Sectoral cooperation in the prevention and control of Noncommunicable diseases

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Presentation

- The magnitude of the problem
- The causes and consequences of the problem
- Sectoral cooperation in the solution
- The nature of sectoral cooperation
- Tools of sectoral cooperation
- Possible roles for WHO
The Global Burden of Disease

- Leading causes of DALYs for low- and middle-income countries:
  - Perinatal conditions
  - Lower respiratory infections
  - Ischemic heart disease

- Leading causes of DALYs for high-income countries:
  - Ischemic heart disease
  - Cerebrovascular disease
  - Unipolar depressive disorders
The Global Burden of Disease

- Causes of death for low- and middle-income countries:
  - Non-communicable diseases (54%)
  - Communicable diseases (36%)
  - Injuries (10%)

- Causes of death for high-income countries:
  - Non-communicable diseases (87%)
  - Injuries (7.5%)
  - Communicable diseases (5.7%)
NCDs in SEARO

- 13.7 million total deaths in 2012
- NCDs account for 8.5 million (62% of total)
  - 3.7 million deaths from CVD
  - 1.8 new cases of cancer annually
  - 86 million diabetics
  - 1.5 million deaths from chronic respiratory disease
Determinants of NCDs

**Social**
- Urbanization
- Organization of work
- Globalization

**Economic**
- Poverty
- Affluence

**Environmental**
- Air pollution
- Carcinogens
Cars passed for fitness in Jamaica (000)
NCDs and their determinants

Note also the reverse causality
Impact on social determinant

- **Equity**
  unfair distribution of life chances-inequity disproportionate impact on the poor

- **Social cohesion**
  stigma and discrimination-esp. cancer and diabetes
  chronic care –social fraction

- **Gender**
  early male death-widowhood and poverty

- **Education**
  especially of females
Impact on economy

- **Effect on macroeconomy**
  
  *eg 37 $trillion dollars over next 2 decades (Bloom); impact on GDP*

- **Effect on microeconomy**
  
  *poverty and preventing escape from poverty trap*

- **Fiscal consequences**
  
  *increased government expenditure in care, pensions, etc*
Impact on environment

- Less easy to show direct impact of NCDs per se on the environment.

However, it is possible to show impact of the NCD risk factors on the environment e.g.

- Tobacco production and climate change
- Food production and climate change.

(livestock production responsible for 18% global GHG-more than transportation)
NCDs and their risk factors

Non modifiable
Age, genes, fetal origins

Behavioral
* Tobacco use
* Alcohol
* Diet
* Physical activity

Metabolic
* Obesity
* Blood pressure
* Cholesterol

Modifiable

NCDs
* Heart disease
* Stroke
* Cancer
* Diabetes
* Chronic Resp. Disease
First: Recognizes “A challenge of epidemic proportions.”

Next: as the first focus of the response to the challenge.

“Recognizes that the rising prevalence, morbidity and mortality of NCDs worldwide can be largely prevented and controlled through collective and multisectoral action by all member states and other relevant stakeholders…”
Reaffirm our commitment to address the global burden and threat of non-communicable diseases, which constitute one of the major challenges for development in the twenty-first century... may lead to increasing inequalities within and between countries and populations.
“Reaffirm our commitment to advance the implementation of multisectoral, cost-effective population-wide interventions….

“Recall that effective non-communicable disease prevention and control requires leadership and multisectoral approaches to health at governmental level….”
Multisectoriality

Reference to sectoral or multisectoral activity in UN “health” documents

*Political Declaration NCDs (2011)............15

*Political commitment HIV/AIDS (2001)........2

*UN High level Review (2014)----------------------21

? Significance and policy implications of new emphasis
NCDs in SEARO Situation and Response (2011)

- **Major Challenges** (inter-alia)
  - Lack of strong national partnerships for *multisectoral* action
  - Difficulties in engaging *industry and the private sector*
Sector

“A distinct subset of a market, society, industry or economy where components share similar characteristics”
Intersectoral Action for Health

A Cornerstone for Health-for-All in the Twenty-First Century

Report of the International Conference
20-23 April 1997
Halifax, Nova Scotia, Canada
“a recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes, (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone”.
1-Sectoral cooperation is fundamental for executing the commitments in the Political Declaration and for the prevention and control of NCDs.

2-But there must be much more clarity about the nature of such cooperation and the means of effecting it.

