



PMAC|2019

THE POLITICAL ECONOMY OF NCDs : A WHOLE OF SOCIETY APPROACH

SYNTHESIS

Summary, Conclusion & Recommendations

3 February 2019

09:00-10:30



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE



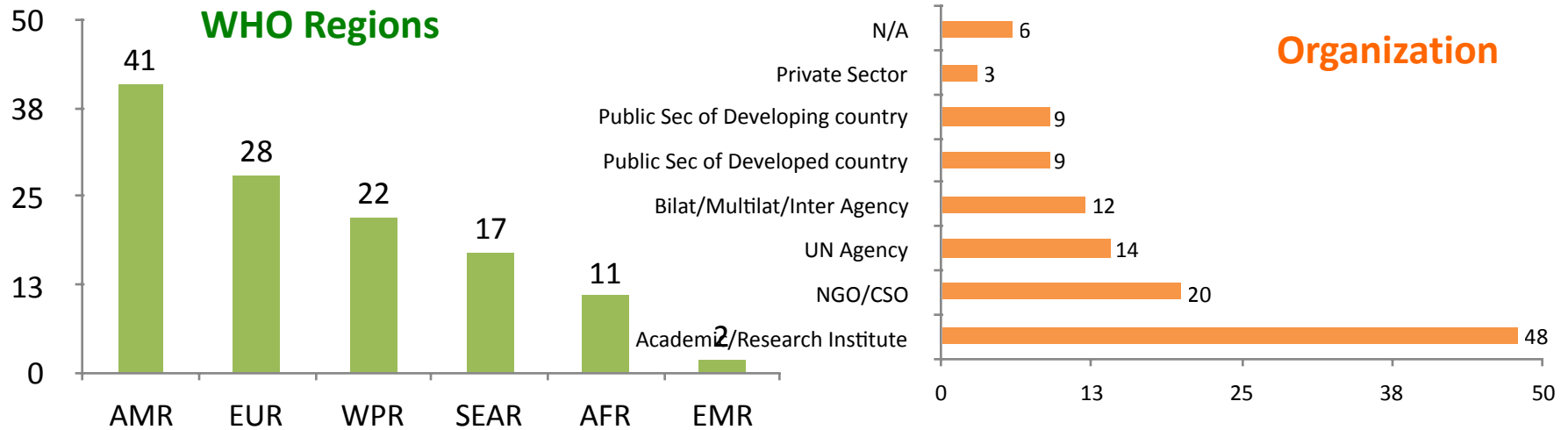
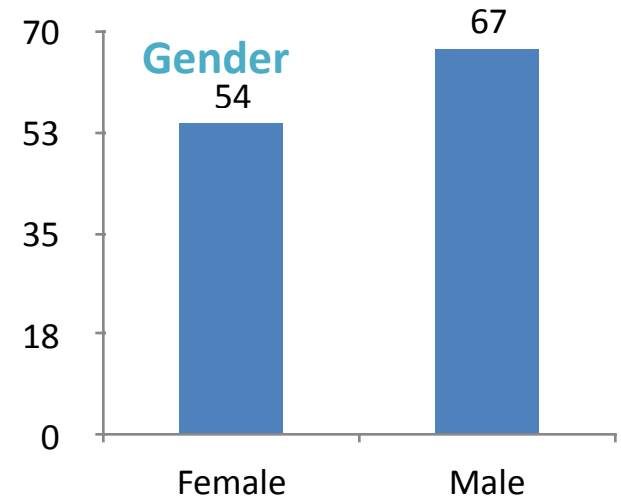
Government Offices of Sweden



Conference programme structure

- Pre-conference: 29 – 31 January 2019
 - 52 side meetings
 - 6 field trips
- Main conference: 1 – 3 February 2019
 - 3 keynote addresses
 - 4 plenary sessions
 - 15 parallel sessions
 - 4 abstract sessions
 - 6 special events
 - 34 E-poster presentations
 - 421 entries of World Art Contest
- Total registered participants
 - 1,090 participants from 77 countries (F 52%, M 48%)

