

One month on from the HLM: cliff edge or springboard?

Published on NCD Alliance (<https://old.ncdalliance.org>)

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Submitted by ncd-admin on 24 octobre, 2018 - 17:59



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When Nina Renshaw joined NCD Alliance as Director of Policy and Advocacy in July, she had to hit the ground running, and hasn't stopped since. In what has already been a pivotal year for momentum and action on global NCD policy, Nina shares some observations in the first of a series of blogs reflecting on key milestones and developments since the 2018 High-Level Meeting on NCDs.

Hitting the ground running

It was clear that joining the NCD Alliance just a few weeks ahead of the third High-Level Meeting on NCDs during the

UN General Assembly would be like nothing I'd experienced before. Even with almost 15 years' of training in the intense "Brussels bubble" of EU health and environment policy-making and advocacy, I was braced for a new set of challenges and a change of pace. And my experience since July has confirmed that taking on NCDs seems not to be a sprint, nor a marathon, but rather a long distance obstacle course.

The global NCD policy environment is more complex, faster moving, and absolutely fascinating. The last few weeks have brought excitement, disappointments, inspiration, optimism and above all the opportunity to meet insightful and energetic people, not least in the NCDA team and network. The fact that billions of people worldwide are touched by NCDs and that they impact to such a catastrophic degree on peoples' lives and entire economies, gives me all the more drive to celebrate every bit of progress, and hurdle the obstacles along the way.

In advance of the HLM [I shared our hopes for the HLM and its outcomes](#) [1], including the Political Declaration. But, as we say in NCD Alliance's [analysis](#) [2] of the [Political Declaration](#) [3] from last month's UN High level meeting (HLM) on NCDs, this is a low point for health-harmful industry interference. As we noted on 27th September in a joint statement marking the day of the third HLM, together with [almost 350 civil society organisations and experts](#) [4], we cannot understate our disappointment that the Declaration doesn't advance the case for tried-and-tested measures to curb the disease impacts of health-harmful products. The proof of the pudding came when the big lobbies protecting junk food, sugar-sweetened sodas and even tobacco were quick to welcome the "bold" agreement.

Narrative shift and a breath of fresh air

But if those industries are looking forward to another seven years of hiding behind empty promises of "self regulation" until the next HLM on NCDs in 2025, they will be in for a shock. Whilst we lamented the lack of clear language in the Declaration, the political ground has clearly shifted. The impressive turnout from 23 Heads of State and Government and 55 Health Ministers shows their understanding that the HLM was a 'Do or Die moment'. Many of their strong statements focussed on turning the tide on NCDs in their countries by focussing on the main risk factors, including unhealthy food and drink, alcohol, tobacco, lack of physical activity and now also air pollution. The talk was of tackling the commercial determinants of health, curbing the industrial epidemics, and much less of the old victim-blaming language of "lifestyles" and behaviours. The language of public health has finally taken hold at the top of government. The narrative is shifting for good, and for the better.

The inclusion of **air pollution** as a fifth major risk factor in the Political Declaration is a game changer for several reasons. Primarily because the global annual death toll of poor air quality, both indoors and outdoors, needs to be urgently reduced and there are proven ways to do it. But also this "5x5" approach, which now also includes mental and neurological conditions as a major disease group, makes clear that NCDs are not "lifestyle diseases", nor merely the product of bad individual choices, but are decisively shaped by the social, economic, commercial, media and political environments that we live in. Breathing polluted air is not a lifestyle choice.

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For the 91% of us globally who live in places with dangerously bad air quality, and 7 million people who die every year of illnesses caused and exacerbated by air pollution, it is not a choice at all. The WHO will capitalise on this momentum at the end of October for the [First Global Conference on Air Pollution and Health](#) [5], joining forces with United Nations Environment Programme (UNEP), World Meteorological Organization (WMO) and United Nations Economic Commission for Europe (UNECE) among others.

This step change places the **fossil fuel, transport** and, yet again, **agriculture industries** firmly among the ranks of commercial determinants of health. Many political leaders at the HLM recognised this and are thinking about other commercial determinants in the same way as environmental risks. An environment in which children and young people are exposed to intense, ubiquitous, explicit and implicit advertising for junk food and alcohol also negatively impacts on their physical and mental health. On this note, I have to mention World Obesity Federation's excellent campaign on challenging **obesity stigma**, with [ending weight stigma focus of this year's World Obesity Day](#) [6], and firmly apportioning blame to our obesogenic environment.

Leadership means trusting the evidence, putting health first

Despite unobvious inferences from a few Member States during the negotiations for the Declaration that the WHO's Best Buys and recommended interventions, and in particular fiscal measures, were not sufficiently "evidence based", plenty of governments are calling their bluff, going ahead and implementing. We applaud them for having the wisdom to trust the real evidence – of which there is plenty and the number of case studies is growing all the time – rather than the fake news advanced by very few negotiators who are closer to some domestic vested interests than the health of their fellow citizens.

