Political leadership and governance for PPPs in urban health

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We have a three-tier approach to working with sustainability - good for business and for society

**Society’s expectations:**
- Contribute to global goals for sustainable development
- Create returns on investment for shareholders and ensure benefits for other stakeholders
- Identify, prevent and mitigate possible adverse impacts on society

**Business benefit:**
- Resolve systemic issues that affect business success
- Earn leadership recognition by going beyond self-interest
- Optimise business performance and growth potential
- Earn customer preference by delivering added benefit
- Manage risks and account for performance
- Earn stakeholder confidence by doing ‘the right thing’
We see opportunity in addressing global issues.

**The Sustainable Development Goals**

**We welcome the Goals** and in particular the recognition of the growing burden of non-communicable diseases.

**Goals 3 and 12 – healthier lives**

We review our contribution to all the Goals and put **emphasis on health**.

Target 3.4: By 2030 to reduce premature mortality from non-communicable diseases by one-third.

Target 12.4 Achieve environmentally sound management of chemicals and all wastes throughout their life cycle.
Bending the Curve on urban diabetes
Diabetes is rising at an alarming rate around the world.

In 2000, 4.6% of the population had diabetes. In 2017, this increased to 9.1%. By 2045, it is projected to reach 11.7%.

More than 400 million people have diabetes if no action is taken.

More than 700 million people will have diabetes if no action is taken.

References:
FUELLING THE RISE OF DIABETES

Drivers

Non-modifiable factors
- Ageing
- Genetics
- Ethnicity

Modifiable factors
- Obesity
- Nutrition
- Setting

Among others...

44% of total diabetes burden is caused by overweight and obesity.
We can **bend the curve** if we reduce obesity by 25%

**Scenario 1**: current trend  
**Scenario 2**: bending the diabetes curve at 10%

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URBANISATION

- one of the most significant demographic shifts

55% of people live in cities

68% of people live in cities

3/4 of people with diabetes will live in cities

2/3 of people with diabetes live in cities

2018

2050

1. United Nations Department of Economic and Social Affairs (UNDESA). World Urbanization Prospects, the 2018 Revision.
Cities influence how people live, work and eat, which all have an impact on obesity and diabetes. 

No organisation can solve the challenge alone

"We need new ways of looking at old problems"
Prof. David Napier, UCL
2nd Global CCD summit, Houston 2017

The scale and nature of the challenge require that we work together across sectors and disciplines.

Programme partners for healthy food systems and liveable cities
Benefits for people with diabetes
- Raise the voice of people with diabetes
- Improved access to resources
- Improved quality of life

Benefits for the city
- Access to new insights about risk factors for diabetes
- Platform for action to reduce morbidity, raise productivity and cut spending
- Public-private partnership to improve the city environment

Benefits for Novo Nordisk
- Sustained access to stakeholders
- Platform to improve the company reputation
- Platform for getting diabetes on the political agenda

Shared value
How we bend the curve

Setting the ambition
Set an ambition for prevention using the Diabetes Projection Model

Mapping the challenge
Studying the diabetes situation and identifying social and cultural dynamics that impact diabetes vulnerability

Sharing the knowledge
Share solutions through knowledge networks, publications, exchange visits and summits

Implementing solutions
Translate global research insights and best practices into local policy and action
Action areas

**Places** shape the way we move and interact. It affects our health on several levels.

**Community** can engage people outside the formal system.

**Food** is vital to our health. Healthy options and accessibility are essential.

**Health care** quality, access and affordability is central in both prevention & care

**Example**

Healthy & livable cities

**Masterclass** give cities the tools to redesign their cities for health & climate benefits

**Faith-based communities** can reach broad groups of people and target prevention efforts in a safe environment.

Vancouver **Food Banks** ensure that healthy food is available for citizens in financial hardship.

**Training** of doctors to ensure proper diabetes understanding benefit people at risk & patients.
What kind of value has CCD contributed with?

Insights from CCD programme review 2014-2016

• Acting as catalyst for change in cities: CCD facilitates a process that builds new relationships around shared insights and common goals – relationships that commit and stimulate partners to take action – stands out as the single most important contribution of CCD

• Building relationships as a foundation for action: CCD convenes stakeholders who do not normally collaborate around a shared goal. In the process of working together, strong relationships are built that inspire action

• Building a new evidence base and develop new research tools: The CCD research changes perspectives and practice, contributing to a more holistic and multi-disciplinary approach to tackling diabetes in cities

• Playing an important role in supporting or facilitating change: CCD has promoted existing agendas and goals or facilitated /accelerated changes that were not already planned

Ref. CCD Programme Review 2014-2016
The road ahead
Change theory on urban diabetes
Inspiration from C40 work on climate change

2005 – 2015
Climate actions and policy changes

2015 – 2025
Reduction in CO₂e

2025 –
Reduction in temperature change
Ambition: To keep warming below 2°

2015 – 2025
Health actions in cities and policy changes

2025 – 2035
New social norms, behaviours and health-promoting environments

2035 – 2045
Improvements in population health
Ambition: To bend the curve on diabetes
The objective is that over the next 5 years Cities Changing Diabetes will change gear in delivering key objectives:

- More health actions, in more cities
- Stronger evidence base on the challenge and what works
- Advocacy on global, national and city agendas to show that action on health in cities is necessary, desirable and achievable
- Greater policy focus on health at global, national and city levels

2015 – 2025

Health actions in cities and policy changes

- Growing evidence base
- Building advocacy on urban health
The Cities Changing Diabetes Summit evolution
Our journey to bend the curve

Europe 2020
How do we make it happen?
HOW?
How will we make it happen?
What is needed to drive action?

Copenhagen 2015
Understanding the challenge
WHY?
What is the challenge?
Why is it important?

Houston 2017
What does it take to address the challenge?
WHAT?
What does it take?
Why is it urgent to take action?

How do we maintain and scale?
HOW? WHAT?
How will we sustain actions?
What is the impact?