

Side event application / Formulaire de demande de réunion parallèle

Contact

Name/Nom: Ambassador Beatriz Londoño Soto Permanent Mission Of Colombia (Geneva); Jaime Matute. Advisor, Office of the Minister. Ministry of Health and Social Protection	Date of application: 06/04/2018
Delegation(s)/Délégation(s): COLOMBIA	
Telephone, Email/Téléphone, courriel: + 41-22-7984718 (Geneva) +571-330500 ext. 1320/1329 (Colombia)	
Member States confirmed as co-organizers of the event/Etats Membres confirmés comme co-organisateurs de la réunion:	
<ul style="list-style-type: none"> • Costa Rica • Ecuador • Finland • The Netherlands • Uruguay 	

Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers* /
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs* :

CONTEXT

Of 56.4 million global deaths in 2015, 70%, were due to Non Communicable Diseases (NCDs). The four main NCDs are cardiovascular diseases (17.7 million deaths), cancers (8.8 million deaths), respiratory diseases (3.9 million deaths) and diabetes (1.6 million deaths) (WHO, 2018).

Also the burden of these diseases is rising disproportionately among lower income countries and populations. In 2015, over three quarters of NCD deaths -- 30.7 million -- occurred in low- and middle-income countries with about 48% of deaths occurring before the age of 70 in these countries (WHO, 2018).

Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD (WHO, 2017). As a consequence, the four main NCDs are to a considerable extent avoidable.

Likewise, these figures do not only represent an immense scale of human suffering and premature death, NCDs are also a severe burden for realizing UHC, especially in low and middle income countries.

Global Scope

- All member states of WHO are committed to the Global Action Plan for the Prevention and Control of Non-communicable Diseases, will attain 9 voluntary global targets, including that of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.
- More recently, UN Member States have committed to achieve Sustainable Development Goal target 3.4 to, by 2030, reduce by one third premature mortality from NCDs.
- Prevention and control of NCDs will contribute to the realization of Universal Health Coverage, including through improving population health and reducing the need of health services, and support the achievements of the proposed WHO Global Programme of Work 2019 – 2023 to be adopted by the 71st WHA.

In order to tackle NCDs, governments worldwide have implemented multiple strategies:

- An important way to control NCDs is to focus on reducing the risk factors associated with these diseases. Low-cost solutions exist for governments and other stakeholders to reduce the common modifiable risk factors.
- Multiple groups are being created in order to tackle NCDs, one of the more recent example is the Lancet task force on NCD's and economics.

• Probably one of the most successful structural measures in the domain of public health, health promotion and disease prevention has to do with the control of tobacco consumption. In this regard, multiple countries have implemented: (i) tobacco taxes; (ii) policies to protect people from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places; (iii) measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce; (iv) policies on the packaging and labelling of tobacco products; (v) education, communication, training and public awareness and (vi) comprehensive bans on advertising and sponsorship. The WHO Framework Convention On Tobacco Control - FCTC has been a crucial treaty and legal instrument for responding successfully to the tobacco epidemic. Is the FCTC setting an example for other commodities which are harmful for health?

• As is the case with tobacco, it is clear what works best to reduce harmful use of alcohol: price interventions (mainly through taxes), marketing restrictions (comprehensive bans) and limiting access to alcohol (age limits and reducing the number of outlets). These three 'best buys' are part of the recently updated Appendix 3 of WHO's Global Plan of Action on the Prevention and Control on NCDs 2013-2020.

• More recently, for reducing sugar, salt and saturated-fat intake, some governments have introduced structural measures to promote population health by implemented taxes on sugar-sweetened beverages as well as food labelling laws (i.e. stop signs on packaged food). Chile, Mexico, Philippine, South Africa and the UK are some of the countries that have moved forwards in this regard, at individual level and through societal structural measures on determinants of health.

• Countermarketing campaigns and education programmes have been also implemented by multiple governments to reduce tobacco consumption, harmful use of alcohol use and the burden of diet related disease.

• In order to encourage healthier choices, governments can consider either regulatory policies or behavioral public policy interventions, known as nudges. Regulatory interventions restrict individual's freedom of choice and can be informed by rational choice theory or behavioral economics. On the other hand, nudge interventions preserve individual's liberty and are informed by behavioral economics (Thaler & Sunstein, 2008). Although both approaches can tackle negative externalities and externalities, classic nudges focus on addressing negative externalities. Behavioral economic-informed regulatory interventions have been labelled as nudges (Oliver, 2013).

