Centre on Global Health Security
Roundtable Summary

Acting Early, Saving Lives: Prevention and Promotion as Key Aspects of UHC

Event date: 9 September 2019

UK
Working Group
on NCDs

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Introduction

> 'My call for action today, for all of us here and beyond, is: if you want to achieve UHC, and leave no one behind, then we need to commit to prioritizing action on NCD prevention and care in all settings, including humanitarian and fragile settings.' – Kelly Kisarach, International Rescue Committee

On 9 September 2019 the UK Working Group on Non-Communicable Diseases and the Chatham House Centre on Global Health Security convened a roundtable to discuss disease prevention and health promotion within universal health coverage (UHC), with a particular focus on non-communicable diseases (NCDs). It was attended by representatives of non-governmental organizations, academia, government, the health sector and people living with NCDs. It was timed to take place ahead of the UN High-Level Meeting (HLM) on UHC, held on 23 September during the UN General Assembly high-level week.

Discussions at the roundtable were divided into four segments, each starting with remarks from expert speakers (in person and via Skype), followed by open discussion organized around the following themes: NCD prevention and mental health promotion within UHC; preventive services within UHC; the potential of fiscal policies; and strategies for strengthening political commitment.

The UK Working Group on NCDs was established in 2018 to convene leading UK-based non-governmental organizations and academic institutions with an interest in NCDs and international development. Its focus in 2019, ahead of the UN HLM on UHC, was on championing NCD prevention and control as a core component of UHC, culminating in this co-hosted event at Chatham House.

All contributions were made on the record, and participants at the event were encouraged to engage with the outside world via Twitter. See Appendix 1 for a word cloud illustrating the discussion.

Opening remarks

Rob Yates, head of the Chatham House Centre on Global Health Security, explained that the roundtable sought to bring together to discuss areas of mutual interest those interested in UHC with NCD partners in the UK and beyond.

The roundtable's moderator, Richard Smith, former director of the UnitedHealth/NHLBI Chronic Disease Initiative and former editor of the British Medical Journal, set out the aims of the day: to discuss opportunities and enabling factors for strengthening commitment to ensuring that NCD prevention and mental health promotion are embedded in approaches to UHC; to share experiences of financing and delivering prevention and promotion services; and to identify strategies for championing the case for investment. He encouraged all participants to consider simple actions they could take to make a difference.

Discussion 1: The role of NCD prevention and mental health promotion within UHC

NCDs, such as diabetes, heart disease, cancer and chronic respiratory diseases, along with mental health, face a double barrier in gaining government and donor attention and funding. First, the cost and complexity of treatment, which usually entails chronic care rather than (as for many infectious diseases) a short-course cure. Second, NCD prevention services and mental health promotion are underfunded, which in turn increases the costs of treatment. NCDs share with UHC a need to strengthen and join up the entire health system – and a prevailing theme throughout the first session was how to take a 'whole-of-government' and 'whole-of-society' approach, involving all sectors and integrating all disease issues to the benefit of NCDs. Current systems are fragmented, so this will take time and effort, but there are ways to achieve a holistic approach.

Other points raised in this session included:

