

Harry Rutter, Prof of Global Public Health

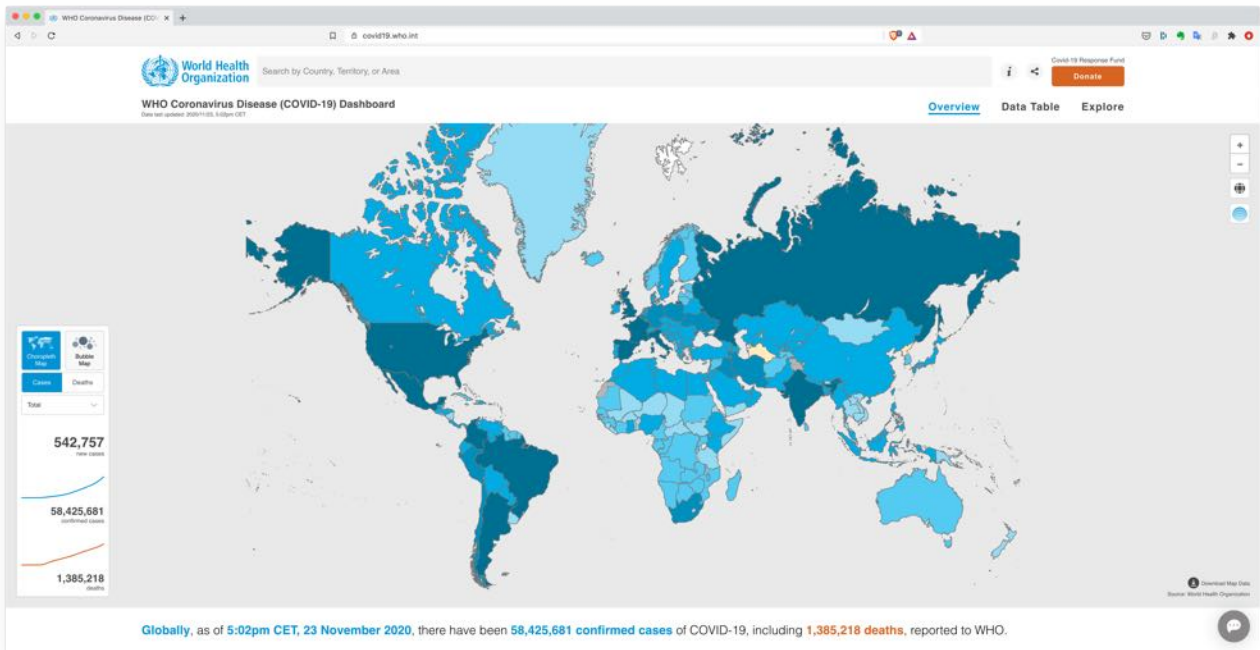


Equitable transport and health during and after the COVID-19 pandemic



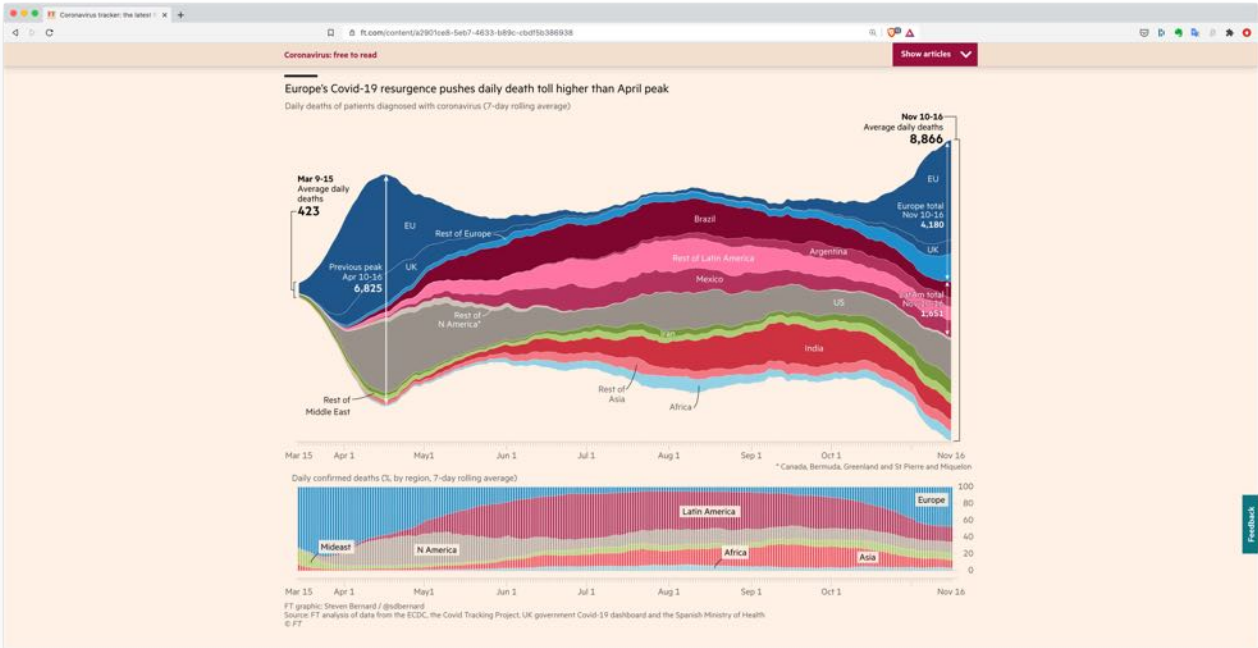
@harryrutter

