



Non-communicable diseases: taking action

The damaging economic and social effects of non-communicable diseases on both developed and emerging countries have been recognised at international level, leading to agreement on a fresh set of policies for tackling this silent pandemic

By Mirta
Roses Periago,
director, Pan
American Health
Organization

The economic toll of non-communicable diseases (NCDs) – namely, cancer, diabetes, heart disease and stroke, and chronic respiratory disease – will exceed \$30 trillion over the next two decades in healthcare costs, lost productivity and personal medical expenses, revealed a recent study by the World Economic Forum and Harvard University. Such a burden roughly equals the gross domestic product (GDP) of the four biggest economies (United States, China, Japan and Germany) and represents almost 2.5 times the annual output of the BRIC countries (Brazil, Russia, India and China).

Global leaders duly recognised the devastating economic and social impact of NCDs at the United Nations High-Level Meeting on the Prevention and Control of NCDs (UN HLM-NCDs) held in New York on 19-20 September 2011. International commitments were reached to reduce the risk factors behind NCDs and to create more robust policies, programmes and strategies to prevent and control this foreseen calamity.

Now the challenge is to implement the right policies and follow-up mechanisms that will move the declarations into actions – and quickly – since some 36 million people die each year from NCDs, often prematurely,



affecting productivity and stressing national healthcare budgets. At the same time, the number of people affected by NCDs is expected to rise substantially due to a rising and ageing population, placing further strains on fiscal results and risking setbacks in hard-fought health achievements.

Fortunately, however, there are several proven and successful 'best buys': low-cost and effective public health interventions are available to reduce the forecast NCD impact. In fact, for a small investment of \$1-\$3 per person per year, a core set of NCD strategies can be implemented, as shown in a recent report produced by the World Health Organization (WHO). These 'best buys' include tobacco control, salt reduction, cervical cancer screening and multi-drug therapy for people with a high risk of heart attacks and stroke, among others. These actions have a high value-for-money ratio, both from a public health perspective and from an economic standpoint.

Yet the underlying causes of this silent pandemic cannot be addressed solely by the health sector. Tobacco consumption, obesity, physical inactivity, unhealthy diets and harmful use of alcohol will only be reduced through public policies with concerted actions involving many government sectors – particularly agriculture, transportation, education and trade – acting in sync with the private sector, non-governmental organisations and civil society.

International initiatives

This is precisely why the UN has taken on NCDs, only the second health issue after HIV/AIDS to be addressed in such a high-level forum. Clearly, NCDs are a common priority for all countries regardless of size, geographic location, demographics or economic development. Together, countries have taken on a commitment to tackle this problem now, before it spirals out of control.

Recent DNA research into predicting an individual's risk of non-communicable diseases has yet to make significant progress. New policies aim to promote early detection and guidance on lifestyle choices

Some 36 million people die each year from NCDs, often prematurely, affecting productivity and stressing healthcare budgets

The political declaration, universally adopted, calls for WHO to develop a comprehensive global monitoring framework, including a set of indicators, and to recommend a set of voluntary global targets before the end of 2012, for member states to establish or strengthen national NCD policies and plans by 2013, and for the UN secretary-general to undertake a comprehensive review and assessment in 2014 of the progress achieved.

The G20 at the Cannes Summit should build upon the advances made at the UN HLM-NCDs and translate these into visible and concrete changes and actions within countries and communities, through the development or strengthening of public policies that transform physical and social environments into protective spaces that nurture and strengthen health and well-being. In particular, this summit should examine and discuss options to move forward on specific aspects of the political declaration, which call for strengthening international cooperation



Innovating for a better world.

At Medtronic, we're focusing our efforts to ease the global burden of chronic, noncommunicable diseases (NCDs).

By advocating for better health policies, strengthening health systems and developing innovative medical technologies and healthcare delivery models, we're working to help people around the world get access to the care they need.

Find out more at [Medtronic.com/ncd](https://www.medtronic.com/ncd)



The Global NCD Issue

Noncommunicable diseases such as heart disease, diabetes, cancer and respiratory diseases represent the world's leading causes of death, account for 75 percent of worldwide healthcare expenditures, and will cause a global economic output loss of \$30 trillion in the next 20 years.

As the world's leading medical technology company, Medtronic has pledged to leverage our people, products and philanthropy to improve access to quality healthcare. Here's how we are doing it:

Global Policy and Advocacy

Working with policymakers, healthcare professionals and nonprofit organizations to elevate chronic disease prevention and management on the global agenda.

