

Global governance: Commitments and legal strategies, instruments to prevent and control NCDs (WHO /PAHO)

The use of law to tackle risk factors to NCDs

Ignacio Ibarra
Regional Advisor, Health-
Related Law

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Health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

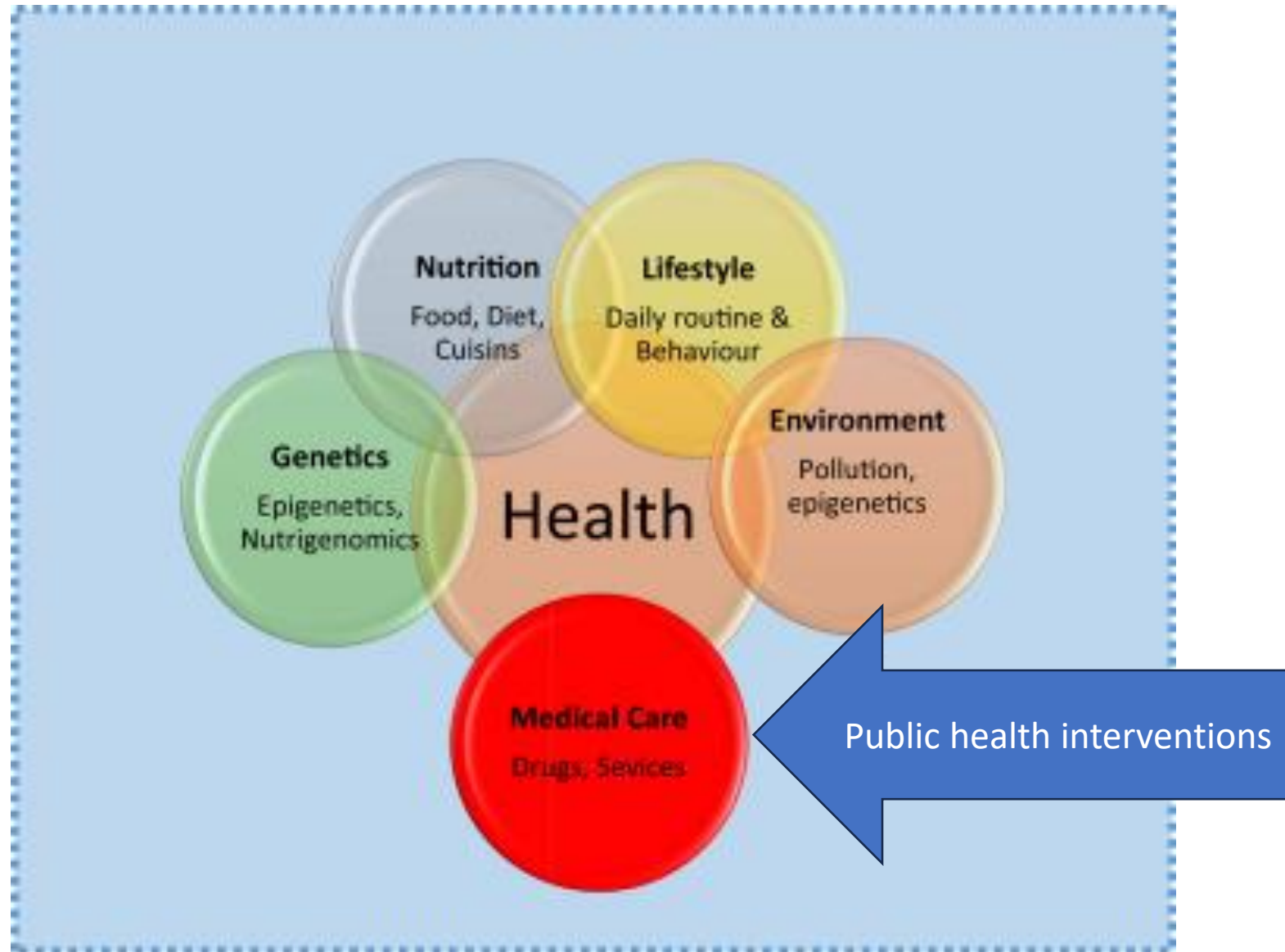
“the enjoyment of the highest attainable standard of health is a fundamental right of every human being”

- Acknowledging health as a human right recognizes a **legal obligation on states to ensure access to timely, acceptable, and affordable health care / and positive interventions of public health to promote it.**
- A state's obligation to support the right to health – including through the allocation of “**maximum available resources**” to progressively realize this goal - is reviewed through various international human rights mechanisms.
- A rights-based approach to health requires that health policy and programmes **prioritize the needs of those furthest behind first towards greater equity**, a principle that has been echoed in the 2030 Agenda for Sustainable Development and Universal Health Coverage.
- The right to health must be enjoyed **without discrimination** on the grounds of race, age, ethnicity or any other factor. Non-discrimination and equality requires states to take steps to redress any discriminatory law, practice or policy.
- Another feature of rights-based approaches is meaningful participation. Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations – are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring and evaluation.



