



ABSTRACTS

No 'business as usual' against non-communicable diseases

The global economy, politics and healthcare systems are presented
with the challenges of a global epidemic

Alejandro Calvillo, El Poder del Consumidor, Mexico

"How to win a campaign for a Soda Tax: the Mexican Case"

Mexico has one of the highest rates of overweight and obesity with 500,000 deaths from diabetes during the last administration (2016-2012). The fact that Mexicans have the highest consumption of soda in the world, with an average consumption of 163 liters per person per year, is an important causal factor.

One of the first steps to contribute to an enabling environment for the full policy agenda was to build a national coalition of academic advocates, diverse public interest organizations, and social movements concerned about malnutrition and obesity called the Alianzapor la Salud Alimentaria.

The alliance made concerted efforts to positioning messages and arguments in the media through a consistent earned media strategy and mass media campaigns in three different steps: expose the human drama, show the culprits and present solutions. This strategy supported a customized lobbying strategy.

The food and beverage companies publicly questioned the evidence of health harms from SSBs, claimed jobs would be lost, and insisted there would be no health benefit from the tax and developed a strong multifactorial campaign against the soda tax.

Advocates countered this opposition by staying focused on people, health, and the science, reminding opinion leaders and decision-makers that the tax is about health and follows the recommendation of international and national health experts.

Nora Kronig Romero, Swiss Federal Office of Public Health, Bern Switzerland

Setting the scene: NCDs in Switzerland

In Switzerland, over 2 million people are suffering from non-communicable diseases. They are a huge challenge for its health system and society in general. Half of these diseases could be prevented or delayed with a healthy lifestyle. This is where the strategy for NCD prevention comes in, that Switzerland is implementing since 2017.

The UN put the international fight against NCDs as a core topic of the agenda 2030 for sustainable development. WHO's Global Action Plan for Prevention and Control of NCDs (2013-2030) is therefore an important contribution by showing inter alia the so-called "best buys" measures for an efficient control of the most important risk factors. Switzerland has based its national strategy on the Global Action Plan of WHO. Although important measures are already implemented, there still remain further steps for Switzerland to go, in order to achieve the aim to reduce the diseases as well as improvement of the quality of life of already ill persons.



Roberta Bosurgi, Novartis Foundation, Basel Switzerland

Better Hearts Better Cities: a multisector approach to improve heart health in low-income urban communities

Over 10 million people are estimated to die from hypertension and high blood pressure globally every year. Low- and middle-income countries are hardest hit. Better Hearts Better Cities is a Novartis Foundation initiative to improve cardiovascular health in low-income urban communities by improving the control of hypertension as a key risk factor for cardiovascular disease.

The Novartis Foundation recognizes the fact that hypertension is a key risk factor for cardiovascular disease that can be treated effectively with inexpensive medicines and lifestyle changes. Additionally we are convinced that complex interactions between urbanization, unhealthy lifestyles, the growing burden of non-communicable diseases and weak primary health systems are best addressed in a multidisciplinary, multisector way. To meet this challenge, the Novartis Foundation is working together with local authorities to convene partners from different sectors to align priorities and co-develop interventions to strengthen systems and innovation beyond the healthcare sector. Partners can include health-care providers but also digital and telecommunication organizations, food suppliers, employers, insurance funds, social enterprises and civil societies. Active participation and buy-in from local government is vital, not only to build a network of implementation partners, but also to achieve longer-term impact and sustainability in strengthening the health system.

Specific interventions to support this strengthening of the health system will include innovating the way care is provided for patients with chronic diseases, encouraging physical exercise and healthy nutrition in schools, workplaces and more widely through smart city design and urban planning, or creating a healthy environment for the city population through policies. Results of these interventions will be rigorously monitored and evaluated to document learnings and better inform the future strategies.

Better Hearts Better Cities has launched in Ulaanbaatar, Mongolia, as well as Dakar in Senegal. A third city will follow in Brazil later this year.