- **Support for the NCD Alliance:** We supported this coalition of nonprofit organizations to create awareness, mobilize resources and develop recommendations for the United Nations High-Level Meeting on Noncommunicable Diseases in September 2011.
- **Policy and Regulatory Reform:** We are supporting a series of initiatives to create the conditions required for improved patient access to appropriate therapies.

Strengthening Health Systems

Creating an environment for better health, by training healthcare professionals and patients and integrating NCD prevention, diagnosis and treatment into existing and emerging care systems.

- **Physician Education:** We invest millions in training healthcare professionals on the safe use of our therapies at 22 education centers in 17 countries and via video-conferencing and high-fidelity simulation.
- **Philanthropy:** Medtronic Foundation grants help integrate NCDs into primary care systems in developing countries and support centers of excellence that disseminate key knowledge about prevention, diagnosis and treatment options for chronic disease.

Therapy & Healthcare Delivery Innovation

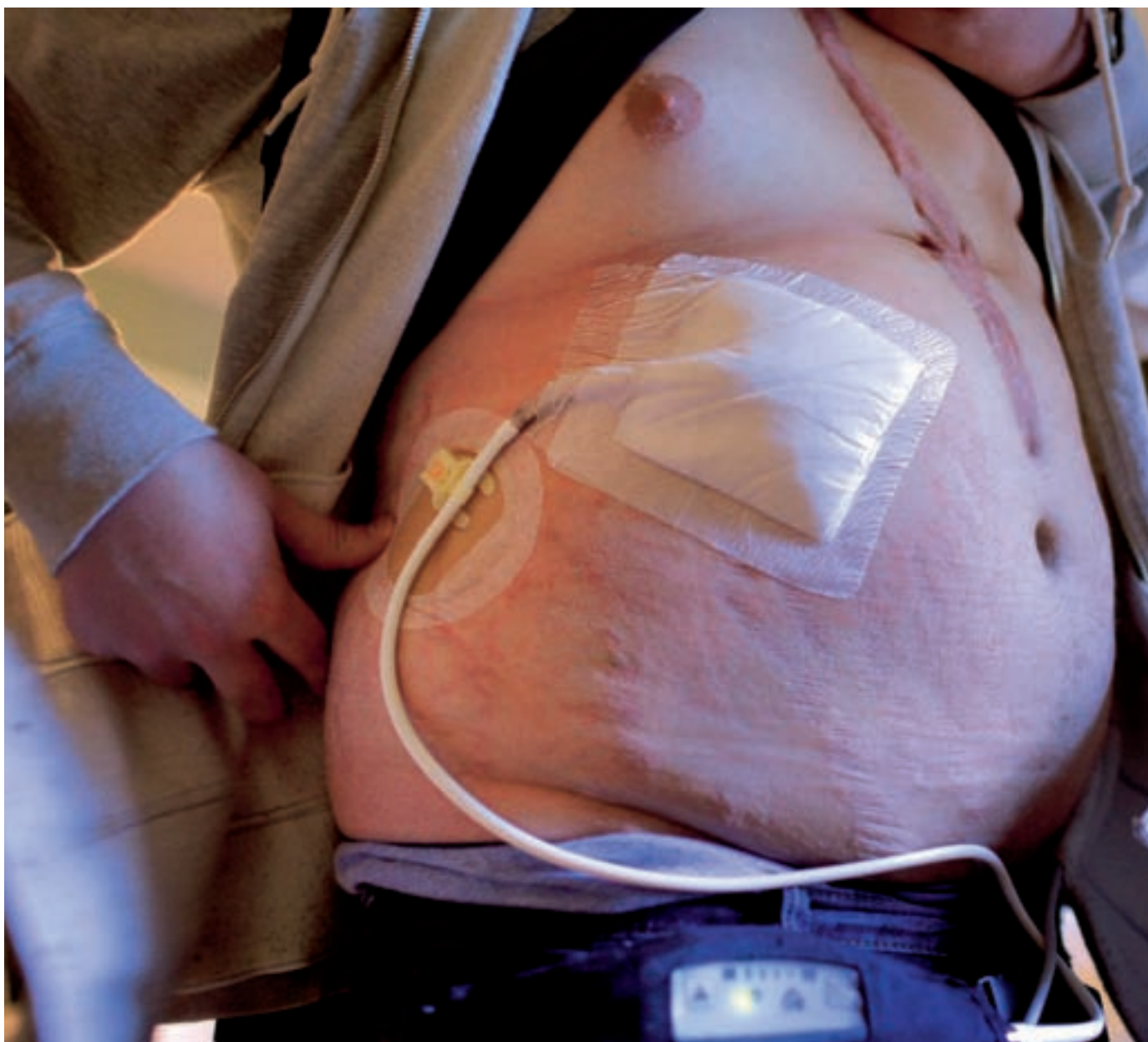
Developing technologies and evidence-based best practices that lead to more affordable, appropriate and accessible Medtronic therapies throughout the world.