19 Plenary and parallel sessions
121 Moderators/speakers/panelists



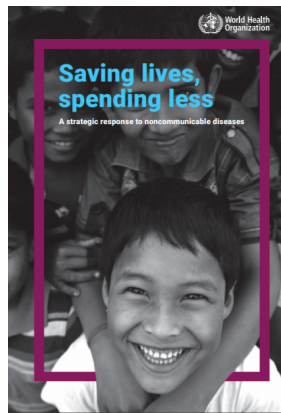
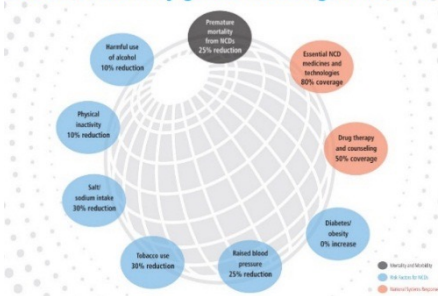
Conference Summary and Synthesis

1. BACKGROUND

1.1 Global commitment on NCDs

Political declaration of the 1st, 2nd 3rd
HLM of the GA on the prevention and
control of NCDs (2011, 2014, 2018)

Set of 9 voluntary global NCD targets for 2025

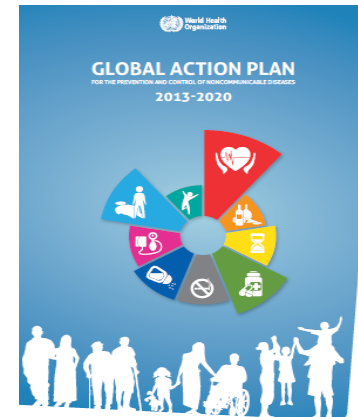


United Nations
General Assembly
Distr.: Limited
3 October 2018
Original: English



'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases

TACKLING NCDs



Meet SDG3.4 to, by 2030, reduce by 1/3 premature mortality from NCDs and promote mental health and well-being



SDG 3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate



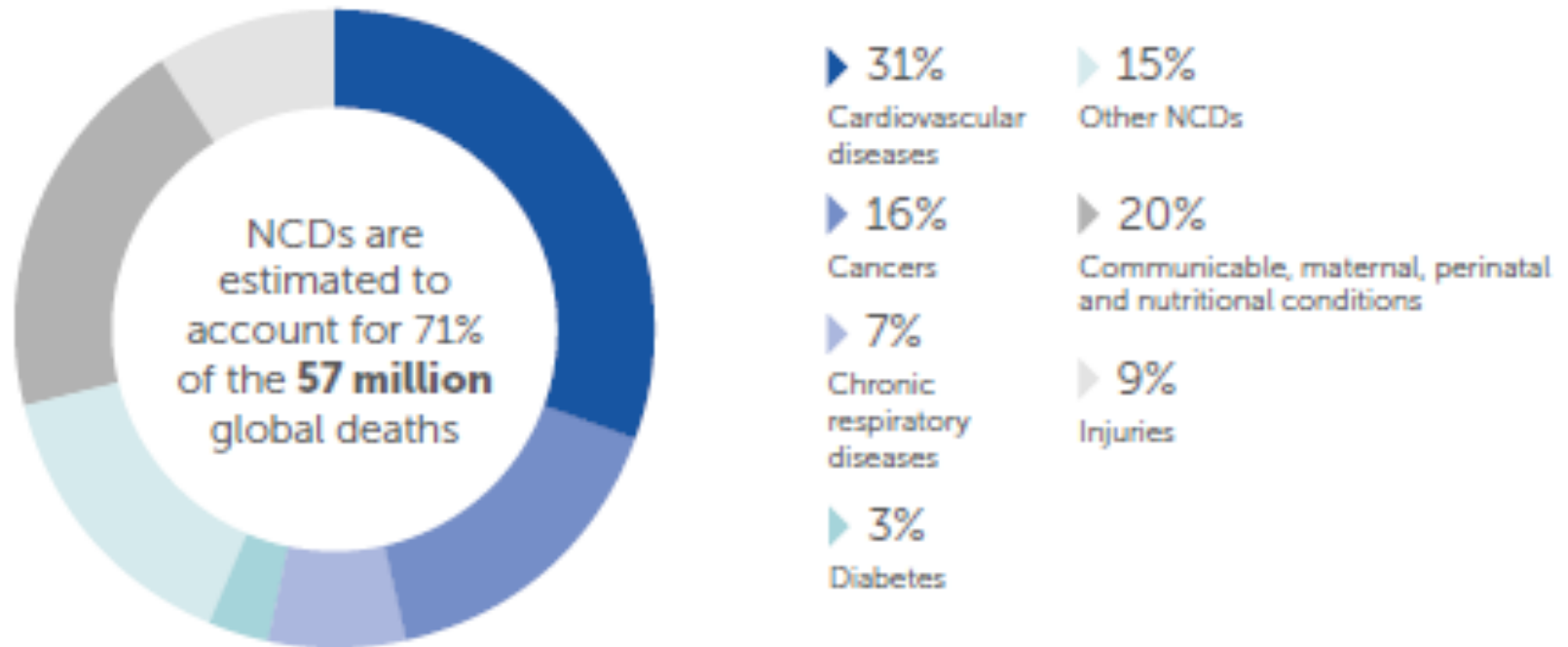
FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
S E C R E T A R I A T

