

October 31, 2015

# Global strategies for prevention and control of infectious diseases and NCD

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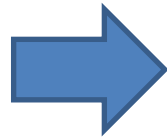
\* COI Disclosure: Hiroki Nakatani is Professor of Global Initiatives at Keio University; and advisor to Japanese Agency for Medical Research and Development, Eisai Co. Ltd. and International Medical Information Center, Tokyo.

# Today's Topics

- Environment Surrounding Health Strategies and Plans
- Lessons from the First 15 Years of Global Health in 21<sup>st</sup> Century
- Quest for a New Paradigm
- Challenges and Opportunities – Contribution from Japanese Public Health Community

# From MDGs to SDGs

The 8 Millennium Development Goals



# Relatively Simple MDGs

- MDG4: Reduce Child Mortality
  - Target: Reduce the under-five mortality rate by two-thirds, between 1990 and 2015
- MDG5: Improve Maternal Health
  - Target: Reduce the maternal mortality ratio by three-quarters, between 1990 and 2015,
- Combat HIV/AIDS, Malaria and Other Diseases
  - Targets:
    - Have halted by 2015 and begun to reverse the spread of HIV/AIDS
    - Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

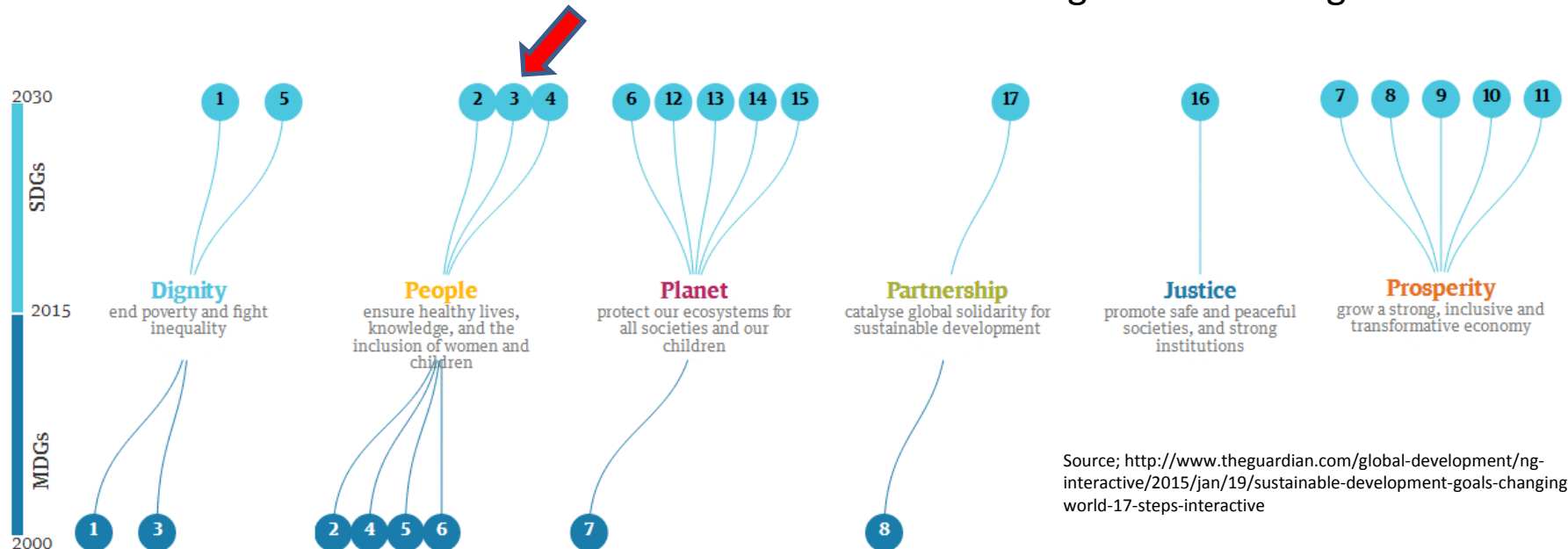
# Goal 3: Ensure healthy lives and promote well-being for all at all ages

- By 2030, reduce the global **maternal mortality** ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of **newborns and children** under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- By 2030, end the epidemics of **AIDS, tuberculosis, malaria and neglected tropical diseases** and combat **hepatitis, water-borne diseases and other communicable diseases**
- By 2030, reduce by one third premature mortality from **non-communicable diseases** through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of **substance abuse**, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from **road traffic accidents** 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and **air, water and soil pollution and contamination**
- Strengthen the implementation of the World Health Organization Framework Convention on **Tobacco Control** in all countries, as appropriate
- Support the **research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the **health workforce** in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, **risk reduction and management of national and global health risks**

## From MDG to SDG: Lower Profile and Diffuse Agenda of Health

	MDG			SDG		
	Total	Health ( Direct)	Health %	Total	Health ( Direct)	Health %
Goals	8	3	37.5%	17	1	5.9%
Targets	21	8	38.1%	169	23	13.6%
quantitative Health Targets		7			13	

## SDG 3 Ensure Health Lives and Promote Wellbeing for All at All ages



Source; <http://www.theguardian.com/global-development/ng-interactive/2015/jan/19/sustainable-development-goals-changing-world-17-steps-interactive>

## 13 other SDG are directly relevant to efforts to scale up communicable disease interventions



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# Ten Great Public Health Achievements-Worldwide (2001-2010)

1. Reductions in Child Mortality
2. Vaccine-Preventable Diseases
3. Access to Safe Water and Sanitation
4. Malaria Prevention and Control
5. Prevention and Control of HIV/AIDS
6. Tuberculosis Control
7. Control of Neglected Tropical Diseases
8. Tobacco Control
9. Increased Awareness and Response for Improving Global Road Safety
10. Improved Preparedness and Response to Global Health Threats