- **Local Research and Development:** We are addressing health needs specific to different geographies by expanding technical development and clinical research at the local level, and developing breakthrough technologies that will enhance mobile and remote healthcare delivery.
- **Healthcare Delivery Innovation:** We are dedicating financial and human resources to increase the company's capabilities to design, test and scale-up new models that will increase access to quality care.



For the bigger picture on chronic NCDs, scan this code or visit our website at Medtronic.com/ncd





in support of national NCD plans; fulfilling official development assistance-related commitments that can be leveraged for NCD prevention and control, and engaging non-health actors, including the private sector and civil society, in collaborative partnerships to reduce NCD.

The G20 can significantly influence development initiatives and other forms of international cooperation, including 'South-South' partnerships, and leverage these to address NCDs prevention and control – especially to invest in the 'best buys' – such as increased taxation on tobacco and alcohol products.

Spreading the message

Although global advocacy for NCDs was successfully achieved at the UN meeting, raising awareness in other global forums, to further incorporate the response to NCDs into the development agenda, will be necessary. With NCDs at the forefront of development discussions, the Pan American Health Organization (PAHO) and WHO will have the opportunity to enhance collaboration among UN agencies, such as the Food and Agriculture Organization, United Nations Population Fund, UN Women, UNAIDS, the United Nations Environment Programme, United Nations Industrial Development Organization, UNICEF and the United Nations

A heart disease patient fitted with a device to pump blood through the circulatory system, taking over most of the heart's work. Measures to combat NCDs will reduce the need for such invasive treatments

Development Programme, as well as with the World Bank and other international organisations, thereby helping to synergise efforts and integrate NCDs into relevant global health initiatives.

Local-level advocacy and action are even more critical at this time, to create the positive energy needed to halt the NCD epidemic quickly. A social mobilisation movement for NCD prevention and control is necessary. The Wellness Week initiative, launched by PAHO and the World Economic Forum in association with mayors from 24 cities, the Get the Message Campaign by the Healthy Caribbean Coalition, the global call from the NCD Alliance and the Wellness in the Workplace initiatives adopted by many corporations are but a few examples of the growing social mobilisation in this realm.

The G20 is called on to take a leading role in the social movement against NCDs by promoting consideration of health in all policies. Current consumption and urban design patterns are unsustainable, but the know-how and the ability to change these for the better do exist. This is crucial to foster the well-being of populations, to alleviate fiscal pressures caused by rising healthcare costs, and to preserve and stimulate productivity. All of these are necessary conditions to spur widespread and sustained socioeconomic development. ♦

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PHONE: United States +1 626 610 3233

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The Neglected Tropical Disease Non-governmental Development Organization Network:

a global partnership to improve the health status of the bottom billion.

The NTD NGDO Network is a constellation of partners working to reduce poverty by fighting tropical diseases such as river blindness, lymphatic filariasis, trachoma, schistosomiasis, and soil transmitted helminths.

These are the diseases that cause blindness, disability, malnutrition, and poor maternal and child health. They perpetuate the poverty cycle. Lymphatic Filariasis alone causes almost \$1 billion yearly in lost productivity.¹ Armed with generous donations from a number of pharmaceutical companies the NTD NGDO Network works closely with ministries of health to provide medicines that are available at no or low-cost and to help communities cope with disability caused by the diseases. A growing body of research shows that controlling NTDs improves the health outcomes of individuals co-infected with malaria, HIV, and/or TB.² Further, mass distribution of medicines to control the NTDs creates the infrastructure needed to provide additional important interventions such as vitamin A supplementation and bed net distribution to prevent malaria.

We urge the G20 to allocate resources to strengthen health systems in the least developed countries and support the scale-up of NTD control activities. Through this powerful partnership of NGDOs, ministries of health, the pharmaceutical industry, and WHO, we can make great strides toward achieving the Millennium Development Goals.