1.2 NCD situation

- NCDs cause **the highest burden** of disease across the world, and yet financing of NCD prevention and control is largely **inadequate**.
- NCDs are rooted in the **social, economic, environmental** and **commercial** determinants of health and cannot be stopped through individual action alone.
- Despite availability of scientific evidence and cost-effective interventions, implementation of high-level commitments has been **slow in many LMICs**.

Painful facts

NCD causes 41 Million deaths of the 57 Million global deaths

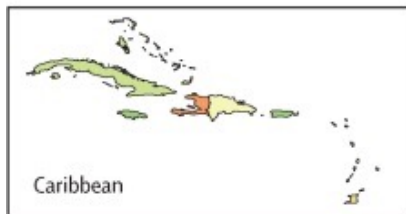
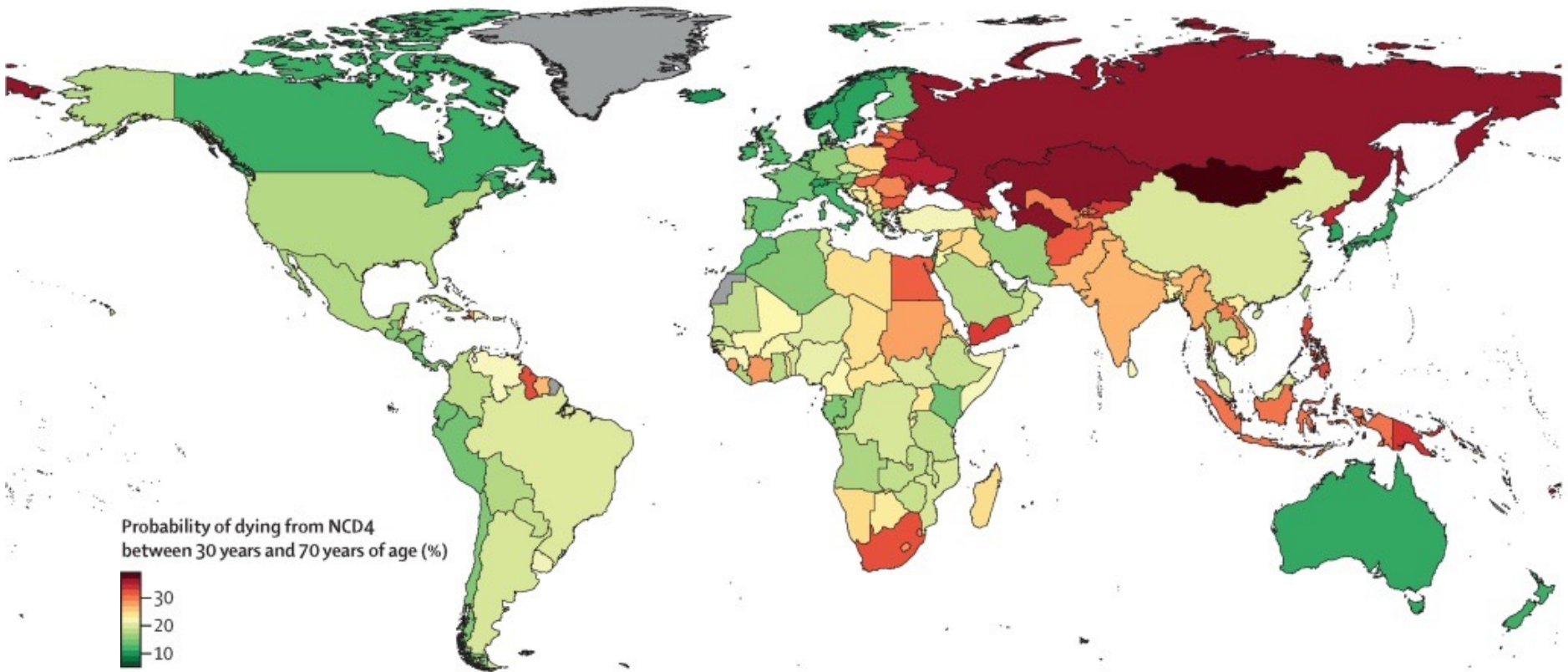
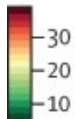