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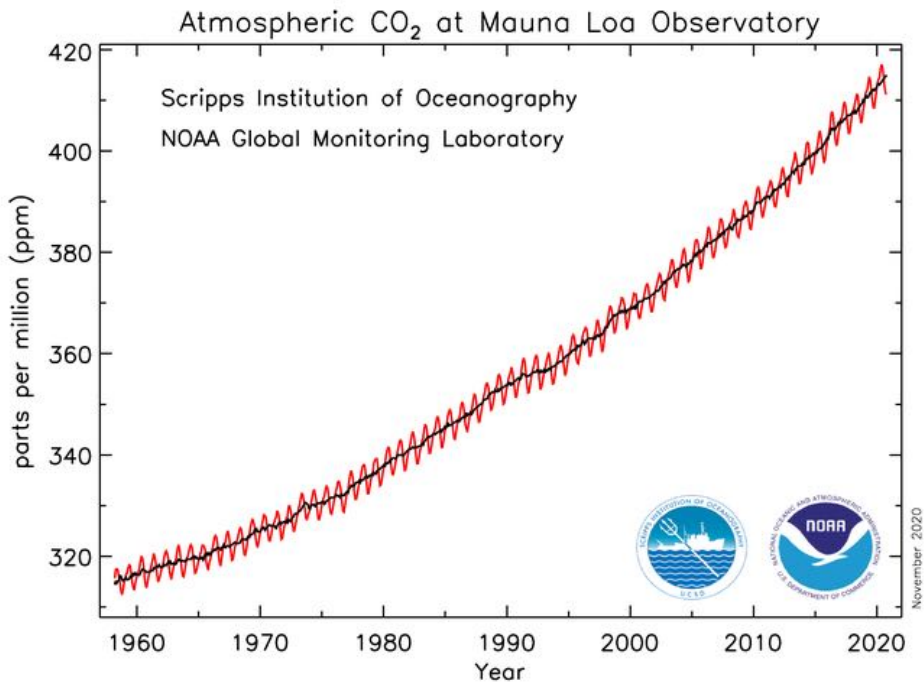


<https://covid19.who.int>

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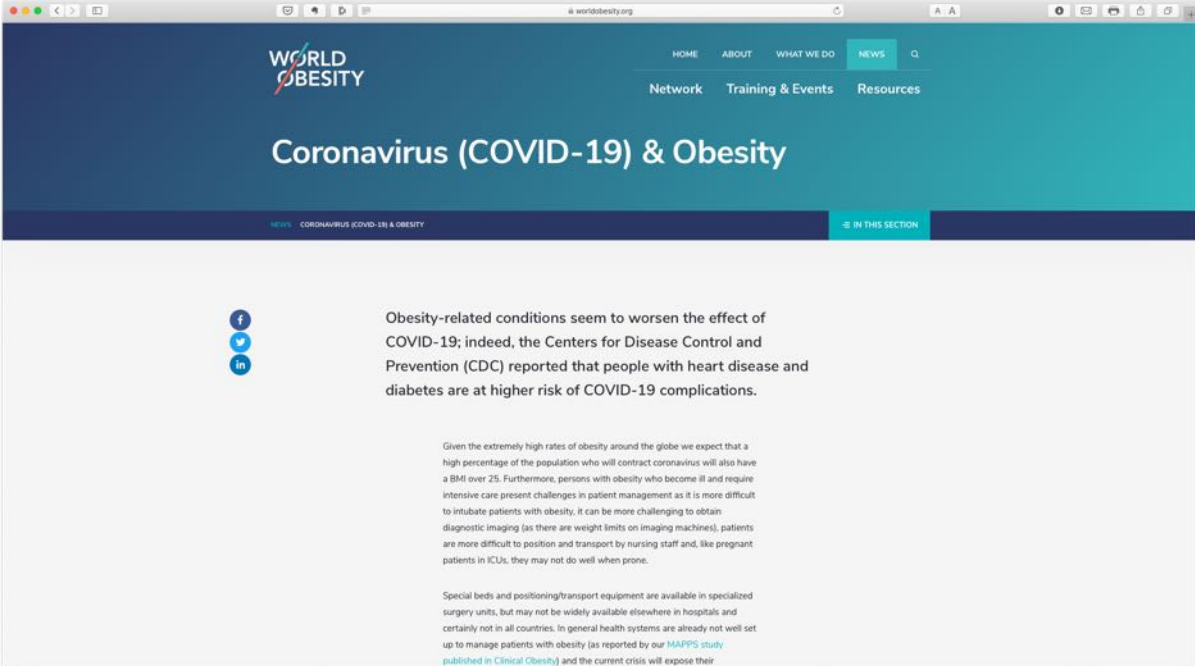


