

The NCD Alliance Interviews Sir George Alleyne

Language English



The NCD Alliance had the pleasure of speaking with Sir George Alleyne shortly after the United Nations DPI/NGO conference took place in Melbourne this past 30 August – 1 September on the theme “Advance Global Health: Achieve the MDGs”. Sir George highlighted the central role of non-communicable diseases (NCDs) for global health and development as a keynote speaker in the closing ceremonies. Sir George, a Barbados-born physician, was the Director of the Pan American Health Organization (PAHO) from 1995 until 2003. He was also appointed as the UN Special Envoy for HIV/AIDS in the Caribbean in 2003. His contribution to health has been recognized on several occasions: in 1990 he was knighted by Her Majesty Queen Elizabeth II for his service to medicine and in 2001, received the Order of the Caribbean Community, the highest honour that can be conferred on a Caribbean national. He has been a global advocate for the case of non-communicable diseases and contributed to the successful passage of UN Resolution 64/265 calling for a UN Summit on NCDs.

Here is what Sir George Alleyne had to say regarding his impressions of the UN DPI/NGO conference, progress on the Millennium Development Goals and his hopes for the UN summit on NCDs.

Good morning and thank you for your time Sir George Alleyne. Could you tell us about how you first became interested in health?

This is not a question that most people can answer. If people tell you something like “oh, I got interested in health because there was a great physician who changed my mind”... doubt them! It is a combination of factors: environmental, family background, school, the state of your own health, the financial aspect...all those things. When I finished school, you usually had the choice between medicine, teaching or law and for reasons which are not quite

clear to me now, I chose medicine.

How do you think the global health agenda has changed since you were director at PAHO?

First of all, there has been a greater interest in the issue of reducing inequity. This has been one of the great changes that we have seen globally over the past years. Secondly, there has been a great interest in health per se, the idea that health is considered intrinsic to development globally, and with the introduction of the human development index in which health is a major part, there has been a great appreciation of the role and contribution to health in development. Third, in terms of the epidemiology, there has been a greater emphasis on non-communicable diseases.

How significant do you think the recent UNDPI meeting in Australia was? Was it successful?

I thought it went quite well given the number of people attending and NGOs represented, including some I had never heard of. I was also really impressed by the level of commitment by these NGOs, by the level of their enthusiasm and the number of young people who were really active. I was impressed by the event overall and the tremendous organization, as well as the venue. It was very well attended, and I was pleased by the number and scope of NGOs. The workshops that I attended were very well-run. I was also really pleased with the final declaration.

How much of an impact did you think NGOs made on NCDs in the meeting?

I was very pleased that the whole area of NCDs figured in the final declaration and the attention paid to them in the workshops.. I was also pleased to see many very good workshops devoted to the issue of NCDs. There were also several non-health people who attended these workshops. People who were interested not only in the medical, but particularly the social aspect of the problem.

We hear there were some discussions about cooperation between NGOs and different sectors. Do you foresee progress in this field?

If you are asking if there was interest shown by non-health sectors in health issues, then the answer is definitely yes!

How important do you consider the Millennium Development Goals (MDGs) review summit in two weeks in New York? What is its significance in achieving the MDGs?

Well, they are going to see what the level of progress is, which I think is very important. Equally important is to see the level of commitment in achieving more rapidly these MGDs in which there hasn't been sufficient progress. I hope that the outcome documents from the MDG review will recognize the importance of NCDs in achieving the MDGs as a whole. As I have pointed out, it will not be possible to achieve the MDGs unless you pay attention to NCDs.

Could you tell us more about your hopes regarding the outcomes and the role of governments?

My hopes are that there will be a rigorous evaluation of the extent to which the world has achieved the MDGs, and that there will be a firm commitment to acceleration in the areas in which the goals have not been achieved. And that from a parochial point of view that there will be an agreement on the fact that the health MDGs are incomplete if they do not recognize the importance of NCDs.

In your opinion, what is key for the UN summit on NCDs (in Sept 2011) to be successful?

The key to be successful would be a commitment by the heads of governments to recognise the importance of these diseases and a recognition and a determination to address the risk factors, especially the preventable ones like smoking, unhealthy diets and inadequate physical activity which we know account for a large number of NCDs.

There should be a system for monitoring what happens after the summit. I think equally important is a commitment to provide the interventions, technology, medicines etc that are necessary for the treatment of these diseases when they occur. So it is important to have a firm commitment to the prevention and for the governments to accept that they can use the tools they have at their disposal for the prevention of these diseases and also to accept the responsibility for providing the appropriate medication for the diseases when they do occur. We also need to see a re-organization and a reconceptualization of health systems to take account of the changing demographic and epidemiological pattern in the world as a whole.

What would a strong health system that is able to successfully integrate treatment of NCDs look like, particularly in a low-income country?

All good health systems have certain inputs. And one has to see what the appropriate inputs are to achieve major outputs like better health at individual and population level, better patient satisfaction, an adequate financial protection for patients, as well as achieving equity and health as the major outputs of any good health system. We all know what the standards inputs are, the resources that need to be applied. One of the issues that have to come to the fore is the appreciation that the health care system has to be able to address chronic care. Many health care systems, especially in developing countries, were more attuned to acute episodes that affected children and adults and not so well attuned to the long-term chronic care of problems. But now we have to deal with chronic problems, whether they are communicable like HIV/AIDS or non-communicable conditions. We have to have the kind of systems that can address chronic care.

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