Esteemed President of Turkmenistan, Madam Regional Director, ministers, participants of the conference,

I would first like to thank our host country, Turkmenistan, for your generous hospitality. I am grateful to the WHO (for organising the conference and) for the opportunity to address this conference. I stand before you not as an elected official, because I am not, but as a medical doctor, a mother and wife, who for a number of years dealt with the issue of non-communicable diseases, both publicly and privately.

Why should we be concerned about non-communicable diseases? In 2000 the UN General Assembly agreed to the Millennium Development Goals, in which, in the section devoted to healthcare, focussed on maternal and child health and on communicable diseases. Unfortunately the Development Goals left out diseases that are also communicable, but not through bacteria and viruses. These diseases are socially communicable, we create these diseases ourselves and through our behaviour. We also can pass them on to our friends, our children and others around us. Moreover, we must recognise that a role is also played by those who produce and market the products that cause these diseases.

Ladies and Gentlemen:

A few years ago I called upon my compatriots in Estonia to avoid artificial trans-fats, the fats, created when hydrogen gas is used to treat liquid vegetable or animal oils to make them solid or semi-solid. These have been in use as cheaper substitutes for animal fats in processed foods. The link to heart disease was only scientifically proven in the early 1990s.

I suggested to the parents of our pre-school-age children to put healthier candy (or fruit) into their Christmas stockings instead of candy containing trans-fats. Many shrugged their shoulders in incomprehension, many in our food industry thought that I was incompetent and was endangering a successful domestic industry. I did not, however, back down. Eventually, when the media feeding-frenzy died down and people seriously examined the scientific literature, they changed their minds. And started to read the labels in the food stores.

A number of months later Estonia's largest confectionary factory, whose products can be found in nearly every Estonian home, announced that it would cease using trans-fats in all of its products. Just recently, the US Food and Drug Agency, announced a ban on the use of all artificial trans-fats since there was sufficient evidence of their connection to cardio-vascular diseases. What, however, has been the healthcare costs due to the massive consumption of unhealthy industrial foods in the past century?

This, what for me was a personal issue, shows how in the prevention of non-communicable disease we can initially find ourselves facing a wall of ignorance and lack of understanding. To be successful, even to achieve some partial results, we need perseverance, consistency and like-minded colleagues. And occasionally a willingness to suffer the wrath of others. Then we can be strong enough to change people's habits and attitudes as well as producer's marketing policies.

We all know now that smoking is harmful and we know also that for example in my country many families have had to see close-up how someone near and dear to us is enslaved by alcohol. Yet there is another health danger, with an effect that takes time and people are slow to notice. That is nutrition, more accurately, bad nutrition, or even more precisely, eating the wrong things. As late as the 1930s homemakers knew precisely what they are putting on the dinner table, where their eggs come from, from whose fields the vegetables were grown, from which bakery the bread was baked. Do we know the same today when we go to the supermarket? We might ask some producers if they themselves would dare to serve their products to their own children. For example sausage that contains not a gram of meat, but meat by-products such as mechanically deboned meat, low-quality PSE (pale, soft, exudative) and DFD-meats (dark, firm, dry) that are forbidden separately to be sold to humans at all. Not to mention all the food additives such as thickeners and emulsifiers and colours and ten's of other chemical additives marked "E".

Reading these ingredients and looking at my own child I simply get depressed. Someone makes money from this. A grandmother's question whether the food industry's goal is to feed people or simply enrich itself with low costs no longer strikes me as overly emotional. On her farm my grandmother gave bones, hooves and rinds to her dogs, never to her children.

We make our food choices not only shopping in stores but also when we eat outside the home, be it ordering food in a restaurant or at a kiosk. Our children too spend their time outside the home, in school and in kindergartens, where food choices are made by others. Do you know how healthful is your child's diet when they eat outside the home? How much can we influence this?

These are not simply matters of taste. Type II diabetes, once a rare disease, found mainly among older adults, has become commonplace, and worse, increasingly among children. Adults and children are increasingly overweight or obese (compare pictures of adults and children taken thirty or forty years ago with what people look like in European societies today). With the rise in obesity we see a dramatic concomitant rise in Type two diabetes, the most non-communicable of diseases. What has changed in the past quarter century that obesity and obesity-related diseases are become such a problem?

