PMAC

PRINCE MAHIDOL
AWARD CONFERENCE 2019

PARALLEL SESSION 1.5

WIN-WIN STRATEGY FOR THE CONTROL AND PREVENTION OF NCDS AND TACKLING ENVIRONMENT AND CLIMATE CHALLENGES

| BACKGROUND

Environmental factors are main causes of noncommunicable diseases (NCDs). Growing evidence indicates that early life exposure to environmental risks, such as chemicals, radiation and air pollutants, might increase NCD risk throughout the life course.[1] Air pollution alone causes about 6.5 million deaths a year, or one in eight of all deaths. The strongest causal associations are seen between PM2.5 pollution and cardiovascular and pulmonary disease as well as with several highly prevalent non-communicable diseases including diabetes, decreased cognitive function, attention-deficit or hyperactivity disorder and autism in children. Yet, around 2 billion children live in areas that exceed the World Health Organization annual limit of 10 µg/m3. These health burdens related to environmental pollution disproportionately fall on the poor and marginalized communities in low and middle income countries.[2]

There is a need for increased understanding on the environmental determinants of NCDs, including but not limited to: climate change (e.g. heat waves increasing risks for CVD and stroke), biodiversity loss, environmental pollution (air, water, soil, heavy metals, chemicals); impacts of the urban and built environment on NCDs (e.g. car-centric urban planning, environmental noise, housing, walkability, safe green spaces for physical activity and social interaction); consumption and production patterns across health, nutrition and other sectors. Moreover, the compounding effects of multiple environmental stressors (e.g. multiple contaminants through multiple exposure pathways) are poorly understood.

Although there is a growing understanding of the close relationship between health and environment, the linkages are not fully understood and integrated solutions are not effectively considered in policies and interventions across sectors. Moreover, there is a lack of policy recommendations that would enable policy makers to target the interventions across key sectors that would have the greatest beneficial long-term impacts on health, especially of vulnerable populations including children. Improving our understanding of these linkages and how they can be applied to support integrated decision-making can catalyse the public and private sector to act. Whole-of-government and whole-of-society actions are urgently needed for the control and prevention of NCDs and for reversing the alarming trend of environmental degradation and climate change.

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1 Preventing noncommunicable diseases by reducing environmental risk factors. WHO 2017

2 The Lancet Commission on pollution and health (2017)

| OBJECTIVES

- To share the latest knowledge on environmental determinants of NCDs
- To share practical experiences and lessons learned on the use of science-based tools for identifying and assessing environmental risks of NCDs
- To share good practices and lessons learned on implementing actions to reduce environmental risks of NCDs
- To discuss mult-sectoral and multi-stakeholder strategies, mechanisms and financing needs to tackle environmental determinants of NCDs
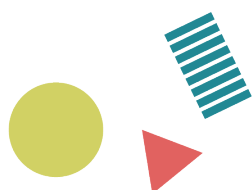
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Johannah Wegerdt is the Health and Well-being Specialist at the Green Climate Fund. Prior to that she was based in Thailand with UNDP with the Global Environmental Finance Unit developing climate change and health projects. At the Umea University Epidemiology and Global Health Unit she managed two FP7 consortia on social determinants of health and the other on climate and dengue fever. With Médecins Sans Frontier she conducted operational research on subjects ranging from environmental health to communicable diseases. In Myanmar, she evaluated several a vector-borne disease programmes specialising on dengue. She did her PhD at the University of Nottingham from 2000 to 2003 on aeolian dust, air pollution and childhood respiratory symptoms in Qaraqalpaqstan, Uzbekistan near the shrinking Aral Sea. Earlier studies were in Environmental Epidemiology and Policy at the London School of Hygiene and Tropical Medicine where she focused on air pollution (1999) for her Masters. Past consultancies have been with UNICEF, WHO, UN-OCHA, UNDP and WFP in Asia-Pacific and Southeast Asia. She was a Senior Epidemiologist for two UK government agencies, namely the Health and Safety Laboratory and the Health Protection Agency, and Epidemiologist for Valid International in multiple countries in Africa.