To continue the conversation, or to learn more about our initiative, please email Roberta Bosurgi, Head of the Urban Health Initiative at roberta.bosurgi@novartis.com

Tatyana Haplichnik, Swiss Red Cross, Belarus

Addressing social determinants of NCDs through community mobilisation

A Swiss Red Cross project “Community Action for Health” (2014-2017), directly implemented by the Belarus Red Cross, is aimed at improving knowledge and changing attitudes and behaviour of the local population on such determinants of NCDs as physical activity (primarily) and healthy nutrition via establishing Initiative Community Groups (ICGs): 14 ICGs in 2 pilot regions, more than 400 members and volunteers, 76,500 people covered by the ICGs’ work. Key areas of ICGs’ work: interactive training sessions on NCDs prevention, mini-initiatives promoting physical activity and healthy eating, individual peer-support for behaviour change.

According to the end-line survey (March-July 2017, covering 1866 respondents organised in three target groups), not only people directly involved in the ICGs but also people “covered” by the ICGs’ work are more physically active (ride a bicycle every day/few times a week 31.9% of “covered” population versus 19.2% of general population; go for a walk 71.4% versus 58.5% respectively). The ICGs members/volunteers and the “covered” population reported switching to healthier diet (53.3% and 41.5% respectively) and weight loss (29.2% and 20.1%) . Effectiveness of the approach was assessed as an effective one by the local authorities, resulting in scaling up: new ICGs will be established in the pilot regions and beyond, already outside of the SRC project.



Sunghea Park, Swiss TPH, Basel Switzerland

Health Promotion Approach to NCDs: Toward Transformative Action

The SDGs identify NCDs to be an increasing burden on global health and a leading cause of deaths worldwide. The SDGs include NCD-related targets for the reduction of premature mortality in low- and middle-income countries. NCD-related targets are based upon four main pillars, improving diet and exercise and reducing the consumption of tobacco and alcohol, and include NCD-related health promotion, prevention and treatment. Health promotion is a key approach in the prevention of ill-health and improving physical, mental and social well-being. The concept was set out in the Ottawa Charter in 1986 in order to develop mandates for achieving Health for All. Strengthening community actions and empowerment are still central and effective ways to enhance health literacy and the capacity of people to maintain good health as well as by changing health-related culture, social norms and behaviors among individuals, families, group and communities. The health promotion approach is highly relevant to that of the SDGs as it is cross-sectoral and aims to promote cooperation with across the health care and broader systems such as social, economic, educational, environmental and political structures. The presentation will review key principles of health promotion action and answer the question of why capacity building and community empowerment are still relevant and effective approaches to addressing NCDs through the presentation of two case studies: one a primary health care project in Tajikistan and a community-action for health project in Tanzania.

Manfred Zahorka, Swiss TPH, Basel Switzerland

Care and Management of NCDs in Primary Care - Professional priorities versus patient needs.

Health systems have traditionally been setup to provide acute care for diseases with the perspective of complete restitution of patients' health. Chronic diseases require a significantly different health systems response focusing on long term management of health conditions and patients' quality of life. The lack of curative options means also that the emphasis needs to move towards prevention with treatment being only part of a more complex set of interventions. An effective health system's respond faces various challenges, such as complex care needs, higher costs due to long term care and frequently duplication of therapeutic measures, insufficiently involvement of patients and care givers in treatment planning, lack of care coordination and limited transparency of patient data across disciplines.

Various ways of dealing with these complex needs have been developed and cover different aspects such as managed care, clinical and patient pathways, case management, continuum of care, integrated care to name a few. The WHO World Assembly in 2016 has coined the term "People Centred Integrated Health Services" where people's service needs are in the forefront of care rather than professional needs. Legal frameworks have been developed in many countries to facilitate integrated services and this quite a variety of practical approaches tested in different systems contexts. However, countrywide implementation of integrated approaches is still rare.