Ladies and Gentlemen,

I come back to smoking and alcohol. We've known for decades about the health effects of smoking. Alcohol consumption is a risk factor for over a hundred diseases. As we know today it is a far greater risk than was taught to doctors who received their degrees just ten years ago. The threshold of risky alcohol consumption is far lower than men in Northern and Eastern Europe are used to thinking.

Again, neither smoking nor alcohol abuse are infectious diseases that spread via bacteria or viruses. These are diseases that spread socially, through example, through social pressure and a desire to fit in, "to be like the others". A majority of children smoke their first cigarette not alone, but with a friend. If the friend says "no" the child with the idea to smoke will not try for that instance. The same applies to alcohol. Why do we see in many countries a rise in teen-age drinking and binge drinking? A child's behaviour is influenced not only by the home or his parents. His or her peers play an important role in adolescence.

The private sector also plays an important role here, marketing to a young consumer public. Why do you think that ever more new coloured low-alcohol content drinks are being produced, which on top of it all are in some countries candidates for "best new food product" awards? Are these really created for alcohol-dependent older men? Of course not. These drinks are produced with young people in mind and they are marketed to young people. The effect, intentional or not, is to lure women and young people into alcohol dependence. These are people for whom it is most difficult to wean themselves off addiction. Are we aware that after an alcohol-filled weekend party young people are never again the same as they were before? Yes, we are aware. But what to do?

We must also not forget that the health burden associated with alcohol and tobacco are products of our (national and international) political economies. The level of demand for alcohol in a country is not fixed. Neither is it a "reflection of national character" nor a product of any country's history. To say that people drink in a certain way is because "we have always done so" is for one, simply wrong historically and secondly, reflects profound helplessness, implying we cannot change our lives. The demand for alcohol is a function of the current supply and availability of alcohol. By well funded advertising and public relations, industries can affect not only what the young and the old think of alcohol and tobacco, they can affect what politicians think and believe about the possibility of evidence-based, responsible regulation that protects a country's main asset – it's people.

It is our responsibility to remain vigilant and critical of the ways in which these formidable forces affect the current levels of alcohol and tobacco consumption in our countries. It is the responsibility of politicians to question the basis of current regulation if necessary, to learn about evidence-based, systemic solutions, and to ensure that regulation creates a context where the burdens of alcohol and tobacco remain proportionate to the economic gains and tax revenues that they may bring.

Ladies and Gentlemen:

If the damage to health has already been done, doctors and nurses can fortunately help. Our technological capabilities in diagnostics are better than ever, medicines can do more than ever before. The amount of available information is so great that most countries need medical guidelines to assist doctors orient in a sea of new and ever-changing possibilities. But amidst all these possible forms of treatment we must not forget the cause, the source of disease. We are speaking, after all, of disease caused to a large extent by people themselves. Nor can we forget that the behaviour that has caused the disease, that is to say, one's "life-style" is not merely a person's own choice. Eating habits, alcohol and other drug use habits, smoking and other life-style habits are largely determined by social norms. These can be changed, changing attitudes in society as a whole. But this is already politics. One of my professors said recently, speaking to doctors about preventative medicine, that if alcohol abuse and other life-style based diseases dominate as a cause of death, then we are witnessing failed social policy. Let all of us think of our own countries, our own citizens.

In closing, allow me to come back to the larger goals that countries have agreed upon. I am glad that twelve years after we agreed to the MDGs, countries have agreed also on the goal that by the year 2025 deaths from Non-Communicable Diseases should decline by twenty-five per cent. I hope the challenge of NCDs will be reflected in the post-2015 development agenda.

As a European, I am happy that the conference will be discussing a vision for Tobacco-free Europe. We can realise the vision and achieve our goals only if we succeed in influencing the environment around us, so that choosing a healthy life-style would be the default option. We can accomplish this if the private sector too understands its responsibility for people's health and each of us understands we are personally responsible. Our children's and our own health depends on the wisdom and courage of the people in this hall.

I would like to wish you all a good conference and all of success in our common work.