

THE POLITICAL ECONOMY OF **N**C****D****S****

A WHOLE OF SOCIETY APPROACH

| BACKGROUND

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues. The PMAC 2019 is co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University, the World Health Organization, The World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, The Rockefeller Foundation, with support from other key related partners. The Conference will be held in Bangkok, Thailand, from 29 January - 3 February 2019. The theme of the conference is “The Political Economy of NCDs: A Whole of Society Approach”.



NCDS: CRITICAL HEALTH AGENDA AROUND THE WORLD

More than a decade into the 21st century, the health community is grappling with epidemiological and demographic transitions. In this regard, noncommunicable diseases (NCDs) have overtaken infectious diseases as the leading cause of mortality globally. This shift challenges traditional development thinking, which has long focused primarily on infectious diseases and maternal and child mortality as priorities for international actions. While continuing to combat infectious diseases and maternal and child conditions, the world needs to address the emerging NCD challenges. Besides, it is imperative to explore and analyze why we still make a slow progress in addressing NCDs despite a number of global and national commitments.

NCDs, which include cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory diseases, are the leading cause of death and a prominent cause of disability worldwide, accounting for more than 36 million lives lost each year and 15 million premature deaths. Moreover, around 70% of the world's poor now live in low and middle-income countries, where economic growth and modernization have opened wide the entry point for the spread of unhealthy lifestyles.

Evidence confirms that the majority of the health burden from NCDs are attributable from four major behavioral risks including, but not limited to, unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Most of the aforementioned risks are preventable. High blood pressure accounts for more than 7.5 million deaths annually. The second leading cause of NCDs is tobacco use, which contributes to 5.1 million deaths each year, followed by high blood glucose (3.4 million deaths).

Apart from the Big Four Diseases and Big Four Risks, mental neurological and substance use disorders and malnutrition in all forms also contribute to the huge health burden worldwide. Thus NCDs can no longer be conceptualized as a rich-country problem. WHO estimates that 80% of the burden from NCDs now falls on low- and middle-income countries, where people develop these diseases earlier, fall sicker, and unfortunately die sooner than their counterparts in wealthy nations.

NCDS: COMPLEX INTERACTION BETWEEN HEALTH, ECONOMIC GROWTH AND DEVELOPMENT

NCDs have been recognized as a public health catastrophe, not only for human health, but also in the economic arena due to premature mortality which leads to lost productivity and endangers industry competitiveness across borders.

The World Economic Forum highlighted that NCDs may contribute to over US\$ 30 trillion economic loss in the next 20 years, equivalent to approximately half of the global gross domestic products (GDPs) in 2010. Besides, there has been a concern amongst economic experts worldwide that NCDs will undermine not only the global GDP in monetary values but also labor supply and capital accumulation. Though, currently the burden of NCDs is borne mostly by high income countries, the NCD prevalence increases in leaps and bounds in LMICs due to steep economic and population growth.

From a societal perspective, it positions these diseases as one of the major challenges for development in the 21st century. It points out their threat to economies and their contribution to inequalities. Some NCDs, such as cancer and end stage renal diseases, are major contributory factors of household impoverishment. The responsibility for the rise in NCDs does not fall on individuals who choose to eat, smoke, and drink too much or opt for a sedentary lifestyle. The responsibility falls on the environments in which these choices are made and we should call for the whole society including governments, civil societies and private sectors to be responsible for building healthy environments and making choice architectures for good health.



GLOBAL POLITICAL MOVEMENT, WHO AND NCDs: PROCESS-TARGETS-BEST BUYS

Year 2011 marks a historic event when the UN General Assembly passed the Political Declaration on NCD prevention and control, reiterating the significance of NCD programs and the role of multiple stakeholders beyond the health sector. The issue of NCDs is the second health agenda after HIV/AIDS which was proposed into the UNGA High Level Meeting in 2011

In 2013, the World Health Assembly endorsed the Global Action Plan for the Prevention and Control of NCDs 2013-2020, which highlights the proven cost-effective population-wide and individual-targeted interventions, known as 'Best Buys.'

Since then, WHO Regional Offices have been working with Member states to provide technical services and other support to accelerate implementation of the GAP on NCDs and these best buys in the member states, but the progress remains uneven.

SDGS, UNIVERSAL HEALTH COVERAGE AND HEALTH SYSTEMS STRENGTHENING

In 2015, the global community has again reaffirmed the commitment of tackling NCDs, mental health and nutrition problems through the adoption of the Sustainable Development Goals. The sustainable development agenda covers the targets and indicators on reduction of premature mortality from NCDs, hunger and malnutrition, mental health and substance abuse. It has proven that tackling NCDs needs united efforts from the whole of government through effective multi-sectoral actions.

Focusing on both processes and outcomes, the SDGs reaffirm commitment and provide guidance and monitoring framework for NCD prevention and control programs, at both national and international levels. These SDG goals and targets particularly relate to NCDs, mental health and nutrition.

- SDG2 Ending Hunger and Food Security, Target 2.2: ending all forms of malnutrition, including achievement of agreed 2025 nutrition targets
- SDG3 Good Health and Wellbeing, Target 3.4: reduce by one-third premature mortality from NCDs, and promote mental health and well-being
- SDG3 Good Health and Wellbeing, Target 3.5: strengthening prevention and treatment of substance abuse and harmful use of alcohol
- SDG3 Good Health and Wellbeing: Target 3.8: achieve Universal Health Coverage, including financial risk protection, access to quality care and medicine
- SDG3 Good Health and Wellbeing, Target 3.a: strengthening the implementation of WHO FCTC
- SDG3 Good Health and Wellbeing, Target 3.b: support research and development in particular to provide access to medicine
- SDG3 Health, Target 3.c: increase health financing and strengthening health workforce

Universal Health Coverage (UHC), identified as target SDG 3.8, is both the goal and means by itself. UHC is particularly crucial for the management of NCDs, nutrition and mental health, in particular for health system responses. Not only screening, diagnosis and treatment, UHC also contributes to disease prevention and health promotion. Scaling up implementation of NCD best buy interventions is therefore clearly part of the path towards UHC



AFTER THE 2011 POLITICAL DECLARATION: SUBSEQUENT RESOLUTIONS, YET ANOTHER UN HLM ON NCDs

UNGA resolution requests the WHO Director-General to report back to the UNGA HLM in 2018. Not unsurprisingly, most of the UN Member States are off track towards NCD achievement.

Much evidence uncovers stagnation of NCD implementation

1. Failure to address NCD primary preventions beyond health sector. It must stress the need for policy solutions that shape social environments and these are the responsibility of all partners, not only the governments.
2. Lost sight to tackle the commercial determinants, in particular by tobacco, alcohol and obesogenic food industries, and spread too thin on risk factors, focused too much on treatment rather than prevention.
3. Health system has not yet been prepared for NCDs and chronic care, with large know-do gaps to implement the “best buy” interventions mostly beyond the health sector capacities.
4. Large gaps of citizens’ capacity to hold government accountable to NCD primary prevention; yet to improve the accountability across international and national partners and united efforts across different sectoral partners in tackling NCDs.

As we approach the deadline to achieve the targets in 2025, it is important to take stock of the situation and collectively share the experiences and discuss on how to accelerate the progress. Thus the PMAC in January 2019 would be most timely to bring up the UN HLM report in 2018 and recommend further actions to make the efforts to prevent and control NCDs back on track.



| OBJECTIVES

General objective

To identify major bottlenecks, root causes and propose solutions at national and global level to accelerate implementation of NCD prevention and control

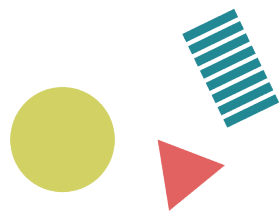
Specific objectives

1. To sustain global movement towards, and collaborations on the implementation of NCD prevention measures in particular the best buy long-term interventions.
2. To brainstorm on the way forward after the 2018 UN HLM in implementing effective NCD prevention and control in particular the commercial determinants, health system preparedness and accountability and monitoring framework.
3. To share knowledge, context-relevant experience, and viewpoints of international organizations and countries working towards prevention and control of NCDs.
4. To provide a platform where policymakers, policy analysts, researchers, academics, representatives from development partners and all relevant stakeholders can learn from, and help strengthen capacity of, each other in the way that links to NCD prevention and control in the context of UHC.
5. To promote intra-and inter-national collaborations amongst stakeholders.

AUDIENCES

The target audience includes policymakers, senior officers, and staff of national bodies that are responsible for the decisions of resource allocation in NCDs including the Ministry of Finance, Ministry of Health and other relevant agencies, HTA agencies, civil society organizations, international organizations and development partners, universities, and industries.





Sub-Theme 1

Analyzing the Political Economy
of the Determinants of NCDs

SUB-THEME 1

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 40 million out of 56 million annual deaths globally. The four main categories of NCDs are commonly grouped together due to their shared risk factors, such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol (Table 1).

Table 1. Major NCDs and their shared risk factors

Four major groups of diseases under NCDs		Shared risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
NCD	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

Source: WHO, 2011. The global premature deaths from NCDs, that is, the deaths between the ages of 30 to 70, are particularly alarming: In 2015, 15 million people died prematurely and nearly 47% (7 million) of these deaths took place in low- and middle-income countries.¹

Table 2. Global Premature (30-70) NCD Mortality in Millions in 2015²

	Men	Women	Total	Percentage
Low-income countries	0.4	0.4	0.8	5%
Low middle-income countries	3.6	2.6	6.2	41%
Upper middle-income countries	3.5	2.4	5.9	39%
High-income countries	1.4	0.8	2.2	15%
Total	8.9	6.2	15.1	100%

Over the past decade, evidence has also accumulated on the role that social contexts play in determining the health and well-being of people regarding NCDs. The social determinants of health are defined as the “causes of the causes” or “societal conditions in which people are born, grow, live, work and age,” and they show a clear social gradient in health outcomes (WHO 2008).

Two important meetings held in 2011 – the UN High Level Meeting on the Prevention and Control of NCDs in New York, and a thematically linked World Conference on Social Determinants of Health in Rio de Janeiro, Brazil – reaffirmed the role of social determinants in health and disease. More importantly, effective and accessible health systems were also recognized as a social determinant of health and as a driver of health inequities.

In 2014 the second UN high level meeting on NCDs was held, and a set of time bound commitments and 10 process monitoring indicators was adopted.³ In 2015, the Sustainable Development Goals included a target (3.4) to reduce premature NCD mortality by one third by 2030 through prevention and treatment and promoting mental health and well-being.⁴ The 2030 Agenda provided valuable guidance to all countries to address the three dimensions of sustainable development – economic, social and environmental. However, the SDGs cannot be achieved without addressing the growing burden of NCDs, as they will undermine the achievements of other SDGs, such as, for example, poverty eradication.

