Local Government and the **NCD-related SDGs**

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Shanghai Consensus on Healthy Cities 2016

We – more than 100 mayors from around the world – have come together on 21 November 2016 in Shanghai, China – united in the knowledge that health and sustainable urban development are inextricably linked, and steadfastly committed to advancing both. We also recognise that health and wellbeing are at the core of the United Nations Development Agenda 2030 and its Sustainable Development Goals.



Cities working for health and wellbeing are central to sustainable development

Mayors and local leaders can play a defining role in delivering all SDGS. As mayors we have a responsibility to act locally and collectively to make our cities inclusive, safe, resilient, sustainable and healthy. We are determined in our resolve to leave no one behind: the city belongs to all its residents.

Health is created at the local level in the settings of everyday life, in the neighbourhoods and communities when people of all agase live, love, work, study, and play. Health for all cannot be achieved without local leadership and citizen reagonal many ages live, love, work, study, and play. Health for all cannot be achieved without local leadership and citizen reagonal many and and play the play that the center of every mayor's agendar. This puts health at the center of every mayor's agendar.

We recognize our political responsibility to create the conditions for every resident of every city to lead more healthy, safe and fulfilling lives. Cities are places where planning and policy-making is closest to communities – it must, therefore, incorporate communities views, voices and needs. We commit to remove barriers to empowerment – especially for women, children, and other potentially vulnerable populations – and to support the full realization of human potential and capabilities at all ages in the child engineering.



We commit to good governance for health

Healthy Cities have been platforms for implementing good governance for health, as well as improving health literacy – that is, for promoting health. Building on experience with city-led health initiatives, as mayors, we commit to prioritize the political choice for health in all domains of city governance and to measure the health impact of all our policities and activities. Achieving the SDGs will require close synergy between the global and national goals, and our local plans and programs. We have agreed to base our action on five governance principles which reflect the transformative agenda of the SDGs.

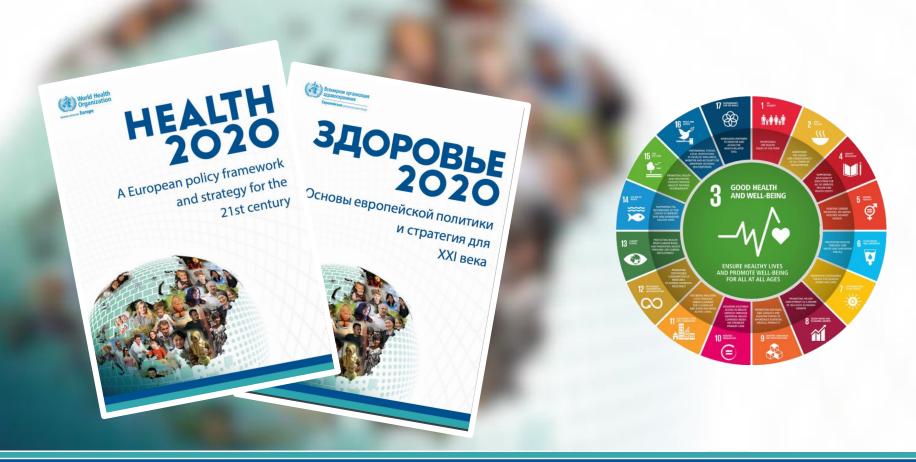
Our governance principles

As mayors we commit to five Healthy Cities governance principles:

- Integrate health as a core consideration in all policies: prioritize policies that create cobenefits between health and other city policies, and engage all relevant actors in partnership-based urban planning;
- Address all social, economic and environmental determinants of health: implement urban development planning and
 policies which reduce poverty and inequity, address individual rights, build social capital and social inclusion, and promote
- Promote strong community engagement: implement integrated approaches to promoting health in schools, workplaces, and other settings; increase health literacy; and hamess the knowledge and priorities of our populations through social innovation and interactive technologies;
- Reorient health and social services towards equity: ensure fair access to public services and work towards Universal Health Coverage:
- Assess and monitor wellbeing, disease burden and health determinants: use this information to improve both policy and implementation, with a special focus on inequity – and increase transparency accountability.









The NCD-related targets

http://www.un.org/sustainabledevelopment/health/

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

- But also...
 - Maternal mortality
 - Access to medicines
 - Sexual and reproductive health
 - Financial protection

- Air quality

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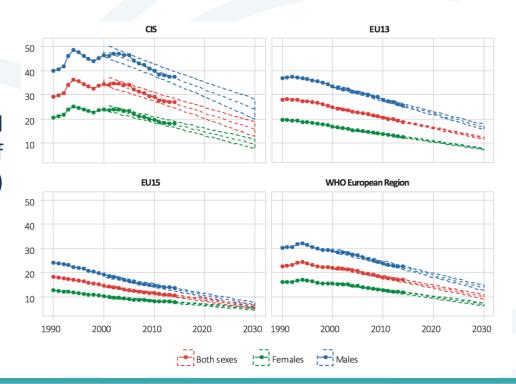