Source: WHO NCD country profiles 2018

78% of NCD deaths occurred in LMICs

Men

Probability of dying from NCD4
between 30 years and 70 years of age (%)



Bahrain	Brunei	Cape Verde	Comoros	Fiji	Federated States of Micronesia
Kiribati	Maldives	Mauritius	Montenegro	Samoa	São Tomé and Príncipe
Seychelles	Solomon Islands	Tonga	Vanuatu		

Key fact: Risk factors, metabolic risk factors



- 6.4 litres of consumption
- 11% of global deaths



28% of adults and have not decreased in the past 15 years



Average intake of 9-12 grams



Attributed to >180,000 global deaths



Kills more than 7 million



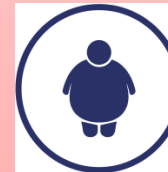
7 million premature deaths



22% of adults



Nearly quadrupled since 1980



650 Million obese adults

2. Problem stream and root causes

2.1 NCDs, risk factors and consequences

- Influenced by a series of complex, dynamic and intertwined determinants requiring effective multisectoral actions
- Neglected in particular in high burden of communicable diseases.
- Emerging risk factors: air pollution, climate change contribute significantly to NCD

2.2 Social determinants of NCDs

- Social inequality; poverty, lack of education, unemployment

2.3 Commercial determinants of NCDs

- Unhealthy commodities industry and harmful corporate practices: **powerful, deep pocket, unethical marketing** – e.g. *promoting unhealthy foods to children, misled discourse*
- **Lobbying** by trans-national corporation, digital marketing, and interferences by industry to policy makers
 - *Tobacco industry cigarettes account for around 2/3 of the illicit cigarette market, industry resists and interferes with the “Illicit Trade Protocol” Litigation in international and domestic trades*
- **Perceived COI** between regulators, government officials and industries, regulatory capture and industry funded research and foundation such as *Foundation for a Smoke-Free World was funded by PMI*

3. Challenges

3.1 Policy and implementation gaps

At global levels

1. Lack of internationally legally binding instrument in regulating NCDs risk factors, except FCTC
2. Low engagement of social and community
3. Policy inertia: Lack of accountability mechanism
4. Unethical global financing systems

At national levels

1. Lack of political will and leadership
2. Weak governance : corruption, COI
3. Poor progress in closing the “know-do gaps”
4. Lack of effective, timely M&E to hold partners accountable
5. Lack of mechanisms, infrastructure, resources to facilitate policy adoption and implementation, especially in LMICs
6. Limited investment in health
7. Inadequate multi-sectoral action
8. Policy inertia: weak regulatory capacities
9. Lack of policy coherence between public health goals and economic growth
10. Short tenure of political leaders