To prevent premature mortality and morbidity from NCDs, a life-course approach is required, as younger generations globally are exposed to a range of risk factors and suffer from a variety of NCDs. Focus on children and adolescents, particularly curbing childhood obesity, is important for building a strong foundation for achieving SDGs and SDG3.4.

Key risk factors of NCDs are strongly associated with patterns of consumption and unhealthy choices that are often influenced by the corporate sector. The commercial determinants of health, defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health,” need to be addressed to focus the fights against NCD risk factors. However, the private sector is not homogeneous, and governments can and should incentivize the private sector to align their practices to national public health goals, while avoiding potential real or perceived conflicts of interest.

Effective NCD prevention and control requires multisectoral (health, agriculture, communication, education, employment, energy, environment, finance, food systems, foreign affairs, housing, justice and security, legislature, social welfare, social and economic development, environment, sports, trade and industry, transport, urban planning and youth affairs) and coordinated multistakeholder (governments and non-State actors) engagement. Policy coherence is critical to ensuring an integrated response to NCD risk factors and goes beyond the responsibility of one line ministry. For example, the FCTC can be viewed as best practice to promote policy coherence across multiple policy domains relevant to tobacco control. Meeting the SDG FCT target (3a, Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate) will be one of the most important contributors to achieving SDG 3.4.

In an era of growing healthcare expenditure and fiscal restraint, governments are exploring ways of limiting spending on social sectors, including health. Hence, arguments for prevention based on economic benefits are more likely to appeal to policy-makers and international funders. Multisectoral action for prevention will be necessary to reduce the future burden, in addition to action in the health sector, particularly at the primary level of care.

In May 2015, the World Health Organization published a report on how WHO would report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical Note (NCD Progress Monitor) was updated in September 2017 to ensure alignment with the updated set of WHO ‘best-buys’ and other recommended interventions for the prevention and control of noncommunicable diseases, which were endorsed by the World Health Assembly in May 2017.

The Progress Monitor provides data on the 19 indicators detailed in the Technical Note for all of WHO’s 194 Member States. The indicators include setting time-bound targets to reduce NCD deaths; developing whole-of-government policies to address NCDs; implementing key tobacco demand reduction measures; measures to reduce harmful use of alcohol and unhealthy diets and promote physical activity; and strengthening health systems through primary health care and universal health coverage.

WHO Noncommunicable Disease Progress Monitor 2017,⁵ which charts actions by countries to set targets, implement policies to address four main shared and modifiable NCD risk factors (tobacco, unhealthy diet, physical inactivity and harmful use of alcohol) and build capacities to reduce and treat NCDs, shows that progress around the world has been uneven and insufficient. The WHO report also documents efforts by countries to implement a so-called set of “best buys” and other recommended interventions that can prevent or delay most premature NCD deaths, and which were endorsed during World

Health Assembly 2017. Many countries around the world have not been able to successfully implement basic cost-effective interventions. Improving chronic disease surveillance with a focus on monitoring shared risk factors and cause-specific mortality should be a priority, as sound surveillance systems provide the needed evidence for advocacy and political awareness-raising.⁶

Continued neglect of NCDs is a result of political neglect. The availability of scientific evidence and cost-effective interventions is not a guarantee of effective national responses. Applying a political economy lens to understanding various policy contexts, including the priorities of particular administrations, power relations and vested interests, is important to understanding the political forces and incentives for incorporating NCDs into the development agenda and the allocation of funding for international development and global health.

Objectives

1. To review the multi-level determinants of NCDs – biological, social, economic, behavioural, environmental, commercial, and political – using a political economy framework
2. To discuss the 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 the cost-effective interventions to achieve SDG3.4 and other NCD-related targets
3. To share and learn from national, regional and global experiences in addressing the main risk factors of NCDs and their social, economic, commercial and political determinants and to discuss how to translate these experiences to other contexts
4. To identify knowledge gaps and strategies to address them
5. To formulate key policy recommendations and actions to implement the proposed solutions

¹WHO World Health Statistics 2017: monitoring health for the SDGs. Geneva: World Health Organization;2017.

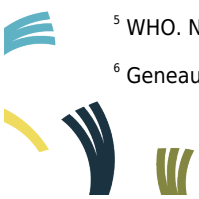
² Source: WHO 2017, available at: http://www.who.int/healthinfo/global_burden_diseases/estimates/en

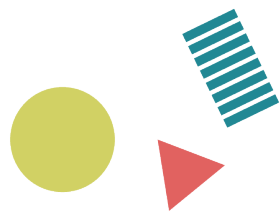
³WHO. Noncommunicable Diseases Progress Monitor 2015. Geneva: World Health Organization, 2015.

⁴ UN. Sustainable Development Goals: United Nations; 2015 [cited 2016 June]. Available from: <https://sustainabledevelopment.un.org/?menu=1300>.

⁵ WHO. Noncommunicable Diseases Progress Monitor 2017. Geneva: World Health Organization, 2017.

⁶ Geneau R, Stuckler D, Stachencko S et al. Raising the priority of preventing chronic diseases: A political process. The Lancet 2010





Sub-Theme 2

System Approaches to Address
the Political Economy of NCDs

SUB-THEME 2

The increased NCD burden puts a serious pressure on the fragile health systems in most of the low and middle income countries. Major social determinants of NCDs include socioeconomic status, literacy, health infrastructure, social equality and the double challenges from epidemiological transition towards chronic diseases, and rapid demographic transition towards an ageing society. All the determinants are interrelated and largely linked to the political economy to trigger the proximal risk factors leading to the rise in NCDs. Given the complexity of NCDs, to tackle the problem needs to look at the whole system not only the health sector. Conventional reductionist approaches in health policy and planning process are inadequate for tackling complex problems of rapidly increasing burdens of NCDs. Public policy and interventions that fail to take this complexity into account will continue to hinder effective systems response to NCDs.

Recognizing that political economy context have critical influence and impacts on NCDs, efforts to strengthen the whole systems might need a new paradigm shift and systems approach. Addressing NCDs with a comprehensive systems approach combine large-scale population interventions through interventions and minimize risk of population to these health risks as key primary preventions (e.g. taxation, laws/regulation, commercial/trade, environmental and urban design, transportation, education, health services, human resources, and etc. to promote healthy life style) and effective individual health services (e.g. early detection of NCDs; hypertension, diabetes detection and clinical management to prevent complication such as stroke, heart diseases etc.).

Using systems approaches in response to NCDs requires a dynamic process and holistic view, while different perspectives, interests, and power of different stakeholders are taken into account. It is increasingly recognized that there are special sets of approaches, methods and tools that derive from systems thinking perspectives to help the policy decision-making process and implementation of NCD prevention and control. Through a panel discussion in this plenary session, the panelists will highlight the challenge and impact of political economy to the health system and beyond, examine various innovative systems thinking methods and tools that can help create a more effective policy decision-making of NCD prevention and control and provide examples of how the system with sub-systems and components can respond to the political economy of NCDs.

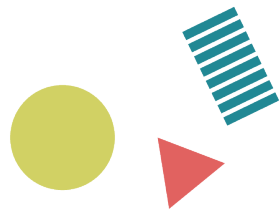
Issues to be discussed

- Challenge and influence of political economy to NCDs
- System thinking approaches to address political economy to NCDs
- Role of the multisector in response to NCDs
- Examples of systems approaches to address political economy of NCDs

Expected outcomes:

Systems approaches for policies, planning, strategic investment, lessons, good practices, in response to NCDs





Sub-Theme 3

Addressing Critical Challenges
for Governance of NCDs

SUB-THEME 3

Governance is the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences." UNDP. Governance for sustainable human development, UNDP policy document, New York, 1997.

Background

NCDs continue to be the single greatest cause of preventable illness, disability and mortality worldwide, with large impacts on productive capacity. They account for more death and disease than all other causes combined. NCDs are not confined to wealthier nations. Nearly 75 percent of NCD deaths – and 82 percent of premature NCD deaths (i.e. those occurring before the age of 70) – occur in low- and middle-income countries (LMICs). Processes such as aging, rapid unplanned urbanization and changing consumption patterns contribute to rising NCD burdens globally. In parallel, underlying social exclusion, marginalization and discrimination create conditions that increase vulnerability to NCDs and reduce access to services, resulting in some populations experiencing NCDs at younger ages and enduring worse outcomes.

Differential exposures to the four main behavioural risk factors for NCDs – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet – as well as rising exposures to environmental risks, especially air pollution, and access to prevention and treatment services are often rooted in public policy choices that span sectors beyond health. The 2011 Political Declaration on the Prevention and Control of NCDs emphasized that addressing NCDs requires whole-of-government and whole-of-society responses. Engagement of different sectors including (but not limited to), agriculture, education, labour, environment, trade, finance, infrastructure, urban planning, is critical. NCDs impact all of these areas, and decisions across these sectors often have a greater bearing on health and well-being than do those in the healthcare sector alone.

The 2030 Agenda for Sustainable Development recognizes that current NCD trends and sustainable development cannot coexist. It include a specific target, 3.4, to reduce premature mortality from NCDs by one-third by 2030, as well as target 3.a on strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). Progress on NCDs would yield benefits across the SDGs, given the multidimensional relationship between NCDs and poverty, inequalities, climate action and a range of other goals and targets. Links can be made from at least nine SDGs to the NCD target (3.4) which show mutual benefits of achieving policy coherence and aligned programmes across sectors.¹ For an effective response, NCDs must be integrated within countries' development priorities and reflected in their planning frameworks for development, including for achieving the SDGs.

This session comes at a time when the evidence on NCDs is stronger than ever. A number of global and regional frameworks already exist to guide multisectoral action on NCDs and their social determinants, most recently the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. Appendix 3 was updated in 2017, outlining 88 proven cost-effective interventions with 16 of these deemed 'best buys' by the World Health Assembly. Of these, four are clinical interventions and 12 in health or services in the wider policy environment. These frameworks identify enablers for successful multisectoral action on NCDs and health more broadly: high-level political commitment, governance mechanisms to facilitate and coordinate multisectoral responses, and robust structures for monitoring, evaluation and accountability. The Global Coordination Mechanism on Prevention and Control of NCDs (GCM/NCDs) established by the WHO in 2014, contributes to accelerate the achievement of NCD-related SDG targets by fostering high level political commitment and encouraging multi-sectoral and multi-stakeholder engagement at local, national, regional and global levels.