# Progress in MDG 6

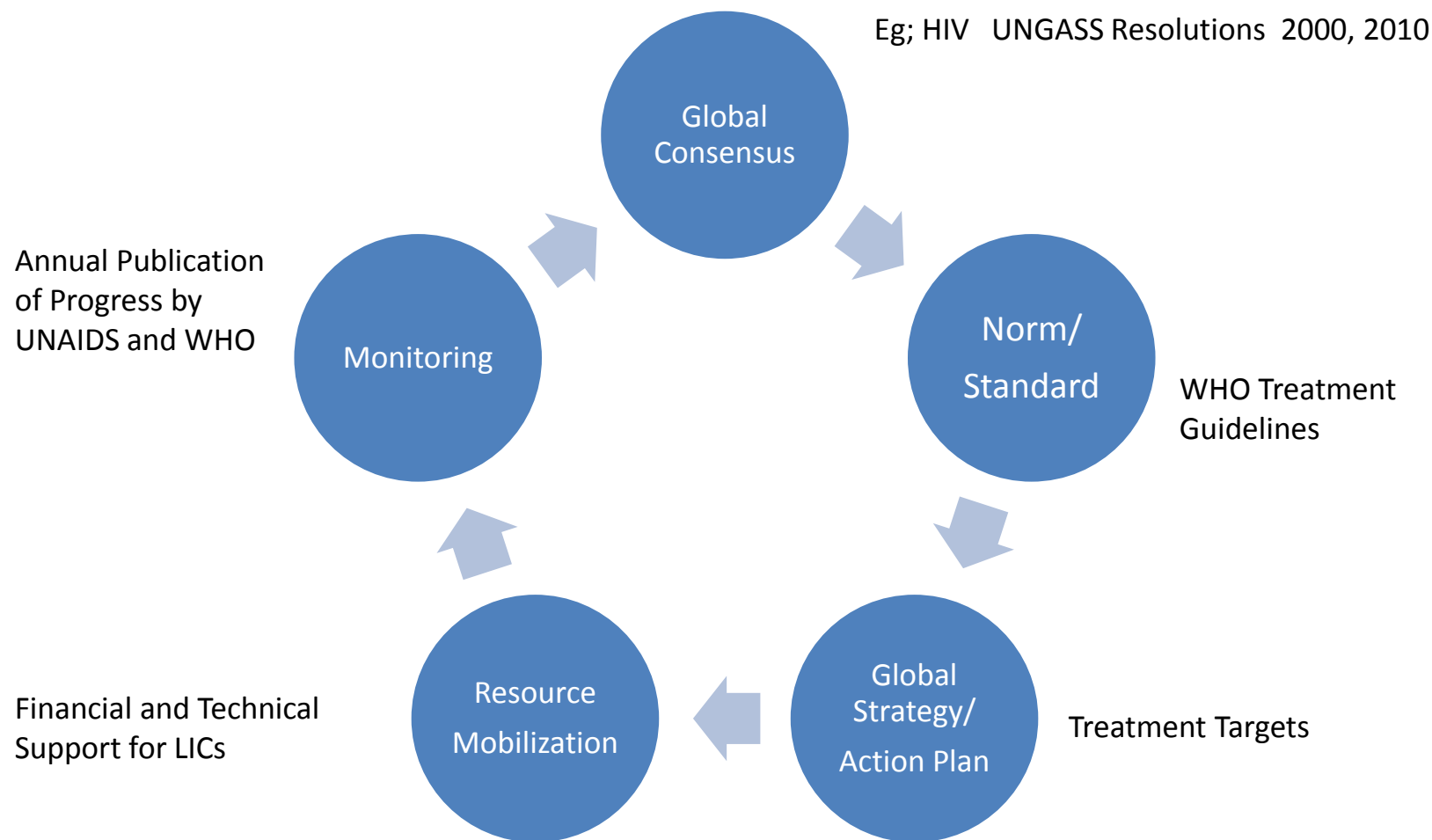
- HIV incidence has declined by an estimated 40%. Since peak of 2005, AIDS-related mortality down by 30%.
- Tuberculosis prevalence has fallen by 41%, mortality rate down by 45% (against baseline of 1990).
- Malaria incidence has fallen by 37%, mortality rates down by 60%.
- Major progress on a number neglected tropical diseases;
  - Elimination as public health problem
    - Leprosy, human African trypanosomiasis, lymphatic filariasis, blinding trachoma
  - Near eradication; guinea worm disease

# Global Strategies/Plans Adopted by the World Health Assembly ( WHO's Governing Body )

	Communicable Diseases	Non Communicable Diseases
2015	WHA68.2 Global technical strategy and targets for malaria 2016–2030	
	WHA68.6 Global vaccine action plan	
	WHA68.7 Global action plan on antimicrobial resistance	
2014	WHA67.1 Global strategy and targets for tuberculosis prevention, care and control after 2015	
2013	WHA66.12 Neglected tropical diseases ( including the Global Plan to Combat Neglected Tropical Diseases 2008–2015)	WHA66.8 Comprehensive mental health action plan 2013–2020
		WHA66.10 Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Including the global action plan for the prevention and control of noncommunicable diseases 2013–2020)
2012	WHA65.17 Global vaccine action plan	
2011	WHA64.14 Global health sector strategy on HIV/AIDS, 2011–2015	
2010		WHA63.13 Global strategy to reduce the harmful use of alcohol

