



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.





Panelist

Karl Theodore

Director

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Prof. Emeritus Karl Theodore is the Director of the HEU, Centre for Health Economics at The University of the West Indies. As a professor of economics at the Department of Economics on the St. Augustine Campus, he taught Public Sector Economics and Fiscal Policy and Development as well as Health Economics. He has also supervised research in these areas for many years. His early work focused on fiscal policy, including tax reform issues, the social sectors including health and social security, and public policy in general. As such, he has functioned in an advisory capacity to many of the regional and international agencies that operate in the Caribbean and where interest is the social sectors. Prof. Theodore over the years has worked closely with the Trade Union Movement, the Credit Union Movement and the Social Security Organizations. His professional work has been mainly directed at protecting the economic position of the ordinary people of our society. He is strong in the belief that the management of our economic affairs has been and continues to be a source of unnecessary hardship to many people. For this reason, he has in the past found it necessary to speak out publicly when economic policies, which he thought were harmful, were being proposed or adapted. In shifting his focus to health Prof. Theodore has concentrated on the efficiency of health systems and on the way these systems touch the lives of the ordinary people in these countries. In this respect much of his work has focused on the health financing system. He has led a multidisciplinary team of professionals in producing a number of technical reports for governments and international agencies and has also produced significant pieces of work on the operations of the health systems in different countries of the Caribbean region. The HEU, Centre for Health Economics (formerly the Health Economics Unit) was founded in 1995 and continues to do extensive work on Health System Strengthening Country Support and related activities in Health, Policy Design and Social Security in the region. Professor Theodore continues to lead a team of professionals with extensive experience in National Health Insurance and Social Security and has co-authored research on fiscal space for the health sector as well as on the economic impact of HIV/AIDS and non-communicable diseases.