

## **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>

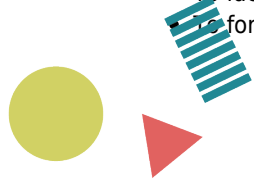
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<sup>1</sup>Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and Region, 2000-2016. Geneva, World Health Organization; 2018

<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





Panelist / Moderator

## Michael Marmot

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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.