Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

PHM Watchers Presentation

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presented by: Sherif Olanrewaju, Dimosthenis Papadatos

TOGETHER
LET'S BEAT NCDs

Preparing for the third UN High-level Meeting on NCDs, 2018

Factors driving NCDs

EB142/15: NCDs & SDG 3.4

The report in EB142/15, includes:

- A synopsis of the pattern of distribution of the burden of Non-communicable diseases, reflecting an increasing disparity between high income countries and low & middle income countries, with more burden on low income and lower middle income countries; causing a major setback in the achievement Sustainable Development Goal target 3.4 (reduce by one third premature mortality from non-communicable diseases).

WHO highlights a number of hindrances to national and subnational implementation of recommended interventions for the NCDs prevention:

- Weak political willpower
- Inefficient health systems,
- Weak policy,
- Inability to establish cross-sectoral partnerships
- Program and regulatory capabilities
- Insufficient funding for NCD action
- Industry meddling

Our position

WHO' s strategy towards NCDs:

1. "double speech" concerning the causes

indicating the socio-economic development, poverty and globalization of marketing and trade, as factors causing NCDs, and in the same time seeing NCDs as "a threat to socioeconomic development"

2. disjuncture between analysis and policies at the level of remedies

designing anti-NCDs policies, that is to say policies against chronic diseases, under the spectrum of "cost-effectiveness" (e.g. mHealth) and underfunding

Causes

WHO (EB142/15) admits that:

1. the decline of risk of premature deaths from NCDs between 2000 and 2015 is **steeper in High Income Countries**

2. within countries (at all levels of development), noncommunicable diseases **particularly affect the poorest and most disadvantaged people**

3. despite commitments made in 2011, **members of the OECD** have not prioritized the prevention and control of noncommunicable diseases

4. interference by **industry** impedes the implementation of the best buys and other recommended interventions, including raising taxation on tobacco, alcohol and sugar-sweetened beverages

In the same time:

WHO avoids to name trade agreements, particularly related to US, EU and Canada *(see US language: "international trade obligations"),* as factors of the "nutritional transition" connected with NCD's.

It also neglects **psycho-social factors** of NCDs connected with **working conditions, unemployment and poor conditions of living.**

Trade policy and nutritional transition

Trade policy in several regions in the 1990s–2000s affected food availability in four ways:

a) lowering trade barriers, increasing imports and thus leading to greater availability and wider changes in trade policy
(e.g. the sharp rise in imports of chicken cuts with reductions in tariffs, or the response of Canadian French fry manufacturers to the Costa Rican Free Trade Agreement).

b) in the case of meat, affecting food availability through its effects on domestic production
(e.g. lower barriers for yellow corn imports stimulated chicken production in Central America, and may also have had implications for local corn farmers, given that US corn production is subsidized) [Morley S 2006].

c) expanding processed food markets
(e.g. processed cheese, whey, French fries, snacks)

d) establishing a two way relationship between food industry and MS: food industry responds to policy changes, simultaneously shaping policy itself

Remedies?

According WHO, the total cost for implementing a set of very cost-effective and affordable NCD interventions("best buys") in all developing countries would be **US$ 11 billion per year.**

A recent WHO and World Bank Group report showed that **400 million people do not have access to essential health services and**

* **6% of people in developing countries are tipped into or pushed further into extreme poverty** (US$1.25/day) because they had to pay for health services out of their own pockets

What is to be done?

"*If we come together to tackle NCDs, we can do more than heal individuals*"

Secretary-General Ban Ki-moon, UN General Assembly, 19 September 2011

Tackle NCDs means:

- Support national healthcare systems through taxation: mHealth can help, but not substitute them
- Tackle inequalities (double burden)
- Regulate trade: regulations mean prioritizing public health, not "hand-tying" development
- Tackle inequalities in the workplace