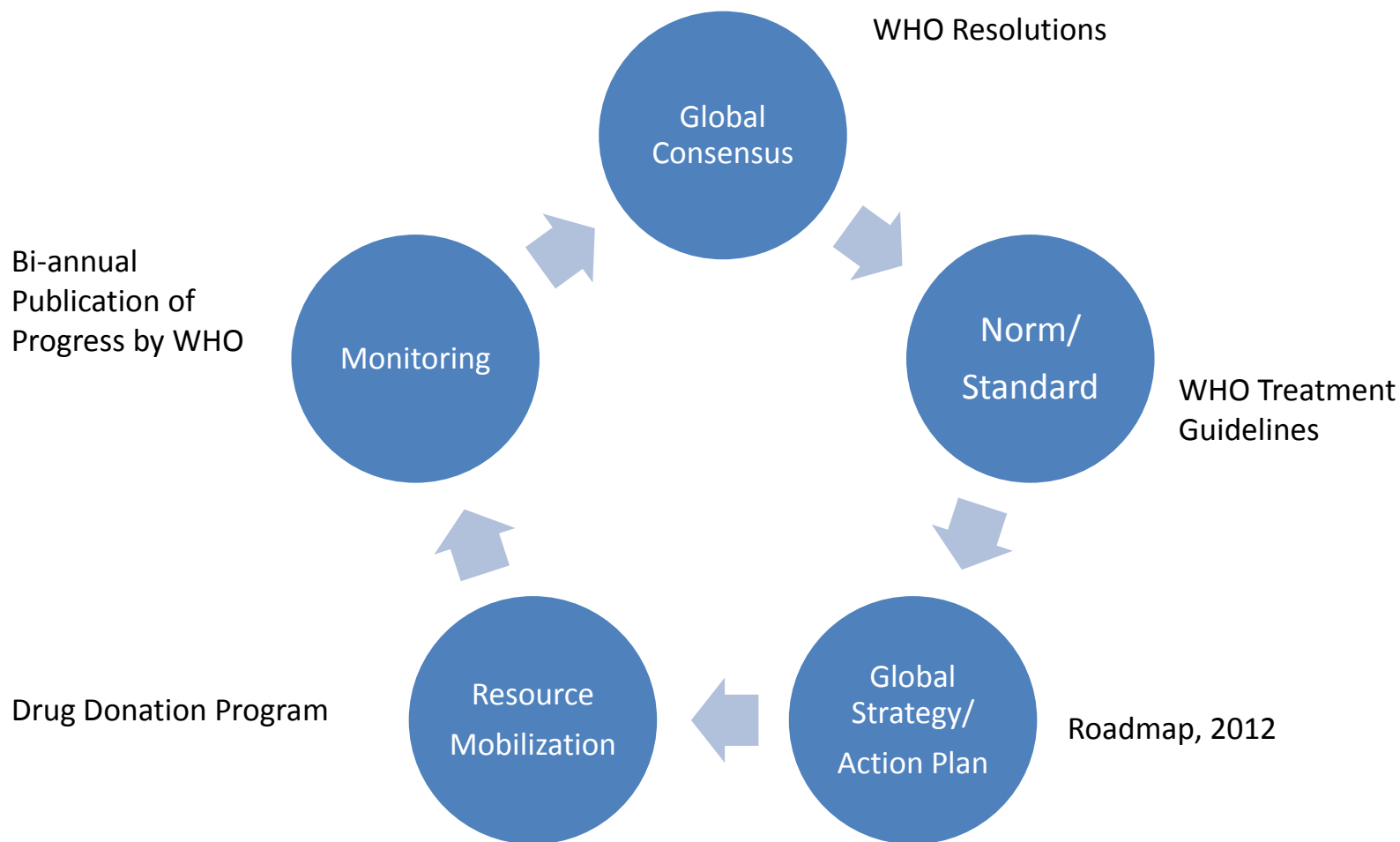
# Global Health Cycle

## - a case of HIV -



# Global Health Cycle

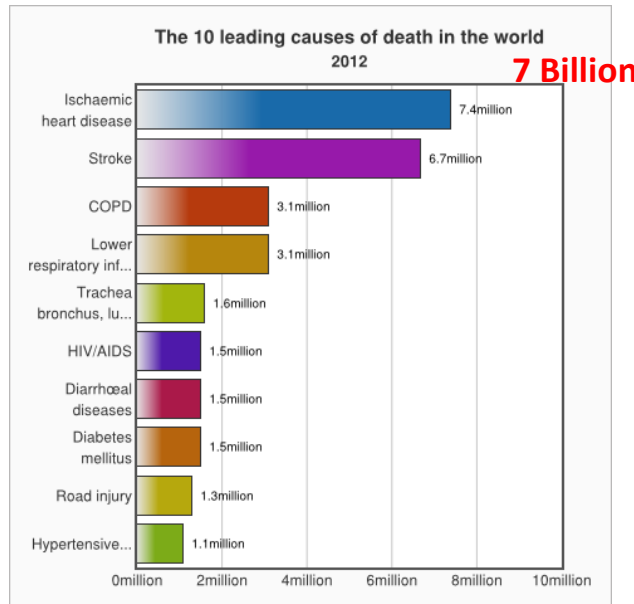
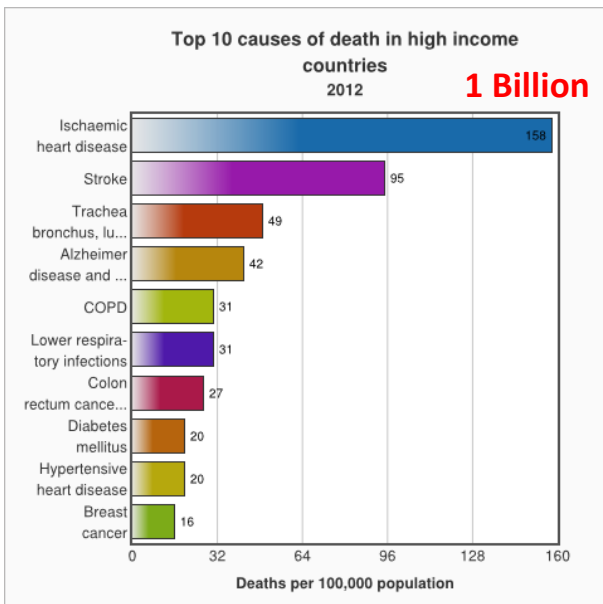
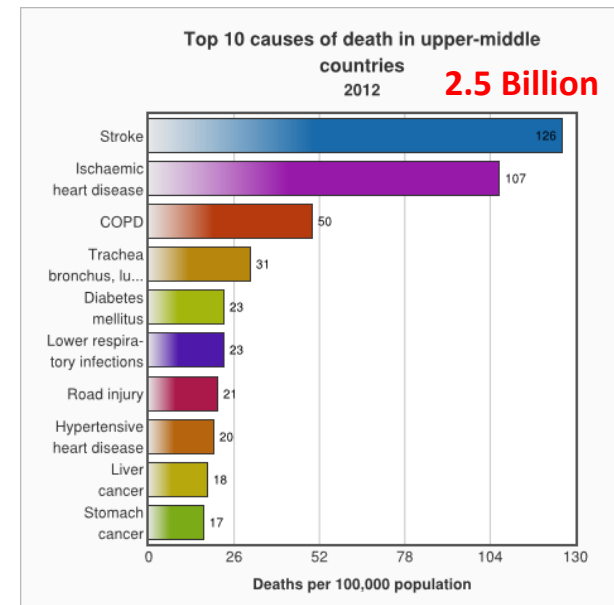
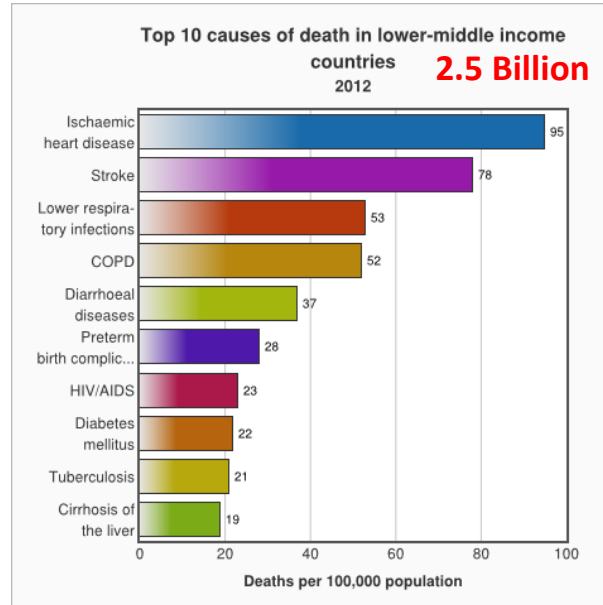
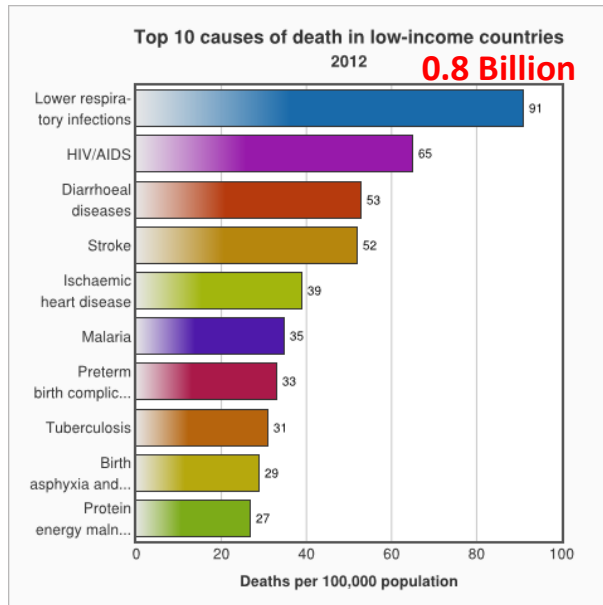
## - a case of NTD -