Peter Hellmold, Lugala Hospital Tanzania, SolidarMed

Frank Jacob, Regional Health Administration, Tanzania

Example from the practice: The rural Lugala Hospital in Tanzania and the advent of NCDs

Context: Lugala Hospital, a 159 bed hospital in rural Tanzania, serves a population of 164'000. It has been supported by SolidarMed, the Swiss Organization for Health in Africa, since 2005. Infectious diseases and obstetric complications have been main diagnoses in Lugala. However, Non-Communicable Diseases (NCDs) increasingly add to this disease burden. Between January and June, 2017, nearly every second adult inpatient in Lugala suffered from a NCD (Cardio-vascular diseases 13.4%, Cancer 1.8%, Chronic respiratory diseases 2.6%, Diabetes 1.4%, Injuries 12.5%, Other NCDs 16.5%). According to Tanzania's NCD profile (WHO, 2014), 31% of all deaths are due to NCDs.

Challenges: The district health system and the hospital are not prepared to adequately respond to the increasing number of patients requiring lifelong treatment. Main challenges are insufficient number of trained staff, inadequate diagnostic technology, unreliable supply of drugs, and absence of a global donor.

Response: SolidarMed began collaboration with the 'Kantonsspital Luzern' focusing on diabetes in pregnancy. Future extension of the scope of this partnership is anticipated. Moreover, training of health workers, support of equipment and application of lessons learnt from chronic HIV patient management, coupled with sensitization of communities and decentralization of services will contribute to enable the system to cope better with the advent of NCDs.

Olivia Heller, Geneva University Hospital, Geneva Switzerland

How to leverage political construction of NCDs at the global level?

Aim: To assess the factors enabling the prioritization of NCDs on the global health agenda.

Methods: A document review of key global NCD policy documents was carried out. This review provided information which was used during eleven in-depth semi-structured interviews. Inductive content analysis was employed using Shiffman et al.'s framework.

Results: The two main findings are: (1) the construction of NCDs as a strategic categorization of diseases, namely 4 risk factors/4 diseases (4x4) designed to gain global attention where disease-specific advocacy on cancer, diabetes, heart and lung diseases was failing to find prioritization compared to diseases framed as global health security risks. (2) Various stakeholders and "champions", were able to include NCDs at a UN General Assembly in 2011, the second time a health issue received this level of political attention. The academic sphere helped support the case of globalized burden of diseases and transnational economic threat as well as coining the above mentioned "4x4" framing which created political traction.

Conclusion: The combination of "networks and actors" and "issue characteristics" created the policy environment, which enabled NCDs to reach the global health and development agenda. The complexity remains in implementing feasible and acceptable interventions from these policies.

On behalf of the COHESION Project. COHESION Geneva Team - lead by Claire Somerville PhD, Executive Director, Gender Centre at the Graduate Institute, Geneva.: Co-PI COHESION Project

Contact person: Olivia Heller, Division of Tropical & Humanitarian Medicine, Geneva Universities Hospitals, Geneva – Olivia.heller@hcuge.ch



Erika Placella, Swiss Agency for Development and Cooperation (SDC), Bern Switzerland

Leveraging national evidence at regional and global policy level to shape the NCDs agenda: SDC contribution

While NCDs receive the smallest amount of donor funding of all major global health areas, accounting for only 1.23% of all donor assistance for health in 2011 (Nugent 2015), together with the Federation of Russia and Kazakhstan, Switzerland is one of the major donors significantly contributing to addressing NCDs and related risk factors in Eastern Europe and Central Asia.

SDC supported interventions take a comprehensive and systemic approach in addressing issues related to NCDs policy framework, promotion of healthy lifestyles, primary and secondary prevention, reshaping of primary health care services, health literacy and consumer environment.

As regards the global NCDs agenda, SDC is a member of various thematic working groups (i.e. WHO GCM/NCDs), including as regards the monitoring and evaluation of NCDs National Strategies and Action Plans in the WHO European region.

The aim of the presentation is to share some insights and foster debate on the following issues:

- SDC contribution to the Global NCDs agenda.
- SDC vision in strengthening health systems to address NCDs.
- Developing a strong policy component at national level.
- Aid modalities and M&E considerations in relation to NCDs.

Based on evidence from ongoing projects, the idea is also to share some reflections on the challenges and bottlenecks faced by SDC and its implementing partners in addressing NCDs.