SHORT COURSE B:
HEALTH IN ALL POLICIES AND NCDS

WHO Centre for Health Development - Kobe Centre - Japan

WHO Centre for Health Development
WHO Kobe Centre - WKC

- World Health Organization
- Global research Centre
- Since 1995
- Focus on urban health
- Kobe, Japan

http://www.who.int/kobe_centre

WORKSHOP

09:00 - 09:10 Opening and background on WKC and UN work Health in All Policies (HiAP)/Intersectoral action (ISA) and NCDS (Dr Francisco Armada, WHO Kobe Centre)
09:10 - 09:15 Introductions
09:15 - 09:35 HiAP/ISA at local level (Ms Riikka Rantala, WHO Kobe Centre)
09:35 - 10:00 Intersectoral responses to childhood obesity in New York, London and Cape Town (Dr Kimberly Libman, City University of New York)
10:00 - 10:30 Questions and Discussion
10:30 - 10:45 Coffee break
10:45 - 11:15 10 steps to implement HiAP/ISA (Dr Francisco Armada, WHO Kobe Centre)
11:15 - 12:45 Group exercise
13:00 Closing

MATERIALS

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NONCOMMUNICABLE DISEASES

- Four major noncommunicable diseases (NCDs):
  - Cardiovascular diseases
  - Diabetes
  - Cancers
  - Chronic respiratory diseases

- Four shared modifiable risk factors:
  - Tobacco use
  - Unhealthy diet
  - Physical inactivity
  - Harmful use of alcohol

- 60% of deaths globally - 70% if injuries are included - 80% in developing countries

- 40-50% are premature

- Magnitude has a major socio-economic impact on developing countries

UN High-level Meeting on NCDs
(New York, 19-20 September 2011)

- 133 Member States
- 34 Presidents and Prime-Ministers
- 3 Vice-President and Deputy Prime-Ministers
- 51 Ministers of Foreign Affairs and Health
- 11 Heads of UN Agencies
- 100s of NGOs

Political Declaration

- Establish multisectoral national plans by 2013
- Integrate NCDs into health-planning processes and the national development agenda
- Promote multisectoral action through health-in-all policies and whole-of-government approaches
- Build national capacity
- Increase domestic resources
- Develop a global monitoring framework and targets
- Exercise a leading and Coordinating role within the UN system
- Develop a global implementation plan 2013-2020
- Expand technical competence and resources
- Scale up technical assistance

POLITICAL DECLARATION ON NCDS

36. Recognize that effective NCD prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development;
We [Heads of State and Government] therefore commit to:

45. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of NCDs, taking into account, as appropriate, the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs Diseases and the objectives contained therein, and take steps to implement such policies and plans;

64. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership;

World Health Assembly (May 2012)
- Welcomed the work under way and recognizes the significant progress
- **DECIDED** to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025
- **EXPRESSED** strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity
- **DECIDED** to note wide support expressed by Member States and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity
- **FURTHER** noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from among Member States development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases
- **NOTED** that other targets or indicators may emerge in the remainder of the process established by resolution EB130.R7

Local governments using a Health in All Policies Approach can and should act on addressing Non Communicable Diseases
THANK YOU!

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