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# Top Ten Causes of Deaths by Income Category and Population



## Source

WHO Media Centre

The top 10 causes of death, Fact sheet

N°310, Updated May 2014

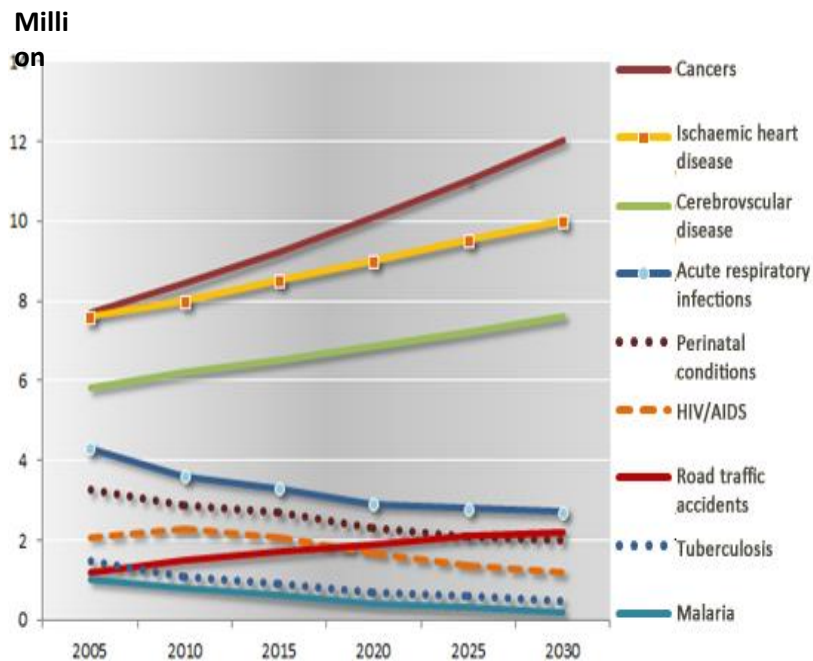
<http://www.who.int/mediacentre/factsheets/fs310/en/>

## Source

World Bank. World Development Indicators. Washington DC, World Bank 2013

# Changes in Mortality and Morbidity

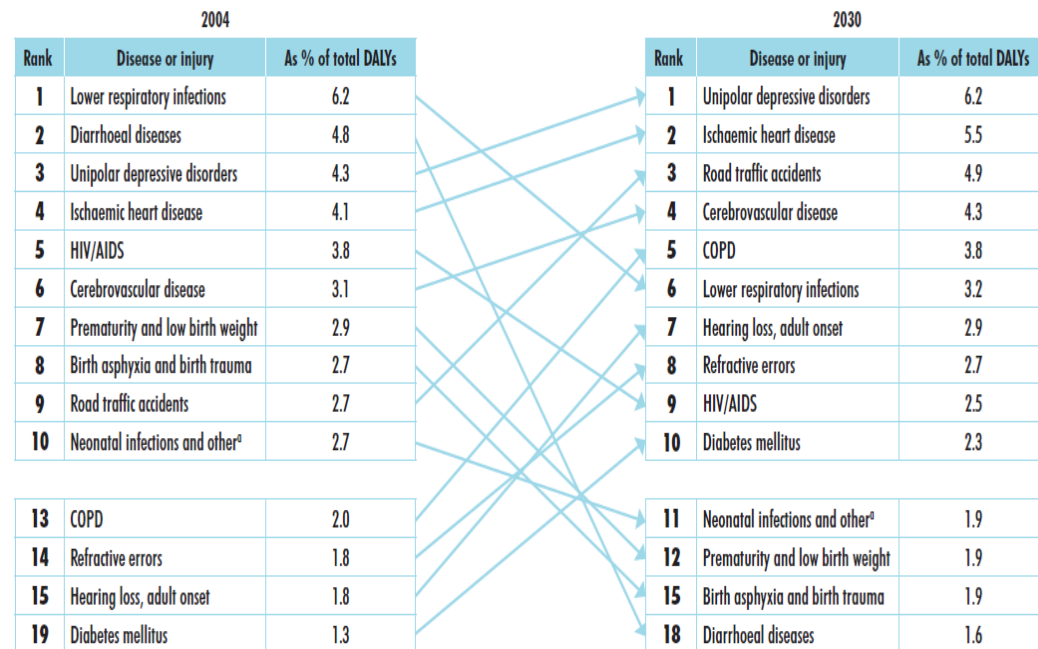
## Mortality, 2004–30



[http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf?ua=1](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf?ua=1)