3.2 Evidence gaps

- Lack of political economy analysis in public health arena
- Lack of policy evaluation and assessment
 - in holistic approach
 - on health outcomes (such as taxation, SSB tax)
- Limited evidence on emerging health risks (pollution, climate changes)
- Limited evidence in LMICs

4. Solutions and role of actors

4.1 Actions by global actors

a. Global governance regimes

- International agreements:

- Learning from FCTC, UN member states can negotiate for FCAC, FCFS
- It helps foster coherent policies and regulatory measures against industry interferences

- Global NCDs framework

- Continuously review and implement Global Frameworks which promotes multi-sectoral collaborations and foster impacts
- Strengthen accountability across all stakeholders: health, non-health, public and private, at country, regional, and global levels

4. Solutions and role of actors (continue)

b. Global financing mechanisms

- Fill the funding gaps for NCDs implementation in particular in LIC
- Align Development Assistance for Health with countries' NCD prevention and control plans and improve effectiveness and efficiency of ODA pool
- Integrate NCD into existing financing mechanisms and explore new innovative financing sources and models through bilateral & multilateral cooperation (e.g. catalytic trust fund for NCD)
- Regional tobacco tax harmonization can reduce cross border smuggling; shifting profits out of higher-tax jurisdiction and tax evasion

4.2 Actions by national actors

a. Improve governance and leadership

- Strategic leadership, prioritize health in public sector budget and resource allocation for NCD
- Greater policy coherence through whole-of-government and health-in-all-policies approaches
- Strengthen good governance, transparency, accountability, regulatory and enforcement capacities, improve legal capacities

4.2 Actions by national actors

a. Improve governance and leadership(cont.)

- Paradigm shift: beyond the health sector
 - From health systems to systems for health;
 - From survival and treating diseases to enabling people to live healthy lives
- Implement the cost-effective, affordable interventions, good practices, and WHO 16 best-buys
- Strengthen leadership
 - Establish effective multi-stakeholder and multi-sectoral coordination mechanisms at the highest level to ensure the whole of government, whole of society approach

Singapore's War on Diabetes

Government declares war on diabetes



Minister for Health Gan Kim Yong, TODAY's photo

"We need to tackle the diabetes challenge. Therefore, I am declaring war on diabetes."

*Minister for Health
Gan Kim Yong
in Parliament,
April 13th, 2016*

Aim

To mobilise a whole-of-nation effort to fight diabetes.

Vision

To create a supportive environment for Singaporeans to lead lives free from diabetes and for Singaporeans with diabetes to manage their diabetic condition well.



