

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.¹

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.²

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.³

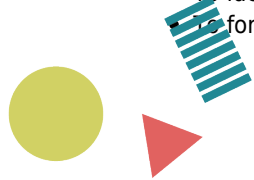
¹Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and Region, 2000-2016. Geneva, World Health Organization; 2018

² 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.

³ 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

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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.