Source: US National Oceanic and Atmospheric Administration Earth System Research Laboratory - <http://www.esrl.noaa.gov/gmd/ccgg/trends/>

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Non-communicable diseases

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The screenshot shows the World Obesity website with a teal header. The main navigation includes 'HOME', 'ABOUT', 'WHAT WE DO', 'NEWS', and a search icon. Below the navigation are links for 'Network', 'Training & Events', and 'Resources'. The main heading is 'Coronavirus (COVID-19) & Obesity'. A sub-header reads 'NEWS - CORONAVIRUS (COVID-19) & OBESITY' with a 'READ IN THIS SECTION' button. The article text states: 'Obesity-related conditions seem to worsen the effect of COVID-19; indeed, the Centers for Disease Control and Prevention (CDC) reported that people with heart disease and diabetes are at higher risk of COVID-19 complications.' Below this, a paragraph explains that high obesity rates globally mean a high percentage of the population will contract coronavirus and have a BMI over 25, leading to challenges in patient management, such as difficulty in intubating patients, obtaining diagnostic imaging, and transporting patients. A final paragraph notes that specialized equipment like special beds and positioning/transport equipment are available in specialized surgery units but not widely available elsewhere, and that general health systems are not well-equipped to manage patients with obesity, as reported by the MAPPS study.

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Global Regions

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World Health Organization

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Noncommunicable diseases

1 June 2018

Key facts

- Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million).
- These 4 groups of diseases account for over 80% of all premature NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors.

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Related

Video: WHO - uniting UN Agencies against NCDs in Kenya

Infographic

- [Infographic: NCDs and mental health – challenges and solutions](#)

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Global Regions

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World Health Organization

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NCDs kill 41 million people each year - 71% of all deaths globally

Four main risk factors:

- tobacco use
- **physical inactivity**
- alcohol consumption
- unhealthy diets

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Inequalities

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Non-Communicable Diseases 3

Inequalities in non-communicable diseases and effective responses

Munich-Klinikum, Young Ho Chang, Harish Arora, Rony Bekky, Md Arifur Raheem, Farhad Farooqui, Ramon Guzman, Hugo Ruiz, Catherine Eglewong, Milor Palapontsakul, Septhorn Jitkumjorn, Michaela Haines, Rajal Gani, and the WHO Action Group

In most countries, people who live in low socioeconomic status and those who live in poor or marginalised communities have a higher risk of dying from non-communicable diseases (NCDs) than do more advantaged groups and communities. Smoking rates, blood pressure, and several other NCD risk factors are often higher in groups with low socioeconomic status than in those with high socioeconomic status. The social gradient also depends on the country's stage of economic development, cultural factors, and social and health policies. Social inequalities in risk factors account for more than half of inequalities in major NCDs, especially for cardiovascular diseases and lung cancer. People in low-income countries and those with low socioeconomic status also have worse access to health care for timely diagnosis and treatment of NCDs than do those in high-income countries or those with higher socioeconomic status. Reduction of NCDs in disadvantaged groups is necessary to achieve substantial decreases in the total NCD burden, making them mutually reinforcing priorities. Effective actions to reduce NCD inequalities include equitable early childhood development programmes and education, removal of barriers to secure employment in disadvantaged groups, comprehensive strategies for tobacco and alcohol control and for dietary salt reduction that target low socioeconomic status groups, universal, financially and physically accessible, high-quality primary care for delivery of preventive interventions and for early detection and treatment of NCDs and universal insurance and other mechanisms to remove financial barriers to health care.

Introduction
Non-communicable diseases (NCDs) cause 35 million of the 53 million annual deaths worldwide; more than three-quarters of these deaths occur in low-income and middle-income countries.¹ A substantial amount of the worldwide NCD burden is attributable to behavioural, dietary, environmental, and avoidable risk factors²⁻⁴—a fact that has attracted worldwide attention to NCDs as a major global health issue and has shown the need for improved prevention and treatment.⁵ In particular, NCDs were the subject of a UN high-level meeting in September, 2011. Goals and targets for NCD mortality and risk factors have been proposed, and mechanisms established to increase accountability to the commitments made by non-implementation and reporting of progress in NCD outcomes, risk factors, and treatment.⁶

Several studies, mainly from high-income countries, have shown that NCD rates are higher in disadvantaged and marginalised people and communities than in groups with higher socioeconomic status.⁷⁻¹¹ Less is known about within-country NCD inequalities in low-income and middle-income countries, and about how inequalities differ in relation to the stage of economic and epidemiological development. Furthermore, within-country NCD inequalities have not received explicit attention in global NCD discussions. Although the Millennium Development Goals (MDGs) do not specifically address within-country equity, social inequalities in MDGs and their interventions are large, and reduction of these inequalities will help to achieve the

MDGs.¹² The scarcity of similar available evidence for NCDs creates difficulties in formulation and implementation of actions that reduce NCD inequalities, and in assessment of how these actions might help to decrease the total NCD burden.