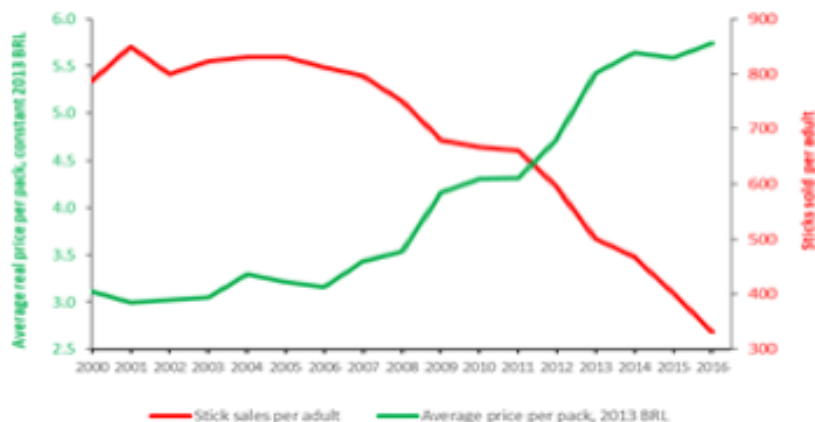
Source : Yik Ying Teo

4.2 Actions by national actors

b. Address financing gaps

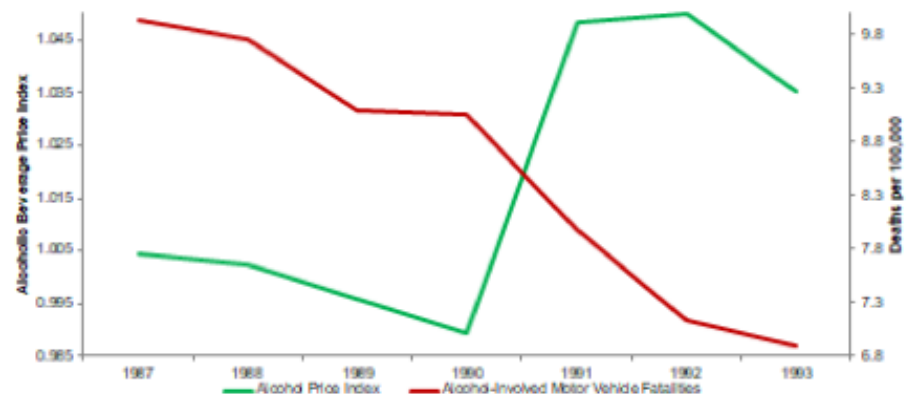
- Adequate funding for implementation of NCD action plan, multi-sectoral action
- Mobilizing additional fund: introduce pro-health taxes

Cigarette Prices and Per Capita Cigarette Sales in Brazil, 2000-2016



Source: Based on Iglesias 2016

Alcohol Prices and Alcohol-Related Traffic Fatalities, US, All Ages, 1987-1993



Source: tobaccoeconomics.org

Source: Dr. Johanna Birckmayer

4.2 Actions by national actors

b. Address financing gaps(cont.)

- Prioritization: explicit criteria to prioritize budgets for prevention and promotion
- Provider payment: design provider payment to support continuum of care; utilize payment information to inform service provision
 - Shifting from paying individual service contact to support care coordination

4.2 Actions by national actors

c. Improve implementation capacities

- Reforming health delivery systems to respond to demographic and epidemiologic transitions
- Improve health systems response
- Ensure diagnostic and essential medicines for NCD and mental health available at PHC level
- Strengthen FCTC implementation in particular in LMIC
 - Legislation e.g. plain packaging
 - effective enforcement and implementation
- Implement 16 best buys in line with country context
 - Singapore's War on Diabetes: National policies on NCD prevention guided by global intelligence

SSB interventions – evidence base

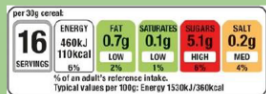
Mandatory Front-of-pack labels on product packaging

Mandatory front-of-pack labels for SSBs to inform consumers about the nutritional quality:

Nutri-Score in France (2017)



'Traffic Light' Label in UK (1st introduced in 2006)



Warning label in Chile (2015)



"High in sugar"

Restrictions on advertisements of high sugar SSBs

Restrictions on advertisements on high sugar SSBs targeted at children:

- Australia (self-regulation)
- Canada (statutory in Quebec, self-regulation in the rest of Canada)
- Chile (statutory)
- Denmark (self-regulation)
- EU (self-regulation)
- Finland (self-regulation)
- Ireland (self-regulation)
- The Netherlands (self-regulation)
- Norway (statutory)
- South Korea (statutory)
- Sweden (statutory)
- Taiwan (statutory)
- UK (statutory)
- US (self-regulation)

Mandatory health advisories on advertisement

Health advisories on advertisements for high sugar beverages:

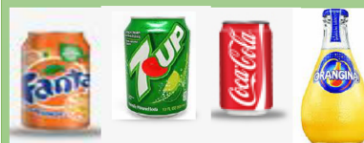
France (2007)
San Francisco (2016 - Delayed)
Peru (2017)



Taxes/ Excise duties on SSBs

Taxation on SSBs is the most common measure internationally:

- Finland (1940)
- Norway (1981)
- Hungary (2011)
- France (2012)
- Berkeley & Mexico (2014)
- Chile (2015)
- Philadelphia (2016)
- Portugal & South Africa (2017)
- United Kingdom (2018)



Ban on high sugar beverages in schools

Ban on sugary beverages such as carbonated soft drinks in schools:

