

Building collaborations to integrate economics into noncommunicable disease action

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In the past decade, we have seen extraordinary momentum in countries' commitment to the noncommunicable disease (NCD) agenda, culminating in the inclusion of NCDs in the 2030 United Nations Sustainable Development Goals. Nonetheless, many countries face recurring challenges as they move towards healthy public policies that scale up multisectoral action on NCDs.

NCDs are a "wicked" problem (1) that cannot be understood or solved from the perspective of a single discipline or sector alone. As a global community, we have committed to engaging the efforts and expertise of all sectors of society to address NCDs (2). Those of us in the field of public health need to draw on our strengths as convenors to work with colleagues in non-health sectors and social science disciplines to find and implement NCD solutions.

Countries need to see how progress on NCDs will benefit their societies. Non-health sectors need to have a case for healthy public policy articulated in economic concepts and measures. As well, public health authorities are seeking more effective public health policy-making.

Economics can address many of these needs. It offers measures which can be understood by various sectors and has become an accepted analytical language of public policy. It speaks to and shapes the thinking of decision-makers in many of the sectors that are essential for action on NCDs. It can help forecast socioeconomic and epidemiological trends and provide insights into lifestyle behaviour and evidence about causal relationships. It can also provide the means to assess how policies impact wellbeing, including inequalities and, in turn, inform the design of effective interventions.

By bringing economic reasoning into its communications with other sectors, government central authorities, and multilateral organizations, public health will strengthen the impetus for whole-of-society action. Tobacco-focussed economics research, for example, has led the way to examine individuals' and industry's responses to taxes, as well as other implications of tobacco control. However, the economic analysis needed to guide multisectoral policy response is less advanced for other NCD risk factors.

Why such sparseness in economic analyses? One constraint is the limited integration of economic data in surveillance infrastructure. Building surveillance capacity and platforms that integrate health expenditure as well as multisectoral socioeconomic data with epidemiological information, remains challenging for all jurisdictions in the Americas. In Canada, initial steps include expansion of the Canadian Chronic Diseases Surveillance System² to incorporate healthcare cost and socioeconomic data. Also, in April 2017, the Public Health Agency of Canada (PHAC) launched the online, interactive Health Inequalities Data Tool³, providing 70 indicators of health determinants and health status, disaggregated by socioeconomic variables.

Another possible explanation is the relatively limited collaboration between public health researchers and the broad range of economists and other social scientists in the Americas. Currently, practical applications of health economics focus largely on health care systems. However, these health-care-driven applications of economic methods may not be a good fit for complex public health issues. By opening up our collaborations to include economists from outside the health sector (e.g. in agriculture, transportation, environment), as well as other social scientists, public health can engage their expertise to address these complexities.

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² <https://infobase.phac-aspc.gc.ca/ccdss-scsmc/data-tool/>

³ <https://infobase.phac-aspc.gc.ca/health-inequalities/>

Through knowledge translation and interdisciplinary collaboration among public health professionals, economists, other social scientists, policy makers and practitioners, innovative multisectoral interventions can be developed that take theory to practice. They can also engage the expertise and resources of diverse sectors. In Canada, for example, PHAC's *Multisectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease*⁴ are exploring partnership arrangements and funding models to advance innovative solutions.

At the global level, multilateral organizations, including the World Bank,⁵ the Organisation for Economic Co-operation and Development⁶, the World Health Organization (WHO) and the United Nations Development Programme⁷, are contributing to the integration of economic analysis and evidence for NCDs. In the Americas, PHAC has been working with the Pan American Health Organization (PAHO) to scout a path to integrate economics into NCD efforts and facilitate research collaborations. This work, through the WHO Collaborating Centre on NCD Policy at PHAC, began with collaboration on the 2005 WHO publication "Chronic Disease: A Vital Investment". It continues with participation in PAHO's series of workshops on the economics of NCDs and this special supplement. I am pleased that PHAC and other Canadian academic economists have contributed.

This special supplement is an important milestone in advancing the integration of economics into efforts to address NCDs in the Americas. I look forward to continuing collaboration across the Americas to deepen the analysis and increase the uptake of economics on NCDs questions resulting in better public policy and healthier populations.

Disclaimer. The views expressed in this manuscript do not necessarily reflect those of the Government of Canada, and may not necessarily reflect the opinion or policy of the RPSP/PAJPH or PAHO.

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⁴ <https://www.canada.ca/en/public-health/services/funding-opportunities/multi-sectoral-partnerships-promote-healthy-living-prevent-chronic-disease.html>

⁵ e.g. World Bank "Chronic emergency: why NCDs matter" (3)

⁶ e.g. OECD trends, inequalities and clustering analysis (4).

⁷ e.g. WHO-UNDP Task force on NCDs (5).