“MORE THAN BIOLOGY”
STATEMENT AT THE CANCER AND PREVENTION
CONFERENCE, IRIB INTERNATIONAL CENTRE

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[Welcome in Farsi]

Madam Ebtekar, Vice-President of the Islamic Republic of Iran,

Professor Davaiiee of the Iran Cancer Association,

Mr. Mohammad Hashemi, Chairman of the Iranian Cancer Association,

Professors Malekzadeh, Fazl and Samiee – renowned cancer experts of Iran,

Dr. Soltanieh, former Representative of Iran to the IAEA,

Distinguished participants,

Ladies and Gentlemen,

- Our public health landscape is changing.
- Increased urbanization.
- Ageing populations.
- Environmental degradation. Climate change. To which Madam Ebtekar profoundly drew our attention.
- These all contribute to shifting health risks.
- The point of my statement today is very simple.
- As our disease landscape changes, so too must we adapt not only our public health programmes, but also the social policies which affect Non-Communicable Diseases.
- For deaths and disabilities due to Non-Communicable Diseases (or NCDs) are increasing globally – just like it is happening here in Iran.
- By NCDs, I mean mainly:
  - Heart diseases,
  - Diabetes,
  - Chronic lung disease,
  - Brain stroke
  - – and cancer.
- These are the subjects of today’s conversation.
• Often these NDCs have the following risk factors:
  o Tobacco use,
  o Unhealthy diet,
  o Lack of exercise – leading to obesity,
  o Harmful use of alcohol,
  o And, as we heard in graphic detail from Dr. Malekzadeh, opium use.

• Now it has long been recognized that health is influenced and shaped by more than biology.
• Things like
  o socio-economic...
  o political...
  o legal...
  o and environmental factors
  o These all affect our health. Importantly, they lie beyond the traditional health domain.

• It is certainly important that we not overlook the importance of the biomedical approach to health.
• But we can nonetheless make major improvements in health by simply taking coordinated action outside the health sector.
• This is especially the case when addressing the impact of NCDs like cancer.
• Across the world, an estimated 40% of premature deaths are caused by behaviours which can be modified, through preventive efforts.
• We are – in fact – told that only about 10% of preventable deaths can be avoided by better quality medical care. The rest depends on what happens in society.
• The choices we make.
• This is why – in public health circles across the world – there is an increasing focus on what we call the “social determinants of health”.
• No more evidence of this is needed than what we just saw – as the main drivers of NCDs in Golestan – from Dr. Malekzadeh’s presentation.
• It is these social determinants which shape the conditions in which people are born, grow, live, work and age. Evidence shows that, today, it is these very conditions that are the root cause of the bulk of the global burden of disease.

• We estimate that direct payment for health care impoverishes up to 100 million people per year globally.¹

• Here in Iran, we know that high out-of-pocket payments for health services are definitely worsening our populations’ health potential and requiring more health expenditures.

• What should be our conclusion? One conclusion should be that social inequality matters. And I would like to turn to this dangerous social determinant of health in much of what I have left to say.

Ladies and gentlemen,

• When I first arrived in the Islamic Republic of Iran, just under two years ago, one of the first things I had the pleasure of doing was to launch the 2013 UNDP Human Development Report. This gave me the opportunity to congratulate the Government and People of this land on the attainment of its high level of human development.

• The numbers are clear. All of Iran’s three main human development indicators are very good. Life expectancy. Income. Access to education.²

• The numbers show that, on the whole, and – from a human development standpoint – for the period 1980-2013, Iran’s policy interventions – and

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¹ In India, for instance, the chance of incurring “catastrophic hospitalization” expenditures are 160% higher for cancer than for any communicable disease. NCDs already account for 75% of healthcare spending globally, a number that is expected to rise – particularly as NCDs increasingly affect people at younger and more productive ages.

² The indicator for Life Expectancy shows 74 years of living are to be expected, on average, in Iran. This has risen significantly over the last 30 years – dramatically up from 51 years of living expected when we started the report in 1990, using 1980 data. Also, the GNI per capita (in PPP real terms) is also good, at about the equivalent of $13,450 per capita – indicating purchasing power and economic standard of living. The final of the human development indicators – as measured by the UNDP’s Human Development Report is education. The expected years of schooling exceeds 15 years – up from the figure of 8.7 in 1980.
actions – have produced significant improvements in its human development.  

