

## **PLENARY SESSION 1**

**THE POLITICAL ECONOMY OF THE DETERMINANTS OF NCDS: ACCELERATING  
ACTIONS FOR PREVENTION**





## | BACKGROUND

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, chronic obstructive pulmonary disease, diabetes and mental illnesses are the leading causes of morbidity and mortality, claiming 41 million out of 56 million annual deaths globally in 2016. The global premature deaths from NCDs, that is, the deaths between the ages of 30 and 69, are of particular concern: In 2016, 15 million people died prematurely, and nearly 85% of these deaths took place in low- and middle-income countries.

NCDs have been recognized as a significant development challenge and human rights issue, as they impede social and economic development and are driven by underlying social, economic, political, environmental, and cultural factors. Therefore, responding to NCDs and their shared risk factors, such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, along with environmental risk factors (e.g. air pollution), is not simply a matter of changing individual health behaviours in isolation. The international community has increasingly come to recognise that technical solutions to development problems will not work if they are not aligned with political economy concerns.<sup>1</sup>

Leadership and action from the health sector is critical to respond to NCDs. However, there is a need for robust and coherent national policies and strategies in all sectors with an increased focus on the social, environmental and commercial causes of NCDs, requiring a whole-of-society and whole-of-government approach to address the underlying determinants. Intersectoral collaboration encompassing both health and relevant non-health sectors is necessary in combating NCDs at global, regional, national and local levels. The approach has been endorsed at the highest political level and is reflected in political documents, such as the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 and the 2030 Agenda for Sustainable Development.<sup>2</sup>

Although progress on chronic NCD prevention and control has been slow, there is now strengthened global support for action. The three High-level Meetings on NCDs have contributed to rising political attention to preventing chronic diseases globally. However, for countries to make progress in the implementation of high-level commitments, domestic solutions need to reflect local historical, political, cultural and institutional legacies.<sup>3</sup>

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<sup>1</sup>Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and Region, 2000-2016. Geneva, World Health Organization; 2018

<sup>2</sup> Fox AM, Reich MR (2015) The politics of universal health coverage in low- and middle-income countries: a framework for evaluation and action, *Journal of Health Politics, Policy and Law* 40(5) 1023-60.

<sup>3</sup> Bump JB (2010) *The long road to universal health coverage: a century of lessons for development strategy*. Seattle, WA:PATH

## | OBJECTIVES

- To review the multi-level determinants of NCDs – biological, social, economic, behavioural, environmental, commercial, fiscal and political – using a political economy framework
- To discuss strategies in tackling the major risk factors (unhealthy diets, tobacco use, harmful use of alcohol, physical inactivity and environmental pollution) and the underlying determinants, focusing on the implementation of cost-effective interventions to achieve SDG3.4 and other NCD-related targets
- To share and learn from national, regional and global experiences in addressing the main risk factors of NCDs and their social, economic, commercial, fiscal and political determinants
- To provide examples of strategies on how to scale up best NCD prevention practices in different contexts
- To identify knowledge gaps and approaches to address them
- To formulate key policy recommendations and actions to implement the proposed solutions