¹ First WHO Report on Neglected Tropical Diseases. Available at http://www.who.int/neglected_diseases/2010report/en/

² J. Noblick, et. al. Linking Global HIV/AIDS Treatments with National Programs for the Control and Elimination of the Neglected Tropical Diseases. PLoS Neglected Tropical Diseases, 2011; 5 (7)



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Controlling NTDs improves the health outcomes of individuals co-infected with malaria, HIV, and/or TB.²



Investing in an equitable approach to maternal and child health

Much progress has been made in achieving global targets on maternal and child health, but further work is required to eliminate the inequalities of access that exist within countries that have otherwise been successful in improving services

By David Morley
and Meg French,
UNICEF Canada

For children born over the past year, the next four years until 2015 are a critical time in their life. They will learn to walk and talk. Physically and mentally their body will change more quickly than it will throughout the rest of their life. But if those children are part of an ethnic minority group living in poverty in South Asia or sub-Saharan Africa, they may not live to see that fifth birthday. If they do, their development and, therefore, their future potential may be hindered by malnutrition and disease. And while it is unlikely they and their family have ever heard of the Millennium Development Goals (MDGs), it is for these millions of children that these targets were set.

Global progress has been made towards achieving MDGs 4 and 5 on child and maternal health. Fewer women and children are dying than in 1990, the base year for measuring success. Child mortality rates have dropped by 35 per cent over the past 20 years. Although progress has not been as quick as it should be, more children and women are accessing healthcare than ever before. But further investment – and of the right kind – is needed.

Traditionally, the G20 has been a forum for discussion about economic issues. The agenda has broadened, but that theme persists throughout the leaders' discussions. However, children's issues and, more broadly, social development have been largely missing from the G20 agenda. And yet children's issues are not separate from economic ones. Children who grow up healthy and educated become productive members of society and are more able to contribute to ending the cycle of poverty in which their family and community may be. The G20's focus on sustainable economic growth and resilience has not automatically delivered inclusive and sustainable development – nor adequately reduced inequalities. But if the MDGs are to be met, this needs to change.

Inequalities amid improvements

In the past, child and maternal health have been improved through investment in policies and programmes that aim to increase overall coverage of key health initiatives and improve health infrastructure. This emphasis was important and is the reason behind much of the progress towards achieving the MDGs. But this focus has some drawbacks. In many cases it has meant that those children and families who are hardest to reach due to geographic or societal disparities have not had access to improvements in health and social services.

Progress at national levels in many countries looks positive, but the truth is that these numbers can hide the reality of what is going on within countries. The disparities in child mortality rates and maternal mortality ratios between populations within countries can be extreme. Children and mothers who are marginalised because of factors such as poverty, gender, ethnicity, geography or ability often have limited access to healthcare, even when there has been progress at a national level. Health services can be missing for people living in remote settings. Costs for healthcare may be prohibitive, while language, culture and religion can also be barriers to access.

“In order to achieve the Millennium Development Goals, the world must act to reach those who have not yet been reached”

In order to achieve the MDGs, the world must act to reach those who have not yet been reached. With this in mind, UNICEF's work over the next years will be driven by an equity approach to development. Grounded in the universality of the rights of the child, UNICEF is investing its resources in ensuring that it works with its partners to reach those children and families who have been the hardest to reach. Some of the important elements of an equity approach include investing in proven, cost-effective health interventions in primary healthcare, addressing bottlenecks that limit access for marginalised children and working with communities excluded from mainstream services.

But given the financial commitments that have been made and the work that still needs to be done, is it possible to achieve the MDGs in today's global economic situation? Will the cost of reaching these hard-to-reach children be prohibitive? It is clear that the answer is no.

Guided by the principle that there is a moral imperative to reach all children with strong health and social



A premature baby receives at a neonatal intensive care unit in Havana. Cuba has taken great strides in reducing maternal and infant mortality

services, UNICEF wanted to understand whether there is an economic imperative as well. After an exhaustive study of the literature and data on the disparities within countries and the evidence on the impact of strategies to reduce child mortality, UNICEF conducted an innovative simulation to determine how an equity-focused approach to reducing child mortality would compare to the current strategies used to achieve the health MDGs for children.

UNICEF discovered that not only will using an equity-focused approach accelerate progress towards achieving the MDGs faster than the current strategies in use, but that this approach is also cost-effective. The improved effectiveness is highest in low-income, high-mortality countries. For every \$1 million invested using an equity focus, 60 per cent more deaths would be averted than through the current approach. It also became clear that this focus would bring about better results in reducing maternal mortality, diminishing stunting, preventing mother-to-child transmission of HIV and eliminating unsanitary conditions.

