

INVESTING IN HEALTHIER CITIES – MULTISTAKEHOLDER ACTION TO PREVENT NONCOMMUNICABLE DISEASES

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Summary: Noncommunicable diseases (NCDs) are the leading cause of death worldwide. To address NCDs, policy coherence between health and other sectors, as well as the implementation of health in all policies through the whole-of-government and whole-of-society approaches are paramount. Healthy Cities is a platform to promote multi-sectoral work on NCDs through building sustainable partnerships between public and private sectors to act collectively and overcome the global NCD challenge. Healthy Cities could be used as a novel tool to implement the 2030 Agenda for Sustainable Development and make linkages among NCDs, universal health coverage and resilient and sustainable cities, and promote partnerships for action on NCDs.

Keywords: *Noncommunicable Diseases, Health Promotion, Disease Prevention, Healthy Cities, Universal Health Coverage*

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Introduction

Noncommunicable diseases (NCDs) – mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – are the leading causes of death worldwide. The World Health Organization (WHO) estimates that in 2015, 15 million people between the ages of 30 and 69 died from NCDs. Over 80% of these premature deaths were due to these four major groups of NCDs.¹

The impact of NCDs is alarming in the European Region. Taken together, the four NCDs, along with mental disorders, account for an estimated 86% of deaths and 77% of the disease burden in the

Region.² They represent a challenge not only from the health perspective but also from the perspective of economic development, due to unnecessary labour productivity losses. A consensus is growing that to address NCDs, policy coherence between health and the sectors impacting health, as well as the implementation of health in all policies through the whole-of-government and whole-of-society approaches, will be paramount.

The need for a multistakeholder and multisectoral approach to counter NCDs was clearly articulated in the political declaration and the outcome

document of the two United Nations High-level Meetings on NCDs, first in September 2011, and then during the second follow-up meeting in July 2014. In addition, the new agenda for sustainable development – *Transforming Our World: the 2030 Agenda for Sustainable Development* – recognised NCDs as an important part of the agenda and included a target of a one-third reduction of premature mortality from NCDs by 2030.⁶

“building sustainable partnerships between public and private sectors”

However, the translation of the high-level political commitments into country-level action has proved to be difficult. Some have argued that the “neglect of NCDs is a political, not a technical failure, since cost-effective interventions are available.”⁷ In many languages, *policy* and *politics* are the same word. Therefore health in all policies can be interpreted as health in all politics as well. Politicians’ involvement is critical to ensure that health is visible in other sectors.

The politics of NCDs can best be addressed through strong local government leadership and collaboration between health and social services, business, industry, transport, education, insurance, economic and environment sectors.⁸ Local government should be empowered to improve citizens’ health and well-being, prevent disease and promote health, and support health literacy for building resilient communities. Health promotion and disease prevention should be considered a shared societal value and a political goal for all. This requires intersectoral cooperation, which is particularly relevant at the local level, where global policies are adapted to local needs and priorities. Many social determinants of health can be effectively

tackled at either the local government or local community levels. However, implementation challenges remain and are often due to poor governance for health and financial constraints.

We suggest Healthy Cities as a platform to promote multi-sectoral work on NCDs through building sustainable partnerships between public and private sectors to act collectively and overcome the global NCD challenge. The concept of healthy cities is nothing new. WHO has been promoting the healthy cities concept for decades, recognising health as a core city value and acknowledging the role of every stakeholder to fulfil their responsibility for creating healthy environments.⁹ However, what we believe is novel is using the platform as a tool to implement the 2030 Agenda and making linkages with NCDs (SDG 3.4), universal health coverage (UHC) (SDG 3.8) and resilient and sustainable cities (SDG 11), and to promote partnerships (Goal 17) for action on NCDs.