The focus on **alcohol as a health risk** during the UN General Assembly week and stronger language on the duties of the alcohol industry in the Declaration is particularly welcome. The [WHO launched the SAFER technical package](#) [7] to help governments to reduce widespread alcohol harm. SAFER builds on the [2010 Global Alcohol Strategy](#) [8] and Best Buys for alcohol in focussing on 5 recommended approaches to reduce the relative affordability, availability and accessibility, coupled with measures to provide psychosocial support and improve road safety. Vitally, and much like our recent joint publication, [Trouble Brewing](#) [9], SAFER recognises that the harms extend beyond those to the mental and physical health of the drinker, to their families, communities and economies including violence, abuse and road crashes, all in all causing [3 million deaths worldwide every year](#) [10].

And there is already a fantastic example of a country going ahead and moving on all of the SAFER recommendations for action. Ireland's Dail (House) and Seanad (Senate) approved the long-awaited and groundbreaking [Public Health \(Alcohol\) Act](#) [11] just a couple of weeks after the HLM. After 1000 days of stalling tactics and aggressive industry lobbying, the President signed the law to applause for the many politicians who have fought for it.

The Irish Bill paves the way for cancer warning labels, minimum unit pricing (MUP), retail placement restrictions and as Minister for Health Simon Harris put it, will change the harmful culture of drinking in Ireland: "*We know that we have a relationship with alcohol in this country that is not good, that damages our health, harms our communities, and harms many families,*" he said. "*For the very first time in our history we are legislating for alcohol as it affects our health and it is right and proper that we do that.*" The Minister praised the role of civil society health organisations, including [Alcohol Action Ireland](#) [12], in turning public opinion in favour of health. With MUP, Ireland is following in the footsteps of Scotland, where MUP was introduced earlier this year. Good ideas are contagious.

Speaking of turning public opinion, I was amazed last week at the [2nd German Sugar Reduction Summit hosted by AOK](#) [13], a statutory health insurance provider, to see how the national **mood has turned against sugar and junk food producers** in recent years. The work of the organisations behind the German NCDA, DANK Allianz, seems to have been instrumental in raising awareness of sugar's health impacts. The summit and its constructive discussions of policies to reduce sugar intake including taxes, got positive coverage from local and national press and TV. Unimaginable just a couple of years ago. Coupled with a [European Commission proposal to regulate trans fatty acid](#) [14] content in processed foods at long last, food law might be moving in a healthier direction in Europe.

Another fast-moving issue propelled by the HLM is **mental health**. The [1st Global Ministerial Mental Health Summit](#) [15] in hosted by the British government London in early October was followed by the [WHO's Mental Health Global Action plan](#) [16] meeting, and the new Lancet Commission's landmark report on [Global Mental Health and Sustainable Development](#) [17] was presented at both. There was palpable energy around both meetings, where the necessity of preventing and treating mental health conditions as part of primary health care were firmly put on the SDG agenda and questions around co-morbidities with NCDs and infectious diseases were inescapable.

Back to the future

But just when we might think that the NCD momentum has become unstoppable, we were stopped in our tracks at the World Health Summit in Berlin. As I sat listening to the announcement of a new outline for a [Global Action Plan to meet SDG 3](#) [18] presented by Dr Tedros on behalf of 11 multilateral organisations, I felt time was rewinding back to before all of the NCD HLMs, back to a Millennium Development Goal era, with the addition of UHC, but largely overlooking the leading killers of our times. We have been given rapid reassurances that this is only a first phase of the plan and that the final version to be presented to the UN General Assembly in 2019 will be comprehensive on all SDG3 sub-targets. These assurances aside, clearly we still have our work cut out to ensure that other global organisations understand that 'their' targets on infectious diseases, hunger, nutrition, equality, also won't be met without concurrently taking actions that will tackle NCDs.

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A last bit of good news however, does come from the SDG 3 pre-plan, in that it builds in an important accountability moment in 2023. Progress towards SDG 3 in its entirety will be reviewed, before the 4th High-Level Meeting on NCDs in 2025. Whilst it will take time to shift the policies to match the new narrative, I really believe that the tide is turning. We will indeed look back on 2018's UN HLM not as the beginning of the end, but as the end of the beginning.

About the Author

Nina Renshaw ([@ninawren](#) [19]) is Director of Policy and Advocacy at NCD Alliance, leading, developing, implementing and managing NCDA's global policy and advocacy work. Prior to joining the NCD Alliance Nina was Secretary-General of the European Public Health Alliance (EPHA) and previously Deputy Director of the campaign group Transport & Environment. Nina has served as a board member of several NGOs, including the Health and Environment Alliance (HEAL), the European Citizens' Organisation for Standardisation (ECOS), and Green Budget Europe, and has represented civil society on advisory groups to the UNECE, WHO, OECD and to the European Commission. Nina studied International Business with Modern Languages (German and French) and has a Master's degree in Contemporary European Politics and Policy. [Learn more about Nina](#) [20]

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Enlaces

- [1] <https://epha.org/what-to-expect-from-the-un-heads-of-state-meeting-on-ncds-in-september/>
- [2] <https://ncdalliance.org/news-events/news/civil-society-priority-recommendations-and-analysis-of-zero-draft-elements-paper-for-the-hlm-on-ncds>
- [3] <https://ncdalliance.org/resources/political-declaration-of-the-third-high-level-meeting-of-the-general-assembly-on-the-prevention-and-control-of-non-communicable-diseases>
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