Responding to new findings

Clearly, everyone must react to the results of this study. UNICEF is reviewing its programming and ensuring that it does all it can to achieve the MDGs and realise the right to survival and health for all children – especially those who are hardest to reach.

For those whose mission it is to partner with governments and communities to achieve the MDGs, the

funds needed must be made available in a timely manner. Even during difficult economic times, one cannot turn inwards and focus solely on domestic interests to the detriment of foreign interests and the global community. The world is too interconnected for this to make economic or moral sense.

Focus of development discussions

During this year's G20 summit in France, discussions and plans to achieve sustainable economic growth and development must include investing in the social sector and raising the income of the poor in order to achieve broad-based development and sustainability.

Innovative financing to meet development challenges is also on this year's G20 agenda. These tools will be important in ensuring much-needed funding to reach the MDGs. But the funds from these new financing mechanisms must be invested in children and women, particularly the poorest and most marginalised. And they must be additional to previous aid commitments.

The target year for achieving the MDGs is 2015. That is not far away. The G20 must do all it can and use its power and influence to support the global effort to reduce the preventable deaths of women and children. An equity approach to investing in maternal and child health is the right approach – from both a moral and an economic perspective. It will help to ensure that any child born today can enjoy their right to a healthy and happy tomorrow. ♦

Sustaining Fragile Gains in the Fight to End Malaria

The world has made remarkable gains against malaria in the past ten years: global malaria deaths have dropped by an estimated 38%, with 43 countries (11 of them in Africa) cutting malaria cases or deaths by 50% or more, reversing the trend of the previous decade and saving over a million lives.

The Secretary General of the United Nations, Ban Ki-Moon, rightly noted that “Only rarely have we seen a public health initiative provide so much return on investment.”

With approximately US\$ 5 billion mobilised over the past ten years, coverage has risen across all interventions to prevent and treat malaria, particularly insecticide-treated nets. Enough nets have been distributed to cover nearly 80% of the population at risk in sub-Saharan Africa. This dramatic increase in access to relatively simple interventions is translating directly into lives saved. By confronting malaria, all-cause child mortality is also on the decline.

However, even those countries which have already demonstrated remarkable success in controlling malaria continue to face significant challenges today. The progress achieved to date is threatened by the emergence of mosquitoes resistant to current insecticides. Gains are also threatened by the emergence of malaria parasites which are resistant to artemisinin, the key component of the most effective drug combinations currently available to treat malaria.

Perhaps the biggest risk to progress is the uncertainty of funding. Sustained, even increased financing will be required to consolidate the gains made and continue to move forward. Unless malaria remains high on the global health agenda, the progress achieved can quickly backslide.

Sumitomo Chemical and Olyset® Net

Since its foundation in 1913, each generation of Sumitomo Chemical leadership has held to the fundamental principle that, alongside commercial considerations, the company's activities should make a lasting contribution to the public good in all the communities in which it operates.

Sumitomo Chemical developed Olyset Net, the first long-lasting insecticide-treated bed net to receive a full World Health Organisation (WHO) recommendation. In 2003,

Sumitomo Chemical began a pilot Olyset Net manufacturing project with A to Z Textile Mills in Arusha, Tanzania. Production in Arusha has expanded dramatically since then: from around 300,000 nets per year in 2004 to 30 million nets per year in 2010 – 50% of global Olyset Net production capacity.

The School of Oriental and African Studies (SOAS), University of London, recently undertook an independent study of the Arusha operation. Their evidence shows that, in a country where perhaps 90% of wage earners work in informal or insecure employ-

ment, the Olyset facility provides a sustainable, dependable livelihood that allows workers to send children to school, save money, and plan for their future.

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The pioneering collaboration between Sumitomo Chemical and A to Z Textile Mills has been widely recognised as a success story for private investment and manufacturing in Tanzania. But this success is fragile. This business is at risk from procurement policies that



ment, the Olyset facility provides a sustainable, dependable livelihood that allows workers to send children to school, save money, and plan for their future.

Olyset Net production created over 7,000 jobs in Tanzania – mostly for young women under age 30. Employee training programs enable acquisition of key skills that are trans-

ferable to other employment sectors. Starting salaries are substantially higher than the national minimum average, with the factory providing housing, food and medical services to its workers. It is estimated that employees' wages are supporting more than 35,000 people in the local community.

The pioneering collaboration between Sumitomo Chemical and A to Z Textile Mills has been widely recognised as a success story for private investment and manufacturing in Tanzania. But this success is fragile. This business is at risk from procurement policies that do not give consideration to sourcing locally-manufactured goods.

