Urban Environments & NCDs: Engaging multiples stakeholders and sustainable environments to nurture a life free from NCDs

Summary of the pre-Dialogue caucus workshop at 19th European Health Forum Gastein

Gastein, 28 September 2016 9:00 – 11:00

1. Context

The WHO Global Coordination Mechanism on Noncommunicable diseases (WHO GCM/NCD) will host a Global Dialogue Meeting between 19 and 21 October 2016 on the role of non-state actors in supporting Member States in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development.¹ This Global Dialogue Meeting was preceded by four pre-Dialogue caucus meetings in the period between March and September. The World Health Organization held a workshop on urban environments and noncommunicable diseases (NCDs) at the 19th European Health Forum Gastein (EHFG) on 28 September 2016. This document summarizes the key messages discussed during the WHO caucus at the EHFG.

2. Background

By viewing cities as settings in which we can respond to the four major NCD risk factors (tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets), the aim of this workshop was to explore how population growth and diversification in the European cities presents serious obstacles to but also very real opportunities for the prevention and control of NCDs – including heart disease, stroke, cancer, diabetes and chronic lung disease. In other words, future innovative solutions to the rising health costs and social burden of NCDs were sought.

Given the growing population density and diversification of cities in Europe over the coming decades, and the growing burden of NCDs, which already account for 50% of the disease burden worldwide, health systems are under increased pressure. At the same time cities represent a unique access point for identifying multi-stakeholder solutions to the societal challenges these diseases present.

The WHO workshop sought to explore NCD interventions that require the engagement and cooperation of multiple stakeholders and multisectoral solutions. The purpose of the WHO workshop was thus to discover and highlight opportunities to tackle NCDs in the face of urbanization and the increased socioeconomic burden of NCDs that this brings, by drawing on multiple stakeholders and multisectoral solutions.

3. Caucus format and overview

The caucus was organized as a two-hour workshop with four presentations and a discussion open to the interested participants of the EHFG. It was chaired by Oleg Chestnov, Assistant Director-General for Noncommunicable Diseases and Mental Health, World Health Organization and facilitated by Yvonne Doyle, Regional Director, Public Health England. Opening greeting was provided by Helmut Brand, President, International Forum Gastein. Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe closed the workshop with concluding remarks.

There were around 50 people in the audience.

The four presentations were delivered by:

- Pamela Rendi-Wagner, Director-General for Public Health and Medical Affairs at the Federal Ministry of Health of Austria
- Karolina Mackiewicz, Development Manager, Baltic Region Healthy Cities Association, WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region
- Mariana Dyakova, Consultant in Public Health, Policy, Research and International Development, Public Health Wales
- Alexey Kulikov, Technical Officer, United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF)

Dr Pamela Rendi-Wagner’s keynote address on Austria’s multisectoral and multistakeholder approach to health explored some of the qualities and components of NCD responses that this workshop explored within the urban setting.
Ms Karolina Mackiewicz’s presentation on the Baltic Region Healthy Cities Association highlighted the burden of NCD mortality but explored interventions in an urban context that can reduce it as well as invest in the future health of communities.

Dr Marianna Dyakova’s experience in Wales showed us how governments can lead the way towards multisectoral and multistakeholder approaches to NCD prevention and control in cities.

Dr Alexey Kulikov outlined the support the UNIATF provides to governments to help them realise their mutual interest in the prevention and control of NCDs and urged municipalities to consider applying structures for multisectoral collaboration at a local level – NCDs are the business of all sectors, at every level of government.

After all presentations, the speakers were invited to discuss the issue further, answering questions posed by the audience.

4. Caucus discussions

During the presentations as well as open discussion, members of the audience, spanning a range of stakeholders and perspectives, reinforced many of the reasons why we need a whole-of-government and whole-of-society response to NCDs.

With urban environments as a setting that brings many of these stakeholders together in a local structure of governance, this workshop emphasised the necessity of involving stakeholders outside of government, non-State actors, and especially the private sector, in NCD responses.

During the presentations and audience discussion, six themes emerged:

1. The role of Healthy Cities in tackling NCDs,
2. The persisting challenge of health inequalities,
3. The need for a multi-stakeholder response,
4. Health in All Policies,
5. The need for more investment in health promotion, and finally,
6. The need to strengthen evidence-based policy making.

4.1 The role of Healthy Cities in tackling NCDs:

- To tackle NCDs, we need to solve the causes of ill-health: social determinants of health are mainly in the hands of the cities,
- Cities are the places where change is happening,
- Principles of WHO European Healthy Cities: cross-sectoral work for empowerment, equity and sustainable development – all of these components are also important for tackling NCDs,
- Cities do not have to focus on the diseases, they should create conditions for healthy living,
- The role of the mayor: political commitment needed, the mayors must work skilfully at the political level, a strong mayor can be a champion of health,
Creating resistant communities and social participation is critical to harness the huge potential, however community engagement must be properly designed and implemented in a realistic timeframe to harness the full potential of that intervention,

- There are thousands of interventions – those at the city level are very important, we must focus on the most cost-effective ones,
- There is a huge interdependence between regional, national, and local levels – scaling down and scaling up,
- Cities can implement in practice the concept of Healthy Urban Planning, promote access to physical activity for all, promote healthy diet in all possible settings and also cooperate with the private sector on e.g. accessibility of alcohol to young people, even though in general alcohol policies are regulated by the national law,

This relates very well with the 2030 Agenda for Sustainable Development, which places renewed emphasis on just how interconnected our social, economic and environmental ambitions are. Health promotion efforts grounded in a healthy cities approach can contribute to achieving the Sustainable Development Goals (SDGs), including SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable.