OBJECTIVE

The main objective of this event is to emphasize the importance of the behavioral economics approach in the control and prevention of NCD's. Also, this event aims to highlight the importance of tackling Non Communicable Diseases as a major contribution to realizing Universal Health Coverage.

In order to approach this objectives, this event will promote a discussion regarding the next key questions.

- What are the main obstacles and opportunities to further advance on our commitments set out in the 2011 UN Political Declaration on NCDs?
- How can the international community support country efforts towards coherent, multisectoral policies for prevention and control of NCDs in order to meet SDG target 3.4?
- Do we need global or regional coordination when regulating the consumption and marketing of certain products? Do we need Framework Conventions for harmful products, similar to tobacco?
- To what extent can the experience of one country be scaled up or useful for other nations?
- How to evaluate rigorously –and in a comprehensive way- the effect of regulatory and nudge type interventions?
- Are behavioral public policy interventions enough to tackle NCDs worldwide?
- To what extent do we need regulatory interventions?
- How to weight up the negative and positive consequences of interventions that do not preserve individual's liberty?
- Are regulatory interventions that seek to encourage healthier choices harmful for the economy as a whole (net effect)?
- Is the effect of nudge type interventions sustainable over time?
- To what extent can governments take part on individual's decisions?

Finally, this event aims to be an important input to the High Level Meeting of NCD'S that will be held in September, and contribute to the commitments resulting from this meeting. The event will include the participation of several global experts from the World Bank, the London School of Economics and the WHO Independent High-level Commission on NCDs, and Ministers of Health of several countries that will share their national experiences and lessons learned in this area.

EXPECTED RESULTS

This event proposes to tackle this issue from a behavioral economics perspective, as an innovative approach for the control and prevention of NCD's, using a comprehensive framework to analyze the cost-effectiveness of regulatory interventions in this area. Despite of the significant evidence about the experience with tobacco, there are important gaps in the information about the impact of regulatory interventions in other areas as soda taxes and food label, and how do they work together with behavioral economics interventions.

Taking into account that It is clear that the most effective (and evidence based) interventions that aim to encourage healthier choices go against the vested interests of important parts of the private sector the industry and some economic groups.

This debate aims to provide technical elements that might lead governments worldwide to conjointly work to tackle successfully the epidemic of NCDs.

PROPOSED PROGRAMME

Tackling NCDs as a major contribution to UHC: are regulatory interventions a cost-effective alternative?
Suggested Date: Monday, 21th May - Tuesday, 22th May

Opening remarks

– Alejandro Gaviria, Health Minister of Colombia

• The global problem of NCDs The evidence: regulatory interventions. Tensions between health and economic impacts.
Remaining questions: are non-regulatory interventions enough? Are regulatory interventions enough? What's a good mix? What does behavioral sciences says about it?

Session 1: Panel- Experts

To what extent do we need regulatory interventions? –

- Speaker 1: Sania Nishtar, *Co-Chair*, WHO Independent High-level Commission on NCDs.
- Speaker 3: Adam Oliver, Expert, London School of Economics.
- Speaker 2: Barry Popkin, Expert, North Carolina University.
- Speaker 4: Bent Høie, Minister of Health of Norway, Member of the Global Task Force on Fiscal Policy for Health-TBC.

Moderator: Tim Evans, World Bank, Senior Director of Health, Nutrition and Population

Session 2: Panel – Countries

Weighting- up: health and economic impacts of regulatory interventions.

Minister of Health of Uruguay

Minister of Health of Netherlands

Minister of Health of Ecuador

Minister of Health of Finland

Moderator: Barry Popkin, Expert, North Carolina University

Closing – Alejandro Gaviria, Health Minister of Colombia

• Main conclusions. Challenges.

Event details / details de la réunion

Expected number of participants/Nombre de participants attendus : **80**

Exact title of the meeting/Titre exact de la réunion: **Tackling NCDs as a major contribution to UHC: are regulatory interventions a cost-effective alternative?**

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF; 3 langues : 5123 CHF; 6 langues : 11953 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ? Yes/Oui No/Non

(If yes, which languages)/(Si oui, en quelle langue)

English/Anglais French/Français Russian/Russe Spanish/Espagnol Chinese/Chinois Arabic/Arabe

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***Badges/ Badges d'accès**

WHA side events are for participants of the WHA and, as such, panelists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

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