Our experience manufacturing Olyset Nets in Tanzania has proven that African manufacture of a vital health commodity can achieve market competitiveness in terms of quality, price and delivery time. Explicit donor support for local production of health commodities can thus achieve critical health interventions while contributing to broader development goals, such as long-term sustainability and economic development in Africa.

Malaria and poverty are profoundly intertwined. There is a long-term, ongoing need for long-lasting bed nets in Africa. Sumitomo Chemical believes these and other health commodities should be produced by those who most depend on them, to allow the economic benefits to be locally realized.



Saving Lives, Creating Jobs

Since 2004, Sumitomo Chemical's partnership with A to Z Textile Mills has proven that African manufacturing of long-lasting bednets is competitive on price, quality and delivery time. For Assamuni Issa — and thousands of her colleagues in Tanzania, Ethiopia and Malawi who produced 30 million Olyset Nets last year — the benefits go beyond protecting the health and well-being of their communities. Regular paychecks, job training and the chance to send children and siblings to school are transforming their lives. We believe local economic impact is fundamental to achieving a sustainable model of integrated malaria prevention.

FOR MORE INFORMATION:

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The momentum of investment in health must be maintained

Development aid has always been high on the G20's agenda, but consideration needs to be given to improving the access to healthcare for millions of people in order to ensure that the prospects for economic expansion are not hampered

By Michel D Kazatchkine, executive director, Global Fund to Fight AIDS, Tuberculosis and Malaria

For the first time, at its summit in Cannes, the G20 will also adopt concrete measures to foster its cooperation with developing countries, after the roadmap of this agenda was approved in Seoul in November 2010. This roadmap will focus mainly on supporting sectors that have a direct impact on economic growth, such as infrastructure and food price volatility. However, the G20 also needs to assume leadership in another area that is key to development: health.

Health investment essential for economic growth

For decades, the G8 has invested steadily in development aid, with health taking a prominent place on its agenda. As G20 leaders discuss the best ways to ensure sustainable economic growth in developing countries, they must also pay attention to the basic building block of the economy, human capital, which is very often jeopardised by weak health systems, a high prevalence of communicable diseases and a lack of access to treatment and prevention.

Malaria, AIDS and tuberculosis are the deadliest diseases in the developing world. Given that malaria, for example, reduces gross domestic product (GDP) by 1.3 per cent per year in high-burden countries, and that a person infected with HIV can see his or her productivity drop by 80 per cent once infected, fighting these diseases in poor countries is a moral imperative as well as a rational economic investment. Poor health conditions affect all aspects of human capital, not only through the direct consequences of decreased productivity, but also because of their indirect economic impact – such as children's inability to go to school – and their social consequences. Investing in health clearly means investing in a country's future.

Ending global pandemics requires alignment

In the past decade, much has been achieved in the fight against the three prominent diseases in the developing world. The global number of new HIV infections has decreased by 19 per cent between 1999 and 2009, while coverage of antiretroviral treatment reached a remarkable 40 per cent. Tuberculosis mortality has dropped by a third in the past 20 years, and mass distribution of insecticide-treated bednets has seen reductions of malaria-related child mortality of up to 80 per cent in endemic countries. However, now is no time for complacency. It is necessary to build on these gains to bring treatment and prevention to the millions still in need. Far more must be done to

tackle unmet challenges, such as the serious problem of multi-drug-resistant tuberculosis.

In the past 10 years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has made a major contribution to progress in global health, investing more than \$20 billion in 150 countries. Programmes supported by the fund have saved an estimated five million lives through the delivery of antiretroviral treatments to about three million people, the distribution of more than 190 million insecticide-treated bednets, and the detection and treatment of more than 8 million tuberculosis cases. The Global Fund's unique governance structure has also given implementing countries, civil society and the private sector an equal voice with donor countries.

The Global Fund stands ready to build on these successes. But it also recognises that, in a time of economic volatility in traditional donor countries, winning the fight against disease will require greater global solidarity. That is why new rules will require countries that receive Global Fund financing to increase their own investments in health. And it is why the fund is working hard to expand its resource base, both by engaging new donors and supporting innovations in development financing.

The G20 represents 85 per cent of global GDP, and recent encouraging moves from China, Brazil and India show that these emerging economies are willing to take a more active role in development financing. As was the case with the G8, the G20 should now serve as the platform for the world's largest economies to increase both political commitment and the resources available for major global health challenges.