4.2 The persisting challenge of health inequalities

- Progress in tackling NCDs is uneven between countries: different paces exist between and within countries. That’s a worry but also an opportunity for benchmarking and learning what works and what does not,
- Social, environmental and economic contexts affect NCDs – not only how we prevent diseases but also how we are exposed to them,
- Several discrepancies: in most of the countries of the WHO European Region absolute life expectancy is increasing, healthy life expectancy is growing, but a gap is also growing,
- Action and impact is needed – how do we measure impact?
- Vicious circle of poverty and NCDs in low- and middle-income countries – access to health services,
- Health literacy: transparent, independent health information needs to be easily accessible.

4.3 The need for a multi-stakeholder response

- We need to be a bit courageous and prepared for trial and error,
- In some places, like in Austria, new processes are in place,
- Example: Austria has 10 health targets that were not created by experts but instead by 40 different stakeholders from the different political and societal aspects of society – representatives of six ministries etc. They spoke about how each stakeholder viewed each health topic from their particular field. At the end they ‘switched glasses’,
- Stakeholder and public engagement - it’s not perfect but it’s advancing: it forces public bodies to think together,
- Sustainable multisectoral mechanisms – engagement and strong relationships,
Different approaches are needed, using the non-obvious opportunities e.g. games. Games for Health etc.,

Examples:
- Promotion of physical activity in Finland – access to physical activity, the Kimmoke ticket for sport and cultural activities for people in the weakest economic situation (= cheap interventions that bring very good results)
- Promotion of healthy diet in Latvia – this intervention involves lots of partners, not so much the industry
- Reducing alcohol consumption and availability to young people in Estonia

4.4 Health in All Policies (HiAP)

- Tackling NCDs is ‘everybody’s business’,
- UNIATF, setup 3 years ago, is helping governments to do what the UN has done – to consider NCDs the responsibility of each sector and to work jointly on that. The UNIATF is already operational in 15 countries, and provides different sectors, including local governments with information about how NCDs affect their sector, and the steps they can take to respond to the challenge of NCDs,
- In some countries HiAP is familiar (e.g. it is written in the national strategies and health programmes) but it is not operationalized, neither on national nor on the local level,
- Government vs governance: think and cooperate more in a horizontal way rather than a vertical one,
- To make it happen leadership is needed, not only political, leadership of health sector,
- Joint posts in the cities as an example of multisectoral action e.g. police commissions and the health ministry, the sports and health ministry, the housing and health ministry,
- It’s a hard job persuading people who don’t know about health to integrate it into their work – briefs on co-benefits for other sectors are available\(^2\),
- The investment case also helps the minister of health talk to ministers in other sectors,
- We must accelerate the window of opportunity,
- The SDGs support breaking the silo-thinking, even though it’s also a challenge for the UN.

4.5 The need for more investment in health promotion

- Where to invest: in health systems or in health promotion? There is strong evidence to support a preventive approach,
- Prevalence of a disease-focus, e.g. in the European Commission programmes,
- There should be more dialogue about health and creating conditions for health instead of focusing on diseases and treatment,
- Investing in health systems does not pay off the same way as investing in prevention and even highly equipped health systems produce only moderate health outcomes,
- Economic evidence is very clear: the cost of inaction on NCDs might be 7 trillion USD\(^3\), cost of action is 170 billion USD – better to invest now than loose this amount later.

\(^2\) For example, the UNIATF and UNDP have recently published Sectoral and Local Government Briefs. Available at [http://www.who.int/ncds/un-task-force/policy-briefs/en/](http://www.who.int/ncds/un-task-force/policy-briefs/en/).
4.6 The need to strengthen evidence-based policy making

- The need for more evidence often exists in tension with the time-pressures involved,
- At the local level: lack of capacity for access, process and the use of evidence; also a lack of evidence on the local level,
- Countries and cities should have a reliable monitoring system in place: flexible process, constant reflection and adjustments needed,
- At the same time there is a huge amount of evidence about the effectiveness of the prevention measures, particularly when it comes to investments in prevention compared with treatment.45

Conclusions

The WHO workshop sought to explore NCD interventions that require the engagement and cooperation of multiple stakeholders and multisectoral solutions. Such interventions span the creation of enabling environments for healthy behaviours. For that, the wide cooperation with other sectors should be enforced and Health in All Policies should be incorporated into the daily work at the national and local levels. The switch from disease-focus to prevention-focus is also needed, not only with respects to policies but also the division of resources. The extensive evidence6 proves that the prevention pays off much better than the treatment.

Since social inequalities trigger health inequalities and unhealthy behaviours, and vice versa, the efforts of public health work should focus on how to mitigate the impact on the individual, which would result in reducing the burden of NCDs globally.

The European Healthy Cities Initiative is a very important movement. It addresses the causes of ill-health in the environment in which many NCD risk factors evolve and multiply. It also demonstrates the effectiveness of cross-sectoral work at the local level.

The 9th Health Promotion conference in Shanghai will gather more than 200 mayors to commit for health, governance and health literacy.7

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7 Find more information at http://www.who.int/healthpromotion/conferences/9gchp/en/.