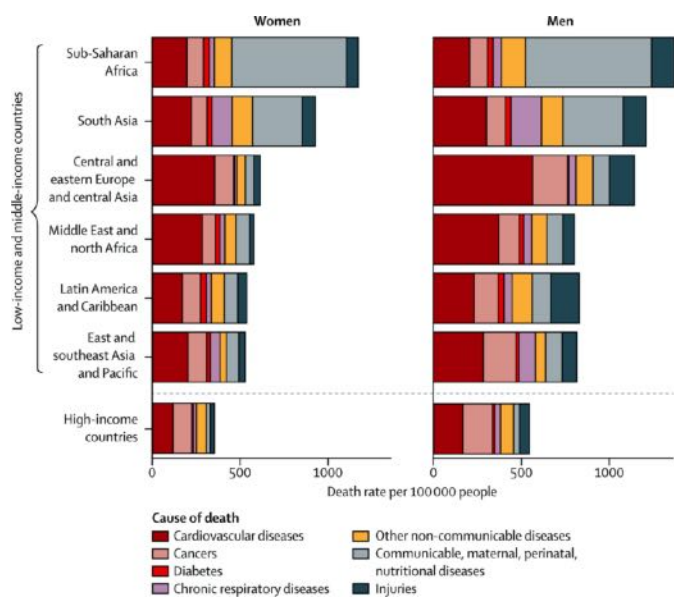
Key messages

- Key actions to reduce non-communicable diseases (NCDs) and NCD inequalities, globally and within countries, are:
 - **Improve and empowerment of early childhood development programmes and education for all social groups, and removal of barriers to secure employment**
 - **Transition of tobacco and alcohol, regulation of their production and sale, and restriction of advertising and marketing of these products**
 - **Reduce rates of dietary salt intake by regulation, self-design and public education, and mass media campaigns that target disadvantaged and marginalised social groups, and job opportunities with easy access to food manufacturers**
 - **Improvement of financial and physical access of disadvantaged and marginalised social groups to health-care services, including health insurance, health care, and health care through subsidies, appropriate policies, and possibly through improved availability in primary care, and implementation of team and multidisciplinary services of health care that contain high amounts of support, personal care, and self-management**
 - **Improve status of universal, financially and physically accessible, high-quality primary care to reduce NCD risk factors through clinical interventions and to enhance early detection and treatment of NCDs**
 - **Implementation of universal health insurance or other mechanisms to remove financial barriers to health care, reduction of physical and behavioural barriers to health care use, and improvement of equity of care in disadvantaged communities**

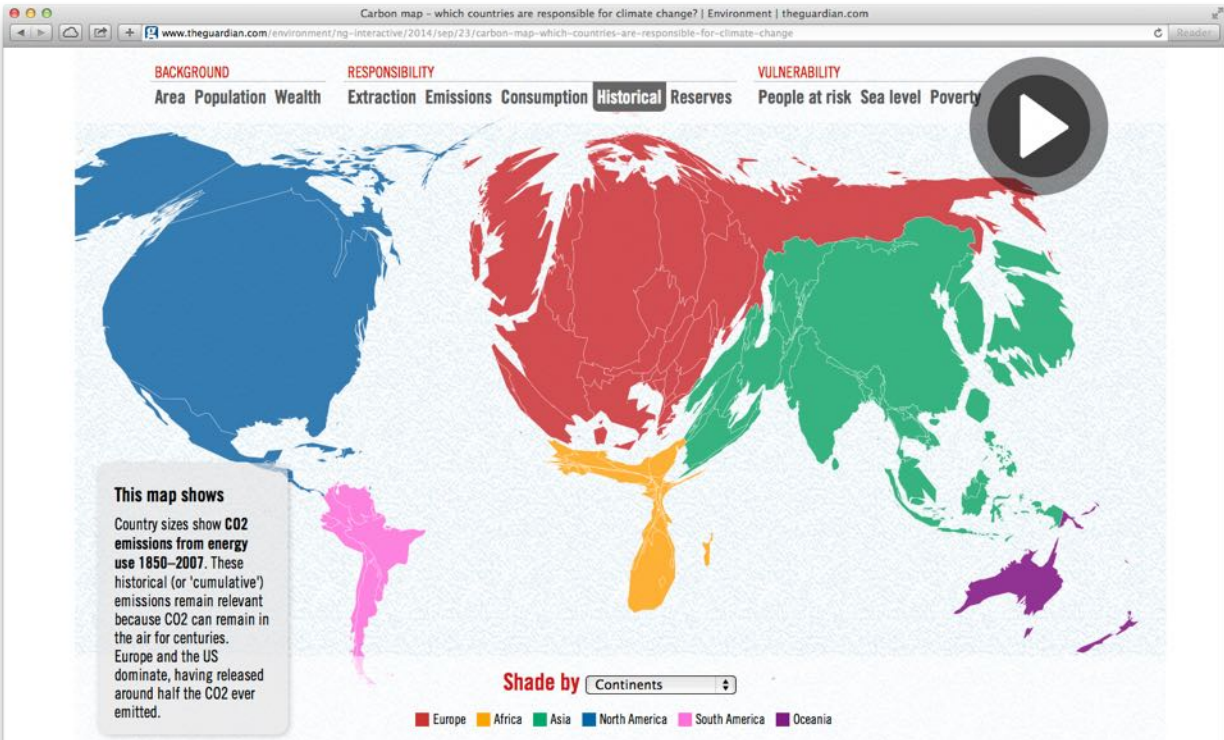
www.thelancet.com Vol 381, February 18, 2012