3- In these documents the terms multisectoral and intersectoral are used interchangeably, but there is a fundamental difference between multisectoral and intersectoral forms of cooperation.
Taxonomy of sectoral cooperation

**Multisectoral cooperation** embraces cooperation among agencies of government (*whole of government*)

**Intersectoral cooperation** expresses the relationship among the critical three sectors of the state—the public sector (government) the private sector and civil society (*whole of society*)

See “Sectoral cooperation for prevention & control of NCDs”—George Alleyne, Sania Nishtar
Multisectoral cooperation

Individual and population health status

Services

Health

Government Divisions

A

B

C
Multisectoral cooperation

CVD

Health
Trade
Agriculture

Interest

Parochial  ++

Liberal  ++  +  +
WHO Technical cooperation

- Promote health as a development issue and a state concern
- Promote tools to facilitate interaction among government sectors
  - Appropriate national plans
  - Impact assessment
  - Data on national expenditure on NCDs—— (see UNDP CPEIR)

*(See Health Lens Analysis from the “Adelaide Statement”)*
Platform for multisectoral cooperation

Analytical framework

Key sectors
- Health
  - Agriculture
  - Environment
  - Finance
  - Planning
  - Urban planning
  - Transport
  - Trade

Modifiable risk factors
- Tobacco
- Alcohol
- Diet
- Physical activity

Government policy

Expenditure Policies Programs
Climate public expenditure and institutional review (UNDP)

- An assessment of current policy priorities and strategies as these relate to climate change;
- A review of institutional arrangements for integrating climate change policy priorities into budgeting and expenditure management processes; and
- An analysis of public expenditure and its relevance to climate change.
The pluralist state (society)

- Comprised of a multitude of groups (sectors) exercising power over policy decisions which affect how citizens live

- Power derives from the resources available to the groups (sectors) and used by them
NB.

I exclude those groups external to the individual state whose actions affect public policy (Non-state actors) e.g.

- International NGOs
- Multilateral corporations
- International media
- International diaspora organizations
- Violent groups; cartels
The pluralist state

Government

Private sector

Civil society
The Anatomy

Government
- Well defined
  - Legislature
  - Executive
  - Judicial
  - But we refer here mainly to the executive, the administration, the bureaucracy.

Business
- Well defined
  - That part of the economy made up of companies
    - Raw materials
    - Manufacturing
    - Sales
    - Services

Civil Society
- Polymorphic
  - NGOs- thematic & non-thematic
  - FBOs
  - Professional associations
  - Academic institutions
  - Foundations
  - Media
  - Organized labor
Intersectoral cooperation

- Health
- Business
- Government
- Civil Society
- Health
Role of Government in NCDs

- Provision of services
- Health promotion
- Create an enabling environment
  - Legislation
  - Regulation
  - Taxation

*Make the healthy choice the easy choice*
Role of business in NCDs

(See para 44 UNHLM Political Declaration)

- Producing healthy products that are accessible-reduce salt in foods
- Create a healthy work environment
- Produce medicines and health technology-innovation
- Community capacity building
- Financial contributions

(NB Conflict of interests)
NGOs in NCDs-NCD Alliance

- Activism/Advocacy
- Dissemination of information
- Form communities of advocacy
- Form coalitions/alliances
- Constant evaluation and feedback
- Target Governments for implementation of commitments - accountability
NCD Alliance Steering Group Members
### Sectoral roles in addressing risk factors

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Government</th>
<th>Private sector</th>
<th>Civil Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>++++</td>
<td>-</td>
<td>+++</td>
</tr>
<tr>
<td>Physical activity</td>
<td>++</td>
<td>+/-</td>
<td>+</td>
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<tr>
<td>Alcohol</td>
<td>++++</td>
<td>-</td>
<td>++</td>
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<tr>
<td>Unhealthy diet</td>
<td>+++</td>
<td>++</td>
<td>?</td>
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Common intersectoral arrangements

- Govt/Business
  - Public/Private partnerships
  - Civil society as executing agent
- Govt/Civil society

Principal/Agent

Stewardship
WHO Technical Cooperation

- Foster development of intersectoral national commissions as called for in the OD
- Establish guidelines for the composition, governance of such bodies-conflict of interest
- Foster TCC in operation of such bodies
- Honest broker
If I had one hour to save the world, I would spend 55 minutes defining the problem and only five minutes finding the solution.

Albert Einstein