## DALY, 2004-2030

Figure 1. Ten leading causes of burden of disease, world, 2004 and 2030



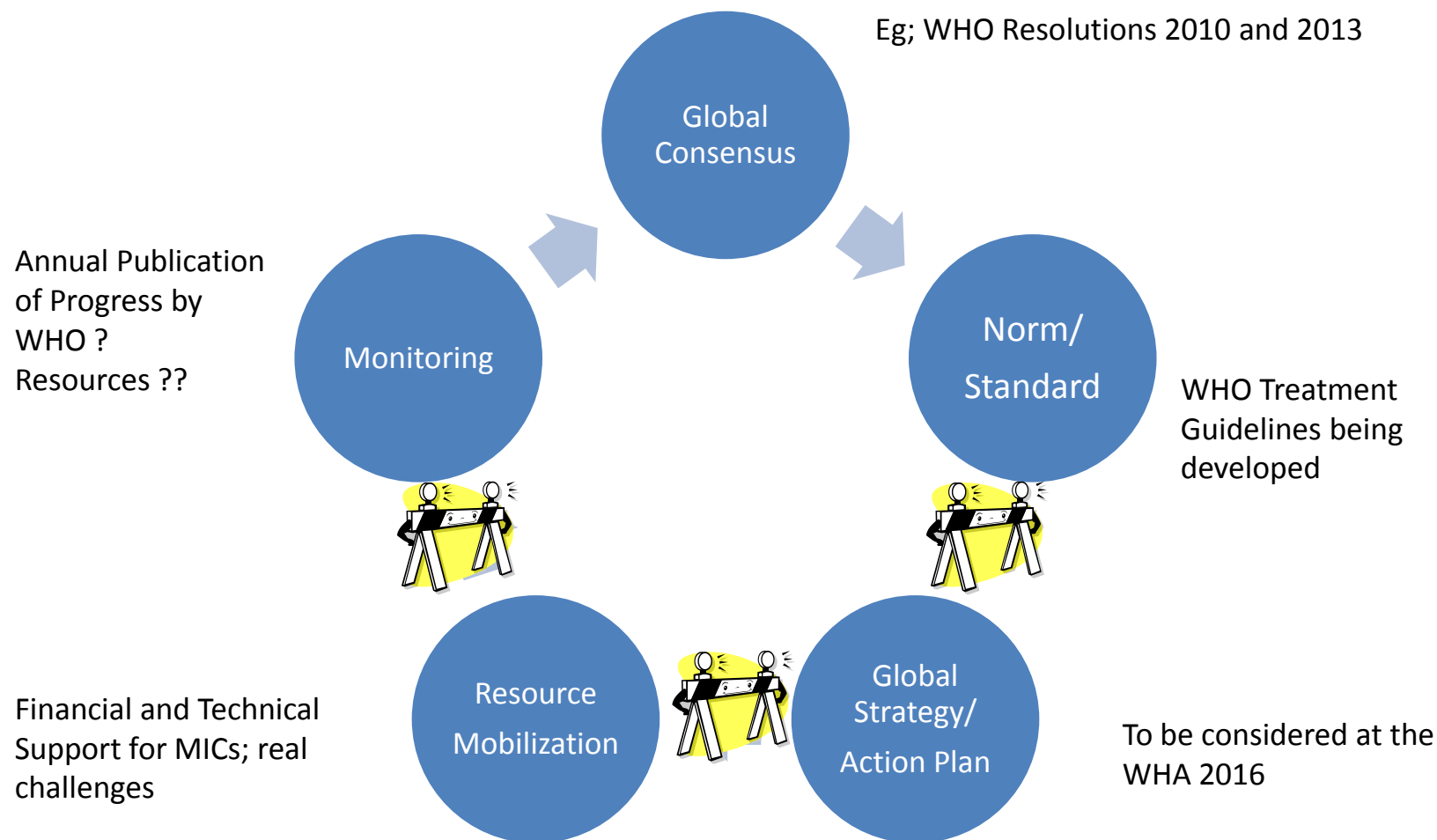
<sup>a</sup> This category also includes other non-infectious causes arising in the perinatal period apart from prematurity, low birth weight, birth trauma and asphyxia. These non-infectious causes are responsible for about 20% of DALYs shown in this category.

*The global burden of disease: 2004 update. Geneva, World Health Organization, 2008.*