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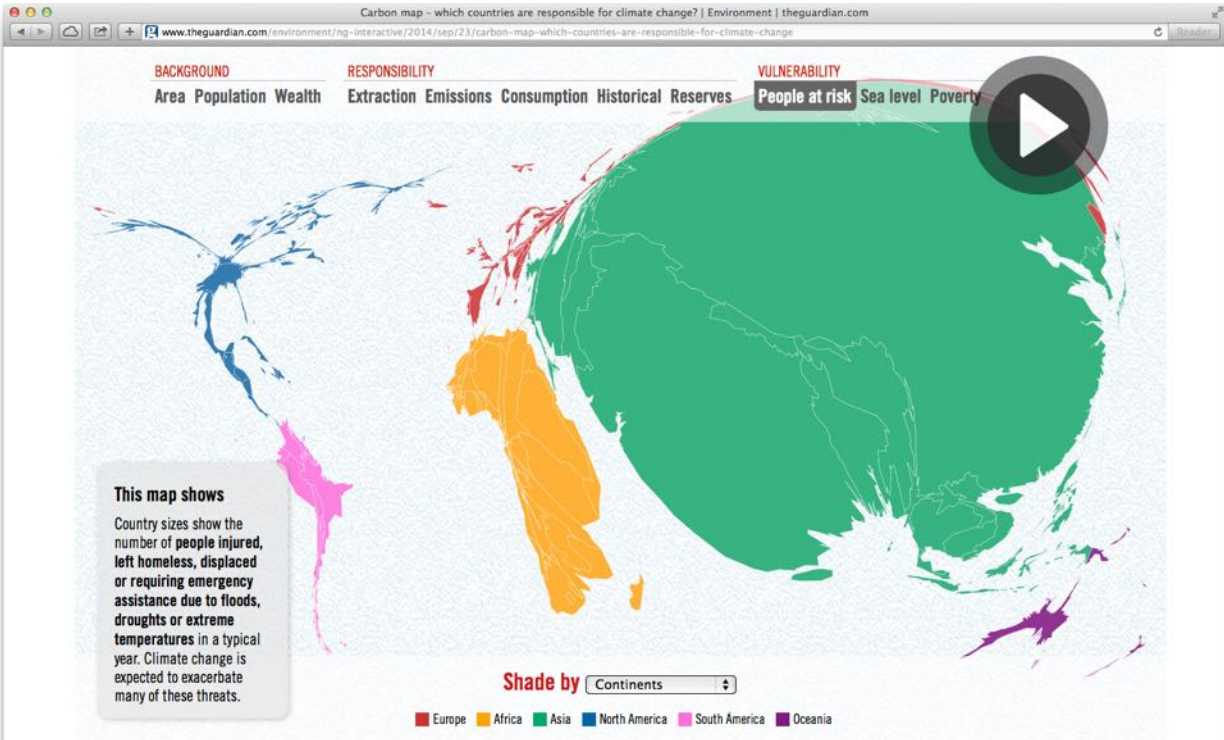
Age-standardised death rates by region