Yet, progress on NCDs has been deemed 'insufficient and highly uneven.' With the third High Level Meeting on NCDs: Time to Act! in September 2018 to take stock of progress, there is a critical need to scale up approaches and make good on current commitments. There is likewise an urgent need to expand policy and programmatic approaches to NCDs beyond the 4x4 model, to also look more closely at environmental risks, mental health, and road traffic injuries. The Global Programme of Work (GPW 13) in WHO on NCDs is a robust platform to extend attention to mental health.



Making needed progress on NCDs, realizing opportunities and meeting commitments, including in the SDGs, requires us to grapple with NCD barriers and enablers. Core governance and accountability challenges persist and include:

1. The need for stronger political commitment for action on NCD prevention and care and lack of ownership of the agenda across government entities beyond the health sector;
2. The need to develop and entrench understanding of (a) why a multi-stakeholder response is necessary and (b) the social and economic costs of inaction;
3. Furthering integration of prevention and control of NCD issues into national agendas and planning frameworks;
4. Overcoming policy incoherence and the inability to adequately balance trade-off between different goals (for example economic or commercial interests and NCD targets).
5. The need to strengthen framework legislation, including for the establishment of a national multisectoral mechanism and for monitoring and accountability;
6. Ensuring adequate and sustained financing for NCD prevention and response, including limited ODA/support from international partners and limited use of price and tax measures which can simultaneously reduce the use of health-harming products and represent a revenue stream for financing for development;
7. Confronting global governance challenges, for example related to trade agreements, and limited investment in South-South cooperation or regional legislative frameworks to address shared concerns.

Depending on the context, there may be particular opportunities and challenges related to NCD governance. For example, LMICs often have lower capacities to respond to NCDs and must contend simultaneously with ongoing communicable disease burdens, including from HIV, tuberculosis (TB), malaria and water-borne diseases. In such settings attention to co- and multi-morbidities and co-financing options may be appropriate. Similarly, in places where the burden of NCDs is concentrated in sub-regions or cities, empowering municipal governments with greater authority over public health is integral to building decentralized governance capacity and greater intersectoral competence to deliver and increase uptake of NCD prevention and treatment services.

Objectives

- To assess how whole-of-society responses (multisector, multi-stakeholder actions), inclusive political processes and legislation can support NCD responses, including through policy coherence and conflict of interest management;
- To examine challenges and opportunities in financing the NCD response, and ensuring monitoring and accountability;
- To share and learn from successes and challenges at the local, national, regional and global levels

Expected outcome:

Identification of policies, regulations, structures and partnerships for addressing key governance, financing and accountability challenges in the prevention and control of NCDs.

¹Paper #1, Lancet Task Force on NCDs and Economics, April 2018.



| VENUE AND DATES OF THE CONFERENCE

Centara Grand at Central World Hotel, Bangkok

Monday 29 - Tuesday 30 January 2019	Side Meetings
Wednesday 31 January 2019	Field Trip
Thursday 1 - Saturday 3 February 2019	Main Conference

| STRUCTURE OF THE CONFERENCE

This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. Pre-conference

- Side meetings
- Field trip

2. Main conference

- Keynote speeches
- Plenary sessions
- Parallel sessions
- Synthesis: Summary and recommendations
- Poster display

| PRE-CONFERENCE PROGRAM

Monday 29 January 2019

09:00-17:30	Side Meetings
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Tuesday 30 January 2019

09:00-17:30	Side Meetings
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Wednesday 31 January 2019

06:30-18:00	Field Trip
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| MAIN CONFERENCE PROGRAM

Thursday 1 February 2019

09:00-10:30	Opening Session & Keynote Address Opening Session by Her Royal Highness Princess Maha Chakri Sirindhorn Keynote Address <ul style="list-style-type: none"> ◦ Brian Druker, Director, Knight Cancer Institute, Oregon Health & Science University, United States of America ◦ Leah Dodds, Research Associate, University of Miami, United States of America ◦ Thomas R. Frieden, President and CEO, Resolve to Save Lives, an Initiative of Vital Strategies, United States of America
10:30-11:00	Break
11:00-12:30	Plenary Session 0 : Political Economy of NCD: Players, Powers and Policy Processes
12:30-14:00	Lunch
14:30-15:00	Plenary Session 1 : The Political Economy of the Determinants of NCDs: Accelerating Actions for Prevention
15:00-15:30	Break / Special Event /Poster Presentation
15:30-17:30	PS 1.1 : Addressing the Behavioural Determinants of NCDs: Empowering or Victim-Blaming? PS 1.2 : Action Beyond the Health Sector - Addressing the Social Determinants of NCDs PS 1.3 : The Commercial Determinants of Non-Communicable Diseases PS 1.4 : Interrogating [fiscal/public] Policies and Politics PS 1.5 : Win-Win Strategy for the Control and Prevention of NCDs and Tackling Environment and Climate Challenges
18:00-20:30	Welcome Diner

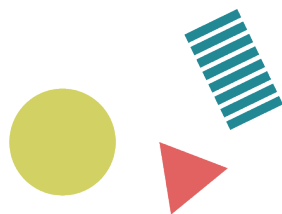
Friday 2 February 2019

09:00-10:00	Plenary Session 2 : Address Determinants of NCD: the Whole of Government and Systems Response
10:00-10:30	Break / Special Event / Poster Presentation
10:30-12:30	PS 2.1 : Building Ethical Systems for Public Interest in the National Response to NCDs PS 2.2 : Intelligence Systems and Institutional Capacities in Response to NCDs PS 2.3 : Imperative Need for Paradigm Shift of Health Systems: A Holistic Response to NCD PS 2.4 : Implementing the 'Best Buys' and Effective Interventions at City and Local Level: Showcasing Multisectoral Action PS 2.5 : Best Buys, Wasted Buys and Controversies in NCD prevention
12:30-14:00	Lunch / Special Event
12.45-13.45	Abstract Session Complement to Sub-theme 1 Abstract Session Complement to Sub-theme 2 Abstract Session Complement to Sub-theme 3 Abstract Session for Young Researchers
14:00-15:00	Plenary Session 3 : Governance of the NCD Response - Who Is in Control?
15:00-15:30	Break / Special Event / Poster Presentation

15:30-17:30	<p>PS 3.1 : The Prisoner's Dilemma or the Dilemma's Prisoners? Challenges at the Frontier of NCD Control</p> <p>PS 3.2 : Financing of NCD Response: Reality-Testing Domestic, Blended and ODA Finance Options</p> <p>PS 3.3 : What's Law Got to Do with It ?</p> <p>PS 3.4 : No Progress Without Action: A New Era of Accountability to End Empty Promises for NCD Prevention and Control</p> <p>PS 3.5 : Framing NCDs to Accelerate Political Action</p>
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Saturday 3 February 2019

09.00-10.00	Synthesis : Summary, Conclusion & Recommendations
10.00-10.30	Break
10.30-10.40	Statement
10:40-12.00	Closing Performance
12.00-13.30	Lunch



OPENING SESSION & KEYNOTE ADDRESS

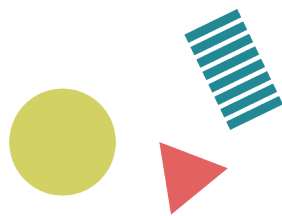
**OPENING SESSION BY HER ROYAL HIGHNESS PRINCESS MAHA CHAKRI SIRINDHORN
KEYNOTE SPEECHES**

Opening Session by Her Royal Highness Princess Maha Chakri Sirindhorn
Keynote Address

| KEYNOTE SPEAKER

- **Brian Druker**, Director, Knight Cancer Institute, Oregon Health & Science University, United States of America
- **Thomas R. Frieden**, President and CEO, Resolve to Save Lives, an Initiative of Vital Strategies, United States of America
- **Leah Dodds**, Research Associate, University of Miami, United States of America





PLENARY SESSION 0

POLITICAL ECONOMY OF NCD: PLAYERS, POWERS AND POLICY PROCESSES

| BACKGROUND

Noncommunicable diseases (NCD) epidemic constitute one of the major challenges for development in the 21 century, in terms of health and well-being as well as obstacle for socio-economic development in all societies, rich and poor alike. NCD are the leading causes of morbidity and mortality, claiming 40 million out of 56 million annual deaths globally. The number of premature death from NCD continues to rise disproportionately in low income and lower middle income countries where 47% (7 million) of premature deaths from NCDs occur.

NCD has got significant global political attention, since adoption of the Political Declaration on NCD prevention and Control at UN General Assembly in 2011; leading to the adoption of nine Global Voluntary Targets in 2013 covering targets on premature mortality, risk reduction and national system response; and the adoption of SDG 3.4 to reduce premature mortality from NCDs by one-third in 2030. However, under a business-as-usual scenario, or without scaling up efforts significantly before 2020, the current rate of decline in the risk of dying prematurely from non-communicable diseases is insufficient to meet the target by 2030.

Keeping social and economic significance of NCD epidemic and the progress we made so far, global community has witnessed two wonders. First wonder, there is a major systematic barrier separating what we know and what we do. Evidence shows that most NCDs are preventable, delayable and manageable. Furthermore, evidence also differentiates interventions those do not work from those cost-effective and feasible Best Buys interventions. Population-based preventive intervention can prevent half up to two-third of premature deaths, while effective individual-targeted health care can prevent one-third up to half of premature deaths. Evidence also confirms that investment for only one to three dollars per capita per year could make significant NCD premature mortality decline. The global community fail to close this know-do gap.

The second wonder; we know well that most effective interventions lie outside health care system boundary. Therefore, collaboration within and beyond public sector, or so-called Whole-of-Government and Whole-of-Society approaches are needed. Effective multisectoral coordination and collaboration are still a rare case in reality.

“Political economy” recently emerges as an innovative tool to better addressing policy agenda and program, beyond linear technocratic approach. It focuses on both politics and economics and interaction between them; power and resources, how they are distributed and contested and the resulting implications for development outcome; it also considers underlying interests, incentives, rents/rent distribution, historical legacies, prior experiences, social trends and how factors effect or impede change.¹ Meanwhile, OECD² describes “Political economy analysis is concerned with the interaction of political and economic processes in a society: the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships overtime”.