• Moreover, Iran is likely to attain 5 of the 8 Millennium Development Goals by the end of this year 2015. These are:
  - MDG 1: on poverty and hunger
  - MDG 2: on education – especially female education
  - MDG 4: on child mortality
  - MDG 5: on maternal health
  - and MDG 6: on tackling the world’s major communicable diseases

• But, ladies and gentlemen, this is no longer enough.
• For, some of the challenges which remain continue to have an impact on NCDs. The 2014 Human Development Report points to two of them:
  - overall inequality in society
  - and gender inequality.

• So – unfortunately – despite the great gains in human development over the past three decades – and certainly compared with countries in Iran’s immediate vicinity – Iran’s numbers speak of growing inequality.

• According to official statistics, Iran currently features “high” income inequality.

• Economists measure inequality using a yardstick called the Gini co-efficient. Iran’s rank – sometimes as high as 0.45 – reveals significant inequality.

• Sanctions are certainly not helping.

• But, despite the sincere efforts of the Government’s 5th Five Year National Development Plan to promote “economic growth with justice” – the situation does not appear to be getting better.

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3 2013’s year’s HDR actually highlighted the fact that in the period 1980-2012 only the Republic of Korea has done more to reduce its development “deficit”. Iran was, according to this reckoning, the second best performing country in the world amongst the nearly 100 countries that were studied.
• So how can we address this problem? If we look at the social determinants of health we can see two things:

1. Firstly, that we can reduce health inequities through different social policy choices.
2. Secondly, we must recognize that actions outside the health system play a major role in influencing the social determinants of health.

• For this reason, I have chosen to urge – today – that action on the social determinants of NCDs should take place both within and outside our health sector.

• This can happen:
  o If our leaders provide an enabling environment.
  o If our legal framework to enforce sound policy is strong.
  o If we take care of our air quality, our air quality and our food quality – the points which Madam Ebtekhar made. In fact I am really glad that she drew specific attention to the looming nutrition transition in Iran in Iran, and specifically to the way in which micro-nutrient deficiencies as producing stunting and malnutrition.
  o It can happen if we govern equitably
  o ...if we are sensitive to human rights, like the right to breathe clean air, drink clean water and eat food which is nutritious.

• And here is the best news of all.

• Just as social and economic factors influence health – good health, in turn, has a positive impact on social and economic development. On human development.

Dear Friends,

• In all of this, the UN is here to help. At present, most of our development work in Iran focuses on the health sector. At present we work with the national authorities mainly, to date, on communicable diseases – things like HIV, malaria, and tuberculosis.
• Our goal is to help put an end to these to these diseases. Together I believe we are succeeding.
• But we need to focus – as well – and in the future – much more on the Non-Communicable Diseases that come – as we have seen in many other countries across the world – as they become richer.
• And yet – paradoxically – as we make poor choices.
• The UN has already amassed a strong foundation of knowledge products and guidance on NCDs and social determinants of health.
• We are operating several global and regional work streams that address the social determinants of NCDs.
• Building on our experience in HIV and leveraging our core competences in governance, poverty reduction and gender, among other areas, the UN – and UNDP in particular – is well-placed to continue to support the Government address the developmental causes and consequences of NCDs, within Iran’s overall national response.
• There is so much more we do together.
• Let us then recognize that the root causes of NCDs often lie – as all previous speakers have stated – outside the health sector and that, as we develop, those of us who make and shape policy need to pay much more attention to the social determinants of health.
• For much remains to be done – as this new challenge emerges onto our public health landscape.

• In closing, I would like to congratulate the Iranian Cancer Association for having the vision to continue to raise awareness through events like this Cancer Prevention Conference.

• Let us wish this team of committed professionals every success in building lasting partnerships. Let us urge others to follow suit.

• The UN system in Iran stands ready to assist in finding solutions to NCD – including cancer.

Kheily motashekeram.