In practice, this means bringing together city governments and the insurance industry along with other actors in joint efforts for shared governance for health to overcome the NCD challenge. With a growing interest in private insurance as countries around the globe strive to achieve UHC, public-private partnerships with insurance companies may be a win-win solution. According to WHO, 39 countries have private health insurance (PHI) exceeding 5% of total health expenditure. The dependence on PHI varies from region to region and country to country depending on the variation in income level and institutional development. However, even in countries where health care systems are primarily publicly funded, PHI provides important supplementary coverage. For example, in France over 85% of the population buys supplementary private insurance policies, while in the Netherlands this number is over 90%. Australia and Ireland are known for encouraging private insurance to complement public financing.

From the public sector, local governments are best placed to provide leadership for health. City mayors are well positioned to integrate public health into local governance and build solid inter-

sectoral alliances for sustainable urban development. On the other hand, the insurance industry, which increasingly favours healthy consumers to avoid the proliferation of health care costs due to chronic illness and overuse of medical technologies, has an inherent interest to work with city governments to build healthier communities. As a result, new kinds of insurance models are emerging based on a health rather than a sickness paradigm.¹⁰

Urbanisation and health

Since 2008, a majority of the world’s population lives in cities. Between 2000 and 2014, one billion people were added to urban areas globally.¹¹ Rapid urbanisation is expected to continue, and by 2050, two in three people will be living in cities. This is not surprising given the major transition that is taking place from an agrarian to an industrialised, service-oriented economy, with cities playing a central role in ensuring major economic, political and cultural opportunities. It is estimated that 600 cities are providing over 60% of global economic output.¹²

In addition to economic progress, urbanisation has a strong health dimension. Evidence shows that there is an “urban advantage” with respect to better availability and accessibility to health care services when compared to rural areas, due to better health system infrastructure and high concentration of human resources in cities. On the other hand, urban lifestyles tend to create an environment conducive to unhealthy behaviours, such as a lack of physical activity, diets rich in processed fast food lacking essential nutrients and high in fats and sugar, as well as use of tobacco and alcohol abuse. Cities can also concentrate urban poverty and ill health and exacerbate inequalities in health outcomes due to inequities in access to health resources, and contribute to the rise of NCDs. According to WHO, urbanisation is one of the key challenges of public health in the 21st century.¹³

Involving cities in discussions on UHC

The emerging importance of NCDs increases the imperative for health promotion and disease prevention.

Preventing diseases rather than caring for the sick can have a huge impact on population health, yet it is often overlooked in UHC efforts. Although prevention is justifiable economically, as well as from the health and human rights perspective, it is common for health care systems in general and health insurance plans in particular (e.g. social insurance in Europe, as well as private insurance companies) to focus on curative care without sufficient attention to health promotion and disease prevention. Rapid urbanisation, demographic changes (such as ageing populations and migration), and epidemiological transition with a growing burden of NCDs, are posing multiple challenges to city mayors and municipal authorities in their efforts to ensure the health of their citizens in the context of competing priorities and fiscal constraints.¹⁰

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potential to
make lasting and
positive changes

As national governments move forward to achieving UHC and/or expanding benefits packages, cities should be part of the dialogue on a wide range of policies related to health and social services, as well as the determinants of NCDs. Traditionally, health promotion activities have focused on immunisation, family planning, breastfeeding, water and sanitation and preventing violence. However, a contemporary agenda for health promotion needs to address the NCD risk factors, such as tobacco, alcohol, over-nutrition, physical activity, substance abuse and injuries.¹¹

The commercialisation of health promotion

Some argue that 21st century health promotion is increasingly being privatised, with the private sector embarking on a “wellness revolution” with the explosion of media that focus on health and wellness in electronic and print outlets, the Internet

and TV programming, and the growing wellness market with dietary supplements and functional foods that help manage specific diseases (such as diabetes). The commercialisation of health promotion calls for a shift from a traditional approach to regulate industries producing unhealthy products (such as tobacco or highly processed food) to educating communities to increase their health literacy and take charge of their lives. On the bright side, the interest of the private sector in health and wellness offers opportunities for partnerships to increase the attractiveness of health promotion messages and encourage healthy competition for positive lifestyles.¹²

Companies have already started using technologies to drive behavioural change. For example, SidekickHealth, a company developed by researchers from Harvard University and the Massachusetts