While policy direction to tackle NCD is pretty clear, governments often find it difficult to safeguard the health and well-being of their population, in the context of multiple stakeholders with different and common values and interests, unevenly distributed influence, and with restricted capability. Report to the third High Level Meeting of UN General Assembly on NCD Prevention and Control identifies five groups of challenge which hamper the global progress of effort to tackle NCD epidemic. These are 1) weak and non-integrated political actions; 2) ineffective health system response; 3) inadequate national capacity; 4) insufficient international finance on NCD; and 5) industry interference. Arguably, these five major challenges are all about policy process of domestic and international stakeholders, policy actors as well as powers and interactions between them, leading to system competency to deal with NCD in any society.

Aims to foster and enhance global momentum for NCD prevention and control, PMAC 2019 introduces an unconventional outlook on NCD epidemic, through political economy perspective. At the outset, this Plenary is to set the scene and provides conceptual platforms to articulate all three sub-themes; better understanding of NCD determinants through political economy lens (sub-theme 1), promote comprehensive system approach to address NCD (sub-theme 2), and lastly, 3) unfold hindrance of and strategize roles of governments (sub-theme 3).

1 World Bank, How-to notes: political economy assessment at sector and project levels (2011)

2 DFID. Political economy: how to note (2009)

| OBJECTIVES

- To introduce and provide overarching conceptual fundamental for the whole PMAC 2019, covering all three sub-themes, in particular how political economy is important but neglected for NCD prevention and control
- To discuss how the whole society approach could better address political economy of NCDs



| MODERATOR

- **Timothy Evans**, Senior Director, Health, Nutrition and Population, The World Bank, United States of America

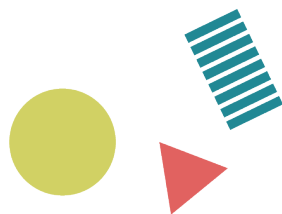
| KEYNOTE SPEAKER

- **Michael R. Reich**, Taro Takemi Research Professor of International Health Policy, Harvard T.H. Chan School of Public Health, United States of America

| PANELIST

- **Rocco Renaldi**, Secretary General, International Food and Beverage Alliance, Belgium
- **Naveen Rao**, Managing Director, The Rockefeller Foundation, United States of America
- **Takao Toda**, Vice President for Human Security and Global Health, Japan International Cooperation Agency (JICA), Japan
- **Margaret Chan**, President of Global Health Forum, BFA, Boao Forum for Asia, China
- **Sicily K. Kariuki**, Cabinet Secretary (Minister), Ministry of Health, Kenya





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

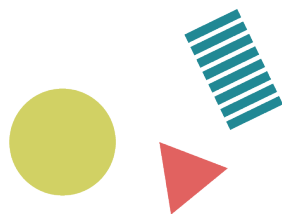
| MODERATOR

- **Tea Collins**, Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases, World Health Organization, Switzerland

| PANELIST

- **Theresa Marteau**, Director of Behaviour and Health Research Unit, Department of Public Health and Primary Care, University of Cambridge, United Kingdom
- **Sania Nishtar**, Founder and President, Heartlife, Pakistan
- **Timothy Evans**, Senior Director, Health, Nutrition and Population, The World Bank, United States of America
- **Michael Marmot**, Director, Institute of Health Equity, Department of Epidemiology and Public Health, University College London, United Kingdom





PARALLEL SESSION 1.1

ADDRESSING THE BEHAVIOURAL DETERMINANTS OF NCDS: EMPOWERING OR VICTIM-BLAMING?

| BACKGROUND

It is emphasized from the outset that the multiplicity of inter-dependent determinants of NCDs need to be considered and addressed together as part of a comprehensive framework. This session, however, will focus on the behavioural determinants of NCDs, which encompass individual lifestyle factors, and the promotion of health and nutrition literacy and behavior change communication to address them. Four major NCD risk factors have significant behavioural dimensions at the level of the individual: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. NCDs impose a disproportionate burden that on poorer populations in upper income countries and across all populations in low and middle income countries. Given the evidence of greater impact of the behavioural determinants on populations with low socio-economic status, these groups require greater focus and appropriately tailored approaches. Despite the proliferation of health information on the Internet, there is often a lack of evidence-based and tailored information that is easily available to the general public, while on the other hand the public is receiving a huge amount of marketing information on unhealthy products from the various industries.

Health literacy refers, broadly, to the ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health” for themselves, their families and their communities. Health literacy is particularly important in order to prevent and control NCDs and their shared risk factors. For example, people with higher levels of health literacy are better able to understand available nutrition information and to be empowered to make healthier choices, thus contributing to preventing both undernutrition and overweight and associated NCDs. At the same time, the availability and affordability of healthier choices and the socio-cultural contexts need to be considered and addressed – aspects covered in other parallel sessions.

A strand of narrative that has dominated the (industry promoted) discourse is that NCDs are primarily caused by poor individual choices on lifestyles, and that the strategy to prevent them is focused primarily on promoting healthy lifestyles, placing the onus (or blame) on the individual. This narrative still holds sway in certain contexts and among certain stakeholders – for example, in case of Governments which choose or are influenced to avoid addressing the wider socio-cultural, commercial and policy determinants, or among private sector stakeholders and the researchers they fund, which have vested interests in preventing those wider determinants from being addressed. The session will aim to explore this aspect of the narrative and reiterate that behavior change interventions support and complement strategies that address wider determinants of health.

Social and behavior change communication – often in the form of “health education” – is one of the health promotion strategies to modify the behavioural risk factors through the life course and improve health and nutrition literacy. “Health education” is often the dominant form of behavior modification strategy in many countries. It should be considered one strategy among a comprehensive package which includes the legislative and policy measures addressed in other parallel sessions of the conference. It should be based on a thorough analysis of the epidemiological situation in each country by identifying the distribution of risk factors among different population groups and developing a national risk profile. Analysis of the social norms, socio-economic factors and motivators that influence individual behaviours should also be assessed, as well as the channels and communication approaches that are most likely to be accessed and successful among different groups. It should also assess the relative importance to different groups – including children and adolescents – of prevailing marketing of unhealthy foods and beverages, tobacco and alcohol. Another tactic to change individual behaviour is “nudging” to encourage people to make healthy choices, be more active, and eat better, among others, drawing on behavioural insight theory.

The session will emphasize the critical importance of starting early with health education interventions – during pregnancy, in early childhood and in adolescence – to create positive health related behaviours. It will discuss the evidence of the impact of early interventions on later NCDs.

This session will summarize the evidence on behavioural determinants in terms of data on prevalence of smoking, alcohol consumption, physical inactivity, unhealthy diets in different contexts – e.g. lower, middle and upper income countries, by

income, age, sex etc - and evidence on various education/communication approaches to modify them. It will consider the question raised by the title of the session, whether behavior change interventions are empowering or victim-blaming. It will showcase examples of best practices, innovations and documented success from a range of countries in modifying NCD-related behaviours across the life course as well as potentially addressing failed strategies, and will identify knowledge gaps for further research and suggest recommendations going forward.

| OBJECTIVES

- To examine the current state of evidence on various behavioural determinants of NCDs
- To explore the evidence on strategies to address various behavioural determinants: what works, what does not work, and why; plus suggestions for national strategies
- To discuss examples of national strategies to address behavioural determinants, particularly from LMICs
- To analyze the political economy of “promoting healthy lifestyles” and explore whether strategies are empowering or victim-blaming
- To identify knowledge gaps and research priorities



| MODERATOR

- **Jane Badham**, Managing Director, JB Consultancy, South Africa

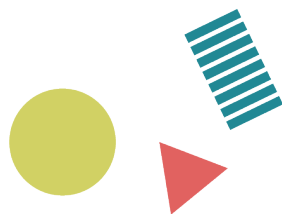
| KEYNOTE SPEAKER

- **Theresa Marteau**, Director of Behaviour and Health Research Unit, Department of Public Health and Primary Care, University of Cambridge, United Kingdom
- **Karen Glanz**, George A. Weiss University Professor, Schools of Medicine and Nursing, University of Pennsylvania, United States of America

| PANELIST

- **Lori Foster**, Professor of Industrial-Organizational Psychology, North Carolina State University, United States of America
- **Supreda Adulyanon**, Chief Executive Officer, Thai Health Promotion Foundation, Thailand
- **Roy William Mayega**, Lecturer, Department of Epidemiology and Biostatistics, Makerere University, Uganda
- **Nithya Solomon**, Executive Lead, Innovation Office, Victorian Health Promotion Foundation, Australia
- **Elin Bergstrom**, Policy Officer, EAT Foundation, Norway
- **Carolina Casas**, Regional Director of Education and Research, Sesame Workshop, Latin America, Colombia





PARALLEL SESSION 1.2

**ACTION BEYOND THE HEALTH SECTOR - ADDRESSING THE SOCIAL DETERMINANTS OF
NCDS**

| BACKGROUND

The social determinants of health have been described as “the causes of the causes” of illness. They affect people’s health and well-being in the environment into which “they are born, grow up, live, work and age.”

Key behavioural pathways leading to NCDs and jeopardizing the achievement of SDG3.4 (by 2030, reduce by one third premature mortality and promote mental health and well-being) have long been identified, and frequently the focus in NCD prevention has been on improving diet, reducing smoking prevalence and harmful use of alcohol, and increasing physical activity, as well as managing conditions following diagnosis. Much of this work is within the remit of public health and health professionals. As low- and middle-income countries strive to address NCDs as a major threat to sustainable development, a social determinants approach is increasingly highlighted as one of the important focus areas due to its relevance to all sectors.

Social determinants of NCDs include: socio-economic context; inequality; level of education; gender; ethnicity; social norms; cultural beliefs and practices; social exclusion; income; employment; access to health services; and transportation; social and community support networks, including social cohesion. In addition, public policies (policy coherence) and the economic and political structures and accompanying ideologies shape the adverse circumstances negatively influencing health.¹

By definition, the social determinants of health are the result of human action and therefore their transformation requires human efforts involving intersectoral and coherent public policies that can be implemented through the whole-of-society and whole-of-government approach for health equity.

The social determinants approach is central to achieving not only SDG targets, including SDG 3.4 on the one third reduction of premature mortality from NCDs, but other related targets as well, such as SDG 3.8 on enhancing universal health coverage. However, aligning policies, regulations and actions across various sectors and stakeholders has proved to be a challenge, as countries strive to implement their NCD commitments and achieve universal health coverage.

Interventions on the social determinants of NCDs can be defined through using analysis of the determinants in shaping interventions across the life-course in order to enable children, young adults and elderly to live up to their full potential and have control over their lives. Taking action to improve the conditions of daily life well before birth, during early childhood, at school age, during reproductive and working ages, are particularly important to improve populations’ mental health and to reduce the risk of those mental health disorders that are associated with health inequalities.²

These interventions may include poverty-reduction strategies, social protection measures, community engagement, including addressing social norms and cultural beliefs, enhanced health literacy and tailored health promotion approaches. Furthermore, social determinants of health underpin the implementation of all SDGs due to their interlinked nature and the need for policy coherence and intersectoral interventions, most of which fall outside the health sector.