Risk of dying from NCDs: Decreasing trends but gender gaps persist

Unconditional Probability of Dying (%)







Global Monitoring Framework Scoreboard for Europe







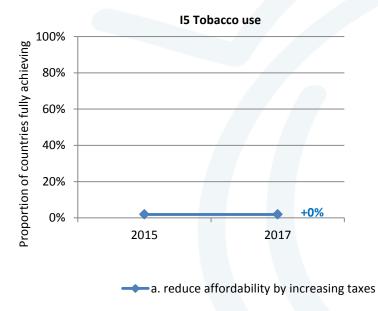
Global Monitoring Framework Scoreboard for Europe Major scope for accelerating achievement

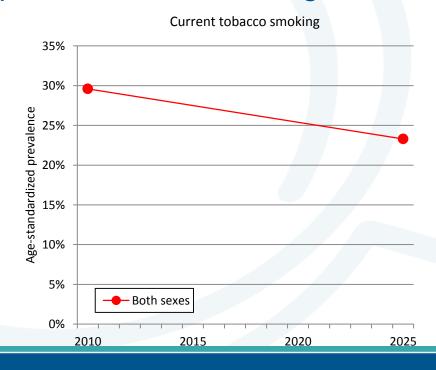




Tobacco affordability unchanged

Slow reduction in prevalence of smoking

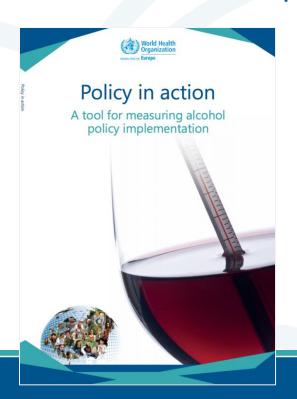


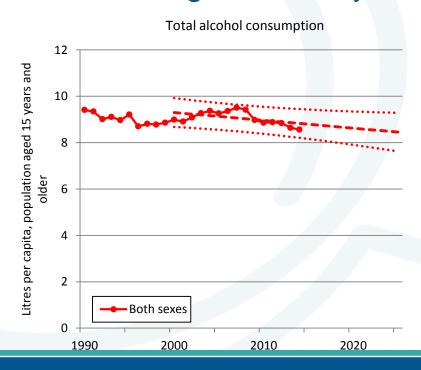




Slow reduction in alcohol consumption

More to be done on price, marketing, availability

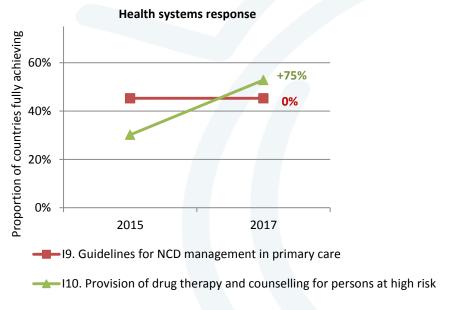


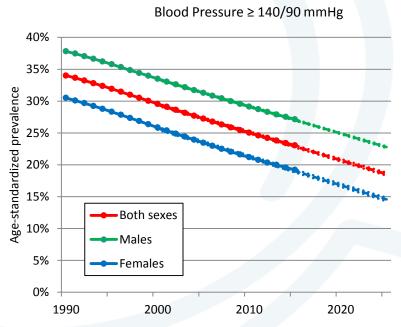






Minor improvement in clinical preventive services but hopeful long-term decline in hypertension







Four key areas of action on NCDs

Policy

Information

Risk Reduction

Services





Four key areas of action on NCDs

Local	Policy
Local	Information
Local	Risk Reduction
Local	Services





Local Policies and Risk Reduction

- Procurement standards for food in schools
- Enforcement of smoke free policies in public places
- Green and Pedestrian only areas, safe cycling paths
- Zoning and licensing hours for alcohol
- Traffic calming, seat belts, drink-driving
- Monitoring and enforcing air quality





Local Information

- Break down national routine data on mortality by city, zone, age, sex, socio-economic group
- Consider conducting (if not already available) adult and youth risk factor surveys
- Explore the opportunities of mining data collected by local government



Local Services

- Coordination between health services and social welfare
- Quit lines and smoking cessation
- Support for self-help and self-care groups
- Brief interventions on tobacco and alcohol
- Monitoring of control of blood pressure and blood glucose



LOCAL SETTINGS

Schools, workplaces, hospitals





Barriers

- National-local: Who pays? Competence? Mandate?
- Sustainability: What happens when mayor changes?
- Fragmentation: Opinion, ideology, and evidence
- Settings: How to scale up and avoid inequalities?



Opportunities in Governance for Health

- Joint positions to influence national policy
- Policy coherence at municipal level
- Collaboration with local non-state actors
- Local information for local action
- Health impact assessment



Thank You