**World Health
Organization**

Determinants of health



Scope of the problem

- 2000: 4.9 million people die per year
- 2006: 5.4 million deaths (1/10 adults)
- By 2030:
 - 10 million people will die per year
 - 80% of those deaths will occur in developing countries
 - Entirely preventable illness and death



The use of law to tackle NCDs

- Powerful tool for public health
- Law can be cost effective and with non or low cost of implementation
- Law can guide the environment in which people live and thrive, so can change their behavior
- Law can serve as a game changer for the determinants of health
- Thus, law can be a positive determinant of health or even a health risk when legislation is outdated, has loopholes or is nonexistent.

The use of law to tackle NCDs (2)

- **National health authorities with strong legal mandates** and with legally established deterrent penalties and fines for violations, particularly to industries of unhealthy products, can support the health promotion policies better, especially when the law is based on proven evidence
- Legislation can give authorities a wide array of options to ensure **compliance**, including the powers of monitoring and enforcement
- Laws can be established by the Parliaments or through administrative decrees or regulations and should be aligned with the national policies guaranteeing public awareness and participation

Strategy for
Health-Related
Law
(PAHO - CD54.R9 -
2015)

Legal and regulatory frameworks can be used to establish limits, accountability, and responsibilities of States and other stakeholders.

PAHO receives growing number of requests for technical cooperation and best practices from national health authorities, legislatures, courts, and national human rights institutions (such as ombudspersons and human rights offices) to formulate, review, or interpret health-related law

Objectives of the Strategy

To provide guidance that the Member States can consider and use, as appropriate to the respective national context, in order to strengthen:

- a) greater coordination between the health authority, the legislative branch of government and other State authorities, and other stakeholders as appropriate, in the formulation, implementation, or review of health-related law;
- b) legislative and regulatory measures to protect health and address the determinants of health;
- c) the harmonization or implementation of the recommendations of the Governing Bodies of PAHO/WHO related to the formulation, implementation, or review of health-related law, taking into account national contexts and priorities.

Line of action 1

Actions for health determinants

Promote the formulation, implementation, or review of legal and regulatory frameworks, as appropriate:

- a) that address health determinants, health promotion through a life-course, reduction of risk factors, and the prevention of disease, through a multisectoral approach, as appropriate;
- b) that consider the strengthening of a comprehensive primary health care approach through participatory processes with the communities.

Strategic Line of Action 2
Actions for the
promotion,
dissemination, and
exchange of strategic
information on health-
related law

- Promote the exchange of best practices, relevant judicial decisions, and applicable national and international legal instruments,
- Tools such as manuals, model legislation, databases
- Promote and facilitate collaboration on research on health-related law with Member States and non-State actors,
- Strengthen the collaboration between PAHO and Member States to facilitate the exchange of strategic information on health-related law with international, regional, and subregional organizations, committees, organs, and special rapporteurs of the United Nations and Inter-American systems.

Strategic Line of Action 3: Actions for universal access to health and universal health coverage

Promote the formulation, implementation, or review of legal and regulatory frameworks:

- a) to facilitate universal access to health and universal health coverage;
- b) to support Member States in strengthening the stewardship and governance function of the health authority;
- c) to move toward achieving universal access to quality, safe, effective, and affordable medicines and health technologies;
- d) to strengthen technical capacities of Member States' human resources in health with a view to improve access and quality of health services with special emphasis on groups in situation of vulnerability.

Strategic Line of Action 4:
Actions to strengthen the
coordination between
the health authority and
the legislative branch and
other sectors

- Strengthen the technical capacity of Member States' health authority to facilitate coordination and collaboration with the legislative branch and other sectors, as appropriate, including in identifying and addressing legal gaps and contradictions.

