Keynote address
The 50th Union World Conference on Lung Health
30 October 2019

Your Excellency Vice President Naidu
José Luis Castro, Executive Director of The Union,
Dear colleagues, partners and friends,

We stand at a crossroads. Two months ago when the Political Declaration on Universal Health Coverage was endorsed at the United Nations General Assembly, it was the first time that the world leaders have unified around a common vision of a world in which all people can access the health services they need, without suffering financial hardship. That Declaration represented a historic moment in global health, following the commitments made at the first-ever UN High Level Meeting on TB and the Third High Level Meeting on NCDs in 2018.

Now we have highest level commitments to achieve universal health coverage for all, to eliminate tuberculosis, to reduce deaths and illnesses from air pollution, and to reduce premature deaths from noncommunicable diseases by one third by 2030. If these commitments are not translated into concrete action in the coming three years, we risk losing the gains we have made.

The fact that most lung diseases are preventable should give us reason for optimism. It requires strong political will, swift action and endurance. WHO is optimistic that we can, and must, do better. We are optimistic because we have everything we need to take action.

Let me start with tuberculosis – one of the top diseases that impact lung health, and the top infectious killer in the world. Each day, nearly 4,000 people lose their lives to TB. Over fifteen people have left the world due to TB as soon as I complete my speech here.

The World Health Organization’s Global TB Report launched just a week ago reveals that countries are making significant progress. About 7 million people were reported to have been reached with quality TB care in 2018, up from 6.4 million in
2017. India is leading the way and is one of the biggest contributors to this success, along with coordinated efforts across countries supported by the “Find. Treat. All. #EndTB” initiative of the WHO, the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as through strengthened collaboration with civil society and partners, such as The Union, UNITAID, and others. Further, TB-related deaths dropped from 1.6 million in 2017 to 1.5 million in 2018. Eight countries and one region are on track to reach the 2020 milestones of the End TB Strategy.

However, much remains to be done. Around 3 million people with TB were reported to be not accessing quality care in 2018. This is even more acute for people with drug-resistant TB, with only one in three accessing treatment. Prevention efforts are expanding but need to be intensified. Funding gaps of close to US$ 5 billion impede progress in the overall TB response and for research. WHO has been intensifying its efforts to support countries in accelerating the TB response, including through the roll out of new guidelines for drug-resistant TB that would lead to better treatment outcomes, as well as on TB prevention.

The TB epidemic is influenced by key determinants across various sectors and risk factors, including tobacco use. WHO has released and is implementing a multisectoral accountability framework for TB to drive sustained action across all sectors.

Let me turn to another emergency claiming lives - and in the spotlight for this Conference. Tobacco remains the leading preventable cause of death. The world has still more than one billion smokers and more than 350 million smokeless tobacco users. Close to one million of the people who fall ill with tuberculosis each year may be attributed to smoking. Controlling the tobacco epidemic can therefore be a major contributor towards ending the tuberculosis epidemic.

The good news is that the tide is turning: tobacco smoking among adults has declined 3% during the past six years. In July of this year, we launched WHO’s Report on the Global Tobacco Epidemic which showed that tobacco use has declined in most countries during the past decade.

More than 60% of the world’s population is now covered by one or more of the six MPOWER strategies – four times more than in 2007. In recent years, several
countries, including India, have introduced large graphic health warnings on tobacco products. This success was not possible without partners including the UNION.

My third point: 250 million people are living with chronic obstructive pulmonary diseases (COPD). This is a progressive life-threatening lung disease that causes breathlessness and predisposes people to serious illness. The primary causes of COPD are smoking and air pollution.

We have overwhelming evidence of the harm that air pollution does. WHO is taking on the battle against air pollution because its devastating health impacts make it our fight, too. We need all countries and cities to commit to meeting WHO standards for air quality in the next 10 years.

My fourth and final point: Unless we change course, up to 5 billion people will still lack access to essential health services in 2030. Even when those services are available, using them can spell financial disaster. The lack of access to affordable, quality health care is also a brake on economic growth. Universal health coverage is therefore not just a moral imperative, it’s an economic imperative.

**Now it is time to act.** Just like theme of this Conference as “Ending the emergency to end the suffering caused by lung disease”, we all need to step up our efforts in “Emergency-Mode”, if we are serious with the targets we have set collectively to improve our lives within a generation.

We thank the UNION for its support and commitment. This Conference is bringing together all stakeholders to call on the world to fulfill the political commitments made yesterday by taking concrete steps today to improves the lives of people tomorrow. Together, we can overcome the barriers we face, and ensure that all people enjoy the highest attainable standards of health and well-being.

Thank you.