Mme Rauch-Kallat, honourable ministers, ladies and gentlemen:
Good afternoon and thank you for this opportunity to address you all. It is
an honour to be present and to participate in these discussions.

I would like to acknowledge the leadership and vision of our hosts, the
Austrian Ministry of Health, and Mme Rauch-Kallat, in raising the profile of
the issues on your agenda for this meeting, particularly diabetes and
women's health matters.

For too long 'women's health' has been limited to reproductive issues, as
though, once past childbirth, a woman no longer has any significant health
problems. Certainly, childbirth is one of the most dangerous periods in a
woman's life, and must be addressed urgently.

But as health policymakers, the time has come to broaden our sights:
Women are suffering and dying from heart disease, cancer and diabetes at
similar or greater levels as men. They suffer more than men from
diseases such as breast cancer and osteoporosis, and exclusively from
other diseases such as endometriosis.

And yet health systems are often poorly or inadequately serving half the
population. As you have noted, the gender-factor has been inadequately
addressed particularly for cardiovascular disease. We agree. Too often
heart disease and stroke are seen as 'male' diseases resulting in poor or
late diagnosis, and inadequate treatment for women.

As is the case with many other health and social issues, the EU is in the
lead in addressing this agenda. The Treaty of Amsterdam calls for
mainstreaming of gender issues into EU public health policy. This meeting
is evidence of progress towards that goal.

For our part, WHO is taking intensive and accelerated action to integrate
gender approaches to our research, evidence-gathering and policy
recommendations. We have an existing policy on gender mainstreaming
which is reflected in our current programme of work. But additionally, we
are now developing a Strategy on Integrating Gender Perspectives to
rapidly increase full implementation.

For both women and men cardiovascular disease is by far the leading
cause of death in Europe. In fact, WHO estimates for 2005 fully 59% of all
deaths in women in the EURO region were due to cardiovascular disease, and 45% of all deaths in men.

As you will discuss here, a leading causal factor is Type 2 diabetes, which is also a rampant epidemic in Europe, and, of course, a cause of death in itself. As you accurately describe it, this deadly combination is very certainly a 'ticking time bomb' and the time to act is very certainly now. I am pleased to see the strides being taken in the EU towards addressing this urgent health crisis.

Let me, however, broaden the discussion of this ticking time bomb of CVD, diabetes and other chronic diseases to the global level, because we need to alter and expand our perception of the worldwide problem. Just as we must recognize their impact on women, we must also realize they are taking a terrible and rising toll on people and economies everywhere.

There is, in fact, a global epidemic of chronic disease well under way. Of the 58 million deaths globally last year, chronic diseases - encompassing heart disease, stroke, diabetes, cancer, respiratory disease and others - accounted for 35 million deaths - 60 percent of the total, or nearly double all other causes combined.

There is not one country, not a community, and scarcely a family untouched. It does not discriminate for age, race, gender or income. In fact, only 20 percent of those chronic disease deaths are in high income countries - the vast majority - more than three-quarters - are in low and middle income countries.

This epidemic of chronic disease represents a massive and growing burden on healthcare systems, economies, communities, families and individuals. WHO estimates the loss in income to the Chinese economy over the next ten years due to chronic diseases could reach 550 billion dollars, for Russia more than 300 billion, and the UK nearly 33 billion dollars.

So what is to be done in the face of such a daunting health crisis? We know very well the major modifiable risk factors for chronic diseases: an unhealthy diet, lack of adequate physical activity and tobacco use, as well as the harmful use of alcohol.

Our first goal, then, must be to intervene to avoid, lessen or halt these risk factors. This is where WHO is focusing efforts and urging others to so, because prevention is the key.

Let us examine tobacco use, for example. In the EU region, the tobacco epidemic is, as we describe it, 'mature', which means it is in a later phase where - although several countries show an overall decline in usage - we actually see a gender transition under way: a trend towards increased tobacco use among women with declining use in men. Recent findings of WHO and CDC's Global Youth Tobacco Survey, in fact, indicate young girls are smoking almost as much as young boys in many countries. Of concern is the trend in some where girls' consumption is not only increasing, but surpassing that of boys.
We only have to look at the daily headlines to know that overweight and obesity are overtaking our societies, resulting from poor diets and lack of physical activity. Overweight and obesity are particularly growing in the female population globally.

This is now what many are calling 'globesity' - there are now one BILLION people overweight globally, 300 million of them obese. It is a global phenomenon, no longer just associated with wealthy countries or segments of society. More and more, this is a problem of low income countries, communities, and individuals: an affordable diet in this globalized world is increasingly also a poor diet high in fats and sugars.

Similarly, concerns expressed about the harmful effects of alcohol on health and wider societal impacts in the EU region are mirrored elsewhere. Alcohol consumption is a major contributor to the global burden of disease, particularly chronic diseases. As you well know, we are facing rising consumption and changing patterns of consumption among adults and - of great concern - among young people.

Both the WHO and the EU and their respective member states are moving forward with policy, programmes and strategies to take preventive action on all these risk factors. However much more can and must be done. To make this point, the OECD estimates that its members spend only 3 percent of their healthcare budget on prevention and public health. This variable fluctuates. Even a small increase in that percentage could yield tremendous benefits - many preventive interventions are very cost-effective.

Towards that goal, it has been very important for WHO’s work to have the EU countries so closely involved in developing and supporting our key strategies, and now in leading so strongly with implementation. This has been a model of how WHO and its member states can work effectively together to address public health issues.

We are, for example, well advanced in developing a European Non-communicable Disease Strategy, which will go to the 56th Regional WHO Committee in September. This strategy will focus on prevention, with a goal of significantly reducing the disease burden, improving quality of life and making healthy life-expectancy, including gender, more equitable in Europe. In fact, gender has been a significant focus in development of the strategy.

The platform for action on diet, physical activity and health is another example of an important shared initiative between the European Union and WHO’s Global Strategy on Health, Diet and Physical Activity, or DPAS. Many of the first countries to develop and implement their own strategies have been in Europe.

We are actively working to address overweight and obesity - next week, in fact, there will be a meeting in Oslo to discuss marketing of foods to
children, and are in preparation for a major European Ministerial Conference on counteracting obesity in Turkey in October.

The WHO Framework Convention on Tobacco Control is another example of our global, regional and national cooperation, and is the most powerful tool we have to effect change on the issue of tobacco use. It has been a success beyond the highest expectations, with ratification of the treaty last year - by all EU countries, I am pleased to say - and the Convention of the Parties held in February to lay out the plans for implementation.

As you know, increased concern about the effects of alcohol on health lead to a resolution last year at the WHA. The resolution requests WHO to assist Member States to develop effective approaches for reducing the negative health and social consequences of harmful use of alcohol. We are moving forward with this task, having held a meeting just this week with NGOs and international organizations, as well as consultations with the industry recently.

The challenge we all face, however, is that this is not simply a problem to be solved by the health sector: it requires a multi-sectoral response. We need to involve finance and trade sectors, education and transportation, agriculture, and other sectors. We have to engage with the private sector, civil society at all levels and a range of international organizations. It is a complex problem, with wide-reaching solutions.

And so it will take vision and leadership at all levels - national, regional and international. We each and collectively have a responsibility to steer these measures from proposals and strategies to implementation.

At the final analysis, this a health crisis we cannot afford to delay or avoid responding to urgently: The problem of chronic diseases is only going to get worse. We must, and can, head it off now.

I would like to thank the Austrian ministry of health and Mme. Rauch-Kallat again for the honour and opportunity to address you today, and I look forward very much to the discussions and dialogue on these important health issues.