



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 $10 \mu g/m3$. 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.

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







Panelist

Thar Tun Kyaw

Permanent Secretary

Ministry of Health and Sports

Myanmar

• He is currently Vice-President in WHO Framework Convention on Tobacco Control (WHO-FCTC) (2019-2020), Geneva, Switzerland. He is former Director General in Department of Public Health and Department of Medical Services (2016-1018) , Myanmar. He was Member in Malaria Policy Advisory Committee (MPAC) (2013-2015)in Global Malaria Program (GMP), Geneva , Switzerland . He was Country Coordinating Director (CCD) (2012-2014) in Asia Collaborating Training Network in Malaria (ACT-Malaria) base in Manila , Philippine. He was Chair in Malaria Technical Advisory Group (Malaria – TSG) (2011-2014), Myanmar. He was voting member in Regional Steering Committee (RSC) (2013-2015), Greater Mekong Subregion Artemisinine Resistance Initiative (GMS-RAI). • He is Malaria Experts and Public Health Specialist .He did his M.B,B.S (1985) and Master Degree in Public Health (M. Med. Sc – Public Health) (2003) in University of Medicine (2) , Yangon, Myanmar. He studied malaria parasitology and medical entomology in Jichi Medical University (2008) , Japan. He also studied leadership, public administration and management in Crotonvill , GE training Center in New York (2013) and World Bank (Headquarter) , (2017) Washington, USA.