- Many health systems in low-income countries are still oriented towards tackling infectious diseases, with relatively low expertise in NCDs among health professionals. However, there are lessons to be learned from other disease areas (such as HIV/AIDS), and a focus on UHC that builds on and joins up existing systems can begin to reorientate ministries and the health system. In Ghana, for example, more than 5 per cent of gross domestic product (GDP) is spent on health services, but only 1.2 per cent on mental health, with fewer than 20 psychiatrists for the whole country. However, there are opportunities to adapt existing systems to include services for mental health and NCDs. The example was shared of the integration of these services into a community-based, primary-care system for maternal and child health in Ghana, which began as a research project and was then successfully scaled up.
- The active involvement of civil society proved crucial to action on HIV. However, even though there are billions of people living with NCDs, it has been difficult to build a similar groundswell of support for action to address NCDs. Young people can be powerful spokespeople and can precipitate change. In India, for example, a principal driver in starting serious tobacco control efforts was a call for action from adolescents, signed by 25,000 people. In many countries, mental health is a major concern for young people.
- People living with NCDs can also be important advocates for change.
- One participant recounted her own experience of being told by a specialist, during treatment for cancer in Switzerland: 'I think you'll be fine, because you are well networked.' At the heart of UHC is the principle that care should be provided to all, independent of individuals' personal connections. UHC is about reaching everybody – and the point was strongly made that poverty and inequality play a major part both in prevention of NCDs and in access to care.
- A 'life-course' approach is required for UHC, and for tackling NCDs specifically, starting in childhood and preconception. The concept of 'premature mortality'[1] discriminates against older populations, and data-gathering often does not include older people. A 'mentality shift' is needed to recognize that health outcomes are malleable at any age, and ensure that people with NCDs are supported to live well.
- In many low-income countries there is a disconnect between formal and traditional largely unregulated healthcare systems, which can include, for instance, faith healers, evangelical Christian 'care camps', and care homes for elders. There is an opportunity to use faith-based organizations in preventive efforts.

[1] A concept included in target 3.4 of the SDGs: 'By 2030 reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.'

- There are differences of opinion around the definitions of prevention, promotion, NCD and UHC, and these may vary between cultures.
- Civil society should not be 'fobbed off' with good news stories related by government ministers at the HLM on UHC. While it is important to be realistic about the ability of the HLM to foster change, the meeting is an opportunity for civil society to hold those who make statements to account.

Discussion 2: How best to deliver preventive services within UHC

The second session discussed ways in which NCD prevention can be brought into wider primary healthcare (PHC), which is a core component of UHC and a platform on which to build: for most conditions, the entry point to the health system should not be hospitals. Opportunities to integrate NCDs into existing services can be identified (such as including HPV in vaccination services) and new technologies utilized. Community involvement is essential for successful creation and delivery of services, but the process of engagement is not a simple task. The discussion focused on how NCD services can best be integrated into the development agenda, drawing on existing initiatives and approaches.

Other points raised in this session included:

- Nurses are often undervalued, and not required to operate to the top of their licence, leaving opportunity for task-shifting and better use of nurses' skills within multidisciplinary local health teams. Nurses' voices are often not heard, as they are predominantly women, are less powerful within the health system, and have little political power. They should also be supported in their own health (which will also better position them to help and advise patients).
- People living in settings experiencing a humanitarian or other emergency must be included if health coverage is to be truly universal. This requires partnership between sectors and flexible planning (including pre-emergency planning) to strengthen PHC and community structures in a way that fully incorporates NCDs. Prevention in these contexts can be particularly complex, with severe constraints on opportunities for physical activity and healthy food.
- M-health/digital health can be part of the solution. In Zambia, where there is a high penetration of mobile phones (93 per 100 in the population), the M-cervical cancer programme sent text messages designed by social scientists and doctors to a target group of women. The aim of the 2 million messages that were sent over nine months was to raise awareness – and there was a 6 per cent uptake in screening in participating clinics.
- Understanding of NCD prevention is built through peer-to-peer learning, professional education and involvement of wider society. One participant, a former GP who has been living with dementia for 10 years, noted that many healthcare professionals are unaware that there is much that can be done to prevent and slow dementia, and reminded the roundtable that people living with NCDs should be fully involved: 'If you can't get through the front door [to reach someone living with dementia], try the window, try a ladder.'
- An important outcome of the HLM would be an understanding that national UHC benefit packages should be designed to include recognized, cost-effective NCD prevention interventions, such as WHO's 'best buys' for NCDs and (forthcoming) for mental health.

Discussion 3: The potential of fiscal policies to bring UHC within reach

The third session brought a very clear message: that taxes on health-harming commodities such as tobacco and alcohol are, in the words of one participant, 'the single most important policy that you can promote to benefit prevention'. This is becoming the received economic wisdom, giving policymakers a

strong rationale for fiscal measures, particularly when combined with the broad public support that can be built when the benefits of action are clearly stated. The Bloomberg Task Force on Fiscal Policy for Health has been established to investigate this, and WHO's Independent High-level Commission on NCDs is drawing up the business case for a catalytic fund (described as a 'global war chest') to support countries in financing the WHO 'best buys', including through the development of appropriate fiscal policies. This support will be particularly welcome in lower-income countries where technical assistance is most needed – for example, to build capacity in negotiating trade-offs between public health and economic interests when it comes to the trade in unhealthy commodities.