At the same time, in order to achieve ambitious health goals in the next five years, innovative approaches are required. A financial transactions tax of the kind being proposed by France and Germany is one such example. Set at a small rate, such a tax would have minimal impact on global markets, but could leverage several billion dollars a year to fund global public benefits, including health.

The experience of the past decade offers unprecedented hope that the world can win the fight against global pandemics. But doing so will require continued political commitment, further innovation and greater global cohesion. As the G20 London Summit in 2009 marked a shift in global economic governance from the G8 to the G20, Cannes can represent a similar quantum leap in the resolve of G20 members to tackle development challenges collectively. ♦



Poor health conditions affect all aspects of human capital... Investing in health means investing in a country's future





An AIDS patient is fed by a volunteer worker in South Africa. Once a person is diagnosed with HIV, their ability to earn a living declines dramatically

G20 Support for Biofuels Crucial to Reducing Our Reliance on Crude Oil

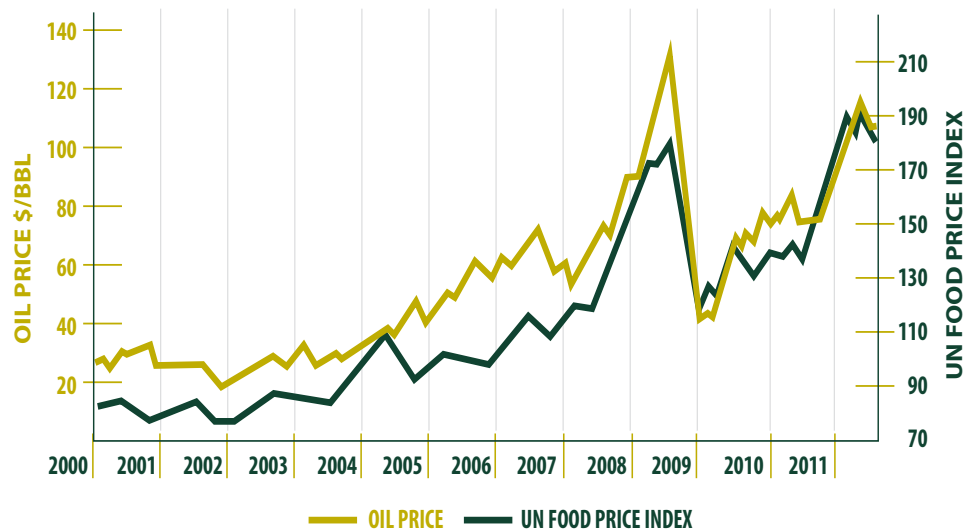
Growing Fuel, Feed and Food

The International Energy Agency has projected that energy demand will double by 2050. This growing demand for energy combined with the depletion of global conventional oil reserves has put the need for alternatives to crude oil at the top of the global policy agenda. Three years ago, a number of large vested interests launched a well-funded campaign to discredit biofuels and affect the outcome of this ongoing policy discussion. At the heart of this campaign was the claim that biofuels were to blame for higher food prices.

Since then, a series of credible government and academic studies have proven that biofuel's use of feed grade grains has, at worst, had a minimal impact on food prices. More to the point, these studies have revealed that the single biggest influence over the cost of

harvesting, planting, packaging, marketing and transportation of food products, is the price of oil. When oil prices go up, so does the price of food.

Source: IMF – Primary Commodity Prices



“ By 2050, biofuels could provide 27% of total transportation fuel... and will not compromise food security.

Source: International Energy Agency Technology Roadmap – Biofuels for Transport, April 2011

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Biofuels Not to Blame for Food Price Spikes

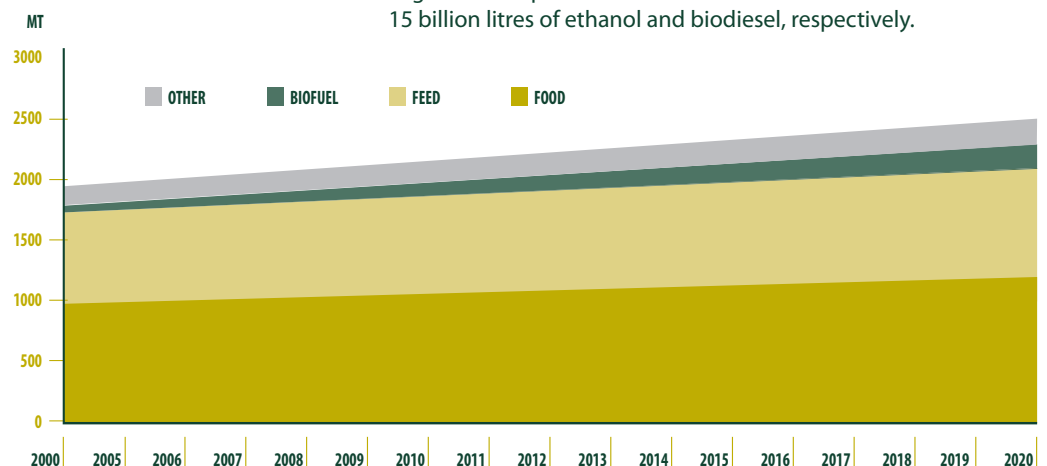
The World Bank took the position three years ago that biofuels were to blame for high crop prices. They have since reversed their position after conducting more thorough research arguing that the effect of biofuels on food prices has not been as large as originally thought.