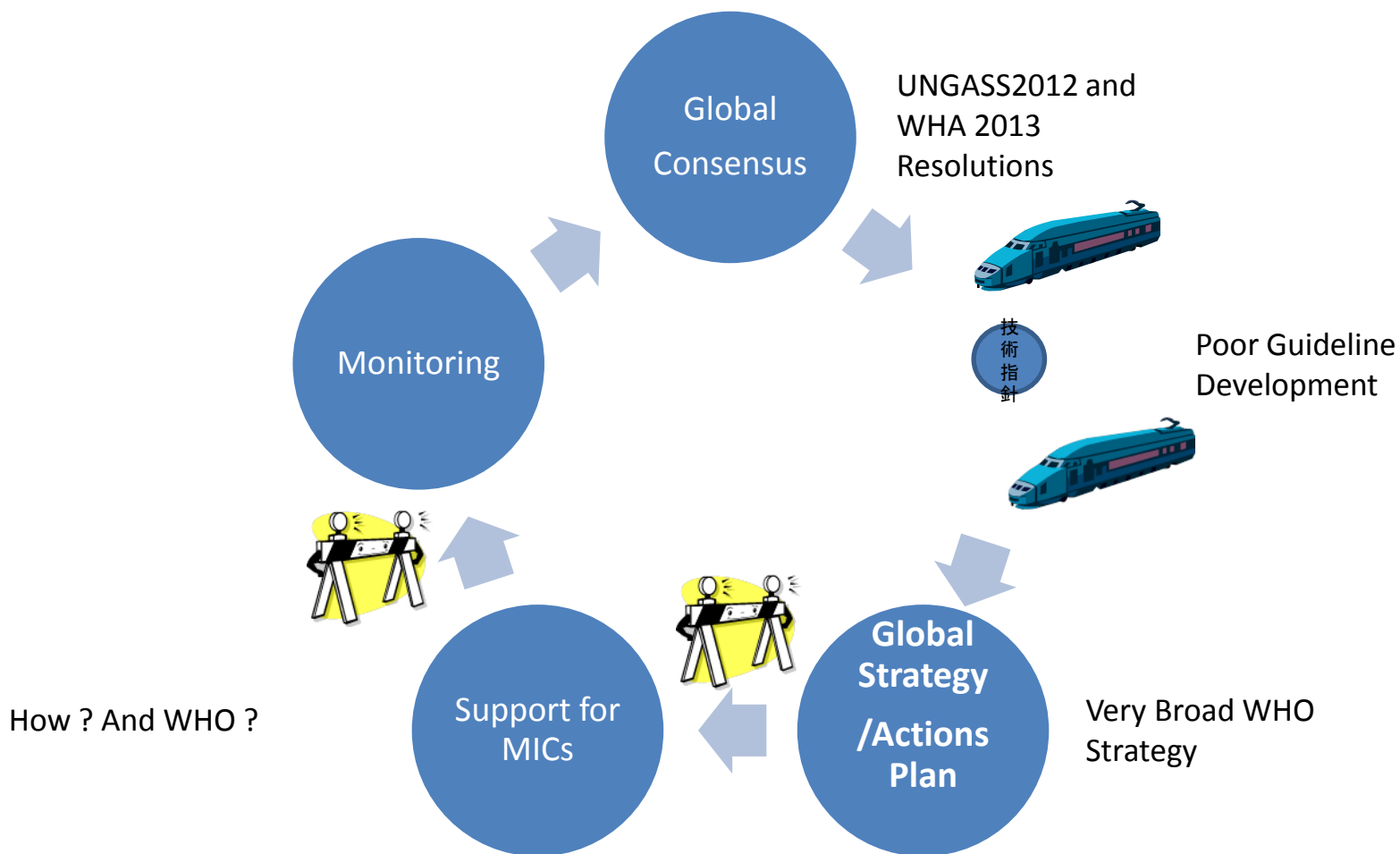


# Global Health Cycle

- a case of Hepatitis as a cause of hepatic cancer -

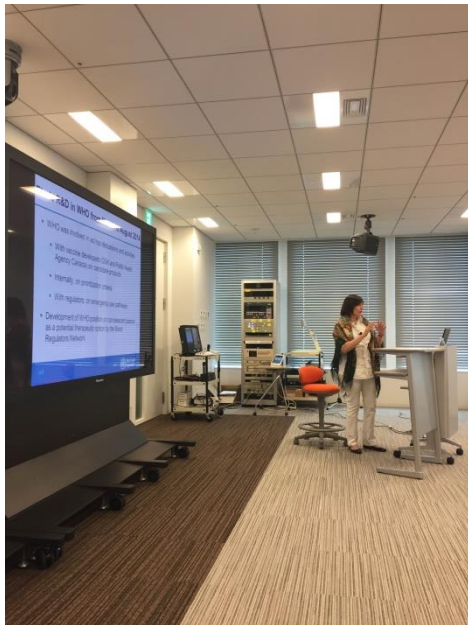


# Global Health Cycle - the case of NCD-



# Ebola Response

- At 20 September 2015:
  - 9 countries infected
  - 3 continents transmission
  - 26,000 cases
  - >11,000 dead
- Capital cities/large urban areas



ADG Kieny's Lecture, Osaka

Criticism on WHO's late response and handling of the Ebola Pandemic



Ebola Special Session of EB, Jan 2015

- Support WHO Leadership
  - Not only WHO but Global Communities fail
- Establishment of the Ebola Interim Assessment Panel Chair; Barbara Stocking)



WHA, May 2015

- Angela Merkel; Invest WHO is cheaper than Pay later
- First Report of the Stocking Panel
- Secretariats Budget Increase Request, not endorsed in full



Stocking Report, 7 July 2015

Funding Dialogue, 5-6 Nov. 2015

UN High Level Panel Report & IOM Report to come by end 2015

# Current Focus on Ebola Debate

## IHR

- Strengthening the IHR
- Strengthening Health System Infrastructure

## Strengthening WHO Capability

- Emergency team
- Research Promotion
- Rapid Norm/Standard Setting

## Funding

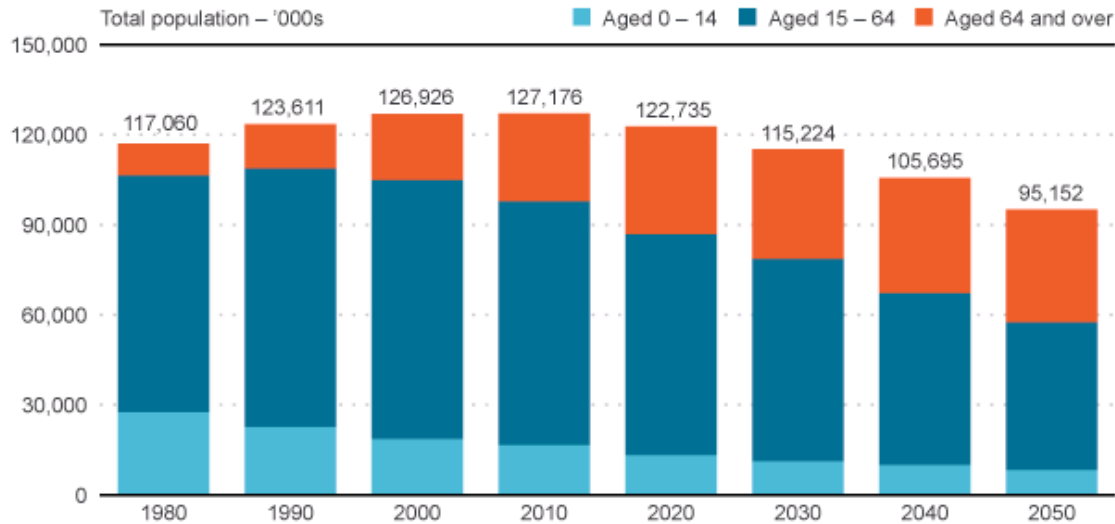
- WHO Contingency Fund for Emergency (CFE)
  - The WHO Contingency Fund for Emergencies (CFE) fills a critical gap from the beginning of an emergency until resources from other financing mechanisms begin to flow. 3 Months.100 MUSD
- WB Pandemic Emergency Financing Facility (PEF)
  - Designed as a global financing facility to rapidly channel funds to country governments as well as to international and national responders, including multilateral agencies and NGOs, to finance the response
  - Insurance !
- This is the iceberg of global health governance.

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# Ageing

## Japan's ageing population

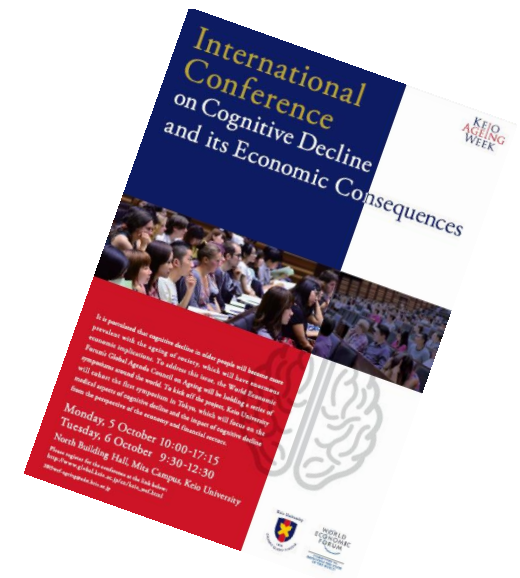


Note: 2010 to 2050 figures are estimates.