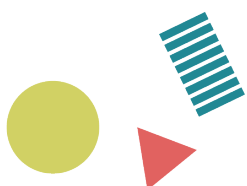
Moderator

## Tea Collins

*Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases*

World Health Organization  
Switzerland

Téa Collins, MD, MPH, MPA, DrPH, is Adviser to the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases (GCM/NCD), where she oversees work on development cooperation, resource flows into NCDs, strengthening health systems for universal health coverage, implementation research and social determinants of NCDs. Dr Collins came to WHO from the International Atomic Energy Agency (IAEA), where she provided technical advice and expertise on matters related to comprehensive cancer control and health systems strengthening to the Programme of Action for Cancer Therapy (PACT). Prior to IAEA, Dr Collins advised the World Medical Association (WMA) on global health issues of concern to the medical profession, in collaboration with the WHO Global Health Workforce Alliance. As part of her work at WMA she oversaw a global campaign on immunization against influenza among physicians and other healthcare workers. She also served as the first Executive Director of the NCD Alliance, a partnership of over 2,000 member organizations in 170 countries with a mission to combat the NCD epidemic by putting health at the center of all policies. Dr Collins' background includes work at the national Ministry of Health in Georgia, as well as experience managing technical assistance for the US\$ 20 million World Bank Health Reform Implementation Project. She also led the USAID-supported reproductive health and primary health care education projects in the Caucasus targeting internally displaced populations. Dr Collins's academic work includes an appointment at the George Washington University in Washington, DC, where she taught graduate courses on subjects ranging from international health and development to strengthening health systems in Eastern Europe and the former Soviet Union. While at GWU, Dr Collins conducted research and consulted with organizations such as John Snow, Inc., the US Department of Health and Human Services and the National Council on Hispanic Aging. Dr Collins is a pediatrician with a Doctorate in Global Health from The George Washington University, as well as a Master's Degree in Public Health from Boston University and a Master's Degree in Public Administration from the Harvard University Kennedy School of Government. She was a Presidential Scholar, Mason Fellow and Public Service Fellow at Harvard and served on the Board of Directors of the Kennedy School Alumni Association.







Panelist

## Michael Marmot

*Director, Institute of Health Equity*

Department of Epidemiology and Public Health, University College London  
United Kingdom

Professor Sir Michael G. Marmot MBBS, MPH, PhD, FRCP, FFPHM, FMedSci, FBA Director of the Institute of Health Equity (UCL Department of Epidemiology & Public Health). Sir Michael Marmot is Professor of Epidemiology at University College London. He is the author of *The Health Gap: the challenge of an unequal world* (Bloomsbury: 2015) and *Status Syndrome: how your place on the social gradient directly affects your health* (Bloomsbury: 2004). Professor Marmot held the Harvard Lown Professorship for 2014-2017 and is the recipient of the Prince Mahidol Award for Public Health 2015. He has been awarded honorary doctorates from 18 universities. Marmot has led research groups on health inequalities for over 40 years. He chairs the Commission on Equity and Health Inequalities in the Americas, set up in 2015 by the World Health Organization's Pan-American Health Organization (PAHO/ WHO). He was Chair of the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and produced the report entitled: 'Closing the Gap in a Generation' in August 2008. At the request of the British Government, he conducted the Strategic Review of Health Inequalities in England post 2010, which published its report 'Fair Society, Healthy Lives' in February 2010. This was followed by the European Review of Social Determinants of Health and the Health Divide, for WHO Euro in 2014. Professor Marmot chaired the Expert Panel for the WCRF/AICR 2007 Second Expert Report on Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. He chaired the Breast Screening Review for the NHS National Cancer Action Team and was a member of The Lancet-University of Oslo Commission on Global Governance for Health. He set up and led a number of longitudinal cohort studies on the social gradient in health in the UCL Department of Epidemiology & Public Health (where he was head of department for 25 years): the Whitehall II Studies of British Civil Servants, investigating explanations for the striking inverse social gradient in morbidity and mortality; the English Longitudinal Study of Ageing (ELSA), and several international research efforts on the social determinants of health. He served as President of the British Medical Association (BMA) in 2010-2011, as President of the World Medical Association in 2015. He is President of the British Lung Foundation. He is an Honorary Fellow of the American College of Epidemiology; a Fellow of the Academy of Medical Sciences; an Honorary Fellow of the British Academy, and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities. Professor Marmot is a Member of the National Academy of Medicine.