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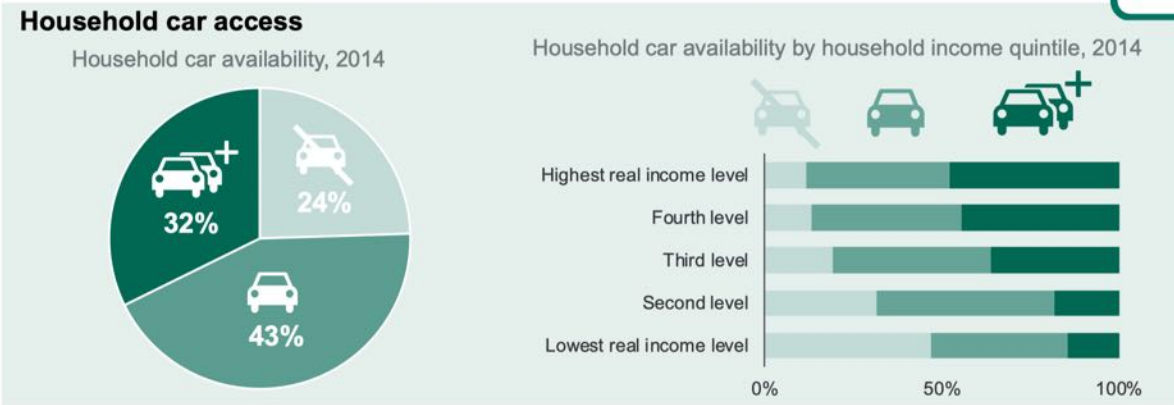


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How people travel - car [3]



Source: National Travel Survey <https://www.gov.uk/government/publications/nts-factsheets>

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Cause

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Response

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Akila Jayawardana/Getty Images

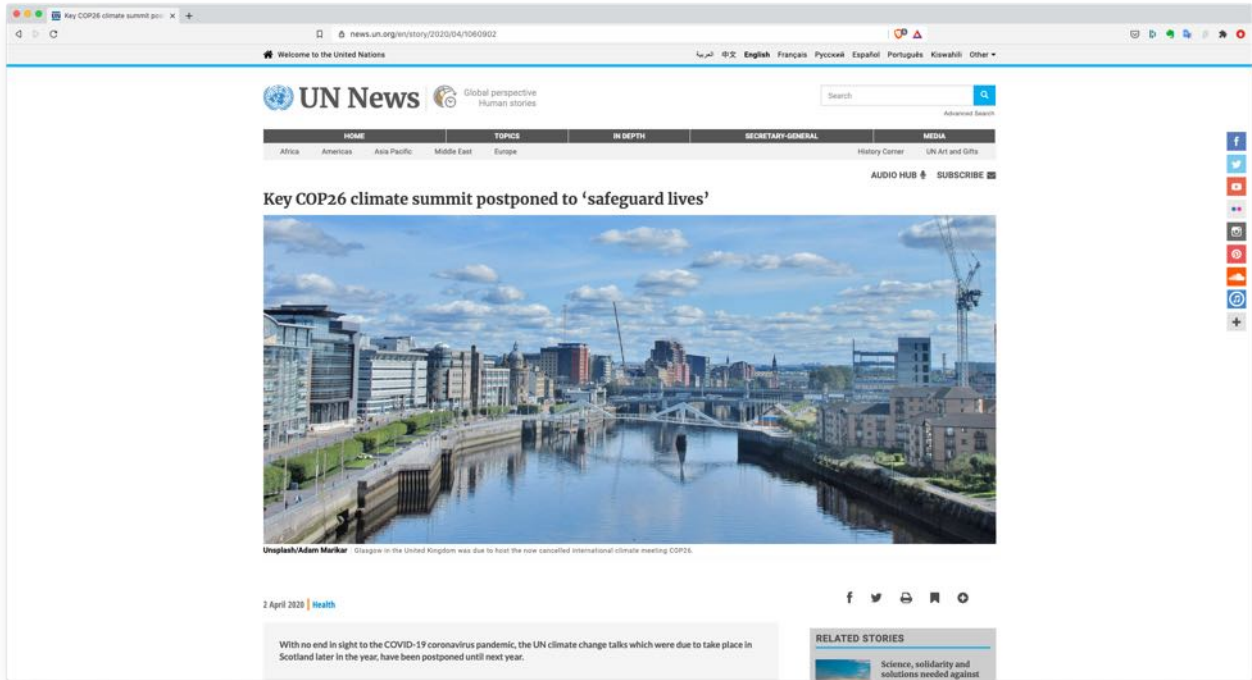
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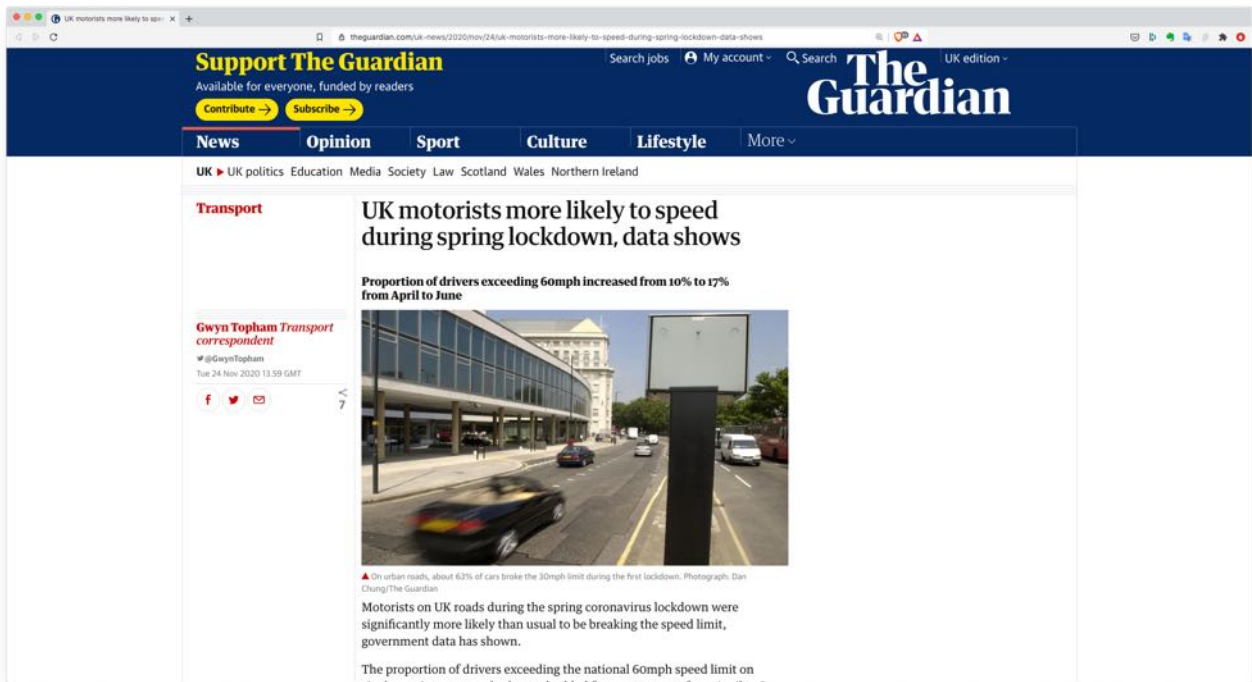
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“Build back better”