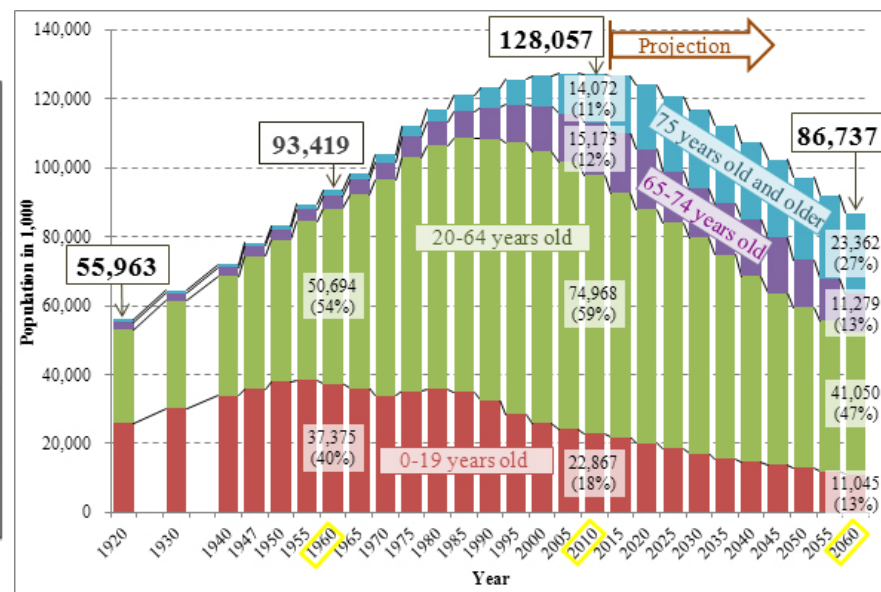
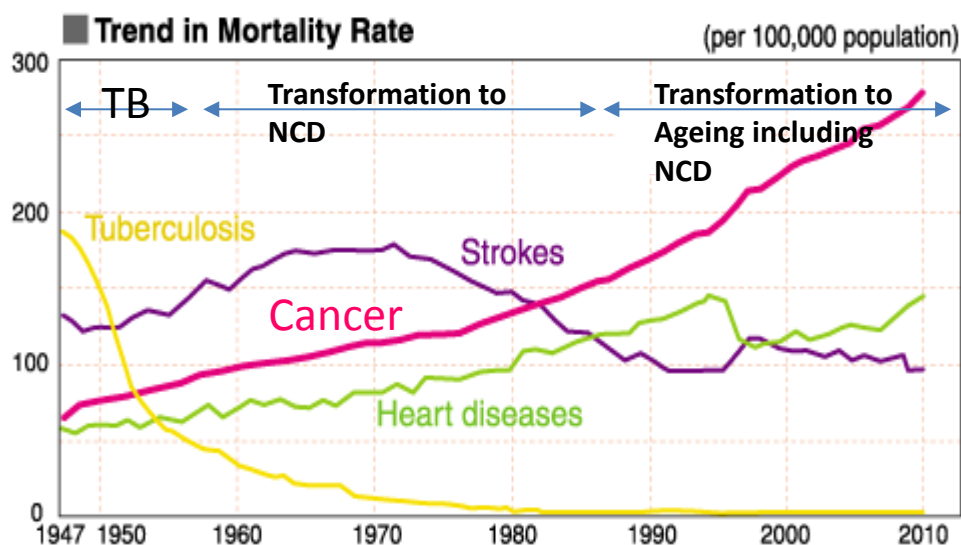
Sources: Statistics Bureau of the Ministry of Internal Affairs and Communications, IPSS

REUTERS

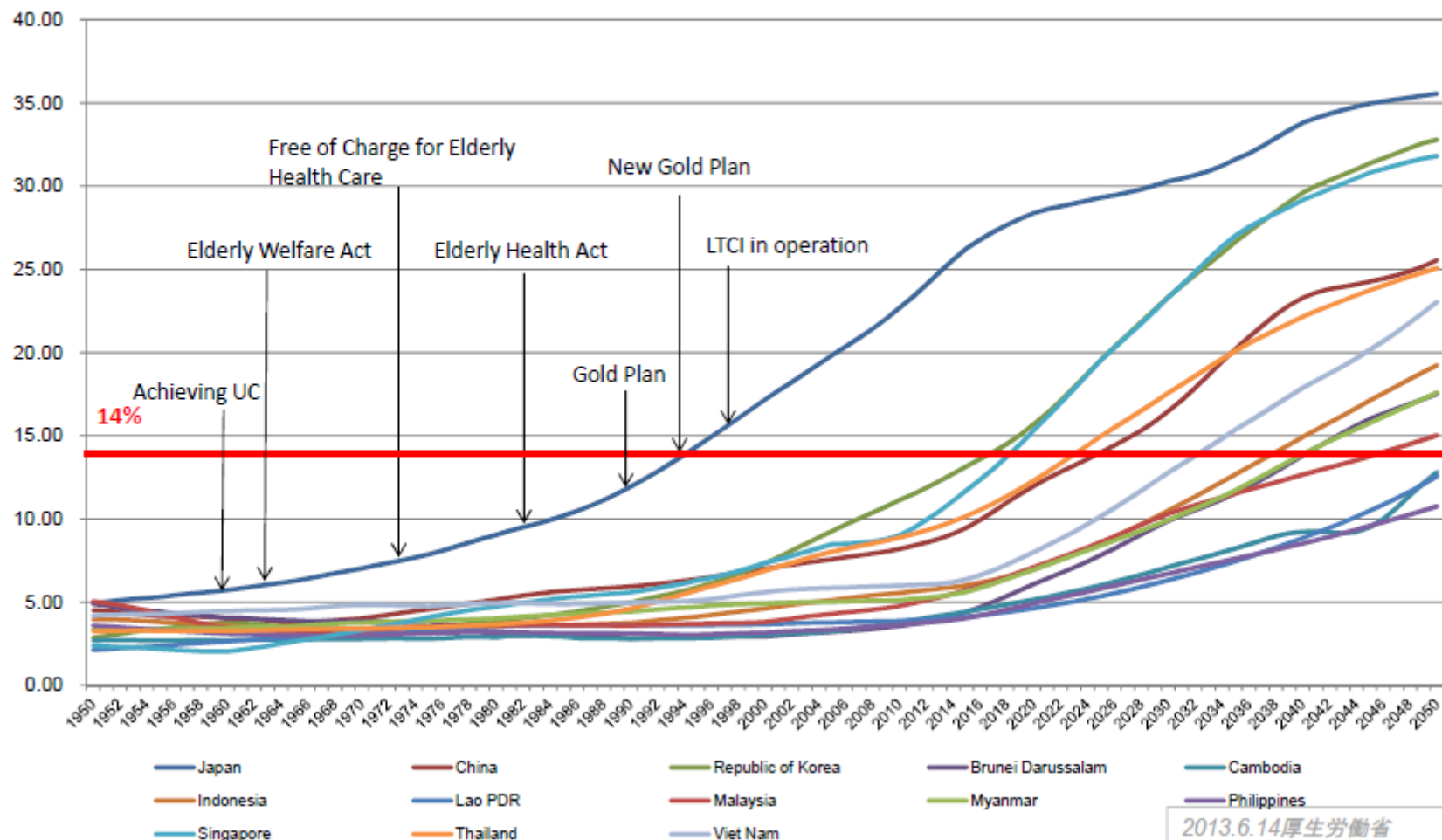
Reuters graphics/Christina Chen



# Transformation of Japanese Public Health Priority



# Aging Rates of ASEAN Countries and Historical Development of Japan's Elderly Care System



Source: UN, World Population Prospects, Database

2013.6.14厚生労働省  
第1回「国際的なActive Agingに  
おける日本の貢献に関する検討会」



# Three Global Trends

- Internationalization: Massive movement of persons, materials and information
  - ✓ Vulnerability
- Rapid Ageing
  - ✓ Demography and Mortality/Morbidity/DALY changes
  - ✓ Widening Discrepancy among Life span. Health span and Wealth(money) span
- More affluent
  - ✓ ODA is no more available. 70% of global population is not rich enough and not poor enough.