Panelist

## Sania Nishtar

*Founder and President*

Heartlife

Pakistan

Dr. Sania Nishtar is an internationally acclaimed Pakistani physician and public health expert. She is currently serving as a Chairperson of Benazir Income Support Program (BISP), Pakistan's biggest social safety net program. She is also co-chair of WHO's High-Level Commission on Non-communicable diseases along with the presidents of Uruguay, Finland and Sri-Lanka. She is also a member and former co-chair of the World Economic Forum's Global Agenda Council on the Future of Healthcare and the U.S National Academy of Sciences Global Study on the Quality of Healthcare in low and middle-income countries. In addition, she also chairs the United Nations International Institute for Global Health's Advisory Committee. She is the founder and president of the NGO Heartfile in Pakistan and has previously served as a federal minister in the Pakistan government in 2013. She was Pakistan's nominee for director-general of the World Health Organisation in 2017 and was in the final shortlist of three. Earlier she was also founding Chair of the UN Secretary General's Independent Accountability Panel for Women's and Children's health and chaired WHO's Commission on Ending Childhood Obesity. She has received many international awards for her work and is widely published. Sania Nishtar graduated from Khyber Medical University as the best graduate in 1986. She is a Fellow of the Royal College of Physicians and took a Ph.D at Kings College London.





Panelist

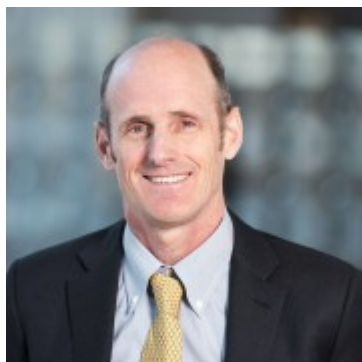
## Theresa Marteau

*Director of Behaviour and Health Research Unit, Department of Public Health and Primary Care*

University of Cambridge  
United Kingdom

Professor Theresa Marteau is Director of the Behaviour and Health Research Unit in the Clinical School at the University of Cambridge, and Director of Studies in Psychological and Behavioural Sciences at Christ's College, Cambridge. She studied psychology at the London School of Economics and Political Science (LSE) and the University of Oxford (Wolfson College). Her research interests include: i. development and evaluation of interventions to change behaviour (principally diet, tobacco and alcohol consumption) to improve population health and reduce health inequalities, with a particular focus on targeting non-conscious processes ii. risk perception and communication, particular of biomarker-derived risks, and their weak links with behaviour change iii. acceptability to publics and policy makers of government intervention to change behavior. She is a Fellow of the Academy of Medical Sciences and the Academy of Social Sciences. In 2017, she was appointed Dame Commander of the Order of the British Empire in recognition of her contribution to Public Health.





Panelist

## Timothy Evans

*Senior Director, Health, Nutrition and Population*

The World Bank  
United States of America

Tim Evans is the Senior Director of Health, Nutrition and Population at the World Bank Group. From 2010 to 2013, Tim was Dean of the James P. Grant School of Public Health at BRAC University in Dhaka, Bangladesh, and Senior Advisor to the BRAC Health Program. From 2003 to 2010, he was Assistant Director General at the World Health Organization (WHO). Prior to this, he served as Director of the Health Equity Theme at the Rockefeller Foundation. Earlier in his career he was an attending physician of internal medicine at Brigham and Women's Hospital in Boston and was Assistant Professor in International Health Economics at the Harvard School of Public Health. He is a board member of a number of international health alliances. Tim has been at the forefront of advancing global health equity and strengthening health systems delivery for more than 20 years. At WHO, he led the Commission on Social Determinants of Health and oversaw the production of the annual World Health Report. He has been a co-founder of many partnerships including the Global Alliance on Vaccines and Immunization (GAVI) as well as efforts to increase access to HIV treatment for mothers and innovative approaches to training community-based midwives in Bangladesh. Tim received his Medical Degree from McMaster University in Canada and was a Research and internal Medicine Resident at Brigham and Women's Hospital. He earned a D.Phil. in Agricultural Economics from University of Oxford, where he was a Rhodes Scholar.



