributing to the worsening crisis around non-communicable diseases are complex. Efforts to address these require collaborative efforts of government, civil society, business, academics and researchers. I hope we can learn from each other about effective measures that can reduce the burden of ill health and disability and all the costs associated with that, on our peoples.

Failure is not an option. Success in averting this crisis is essential to ensuring the present generation of children, as well as the next, have the chance to live long and healthy lives.

I look forward to the discussions of the next three days. We have the chance here in Moscow to prepare a clear, strong, and well informed message for the High Level Meeting in New York in September.

Our collective challenge is also our greatest opportunity to bring about enormous benefits to our social and economic development, and the future health and wellbeing of all of our people.