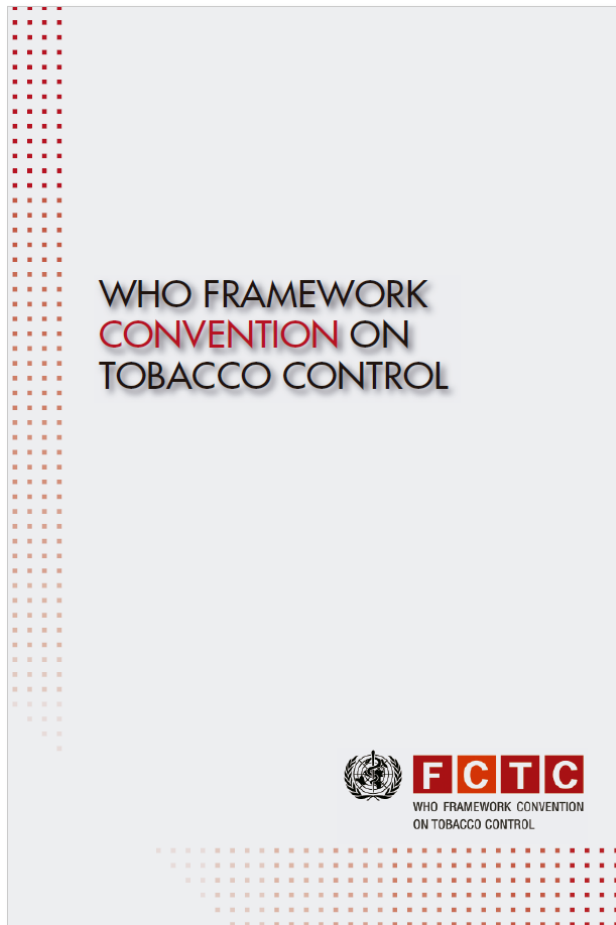
76th World Health Assembly (May 2023)

- Selected lifesaving interventions and policies for the world's biggest killers: NCD
- These interventions can help countries to achieve the SDG of reducing by one third, premature mortality from NCD through prevention and treatment and the promotion mental health and well-being worldwide by 2030
 - **Tobacco** (FCTC)
 - **Abuse of alcohol** (increase taxes, enact and enforce bans or comprehensive restriction of advertising, and restrictions on the physical availability of retailed alcohol)
 - **Unhealthy diet** (healthier foods and beverages –salt, TFA, facts sugar–, FOPL, public food procurement for healthy diets, behavior change comm and mass media, policies to protect children of food marketing on diet, protection and support of optimal breastfeeding practices)
 - Physical inactivity
 - Cardiovascular diseases
 - Chronic respiratory diseases
 - Cancer

Best buys (cost effective interventions) to tackle NCDs

- Increase excise taxes and prices on unhealthy products (tobacco, alcohol, unhealthy edibles)
- Implement large graphic health warnings on tobacco packages, even plain/standardized packaging
- Enact and enforce comprehensive bans on tobacco, alcohol and unhealthy edibles advertising, promotion and sponsorship
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
- Enact and enforce restrictions on the physical availability of retailed alcohol (like reduced hours of sale)
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and secondhand smoke, and encourage behavior change

WHO Framework Convention on Tobacco Control (FCTC)



- Is the **Global Response** to the Tobacco Epidemic
- **May 2003** - Adopted unanimously at the 56th World Health Assembly
- International legal instrument: multilateral agreement, binding
- **Feb 2005** – Entered into force - International treaty (40 State Parties)
- **To date** – Parties: 182 (world), 30/35 (Americas)
- Since the FCTC's international entry into force in 2005, many countries have adopted legal measures aligned with their mandates. However, the CARICOM countries lags behind in the WHO FCTC implementation.

For unhealthy foods

- Diets reformulation for healthier food and beverage products, like the elimination of transfatty acids and/or reduction of saturated fats, free sugars and sodium.
- Front-of-package labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets
- Public food procurement and service policies for healthy diets (reduce the intake of free sugars, sodium, unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)
- Policies to protect children from the harmful impact of food marketing on diet
- Protection, promotion and support of optimal breastfeeding practices (based on exclusive breastfeeding up to 6 months beginning within the first hour of birth and supplemented up to 2 years), including the fulfilment of the International Code for marketing of breastmilk substitutes

Promotion and protection of breastfeeding

International code for the marketing of breastmilk substitutes
labor rights to women/men (maternity leave, right to lactation)

A rights-based approach to a healthier life of the newborn