The health sector, an important social determinant itself, also has an important role within the Health-in-all Policies, whole-of-government and whole-of-society frameworks to act as a facilitator of policy development and coordination across sectors and stakeholders. As a backbone of health systems, medical professionals have a critical role in the prevention and control of NCDs. Therefore, it is important to ensure that healthcare workers are trained to have clinical competency in global health and primary care and understand the preventive strategies for NCDs and their social determinants.

Current medical and nursing curricula, particularly in low- and middle-income countries, have not kept pace with the changing dynamics of public health, health policy and health demographics. As a result, medical education in these countries does not adequately cover the prevention and control of NCDs. Medical education and training should be reoriented by introducing competency-based, health system-connected curricula that reflect national needs and priorities. In addition, continuous education should incorporate knowledge of social determinants for NCD prevention to respond to the demands of evolving health systems, changing disease patterns and growing patient expectations.

1 Raphael D. The Social Determinants of Noncommunicable Diseases: A Political Perspective. Global Handbook on Noncommunicable Diseases and Health Promotion 2013: pp95-113.

2 World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, WHO 2014.

| OBJECTIVES

- Take stock of available evidence on interventions and public policies to address the social determinants and promote social equity in different contexts for the prevention and control of NCDs
- Highlight the importance of early childhood interventions to prevent NCDs throughout the life-course
- Explore the role of the social determinants of health as modifiable risk factors that, if addressed, could lead to major health improvements in socially disadvantaged and marginalized groups, such as people living with mental health and substance abuse disorders
- Highlight the role of medical education in preparing healthcare workers with clinical competencies to address NCDs and their social determinants
- Highlight examples (delivery platforms, NCD-specific actions) of the successful implementation of the social determinants of health approach through policy coherence and action across sectors, departments, health agencies and community groups for NCD prevention
- Understand the role of enhanced health literacy for action on the social determinants of NCDs



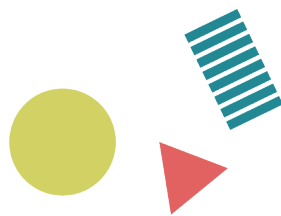
| MODERATOR

- **Michael Marmot**, Director, Institute of Health Equity, Department of Epidemiology and Public Health, University College London, United Kingdom

| PANELIST

- **Johan Carlson**, Director General, Public Health Agency of Sweden, Sweden
- **Mary Bassett**, Director, Harvard FXB Center for Health and Human Rights, United States of America
- **Anselm Hennis**, Director, Noncommunicable Diseases and Mental Health, Pan American Health Organization, United States of America
- **Carrie Brooke-Sumner**, Implementation Adviser, South African Medical Research Council, South Africa
- **Dina Tadros**, Medical Doctor, Ludwig Maximilian University Munich, Germany
- **Monika Arora**, Executive Director, HRIDAY (Secretariat of Healthy India Alliance), New Delhi-110049, India





PARALLEL SESSION 1.3

THE COMMERCIAL DETERMINANTS OF NON-COMMUNICABLE DISEASES

| BACKGROUND

Key risk factors of NCDs are strongly associated with patterns of consumption and easy access to unhealthy products. Corporate influence is usually exerted through five main channels: increasing control over production and investment by large corporates; increasing control over marketing, particularly marketing to children, to increase the appeal and acceptability of unhealthy products; lobbying, which can negatively influence policies related to plain packaging and minimum drinking ages; corporate social responsibility strategies, to enhance positive image and extensive supply chains to exert influence all over the world.

From the NCD perspective, health outcomes are determined by influencing the social environment in which people live and work: the availability, cultural practices and prices of unhealthy products. Hence, the rise of non-communicable diseases is a manifestation of a global economic system that currently prioritises wealth creation over health creation. Many problems and solutions to address the risk factors lie outside the health sector, in the domains of finance, trade and investment policies.

Commercial determinants of health are a sub-set of the social determinants of health with which they interact, such as education, occupation, income, ethnicity, race, access to healthcare and structural determinants (socio-economic and political context) and affect individuals throughout the life course, as they shape disease risk factors and ultimately disease across the life span. The life-course approach to analysing the social determinants also provides an opportunity to identify potential entry points for action.

This session will entail a detailed analysis of the key commercial drivers of NCDs. It will present the main strategies and approaches used by the private sector to promote choices detrimental to health. These will include marketing, trade and foreign direct investment. The session will also examine the role played by different institutions in facilitating or regulating these, especially Governments, as well as other stakeholders including multilateral organizations and civil society.

| OBJECTIVES

- To analyse the role industry plays in the commercial determinants of NCDs, including food/beverage, tobacco, alcohol and extractive industries
- To showcase a few exemplary interventions that have successfully addressed selected commercial determinants (E.g. regulation of marketing, including to children, and labelling of sugary beverages, unhealthy foods, tobacco and alcohol; enactment of regulations to contain pollution from mines, power plants, factories and cars).

Some of the questions to address may include:

- What are the commercial drivers influencing the risk factors of NCDs in different contexts? What is the role of industry (e.g. food and beverage, tobacco, alcohol, extractive industries) in influencing the commercial determinants?
- What are the common strategies of marketing to children and adolescents (e.g. particularly digital marketing) and mechanisms to reduce exposure to NCD risk factors, notably alcohol, tobacco and unhealthy foods and beverages?
- How have governments engaged with industry to mitigate the risk to health and enhance public health benefits? What has worked and what has not?
- What is the role played by different institutions in facilitating or regulating the commercial determinants, including Governments, and other stakeholders such as WTO, multilateral organizations and civil society?



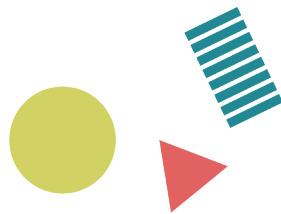
| MODERATOR

- **David Sanders**, Emeritus Professor, School of Public Health, University of Western Cape/Peoples Health Movement, South Africa

| SPEAKER

- **Nicholas Freudenberg**, Distinguished Professor of Public Health, City University of New York, School of Public Health and Health Policy, United States of America
- **Fran Baum**, Matthew Flinders Distinguished Professor, College of Medicine and Public Health, Flinders University, Adelaide, Australia
- **Aadielah Maker Diedericks**, Coordinator, Southern African Alcohol Policy Alliance, South Africa
- **Carlos Monteiro**, Professor, Department of Nutrition, School of Public Health, University of Sao Paulo, Brazil
- **Tea Collins**, Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases, World Health Organization, Switzerland





PARALLEL SESSION 1.4
INTERROGATING [FISCAL/PUBLIC] POLICIES AND POLITICS

| BACKGROUND

As countries pursue their journey towards Universal Health Coverage (UHC), they face an increasing burden of noncommunicable diseases (NCDs), which are now the leading cause of death in the world, killing 40 million people each year and representing 70% of all annual deaths. Eighty percent of NCD — cancer, cardiovascular disease, chronic lung disease and diabetes —deaths occur in low- and middle-income countries, straining health care systems, contributing to poverty and posing a major barrier to development. Prevention and control of NCDs requires new approaches in the health sector, including using fiscal and regulatory policy instruments and other multisectoral interventions. Tobacco use, obesity and risky alcohol abuse are three leading risk factors for the development of NCDs that are amenable to use of such fiscal and regulatory policy instruments.

Given the high human and economic toll posed by NCDs, the prevention of these conditions should be a public health imperative under the UHC agenda. The statistics on these three risk factors are staggering:

- Tobacco use contributes to 7 million deaths annually.
- Obesity contributes to 4 million deaths annually.
- Alcohol abuse contributes to 3.3 million deaths annually, and well to injuries (e.g., due to road traffic crashes).

Existing evidence from around the world, particularly on tobacco taxation, shows that taxing these products can offer a “win-win” for countries strengthening their health systems by increasing both positive health outcomes and domestic resources to fund priority investments and programs. The public health impact, revenue generation and increased equity that could result from taxing specific products all point to the value of a redoubled and sustained effort to support the utilization of this fiscal policy as a global public good. However, this fiscal measure, is underused across the world. Nothing illustrates this more than gains achieved from taxing tobacco over the past couple decades in many countries (World Bank Group Global Tobacco Control Program website: <http://www.worldbank.org/en/topic/tobacco>). The lessons learnt from the use of tobacco taxes, for instance, can also serve for other innovative uses of fiscal policy instruments for public health.

| OBJECTIVES

The objective is to share country experiences and evidence on implementing tax and other fiscal policies for public health, with a focus on experiences from tobacco, alcohol and sugary drinks tax policies that optimally address the dual goals of tobacco, alcohol, and sugary drinks use reduction and domestic resource mobilization to fund priority investments and programs that benefit all. The session will also address barriers to implementation, and focus on “how countries” can best leverage fiscal policies to yield improved health outcomes for their citizens with the added benefit of bringing in additional revenue and enhancing equity.



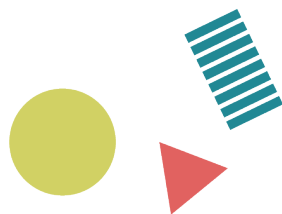
| MODERATOR

- **Patricio V. Marquez**, Lead Public Health Specialist, World Bank Group (WBG) HNP GP, United States of America

| PANELIST

- **Seng-Eun Choi**, Senior Research Fellow, Korean Institute of Public Finance, Republic of Korea
- **Alan Fuchs**, Senior Poverty Economist, World Bank Group (WBG) Poverty&Equity GP, United States of America
- **Blanca Llorente**, Director, Fundación Anaas, Colombia
- **Lynn Silver**, Senior Advisor, Public Health Institute, Berkeley, California, United States of America
- **Sutayut Osornprasop**, Senior Human Development Specialist, World Bank Group (WBG) HNP GP, Thailand
- **Karl Theodore**, Director, HEU, Centre for Health Economics, The University of West Indies, Trinidad and Tobago
- **Rong Zheng**, Professor, University of International Business and Economics, Beijing, China
- **Abdillah Ahsan**, Professor, University of Indonesia, Indonesia





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 PM_{2.5} 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.

