

Global Agenda Council Reports 2010



Chronic Diseases & Conditions

Issue Overview

Promoting health and well-being through the prevention of chronic diseases and poor mental health is vital for sustainable global development. As illustrated in the figure, chronic diseases are at the top of the global risk landscape. They are here and now, affect us all and are worsening quickly. Globally, 60% of all deaths are due to chronic diseases, with 80% of such deaths occurring in middle- and low-income countries. Similarly, poor mental health accounts for one-third of all ill-health and disability, costing societies some 2-3% of GDP.

Chronic diseases present a high and increasing threat and likely risk of severe global economic loss, threatening global well-being and dampening world development. Among the three most populous countries in the world, it is estimated that (in international dollars) China will forego \$558 billion, the Russian Federation \$303 billion and India \$237 billion in national income between 2005-2015 as a result of premature deaths caused by heart disease, stroke and diabetes alone. Chronic diseases and poor mental health reduce resilience and the capacity to cope with stress, and their financial burden crowds out essential monies to deal with other global risks and systemic failures.

However, chronic diseases can be prevented through effective and quickly implemented actions, unlocking enormous tied-up value. Four factors that can be effectively targeted contribute to nearly three-quarters of the risk for chronic disease: inactivity and poor nutrition, which lead to obesity, and alcohol and tobacco use.

Although we know what to do, globally three governance gaps have failed to translate knowledge into action:

1. International cooperation gaps: no clear architecture exists for diverse sectors and public and private partners to work together at the global level for improved health and well-being.
2. Awareness gaps: health and well-being are grossly undervalued as central and crucial to human, business and social capital development.
3. Delivery gaps: incentives and stimuli to realign the actions of government sectors, international organizations and the private sector towards healthy outcomes are underutilized.

Proposals¹

- An **“Action Coalition” for transforming health and well-being** will be created as an added-value mechanism to stimulate joint action and to promote policy coherence across sectors and businesses. The Coalition will enable dialogue beyond one-sector centred meetings and facilitate trust building between the business community, the public sector and civil society for sustained action. Through multistakeholder engagement it will recommend the creation of a Health and Well-being Footprint (modelled on the carbon footprint) and incentives for change as outlined below, enabling efforts to be in line with, rather than in tension with, health and well-being. The Coalition will be closely linked with the World Health Organization’s Global NCD Network (NCDnet), supporting the implementation of the WHO NCD Action Plan.
- A **“Health and Well-being Footprint”** is proposed to help measure the contribution of the public and private sectors and individual behaviours to health and well-being, to help identify opportunities to manage the causes of chronic diseases at the key levels of impact, and to serve as a yardstick of progress in delivering change. An economic value could be assigned to the Footprint to help align market outputs with well-being over time. The Footprint’s measurements and public display would act as incentives for countries, municipalities, businesses, producers and service providers, as well as individuals to create new ways of working. It will be flexible and developed in partnership with all stakeholders to ensure relevance and endorsement, and will include process as well as outcome factors. It will be relevant across a range of sectors, levels and sizes, including large businesses and small and medium enterprises.

Whenever possible, existing tools and measures will be used to develop the Health and Well-being Footprint. For example, the recent Stiglitz-Sen-Fitoussi benchmarking report on the measurement of economic performance and social progress includes health as a pillar to promote equitable and sustainable well-being. It notes that commonly used statistics may not capture certain phenomena that have an increasing impact on citizens’ health and well-being (e.g., traffic jams may increase GDP as a result of increased gasoline usage but not health and quality of life). The report’s proposed health metrics provide the means to calculate the Health and Well-being Footprint that can be linked to chronic disease measures as part of the World Economic Forum’s *Competitiveness Report*.

- **“Incentives and stimuli”** would be matched to the Footprint to help align the actions of the private sector, international organizations and government towards healthy outcomes. Building on many of the recognized incentives across sectors, the work will document the stimuli for change needed to support intersectoral governmental policy reformulation and action. Stimuli will support the business environment in saving costs, in attracting ethical investments and in producing new products and services that promote health and well-being, thus creating revenue-streams and improving the business footprint. Stimuli will also incentivize businesses and governments to utilize new technologies and social entrepreneurship to improve health literacy and develop metres and gauges for

¹ The views expressed here emerged from the Council meetings and do not necessarily reflect the views of the World Economic Forum or those of all the Council Members.

individual use that give real-time feedback on purchasing decisions and daily actions that promote health and well-being. For example, an intelligent shopping basket that monitors the health impact of shopping purchases could be designed to increase an individual's footprint.

Roadmap for Implementation

Throughout the year the Council and the Action Coalition will use the WELCOM platform. The Abu Dhabi Health Authority has agreed to pilot the Footprint and host a meeting in partnership with other countries in September 2010.

Dialogue and multisectoral stakeholder engagement will continue at the Annual Meeting 2010 in Davos, stimulating the creation of the Action Coalition.

Development of the Footprint will begin immediately, by building on recent work and piloting a first version. Preliminary results will be available by the World Economic Forum meeting in Qatar in 2010.

Simultaneously, work on the incentives will be developed for sharing with other stakeholders. A meeting at the World Health Organization in March 2010 will support the identification of data sources and evidence based stimuli shown to prevent chronic diseases. World Economic Forum Regional Meetings will engage the Action Coalition in further dialogue with relevant stakeholders to refine the menu of incentives.

The "Quantum Leap" Abu Dhabi meeting in September 2010 will bring together the three key strands of work, giving high level visibility to the Action Coalition and offering an opportunity to present and discuss the first year's outcomes. The meeting will launch the Call for Action to ensure further engagement and to continue bridging the governance gaps in global health and well-being.

Sessions in the Annual Meeting programme related to Chronic Diseases & Conditions include:

- Chronic Diseases: A Global Challenge
- The Long Shadow of Alzheimer's Disease
- IdeasLab on the Global Redesign Initiative (Risks)
- Breast Cancer
- Redesigning a Healthy Start
- Germs and Globalization