Institute of Technology (MIT), provides an interactive eHealth platform to help employers and health care providers deliver programmes that promote health and tackle chronic diseases. The company uses smartphone technology with a data-driven approach to engage people to adopt healthier behaviours by increasing their motivation to get better results and improve their health.¹³

Digital Inclusion

Technology-driven smart cities are most successful when their focus is on people and when they actively engage citizens in creating, using and monitoring the smart devices designed for them, as well as improving their living environments and quality of life. Digital inclusion is becoming central to ensuring no one is left behind by providing e-training to older and technologically challenged people,

Box 1: Mayors' ten priority Healthy City Action Areas

As mayors we commit to ten Healthy Cities action areas which we will integrate fully into our implementation of the 2030 sustainable development agenda. We will:

1. Work to deliver the basic needs of all our residents (education, housing, employment and security), as well as work towards building more equitable and sustainable social security systems;
2. Take measures to eliminate air, water and soil pollution in our cities, and tackle climate change at the local level by making our industries and cities green and ensure clean energy and air;
3. Invest in our children, prioritise early child development and ensure that city policies and programs in health, education and social services leave no child behind;
4. Make our environment safe for women and girls, especially protecting them from harassment and gender-based violence;
5. Improve the health and quality of life of the urban poor, slum and informal settlement dwellers, and migrants and refugees – and ensure their access to affordable housing and health care;
6. Address multiple forms of discrimination, against people living with disabilities or with HIV/AIDS, older people, and others;
7. Make our cities safe from infectious disease through ensuring immunization, clean water, sanitation, waste management and vector control;
8. Design our cities to promote sustainable urban mobility, walking and physical activity through attractive and green neighbourhoods, active transport infrastructure, strong road safety laws, and accessible play and leisure facilities;
9. Implement sustainable and safe food policies that increase access to affordable healthy food and safe water, reduce sugar and salt intake, and reduce the harmful use of alcohol including through regulation, pricing, education and taxation;
10. Make our environments smoke free, legislating to make indoor public places and public transport smoke free, and banning all forms of tobacco advertising, promotion and sponsorship in our cities.

Source: ¹⁴

and helping them lead productive lives, re-entering the workforce in new, less demanding ways and further contributing to the economy.¹⁴

Conclusions

Health is a cornerstone of sustainable development and therefore including health in all policies is important for coherent public policies with a major developmental impact. NCDs are responsible for premature death and lower quality of life for millions of people. Partnerships between public and private sectors led by local governments have the greatest potential to making lasting and positive change. Of the many actors at all levels of government, city mayors and local government leaders are uniquely positioned to contribute in a major way to making cities healthier and reducing NCDs via action on the risk factors and the social and economic determinants of health. Mayors and local leaders also play a defining role in delivering on the 2030 Agenda. They have the political responsibility to ensure that health becomes an important value in cities'

vision for future development and draws together all relevant sectors for action on population health.

The evidence to date is encouraging: many city governments now have the power and support to work across sectors, departments, independent agencies and community groups to develop partnerships with a common purpose to promote health and prevent disease. There is evidence that most Nordic countries, notably Finland, have transferred the main responsibility for health promotion to the municipal level. Similarly, public health in England, which was the responsibility of the National Health Service since 1974, was transferred back to local government.⁵ More recently, 100 mayors from around the world came together on 21 November 2016 in Shanghai, China at the 9th Global Conference on Health Promotion, and committed to making bold political choices for health and implementing healthy cities programmes of action (**see Box 1**). The time is ripe for cities to make the political, economic, moral and ethical arguments for action for collaboration across sectors and to ensure the health of their citizens.

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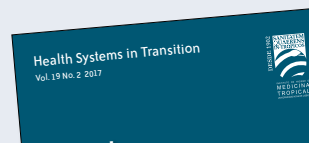
Portugal: health system review

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Since the financial crisis, health sector reforms in Portugal have been guided by the Memorandum of Understanding that was signed between the Portuguese Government and three

international institutions (the European Commission, the European Central Bank and the International Monetary Fund) in exchange



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