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 multi-sectoral and multi-stakeholder strategies, mechanisms and financing needs to tackle environmental determinants of NCDs



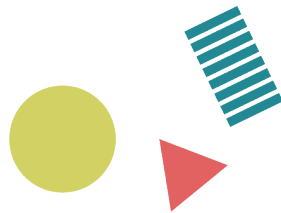
| MODERATOR

- **Thaksaphon Thamarangsi**, Director, Noncommunicable Diseases and Environmental Health, WHO South - East Asia Regional Office, India

| PANELIST

- **Tony Capon**, Professor of Planetary Health, University of Sydney, Australia
- **Montira Pongsiri**, Senior Research Associate, Cornell University, United States of America
- **Yevgeniy Goryakin**, Health economist, The Organisation for Economic Co-operation and Development, France
- **William A Suk**, Director, Superfund Research Program, Division of Extramural Research and Training, National Institute of Environmental Health Sciences, US National Institutes of Health, United States of America
- **Johannah Wegerdt**, Health and well-being specialist, Green Climate Fund, Republic of Korea
- **Thar Tun Kyaw**, Permanent Secretary, Ministry of Health and Sports, Myanmar





PLENARY SESSION 2

**ADDRESS DETERMINANTS OF NCD: THE WHOLE OF GOVERNMENT AND SYSTEMS
RESPONSE**

| BACKGROUND

Addressing NCD determinants requires strengthening multi-sectoral actions for health beyond the territory of health sector. A few systems contribute to addressing NCD.

- Accountability systems: good governance, ethical conduct of government actor, effective management of conflict of interests will guide transparent and responsive politics which affect sectoral policies in response to NCD.
- Intelligence systems contribute to evidence which guide effective agenda setting, policy formulation, policy implementation and monitoring and evaluation. This requires institutional capacity in country to guide evidence based policy.
- Effective political systems: government and legislative bodies has large role in effective responses to NCD, through leadership, commitment, and responsiveness to its citizen.

These systems contribute to effective sectoral policy responses to NCD, for example, education sector improves health literacy in the population and consumer empowerment, economic and fiscal policies support increased tax on tobacco, alcohol and sugary beverage deter consumption on these products. Labour policies in favor of maternity leaves support successful six month exclusive breast feeding which is an intrinsic preventive factors for certain NCD. Food and nutrition labeling such as Recommended Daily Allowance, salt, trans-fat and sugar contents increases consumer awareness and prevent obesity. Urban planning, environment and transportation policies provide a conducive infrastructure and social environment in favour of physically active citizen and minimum polluted environment.

This sixty minute plenary will address how various government sectors: trade, economic, education, labour and health are mobilized, given their distinctive institutional and legal mandates, for a shared value in response to NCD through policy coherence and synergies. Active citizen and empowerment are critical in holding government actors and private corporate sector accountable and act for the interests of public. This can be accomplished by good governance, rule of law, accountability, transparency and management of conflict of interests, government regulatory capacities, and an intelligence system where institutional capacities are required to maximize power of evidence.

| OBJECTIVES

To synthesize global experiences on the whole of government actions and synergies with civil society and active citizens in addressing NCD determinants.



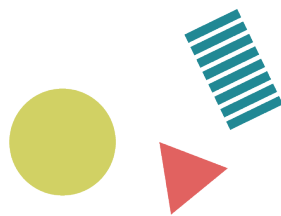
| MODERATOR

- **Douglas Bettcher**, Former Director, Prevention of Non-Communicable Diseases, World Health Organization, Switzerland

| PANELIST

- **Boyd Swinburn**, Professor of Population Nutrition and Global Health, University of Auckland, New Zealand
- **Sally Casswell**, Co-Director, SHORE and Whariki Research Centre, School of Public Health, Massey University, New Zealand
- **Prakit Vathesatogkit**, Secretary General, Thailand's Smoking and Health Foundation, Thailand
- **Susan Mercado**, Deputy Secretary General, Centers for Health in Humanitarian Action, Philippine Red Cross, Philippines





PLENARY SESSION 3

GOVERNANCE OF THE NCD RESPONSE - WHO IS IN CONTROL?

| BACKGROUND

Differential exposures to the behavioural and environmental risk factors for NCDs and access to prevention and treatment services are rooted in public policy choices. The 2030 Agenda for Sustainable Development recognizes that current NCD trends and sustainable development cannot coexist. For an effective response, NCDs must be integrated within countries' development priorities and reflected in their planning frameworks for development, including for achieving the SDGs. Yet, progress on NCDs has been deemed 'insufficient and highly uneven.' Global and regional frameworks identify enablers for successful multisectoral action on NCDs and health more broadly: high-level political commitment, governance mechanisms to facilitate and coordinate multisectoral responses, and robust structures for monitoring, evaluation and accountability. So what is happening? - core governance and accountability challenges persist and include: lack of ownership and resourcing of the agenda across government and international entities; the need to develop and entrench understanding of the social and economic costs of inaction; overcoming policy incoherence and the inability to adequately balance trade-off between institutions and their incentives.

| OBJECTIVES

- To assess the power dynamics in whole-of-society responses to NCDs (multisector, multi-stakeholder actions)
- To better understand policy coherence and conflict of interest management
- To examine challenges and opportunities in resourcing the NCD response, and ensuring monitoring and accountability



| MODERATOR

- **Douglas Webb**, Team Leader Health and Innovative Financing, United Nation Development Programme, United States of America

| KEYNOTE SPEAKER

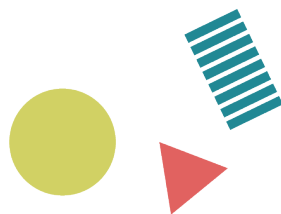
| PANELIST

- **James Hospedales**, Executive Director, Caribbean Public Health Agency, Trinidad and Tobago
- **Kwanele Asante**, Lawyer & Bioethicist, African Organization for Research & Training in Cancer, South Africa
- **Andrew Black**, Team Leader - Development Assistance, World Health Organization, Switzerland
- **Geoff Parker**, Executive Director, ICBA Asia Pacific Regional Group, Australia
- **Tamu Davidson**, Director of NCDs and Injuries Prevention, MoH, Government of Jamaica, Jamaica





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PARALLEL SESSION 2.1

**BUILDING ETHICAL SYSTEMS FOR PUBLIC INTEREST IN THE NATIONAL RESPONSE TO
NCDS**

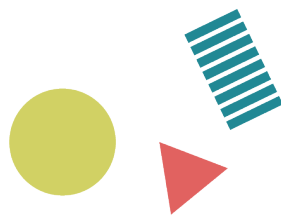
| MODERATOR

- **Boyd Swinburn**, Professor of Population Nutrition and Global Health, University of Auckland, New Zealand

| PANELIST

- **Carlos Monteiro**, Professor, Department of Nutrition, School of Public Health, University of Sao Paulo, Brazil
- **Sally Casswell**, Co-Director, SHORE and Whariki Research Centre, School of Public Health, Massey University, New Zealand
- **Christoph Stuckelberger**, Founder and President, Globethics.net, Switzerland





PARALLEL SESSION 2.2

INTELLIGENCE SYSTEMS AND INSTITUTIONAL CAPACITIES IN RESPONSE TO NCDS

| BACKGROUND

The burden of non-communicable diseases is expected to increase tremendously in the coming decade, driven in part by the confluence of rising obesity and rapidly ageing societies. National surveys on health and behavior offer valuable insights into the scale of the NCD burden, and the intelligence system underpinning a country can be further extended to evaluate the success of national programmes in prevention, screening, and disease management.



| OBJECTIVES

This session focuses on the importance of strategies that are data-guided and evidence-based, to highlight the importance of strengthening institutional and community-based capabilities in the use of intelligence systems to address the systemic and long-term challenges that lead to the rise of NCDs.

| MODERATOR

- **Yik Ying Teo**, Dean, Saw Swee Hock School of Public Health, National University of Singapore, Singapore

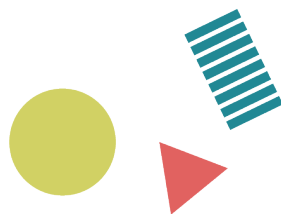
| PANELIST

- **Alan Lopez**, Laureate Professor of Global Health, University of Melbourne, Australia
- **Pairoj Saonuam**, Director, Healthy Lifestyle Promotion Section, Thai Health Promotion Foundation (ThaiHealth), Thailand
- **Julian Flowers**, Head of Public Health Data Science, Public Health England, United Kingdom





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PARALLEL SESSION 2.3

**IMPERATIVE NEED FOR PARADIGM SHIFT OF HEALTH SYSTEMS: A HOLISTIC RESPONSE
TO NCD**

| BACKGROUND

Health systems are characterized by complexities in relationships among stakeholders and the processes they have created. It is often difficult to manage health system behaviors because of massive interdependencies, organizing and emergent behaviors, non-linearity and lagged feedback loops, path dependence and tipping points. Conventional approaches to health policy process are inadequate for tackling complex problems embedded within health systems such as rapidly increasing burdens of NCD globally. Therefore, policymakers failing to take this complexity into account will continue to hinder effective health systems response to NCD. Working with complexities of planning and implementing of health systems response on NCD requires a paradigm shift from linear, reductionist approaches to dynamic and holistic approaches, while different perspectives, interests, and power of different stakeholders should also be taken into the account. It is increasingly recognized that we need a new (or special) set of approaches including methods and tools that derive from systems thinking perspectives to help manage NCD crisis. Other public health responses like the global AIDS response have made such historical paradigm shifts and these experiences can shorten the learning curve for the NCD movement and add value towards a holistic response to NCDs.

The paradigm shift of health system varies by health system components. Health financing, health workforce, and governance are some key exemplary cases. For instance, when mentioning 'health financing', most people (even health practitioners) may have a first impression as a financing system for health care arena. By contrast, 'health financing' should (or must) include all financing measures towards healthy society. Though this sounds attractive, some challenges arise. For instance, the introduction of excise tax on tobacco and alcohol as well as sugar sweetened beverage (SSB) tax, though universally admitted as effective means to control NCD, always makes governments and law makers, especially in developing countries, face with not only resistance and litigations threats, but also bribery from industrial and business sectors. This is not just a matter of "obvious" risk factors of NCDs, such as sugar, tobacco, and alcohol, but it also expands to other processed food which contains unhealthy components, like trans-fat and highly concentrated fructose corn syrup.

'Health workforce' is another component that needs to transcend its current paradigm. The paradigmatic ideology of the current human resources production is based on acute care model, which puts more emphasis on 'individual' treatment. This is contrast to the nature of NCD, where its determinants are multi-facet and go far beyond 'health' arena. To implement effective measures in NCD prevention and control, we require a new set of skills which go far beyond the biomedical knowledge, for instance, communication skills, inter-cultural competency, health-system comprehension and system thinking.