The World Bank concluded that other factors such as market speculation and energy prices were in large part responsible for the 2008 food spikes.

In fact, according to the UN FAO only about 3.7% of global grain production (after netting out byproducts) and 10% of global vegetable oil production are now used to make 85 billion and 15 billion litres of ethanol and biodiesel, respectively.

FOOD AND FEED USE DOMINATE CEREAL CONSUMPTION.

Source: OECD and FAO Secretariat



G20 Must Focus on the Impact of Oil Prices on Food Security

FACTS:

- Global biofuels production uses less than 1% of our arable land to produce feedstock.

(Trostle, R. 2008. Global Agricultural Supply and Demand: Factors Contributing to Recent Increases in Food Commodity Prices)

- Average world grain yields have increased faster than the rate of population growth since the 1980s.

(Southgate, D., Graham, D., and Tweeten, L. 2007. The World Food Economy. Malden: Blackwell Publishing)

- The “grain deficiency” for the hungry people in the world’s most hungry countries is equivalent to 1.1% of annual world grain production. The problem is lack of local food production in hungry rural areas, not supply of grain from the developed world.

(Daynard, K and Daynard, T. 2011. What are the Effects of Biofuels and Bioproducts on the Environment, Crop and Food Prices and World Hunger?)

- Roughly one third of the food produced in the world for human consumption every year – approximately 1.3 billion tonnes – gets lost or wasted.

(Gustavsson, J, Cederberg, C, Sonesson, U, Otterdijk, R and Meybeck, A. 2011. UN FAO Global Food Losses and Food Waste)

- According to the United States Department of Agriculture, farmers only receive 16% of the average retail price of food.

(United States Department of Agriculture. 2011. Economic Report #114)

- A 1.1% growth rate in annual grain production is needed to increase total global production by 70% between 2000 and 2050. Average world grain yield increased by 1.5% per year from 1987 to 2007.

(Daynard, K and Daynard, T. 2011. What are the Effects of Biofuels and Bioproducts on the Environment, Crop and Food Prices and World Hunger?)



Key Findings from Recent Research

UK Department for Environment and Rural Affairs report: *Agricultural Price Spikes 2007/2008: Causes and Policy Implications*, January 2010:

“the rapid increase in global energy prices increased the cost of agricultural inputs, especially fertilizers, so increasing the cost-base of agricultural producers, particularly in the cereals and oilseeds sector.”

The World Bank report *Placing the 2006/08 Commodity Price Boom into Perspective*, July 2010:

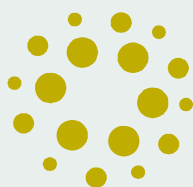
“the effect of biofuels on food prices has not been as large as originally thought, but that the use of commodities by financial investors (the so-called “financialisation of commodities”) may have been partly responsible for the 2007/08 spike.”

UN FAO report: *Making Integrated Food-Energy Systems (IFES) Work for People and Climate*, February 2011:

“Farming systems that combine food and energy crops present numerous benefits to poor rural communities.”

OPEC’s *December Oil Report*, December 2010:

“Energy efficiency policies along with the use of biofuel will put more downward pressure on oil consumption worldwide.”



Global Renewable Fuels Alliance

The Global Renewable Fuels Alliance is an international federation representing over 65 percent of the world’s renewable fuels production from 44 different countries.

Through the development of new technology and best practices, our members are committed to producing renewable fuels with the smallest possible ecological footprint.

The GRFA is committed to promoting the expanded use of renewable fuels throughout the world through the advocacy of sound public policy and responsible research.

Global Renewable Fuels Alliance

2 St. Clair Avenue West, Suite 2100
Toronto, Canada ON M4V 1L5
E-mail: info@globalrfa.org
www.globalrfa.org