# Challenges

- Too many strategies, plans and roadmaps
  - New Tools of Global Health to support the strategies ? Replacing ODA ?? Support for “not rich enough but not poor enough”
    - IP and ATM ( access to medicine )
    - Innovative Funding
    - R&D
    - Global Health Governance
- Just to mention a few

# Recent Progress

- IP → Medicine Patent Pool
- ATM → Dual Pricing
- Innovative Funding → UNITAID

Chile - Fixed rate on international flight		US\$ 2
France - Progressive mechanism		
	Domestic or European flight	International flight
Economy Class	€ 1	€ 4
Business & First Class	€ 10	€ 40
Niger - Progressive mechanism		
	Domestic or West African country flight	International flight
Economy Class	US\$ 1.20	US\$ 4.70
Business & First Class	US\$ 6.00	US\$ 24.00
Norway - CO2 Emission tax		

An aircraft with 300 passengers on board leaving from Paris will cover the treatment for 1 person with multi drug resistant tuberculosis (approx. US \$ 4.000) or 60 HIV-positive children for one year

Furthermore... no economic impact on air traffic



# Opportunities

- “Achieving the Grand Convergence: Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Systems”, 16 December 2015, Tokyo
- Global Fund Replenishment Preparatory Meeting, 17 December 2015, Tokyo
- **G7 Events**
  - G7 Summit: 26-27 May 2016, Ise-Shima
  - Health Ministerial Meeting, 11-12 September 2016, Kobe
- Tokyo International Conference of African Development (TICAD) VI, 2016, Kenya
- 75<sup>th</sup> Annual Congress of Japanese Society of Public Health, 26—28 October 2016 ( President of the Congress; Prof.Iso )
- **G20 hosted by China**
- Leadership Changes in major Organizations 2016-17

# Japanese Presidency of G7; Reminiscence and Perspectives



Logo to be  
announced

**Ise-shima, 26-27  
May, 2016**

Hiroki Nakatani

Advisor, International Affairs, MHLW, Japan

and

Professor for Global Initiatives, Keio University

# Past Japanese Presidency and Firm Commitments to Health

- Japan hosted G7/G8 in 1979, 1986, 1993, 2000, and 2008.
- At the Kyushu-Okinawa Summit in 2000, gained consensus on bold action against major communicable diseases.
- At the Hokkaido Toyako Summit in 2008, highlighted strengthening of health systems.
- At other summits, Japan remained strong supporter for health with the basic concept of “human security”.

Comment

[illegible]

- 
- A photograph of Prime Minister Shinzo Abe of Japan. He is standing behind a dark wooden podium, speaking into two microphones. He is wearing a dark blue suit, a white shirt, and a dark tie. A small Japanese flag pin is visible on his left lapel. The podium features the United Nations emblem on the right side. The background is a dark, textured wall.

## Basic Design for Peace and Health ( Global Health Cooperation )

### 1. Establish resilient global health governance able to respond to public health crises and natural disasters

#### ➤ Establish an international support system capable of promptly responding to emergencies:

(Strengthen cooperation and collaboration with WHO, World Bank, UN specialized agencies and bilateral donor countries and institutions; strengthen support toward the implementation of International Health Regulations (IHR)) → The report by the United Nations High-level Panel on Global Response to Health Crises, and other inputs should also be taken into account

#### ➤ Contribute to the comprehensive response to infectious diseases

(Tackle infectious diseases by strengthening cooperation with the Global Fund, Gavi, GHIT\* etc, as well as through bilateral assistance such as the provision of medical devices and human resources development)

\* GHIT: Global Health Innovative Technology Fund

### 2. Seamless utilization of essential health and medical services; promotion of UHC throughout lifecycle

#### ➤ Promote UHC throughout the human lifecycle

Nutritional improvement, maternal and child health, sexual and reproductive health, countermeasures against infectious diseases, measures against non-communicable diseases and medical support for the elderly.



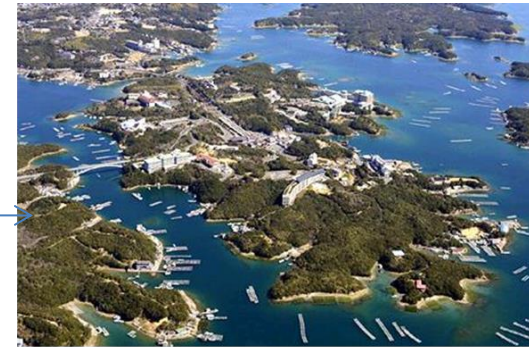
### 3. Utilise Japanese expertise, experience, medical products and technologies

Source; <http://www.mofa.go.jp/mofaj/files/000102316.pdf>



# Venue & Dates

## G7 Summit



Ise-Sima ( Main Venue of Summit )

26-27 May, 2016



Kobe ( Venue of Health Minister's Meeting )

11-12 September 2016



Japanese Society of Public  
Health Congress, Osaka  
26-28 Oct, 2016

# Welcome to Japan

Beautiful, relaxing, nostalgic, exciting, historic,  
cultural, Japan has everything you want.  
With a heart-warming hospitality  
Japan waits you.  
Yes! Welcome to Japan!



Thank you very much

## Key References

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- CDC; Ten Great Health Achievements Worldwide, 2001-2010, MMWR, June 24 2011
- Address by Dr. Margaret Chan, Director-General, to the Sixty-fifth World Health Assembly, SIXTY-FIFTH WORLD HEALTH ASSEMBLY Agenda item 3, A65/3, 21 May 2012 ( Golden years of health )
- Address by Dr. Margaret Chan, Director-General, to the Sixty-third World Health Assembly , SIXTY-THIRD WORLD HEALTH ASSEMBLY Agenda item 3 , A63/3, 18 May 2010 (H1N1 response )
- Presentation of Dr. Mark Dyble, World Health Summit, Berlin, 12 October 2015
- Presentation of Dr. Hiroki Nakatani ,World Health Summit, Berlin, 13 October 2015