'Governance' of health system is one of the key jigsaws in addressing NCD. A new governance model in health care that allows all sectors, including people from the grass root level, to take part in NCD management and control is required in this era where the health sector is highly influenced by commerce, overseas pharmaceutical industries and international trade.

| OBJECTIVES

- To identify key challenges of health systems response to NCDs
- To share positive and negative experiences and lessons from other public health responses and countries, especially LMIC, in addressing NCD in the context of weak health systems
- To identify areas of health systems strengthening in order to respond to the full range of NCD intervention, including health promotion innovation and technologies, alternative health system delivery, political, financial,
- To make a business case for investing in health systems responses to NCDs, in particular capacity building of health workforce



| MODERATOR

- **Eamonn Murphy**, Regional Director, Asia and the Pacific, UNAIDS, Thailand

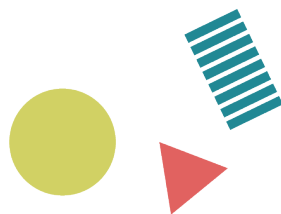
| PANELIST

- **A. H. M. (Enayet) Hussain**, Additional Director General, Director General of Health Service, Ministry of Health and Family Welfare, Bangladesh
- **Mouly Ieng**, Senior Minister, Chair of the National AIDS Authority, National AIDS Authority, Cambodia
- **Melisa Mei Jin Tan**, Research Associate and PhD Student, Saw Swee Hock School of Public Health, National University of Singapore, Singapore
- **Tomás Reinoso**, Professor, National School of Public Health, Havana, Cuba, Cuba
- **Anders Nordström**, Ambassador for Global Health, UN Policy Department, Ministry for Foreign Affairs, Sweden





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PARALLEL SESSION 2.4

**IMPLEMENTING THE 'BEST BUYS' AND EFFECTIVE INTERVENTIONS AT CITY AND LOCAL
LEVEL: SHOWCASING MULTISECTORAL ACTION**

| BACKGROUND

Cities have a unique role to play in delivering both national and global commitments to reduce NCDs. This session will look at examples of best practice from the local level, examining how local or municipal authorities and other stakeholders have introduced programmes to promote NCD prevention at the city level. A series of three mini-panels will discuss comparative experiences from multiple cities and their applicability to other settings. The case studies will focus on experience in implementing effective interventions for the prevention and control of NCDs including those linked to the WHO Best Buys. Discussions will look at action across different sectors, transferrable lessons and mechanisms of accountability.

| OBJECTIVES

- To highlight the role of local governments and their partners in preventing and controlling NCDs at the local level by implementing effective interventions including the WHO 'Best Buys'
- To showcase examples of exemplary action on the 'Best Buys' and other effective interventions at local level, understanding incentives for action, partnership models and mechanisms of accountability.
- To understand barriers to implementing effective interventions and ways of overcoming them.
- To inspire others to scale up action on NCDs at the city level.



| MODERATOR

- **Judith Mackay**, Senior Advisor, Tobacco Control, Policy, Advocacy and Communication, Vital Strategies, China
- **Fiona Bull**, Program Manager, NCD Prevention, World Health Organization, Switzerland
- **Jo Birckmayer**, Public Health Advisor, Bloomberg Philanthropies, United States of America
- **Nicholas Banatvala**, Head of the UN Interagency Task Force on NCDs, World Health Organization, Switzerland

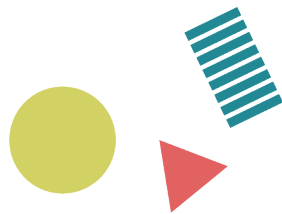
| KEYNOTE SPEAKER

- **Mary Bassett**, Director, Harvard FXB Center for Health and Human Rights, United States of America

| PANELIST

- **Liz Prosser**, Healthy Early Years Manager, Healthy Early Years London at Greater London Authority, United Kingdom
- **Francis Anthony Garcia**, Mayor, Balanga City, Philippines
- **Vishal Rao**, Member of High Powered Committee on Tobacco Control, Government of Karnataka, India
- **Witaya Chadbunchachai**, Director, WHO collaborating center for Injury Prevention and Safety Promotion, Thailand
- **Analice Beron**, Director of Health, Government of Montevideo, Uruguay
- **Yasar Faisal Al Khitan**, Business and Health Inspection Executive Director, Amman, Jordan





PARALLEL SESSION 2.5

BEST BUYS, WASTED BUYS AND CONTROVERSIES IN NCD PREVENTION

| BACKGROUND

The world is facing a spectre of non-communicable diseases (NCDs), which will diminish the length and quality of life, interact with existing health conditions, raise household and public health expenditures, and increase the burden of care on family members. A number of policies have been implemented to fight NCDs and studies have shown some interventions to be 'best buys' whereas others are 'wasted buys'. Most NCDs can be preventable and, given the generally lower cost and simpler delivery of preventive interventions, a move towards preventive rather than curative interventions could be attractive. Another approach that is gaining prominence in discussions of NCDs is 'do-it-yourself' or DIY interventions. NCDs are by definition not contagious or infectious and people develop them over the course of their lives for many reasons including those to do with lifestyle. As such, they can be prevented if people modify their lifestyles (i.e., in DIY interventions). At present, there is no definitive collection of evidence on 'best buys', 'wasted buys', and DIY interventions for the prevention of the NCD burden that governments, health professionals, NCD program managers, and healthy lifestyle promotion personnel can use.

| OBJECTIVES

This session will introduce an upcoming information package which aims to provide details on Best Buys, Wasted Buys, and DIYs in NCD prevention focusing on cardiovascular diseases (heart disease and stroke), diabetes, chronic lung disease and cancers. This work is not intended to offer a one-size-fits-all approach for making recommendations on NCD prevention. It seeks instead to identify how different systems can create and utilize information for identifying interventions offering best value for their populations.



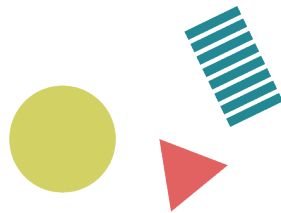
| MODERATOR

- **Anthony Culyer**, Professor, University of York, United Kingdom

| PANELIST

- **Jesse Bump**, Lecturer on Global Health Policy and Executive Director of the Takemi Program in International Health, Harvard T.H. Chan School of Public Health, United States of America
- **Tazeem Bhatia**, Public Health Physician, Public Health England, United Kingdom
- **Ryota Nakamura**, Associate Professor, Hitotsubashi University, Japan
- **Adam Elshaug**, Professor of Health Policy and Co-Director, Menzies Centre for Health Policy, University of Sydney, Australia
- **Thunyarat Anothaisintawee**, Assistant Professor, Department of Family Medicine, Ramathibodi Hospital, Mahidol University, Thailand
- **Peter Neumann**, Director, The Center for the Evaluation of Value and Risk in Health at Tufts Medical Center, United States of America
- **Yot Teerawattananon**, Founder, Health Intervention and Technology Assessment Program, Thailand
- **Bundit Sornpaisarn**, Project Scientist, Centre for Addiction and Mental Health, Canada
- **Tea Collins**, Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases, World Health Organization, Switzerland
- **Karen Hofman**, Director, PRICELESS SA, South Africa





PARALLEL SESSION 3.1

THE PRISONER'S DILEMMA OR THE DILEMMA'S PRISONERS? CHALLENGES AT THE FRONTIER OF NCD CONTROL

| BACKGROUND

The tremendous cost of NCDs is obvious to even casual observers, but it is an as-yet unsolved challenge to make this threat sufficiently pressing to inspire action. Many relatively simple measures could reduce risk factors and open the door to more complex changes to address others. One important reason for this inaction is the wide variety of professional, commercial, governmental, and public interests that would have to be engaged to produce a solution. Designing such solutions, facilitating cooperation, establishing responsibilities, and enforcing responsibilities requires both ways of thinking and channels of action that do not exist in most governments and societies.

| OBJECTIVES

The complexity needed to understand NCD causes and risk factors is at odds with typical public health approaches, which usually emphasize narrow interventions. The first objective of the session is to highlight this problem by assembling speakers with different lenses on NCDs and asking them to discuss causes, responses, and accountabilities. The second objective is to sketch possible solutions by discussing ways that cooperation and collaboration may be improved. Speakers will be selected to provide perspectives from different sectors: government, medicine and public health, advocacy organizations, and the private sector. The discussion will draw out the challenges each speaker has faced in coordinating and engaging with other sectors.



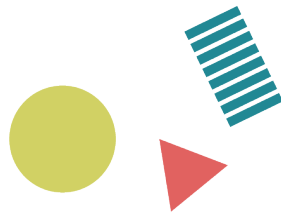
| MODERATOR

- **Jesse Bump**, Lecturer on Global Health Policy and Executive Director of the Takemi Program in International Health, Harvard T.H. Chan School of Public Health, United States of America

| PANELIST

- **Tamu Davidson**, Director of NCDs and Injuries Prevention, MoH, Government of Jamaica, Jamaica
- **Paula Johns**, Director General, ACT Promocao da Saude, Brazil
- **Kelley Lee**, Professor, Simon Fraser University, Canada
- **Scott Ratzan**, M-RCBG Senior Fellow, Harvard Kennedy School, United States of America
- **Karen Hofman**, Director, PRICELESS SA, South Africa





PARALLEL SESSION 3.2

**FINANCING OF NCD RESPONSE: REALITY-TESTING DOMESTIC, BLENDED AND ODA
FINANCE OPTIONS**

| BACKGROUND

Creating health systems of the 21st century to provide high quality care for today's health problems requires modernizing, improving, and streamlining the way people receive and pay for health care. Growing health needs due to aging and epidemiological transition collide with challenging realities in countries at all income levels: inadequate infrastructure and too few health providers in low-income countries; budget-busting provision of comprehensive health services for all in middle-income countries; and layers of high-cost care in high-income countries. Fully tackling these challenges will require new resources for health – and wiser allocation of existing resources – to keep up with rising demand, and to fairly provide the benefits of advanced technology to all.

Of the projected \$80 billion increase in health investments needed by 2030 to meet SDG 3, more than 60 percent is needed to grow NCD services, and 85% is expected to come from domestic resources (SDG Health Price Tag, WHO 2018). And yet many countries, including India and multiple countries in Africa, have deprioritized health within government budgets in the past 15 years. Middle-income countries struggle to meet new promises against tight budget ceilings. Solutions are multi-faceted and multi-partner. The primary responsibility for meeting health needs lies with governments, but external resources will be required to fill the large vacuum in NCD control in the poorest countries of the world. Other LMICs can accelerate progress toward UHC by augmenting existing resources with technology, technical assistance and partnerships. External resources can come from multiple sources, such as official development assistance (ODA), loans – both at concessional and commercial rate, the private sector, and innovative financing. Internal resources are predominantly generated from the public sector, where efficient delivery of services is paramount to achieving greater coverage for NCD needs.