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Welcome to the United Nations

United Nations Secretary-General

19 August 2020

Secretary-General's remarks at opening of the Inter-Parliamentary Union's World Conference of Speakers of Parliament [as prepared for delivery]

It is a pleasure to join this important meeting of speakers of parliament.

From my own years as a parliamentarian and prime minister, I know the crucial role you play. You are the embodiment of the opening words of the United Nations Charter: "We, the peoples."

Sitting now in a different chair, I also know that the United Nations benefits greatly from your work. You are critical partners in bringing the global to the local and the real concerns of people into the international arena.

Today your responsibilities are especially urgent and demanding.

I want to use our time together today to mention a few key concerns and how you can help mobilize action and solutions.

First, of course, is the COVID-19 pandemic.

We face an unprecedented disaster, from economic wreckage to an education deficit imperiling an entire generation, from the aggravation of humanitarian crises to the deepening of already troubling infringements of human rights.

We have surpassed 21 million cases and 770,000 deaths – and the toll continues to grow and even accelerate in some places.

The United Nations family is working across many fronts to save lives, control transmission of the virus, ease the fallout and recover better.

We have shipped personal protective equipment and other medical supplies to more than 130 countries.

We continue to press for a global ceasefire and to fight the plague of misinformation.

Across the weeks, we have issued analysis and policy recommendations spanning the full range of affected countries, sectors, issues and populations.

From the beginning, the United Nations has been calling for massive global support for the most vulnerable people and countries – a rescue package amounting to at least 10 per cent of the global economy.

We are also supporting work to accelerate research and development for a people's vaccine, affordable and accessible to all.

As we address the emergency today, we must learn its many lessons for tomorrow.

Even before the virus, our societies were on shaky footing, with rising inequalities, worsening degradation of the environment, shrinking civic space, inadequate public health and untenable social frictions rooted in governance failures and a lack of opportunities.

New York: **Statements**

Latest Statements

Statements on 19 August 2020

- Secretary-General's message on World Humanitarian Day [scroll down for French version]

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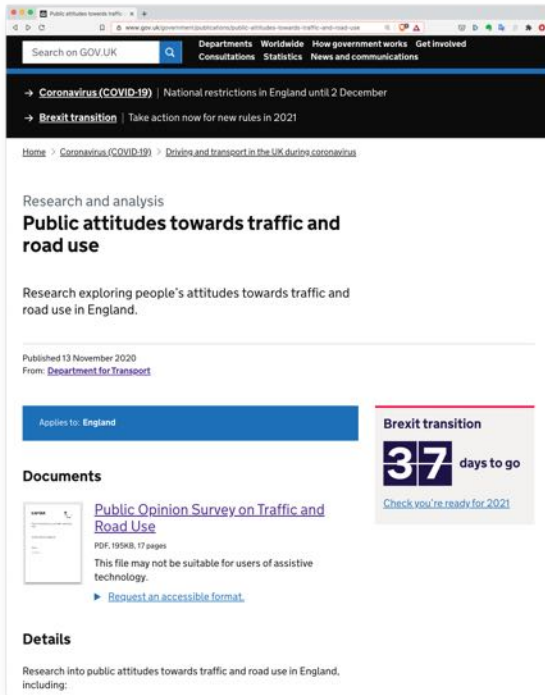
Welcome to the United Nations

United Nations Secretary-General

- 1) we need to make our societies more resilient and ensure a just transition
- 2) we need green jobs and sustainable growth
- 3) bailouts of industry, aviation and shipping should be conditional on aligning with the goals of the Paris Agreement
- 4) we need to stop wasting money on fossil fuel subsidies and the funding of coal
- 5) we need to consider climate risk in all decision-making
- 6) we need to work together.