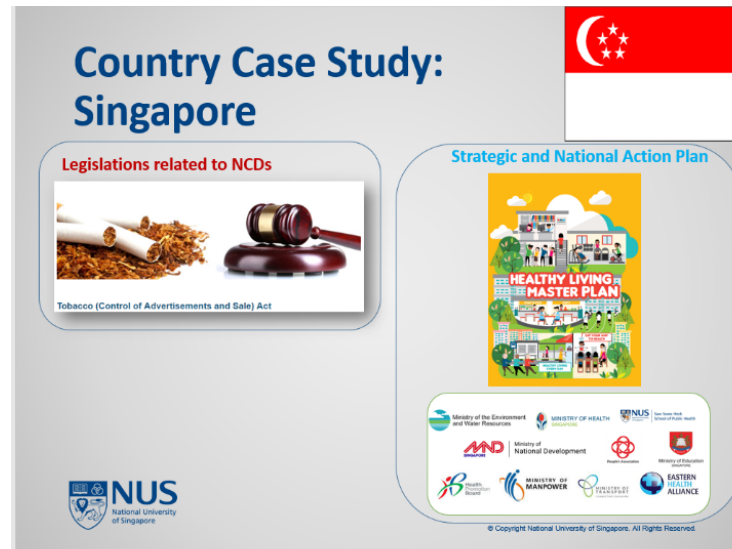
- United States & Singapore (2016)
- Israel (2017)
- France (2005)
- South Korea (unspecified date)



4.2 Actions by national actors

d. A whole of society approach

- Political economy lens
- Using Universal Health Coverage lens
- Example of Singapore and Philippines: Whole-of-Government and Whole-of-Nation strategy



4.2 Actions by national actors

d. A whole of society approach (cont.)

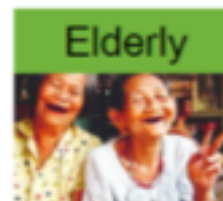
- Collaboration and partnership:
 - Empower and strengthen the capacity of civil society: synergies with other social movement e.g. climate change and environment
 - Public Private Partnerships must engage the right members from the start and manage of COI i.e. MOH, MOF, civil society etc.

d. A whole of society approach(cont.)

- Public awareness and improve health literacy
 - Raise awareness about the public health burden caused by NCDs & the relationship between NCDs, poverty and social and economic development
- Changing environments including physical, economic, digital and social is the most promise for changing behavior in the populations.



How ThaiHealth works



Collaborates with ministries, departments, local governments, armed forces, police forces, private organizations, temples, universities, schools, etc.



Health risk factors: alcohol, tobacco, road accidents,

unsafe sex

Health promotion factors: **Physical Activity, Food**

Promotes learning and communication of health status, creative activities, volunteering, art and culture, religion, reading, media awareness

e. Information system

- Address evidence and information gaps, highlight case NCD health and economic burden
- Support evidenced based social movement and policy advocacy
- De-normalization and correcting misinformation through involvement of health, non-health sectors, public media, civil society
- Investing in implementation research and use of information for policy monitoring

4.3 Actions by Community

- Civil engagement & social mobilization to drive political actions.
- Engaging people living with NCD in the responses
- Building alliances and coalition for NCD at the community level e.g. Healthy city movement
- Sri Lanka: establish community infrastructures for management and control of NCDs
 - Establish Healthy Lifestyle Centres in 2011
 - Launch of well women clinics in 1996

4.4 Actions by Individual

- UK experiences on Change for life—App, empowering consumers
- Application of NUDGE theory in combination with CHOICE architecture to influence individual behaviour in favour of healthy choices



PMAC 2019 – healthy meeting

- Set global and national norm and standard of healthy and active meeting

Healthier Food and Nutrition

- Variety of grains
- Fruits and vegetables
- Water as default
- Alcohol-and tobacco free
- Less use of plastic

Physically active

- Standing zone during meeting
- Active breaks
- Active zone

Mental pleasant environment

- Massage
- Meditation



Lead Rapporteur and Rapporteur Coordinator

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Ong	Suan
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