This session provides a close look at sources of funding for NCDs in LMICs by looking at historical trends in funding from official and non-official donors, as well as LMIC governments. It examines the financing gap for NCDs, globally and for selected countries, and projections of how that gap will be narrowed by 2030. Finally, the session offers examples of funds mobilization from a variety of sources – public, private, and innovative. It features representatives of organizations that are co-creating customized financial mechanisms and arrangements to close the NCD financing gap.

| OBJECTIVES

- To provide a realistic discussion of sources and magnitude of NCD financing to 2030.
- To provide experiences of success in NCD financing.
- To lay the groundwork for advancement of feasible innovative NCD financing mechanisms.



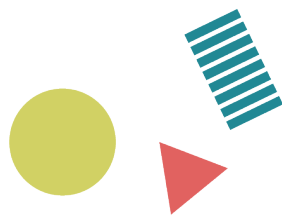
| MODERATOR

- **Rachel Nugent**, Vice President, Global NCDs, RTI International, United States of America

| SPEAKER

- **Agnes Soucat**, Global Leader, Service Delivery, World Health Organization, Switzerland
- **Jo Birckmayer**, Public Health Advisor, Bloomberg Philanthropies, United States of America
- **Patrick Osewe**, Chief Health Sector Group, Asian Development Bank, United States of America
- **Hasbullah Thabrany**, Senior Researcher and Policy Adviser, Center for Social Security Studies, Universitas Indonesia and ThinkWell Global, Indonesia
- **Belinda Ngongo**, Senior Technical Advisor, Medtronic Foundation, South Africa
- **Michael Borowitz**, Chief Economist, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
- **Andrea Feigl**, Visiting Scientist, Harvard TH Chan School of Public Health, Harvard University, United States of America





PARALLEL SESSION 3.3

WHAT'S LAW GOT TO DO WITH IT ?

| BACKGROUND

The law can be a powerful tool to prevent, control and treat NCDs as it can be used to prohibit or permit specific behaviors. The law is also a vital tool in the creation of safeguards and normative frameworks that shape politics, economics and governance. However, the law can also create barriers and challenges to optimal NCDs responses. As part of ongoing efforts to improve policy coherence in global, regional and national legal frameworks and create and implement public health-driven legal and normative strategies, including by sensitizing and supporting parliamentarians to accelerate progress towards Agenda 2030 implementation, much can be done to support NCD-related priorities.

The session will discuss challenges and opportunities related to the NCD responses & the Law, including discussion of the following topics:

- Global norm-setting to prevent, control and treat NCDs, from the WHO Framework Convention on Tobacco control and beyond
- Best practices in creating strategies and safeguards to promote evidence-driven policy-coherent legal responses and avoid undue influence
- Making the case for a rights-based approach to NCD treatment: a patient perspective
- The law as a tool to deal with commercial determinant in NCD responses -NCD strategies to increase legal policy coherence on health, trade and investment regimes

| OBJECTIVES

This session will increase visibility of the opportunities, progress and challenges in creative effective framework legislation and normative guidelines and the role of international law and rules based agreements in NCD responses. It will also provide an overview of how international and domestic legislative and normative strategies interact and to highlight opportunities for increased policy coherence and best practices. The session will provide an opportunity to discuss strategies for multisectoral and whole-society responses, while managing undue influence and conflicts of interest.



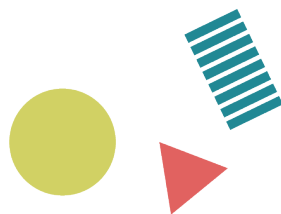
| MODERATOR

- **Tenu Avafia**, Team Leader, HIV, Health and Development Team, United Nations Development Programme, United States of America

| PANELIST

- **Manon Ress**, Patient, Founder and Acting Director, Union for Affordable Cancer Treatment, United States of America
- **Patricia Lambert**, Director International Legal Consortium, Campaign for Tobacco Free Kids, United States of America
- **Fiona Bull**, Program Manager, NCD Prevention, World Health Organization, Switzerland
- **Marcus Otto Low**, Spotlight Editor, Spotlight/SECTION27, South Africa
- **Janet Byaruhanga**, Senior Programme Officer, Public Health, New Partnership for Africa's Development (NEPAD), South Africa





PARALLEL SESSION 3.4

NO PROGRESS WITHOUT ACTION: A NEW ERA OF ACCOUNTABILITY TO END EMPTY PROMISES FOR NCD PREVENTION AND CONTROL

| BACKGROUND

A plethora of global NCD commitments and targets have been made, but ten years since the first UN High-Level Meeting on NCDs it is evident countries are struggling to move to implementation, and the official process to track and review global progress is overwhelming and confusing. 25 outcome indicators, 10 progress indicators, and 2 SDG indicators comprise the global accountability framework for NCDs. Yet many low- and income countries (LMICs) still have inadequate national information systems, the reporting globally on NCDs is not providing the in-depth granular trends that is required to catalyse action, and all reporting on NCD targets and commitments are voluntary (unlike in the case of framework conventions such as the WHO Framework Convention on Tobacco Control or the Paris Agreement which is legally binding).

As has been demonstrated by the HIV/AIDS and women and children's health communities, accountability can be a crucial force for political and programmatic change. Defined as a cyclical process of monitoring, review and action, accountability enables the tracking of commitments, resources, and results and provides information on what works and why, what needs improving, and what requires increased attention. Accountability ensures that decision-makers have the information required to meet the health needs and realise the rights of all people at risk of or living with NCDs, and to place them at the heart of related efforts.

This session will seek to explore if the global accountability framework and architecture for NCDs is fit for purpose. Speakers will explore whether there is ownership and adherence by countries to the international system of declarations, commitments and targets, and if the systems are in place at the country level to ensure accountability; if there is value in a greater focus on independent accountability mechanisms, as has been central pillar of accountability for women and children's health; what are the lessons learnt from other parts of global health governance and other parts of sustainable development (for example the FCTC and other conventions); and what is the role of non-state actors in driving accountability for NCDs (for example, shadow reporting and witnessing).

| OBJECTIVES

- Review and evaluate the current accountability framework and architecture for NCDs, and explore ways of strengthening it
- Identify lessons learnt from other global health governance and mechanisms, including Framework Conventions, and their implications for NCDs
- Explore the value of independent accountability mechanisms, and the role of non-state actors in accountability.



| MODERATOR

- **Robert Beaglehole**, Professor Emeritus, University of Auckland, New Zealand

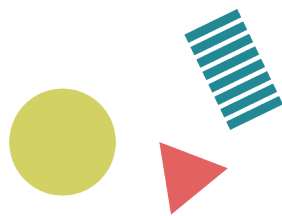
| PANELIST

- **Majid Ezzati**, Professor of Global Environmental Health, Imperial College London, United Kingdom
- **Thelma Alafia Samuels**, Director, George Alleyne Chronic Disease Research Centre, University of the West Indies, Barbados
- **Anna Gilmore**, Professor of Public Health, Director of the Tobacco Control Research Group, University of Bath, United Kingdom
- **Kul Chandra Gautam**, Co-chair, Independent Accountability Panel for Every Woman, Every Child, Every Adolescent, Nepal
- **Kwanele Asante**, Lawyer & Bioethicist, African Organization for Research & Training in Cancer, South Africa
- **Nick Watts**, Executive Director, Lancet Countdown on Health and Climate Change, United Kingdom
- **Taoufik Bakkali**, Senior Strategic Information Adviser, UNAIDS Regional Office for Asia and the Pacific, Thailand
- **Leanne Riley**, Coordinator, NCD Surveillance, Department of Prevention of Noncommunicable Diseases, WHO, Switzerland

| SPEAKER

- **Katie Dain**, Chief Executive Officer, NCD Alliance, United Kingdom





PARALLEL SESSION 3.5

FRAMING NCDS TO ACCELERATE POLITICAL ACTION

| BACKGROUND

There are multiple competing frames involved in the governance of noncommunicable diseases (NCDs). These include: NCDs as a technical public health problem, with technocratic solutions (such as WHO's Best Buys); NCDs as an obstacle to economic growth; NCDs as an equity and human rights issue; NCDs as a development issue, central to achieving the SDGs; NCDs as an externality of transnational corporate practice, an 'industrial epidemic'; and NCDs as a multi-sectoral issue, requiring a 'whole-of-government', 'whole-of-society' approach. This typology of framing also links NCDs to existing global health agendas, such as those of health security, UHC and health systems strengthening. There are also additional risk factor and disease-specific frames, for example concerning obesity/diabetes, sleep deprivation and environmental exposures to pollution. No one frame yet has dominance, and there is currently a pluralistic approach to conceptualising NCDs and the response required to manage them. The response globally has been heavily criticised for its fragmentation - often seen as a major hindrance to progress, especially regarding the achievement of political traction. It is not clear how the different competing frames might be contributing to the fragmented response. However, it is clear that the commonalities and overlaps in the various frames and agendas could be better harnessed and any synergies realised to accelerate political commitment and action.

| OBJECTIVES

- Informed by the commissioned paper (provided by Chatham House), to provide an opportunity for participants to reflect on the framing of NCDs - a neglected topic in policy discussions thus far.
- To bring together actors and opinion-formers from across the NCD response spectrum, to discuss and debate how their different framings may be affecting progress, especially in terms of political action;
- Based on both the commissioned paper, and the discussions by participants, to make recommendations on how to accelerate political commitment.
- Via a targeted call for abstracts to increase the participation of younger and less well-known NCD experts, to bring fresh voices, and new ideas to the table.

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| MODERATOR

- **David Harper**, Senior Consulting Fellow, Centre on Global Health Security, Chatham House, United Kingdom

| PANELIST

- **Gene Bukhman**, Assistant Professor, Harvard Medical School, United States of America
- **Johanna Ralston**, Chief Executive Officer, World Obesity Federation, Switzerland
- **Belinda Townsend**, Research Fellow, Australian National University, Australia
- **Jordan Jarvis**, Director of Programs, Young Professionals Chronic Disease Network, Canada
- **Rhea Saksena**, Global Policy Coordinator, NCDFREE, United Kingdom

| SPEAKER

- **Rachel Thompson**, Research Associate, Chatham House, United Kingdom