...how the world recovers from COVID-19 is a "make-or-break moment" for the health of our planet.

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- Respondents overwhelmingly agreed that the government should act to increase road safety, improve air quality, reduce traffic congestion and reduce traffic noise.
- 77% of respondents supported the reduction of road traffic in towns and cities in England, and 66% of respondents were supportive of reallocating road space to walking and cycling across towns and cities in England
- The four areas considered to be the most serious problems in residential and high streets were: vehicles going too fast, not enough car parking spaces, heavy traffic, and traffic fumes.

<https://www.gov.uk/government/publications/public-attitudes-towards-traffic-and-road-use>

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The Lancet–Chatham House Commission on improving population health post COVID-19



The health of populations across the planet is in a perilous state during the COVID-19 pandemic, with more than 550 000 deaths worldwide as of July 10, 2020.¹ The disease burden is falling mainly on the most disadvantaged groups worldwide and there are major impacts on health systems across high, middle, and low-income countries. In parallel with these direct health impacts, the economic effects of lockdowns are leading to an unprecedented global recession which will have ramifications well into the future. But while the focus is, rightly, on responding to the immediate threat of the pandemic, it is important to remember that over 40 million people die each year from non-communicable diseases (NCDs), more than 70% of all global deaths.²

Meanwhile, the climate and extinction crises pose unprecedented challenges to our planet, with government responses—as yet—inadequate.³ Global temperatures are set to increase substantially over the coming decades, leading to untold health, environmental, and economic consequences,^{4,5} while the unfolding sixth mass extinction threatens to unravel many of the essential ecosystems on which we all depend.⁶

There are, however, some reasons for cautious optimism. Responses to the COVID-19 pandemic show that nations can act rapidly and radically in response to major immediate threats to health, even at huge economic cost. These actions have generated important co-benefits in terms of reductions in urban air pollution⁷ and carbon dioxide emissions, at least over the short term.⁸ Maintaining resilience during this pandemic—and those yet to come—will require these and many more long-term changes in patterns of travel, development, and human interactions. As economies open up and lockdowns ease, this resilience will once again be under

threat, as will both the environment and population health. It will be even more important to take urgent action on climate change, environmental sustainability, economic policy, and health inequalities.^{9,10}

These three major threats to population and planetary health—communicable diseases, NCDs, and the climate and environmental emergencies—are too often treated as distinct problems, but they are intimately entwined in a global syndemic as reflected in the top global risks identified by the World Economic Forum in 2020.¹¹ They possess common underlying causes including unsustainable systems of agriculture, subsidies for harmful products, and overcrowded cities. The transmission of a novel coronavirus from bats to humans might be the dominant model of the genesis of the COVID-19 pandemic, but without urbanisation and global hypermobility it would have spread much more slowly and might have been contained; without high prevalence of NCDs¹² and air pollution¹³ it would have exerted a much lower toll.

Breaking the clinical, academic, and policy boundaries that promote separation of these threats demands new ways of understanding and tackling them in order to respond effectively to the combination of the worst pandemic for over a century with the largest economic downturn in modern history. Foregrounding this economic context will be essential for any credible attempt to address these threats.

The dominant policy focus for tackling the key behaviours that contribute to NCDs worldwide—unhealthy diets, smoking, alcohol consumption, and physical inactivity—largely ignores the roles of commercial and other non-state actors, publics, policy makers, and others in driving these behaviours.¹⁴ As with COVID-19,

Focus on:

- Objective science and data, pulling NCDs out of the shadows
- Drivers and actions across systems, **including the transport system**
- Change behaviours of those who determine the contexts in which we play out our lives
- Identifying levers for meaningful action

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www.thelancet.com Vol 396 July 18, 2020

Rutter, Horton, Marteau, Lancet 2020

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Conclusions



- The COVID-19 pandemic creates major long term challenges for transport and other systems, which will continue as it becomes endemic
- There is a strong inequalities dimension to both impacts and responses
- ...but also huge opportunities to create equitable, sustainable change with positive synergies across transport, environment, and health
- Effective responses require a focus on intergenerational equity, internalising externalities, and systems thinking, among much else
- The challenge is not knowing what to do, it is making it happen...

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