

## **Statement**

# **The Political Economy of Non-communicable Diseases: A Whole of Society Approach**

We, Ministers of Health, representatives of government institutions, civil society organizations, communities, academia, the private sector and development partners, participants in the Prince Mahidol Award Conference 2019, gathered in Bangkok on 1-3 February 2019 to learn, share experiences and commit to act;

1. Reaffirming the right to health enshrined in the Universal Declaration of Human Rights, the World Health Organization Constitution, and the 1978 Declaration of Alma-Ata and 2018 Astana Declaration on Primary Health Care, defined as the enjoyment of the highest attainable standard of health as a fundamental right of every human being;
2. Welcoming the vision of the 2030 Agenda for Sustainable Development for a society that is just, equitable and inclusive, leaving no one behind, its call for countries to take urgent action to combat climate change and its impacts, and ensure healthy lives and promote well-being for all at all ages, including by reducing premature mortality from non-communicable diseases (NCDs) by one third by 2030 through prevention and treatment, ending malnutrition in all its forms, and promoting mental health and well-being;
3. Reaffirming the Rio Political Declaration on the Social Determinants of Health 2011 which recognised that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable;
4. Deeply concerned by the growing burden of non-communicable diseases (NCDs) including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, as well as mental health conditions, and their shared risk factors (tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol, and the environmental determinants) globally and especially in low and middle income countries, that experience the vast majority of premature deaths from NCDs (86%) and the disproportionate impact on poorer people and communities;
5. Aware of the detrimental impacts of NCDs including mental health conditions on sustainable development and the projected economic cost to developing countries of over US \$21 trillion between 2011 and 2030;
6. Aware of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, adopted in 2010 by the World Health Assembly, and cognizant that

inappropriate food marketing has a harmful impact on children's eating behaviours and body weight;

7. Recognizing the UN Decade of Action on Nutrition (2016-2025), through which Member States can commit to increase investments for better nutrition and healthy diets, the availability and affordability of healthy, safe nutritious food, including fruits and vegetables, and ensure implementation of coherent policies and effective programmes, following the recommendations of the ICN2 Framework for Action in support of the goals of the 2030 Agenda for Sustainable Development;
8. Recalling the commitments in Political Declarations of 2011, 2014 and 2018, in which Heads of State and Government and their representatives, recognized that effective NCD prevention and control requires whole-of-government approaches, acknowledged the important role played by all relevant stakeholders, recalled the need to protect public health policies for NCDs from undue influence by any form of real, perceived or potential conflict of interest, active industry interference to governments' NCD prevention and control policies, and reaffirmed that whole-of-society action must be bold and equity-based in order to achieve the NCD targets;
9. Noting the insufficient and uneven progress to date, and the 2018 Political Declaration's commitments to accelerate NCD responses and increase global awareness, action and international cooperation on environmental risk factors; while acknowledging the progress achieved by some countries on honouring previous political commitments;
10. Emphasizing the importance of universal health coverage, the principle of leaving no-one behind and recognising the concept of human security, for reducing premature NCD-related illness and mortality, especially inequities thereof;
11. Concerned by the persistent lack of adequate, predictable and sustained resources and institutional capacities required to address NCDs in primary prevention and health systems responses and fulfill national and global commitments;
12. Recalling the Addis Ababa Action Agenda on Financing for Development, which recognized price and tax measures on tobacco as an effective and important means to reduce tobacco consumption and associated health-care costs, while representing a potential revenue stream for financing for development in many countries;
13. Recognizing that every US\$ 1 invested in the WHO 'Best Buys' will yield a projected return of at least US\$ 7 by 2030. Implementing these cost-effective interventions will contribute to a 15% reduction in premature mortality by 2030, prevent more than 17 million episodes of ischemic heart disease and stroke cases and save 8.2 million lives in low- and lower-middle-income countries (LMICs) by 2030;
14. Recognizing that alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks; that although evidence is available on the most cost-effective 'best buy' actions which include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across all

types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol; these are yet to be fully implemented;

15. Aware of the economic, commercial and market factors which contribute to NCD burdens and inequities and require specific attention, including through strengthened regulatory systems and governance structures which identify and address conflicts of interest;
16. Recalling the significant impact of the AIDS response on global health and recognising how its key structural elements as well as service platforms could guide the response to NCDs, particularly the contribution from partnership between national authorities, civil society, private sector, and development partners.
17. **Agree** to work together and across sectors and levels to accelerate action to prevent and control of NCDs, in particular;

**National governments, in partnership with civil society organisations and communities, and with support from development partners as appropriate, to:**

- a. Commit to three to five years of politically driven, intensive efforts to scale up national responses to attain SDG target 3.4 based on affordability, promoting quality and innovation;
- b. Expand affordable and sustainable access to healthy diets that are sustainably produced, quality NCD prevention and care services and develop and enforce measures to prohibit any form of discrimination in their access;
- c. Establish and regularly convene multi-sectoral coordination structures that enable effective cross-sectoral actions including by safeguarding and managing conflicts of interests which unduly influence NCD prevention and control policies, adhering in particular to article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) that calls on Parties to protect policies from commercial and other vested interests of the tobacco industry in accordance with national law;
- d. Increase domestic financing and accelerate investments in NCD prevention and control, in particular 'Best Buy' interventions, including those based on investment case derived priorities, and those which would increase the availability and accessibility of technical assistance.
- e. Ensure that families, communities, civil society, historically vulnerable and excluded groups, including women and girls, young people, people living with NCDs and the general public can engage in and inform the design, delivery and accountability of policies, services, programmes and initiatives and effectively claim their rights and in particular develop gender-sensitive approaches to delivering population and individual services taking into account the needs of women and girls.
- f. Ensure the inclusion of children and young people in all aspects of NCD prevention and control policies and strategies, recognizing that many major risk factors are shaped early in life, that addressing them requires the involvement of families, and that NCDs are increasingly affecting younger people.

- g. Minimize policy incoherence across government agencies which weakens NCD prevention and control policies and programmatic actions;
- h. Ensure that trade and investment agreements consider and prevent any adverse consequences for NCD prevention and control, and do not restrict governments from introducing policies and laws, including in relation to the regulation of health-harming products and polluting processes and ensuring access to healthy diets and life-saving medicines.
- i. Encourage the development of evidence-based global framework treaties, standards and norms that address health-harming products, including but not limited to alcohol and products high in saturated fats, simple sugars and salts, and stimulate and reinforce the development of framework legislation at national level as well as global and regional policy coherence.
- j. Ensure population-wide coverage of effective regulatory measures to reduce demand for and supply of health-harming products, including but not limited to raised excise taxes and bans or restrictions on marketing, promotion and sponsorship and restriction of availability.
- k. Raise public and political awareness on NCDs and their economic burdens through the life-course, their risk factors, and health service access, development of health workforce, strengthen NCD health literacy in the population, noting how dimensions of inequities are shaped by these, and underscoring the need for all stakeholders to accelerate effective and equity-based responses;
- l. Invest in priority NCD-related policy and implementation research to evaluate health impacts of public policies on food security, trade, agriculture, and rural/urban development, as well as the analysis of enablers and barriers to establishing cross-sectoral coordination mechanisms.
- m. Strengthen the health system response to NCDs by (i) prioritizing sectoral and intersectoral public health action delivering effective health promotion disease prevention and equitable access to health care throughout the life course, (ii) moving towards multi-profile primary health care proactively managing population health and integrated with other levels of health and social care, and (iii) investing in the health workforce to ensure a skill mix and competencies fit for the future integrated service delivery models centered around people and their needs and (iv) Emphasize the importance of integrating the responses at all levels, including community systems, to address the interface between NCDs and communicable diseases like HIV/AIDS and TB;
- n. Strengthen the national monitoring and evaluation systems which contribute to increased accountability for commitments made on NCD prevention and control, including by reporting progress through the annual High-level Political Forum national review processes and the SDG reporting requirements.

**Development partners, including United Nations agencies, international organizations, development banks, foundations and others, to:**

- o. Support efforts to build and strengthen the institutional, administrative and scientific capacity of governments and civil society for integrated, multisectoral and participatory approaches to the prevention and control of NCDs, within and beyond the imperative of universal health coverage;
- p. Facilitate south-south and triangular collaborations and exchanges of knowledge and experiences across countries and regions, especially with regards to the implementation of Sustainable Development Goal targets 3.4, 3.5, 3.8, 3.9, 3.a, and 3.b as well as related targets across Agenda 2030 including but not limited to those on poverty, hunger, malnutrition, energy, economic growth, climate change and environment, inequalities, consumption, governance and policy coherence.
- q. Leverage existing partnership structures including the Global Coordination Mechanism on NCDs, the UN Inter-Agency Task Force on the Prevention and Control of NCDs and the UN Sustainable Development Frameworks to support state and non-state actors, including the private sector and private foundations as appropriate, as well as research institutions, to scale-up their responses, while increasing their accountability towards the prevention and control of NCDs.
- r. Encourage the development of an evidence-based comprehensive normative and technical support framework that expands the coverage and depth of taxes on sugar sweetened beverages, tobacco and alcohol products; fiscal reforms on polluting fuels and technologies (e.g. fossil fuel subsidies) and establishes/enforces bans on marketing of health-harming products;
- s. Protect, promote and support breastfeeding for every breastfeeding (lactating) woman, everywhere, at all times;
- t. Develop, in line with the relevant resolutions of the ECOSOC, the Political Declaration of the Third high level meeting of the General Assembly, the recommendation of the WHO Independent High-Level Commission on Noncommunicable Disease, a mechanism for providing catalytic financing to support countries in developing targeted, prioritised and fiscally sustainable national NCD response plans and structures.

**All stakeholders including development partners, industry, academia, professional organizations, health workers, civil society organizations, environmental and climate change actors and others;**

- u. Raise public and political attention to addressing environmental determinants and risks for NCDs, at local, national, regional and global levels, and support the scale up of integrated approaches with a focus on addressing the relationship between air pollution and premature deaths from NCDs, as well as other key environmental and climate-related risk factors of NCDs, including with a particular focus on women and children.
- v. Invest in building and strengthening the evidence-base interventions which address the commercial determinants of NCDs, make visible the adverse effects of industry interference in

policy, and working within and across our respective institutions to accelerate bold and equity-based approaches to NCDs.

- w. Support the development and strengthening of public-private partnerships, while ensuring that such partnerships effectively address any conflicts of interest between economic interests or incentives and public health, giving priority to the right to health, the commitments made for NCD prevention and control, and the pledge to leave no one behind.