Other points raised in this session included:

- Fiscal policies can have different aims. In the case of sugar-sweetened beverages, for instance, the UK's stepwise levy on sugar in beverages has led to significant reformulation by manufacturers; in the Philippines, the money from the taxes went to funding UHC (and funds raised through the most recent tax on sugary beverages is going towards infrastructure projects); in Mexico, the increase in prices arising from such levies has led to a decrease in purchases; and a proposed soft drinks tax in Zambia aims to raise awareness as well as revenues.
- The arguments against using taxation are weak: the health benefits are progressive (i.e. they benefit the least well-off the most), and there is little evidence that such taxes incentivize illicit trade. Taking a regional approach – such as coordination through the African Union – could also help to address cross-border concerns.
- There is an opportunity to reframe the risk factors for NCDs as an intrinsic aspect of the sustainability of health services. Too often, the opportunity cost of the expense of the diseases is not factored into the regulation of risk factors. As once participant put it, civil society must make the case that society 'can't afford cheap alcohol'.
- Engagement with manufacturers of unhealthy products is challenging and contested. Participants suggested that civil society and government would benefit from international support, both in standing up to industry opposition to health-related measures, and in public relations campaigns to raise awareness of harms. Clear guidance for governments on interaction with (and protection from) powerful industrial influences could be developed. There can be areas within which productive discussion with the private sector is possible, but this should be carefully delineated. Where progress is not delivered, civil society should hold governments and companies to account for their failure to protect consumers.
- The Framework Convention on Tobacco Control is unusual – and an exemplar – in its alignment of health and economics. Equivalent action is needed on other risk factors, too.

Discussion 4: Strategies for strengthening political commitment to prevention and promotion in the pursuit of UHC

In the fourth discussion session, participants expressed frustration at what they perceived to be a lack of political commitment to NCD prevention and health promotion. Although, as one participant put it, 'NCDs are the visible face of a greater injustice in the system', and are a national health security issue, it was noted that country-level progress has not matched the advice set out in international guidelines, or the commitments made in political declarations.

The Healthy Caribbean Coalition was formed as the direct result of a call for a multisector response from heads of government in the region in 2007. Its president, Sir Trevor Hassell, called for UHC to be embraced by all and adopted as a national political goal at all levels, emphasizing: 'The reality is that there

is no group more important in bringing health promotion and prevention front and centre in UHC than policymakers.' Political commitment is essential to success.

Other points made in this session included:

- The barriers to political commitment on NCDs include: the perception that 'health' simply means disease management, when it should also include disease prevention; politicians' aversion to committing to the long-term investment that is needed for addressing NCDs; the prevalent political mindset of the primacy of individual responsibility, which implies that education, health literacy and information are sufficient to combat the societal influences on NCDs; and a lack of nationally specific framing and evidence. How can the economic and political benefits of investing in NCDs and their prevention be better framed to ensure that policymakers understand that this is a tractable problem with clear solutions?
- Building political commitment requires appealing to the reality within which policymakers and politicians operate, making it attractive to take the 'risk' of investment in NCDs. Civil society could create a critical mass of pressure that government cannot ignore, providing the new voices and diversity that are required to make the case for action. Champions of all ages are needed: as Greta Thunberg has so clearly demonstrated on climate change, young people can galvanize movements; and there are examples of action in the NCD space, too, such as NCD Child's Young Leaders initiative.
- A carefully constructed narrative can appeal to emotions in a way that evidence cannot. But evidence remains important. Building high-level commitment depends on making the economic and political case for action, including demonstrating returns on investment – notwithstanding the challenge that the returns on investing in prevention are often not reaped within politicians' short election cycle.
- Agendas with wide political support – such as UHC and the Sustainable Development Goals – are important political hooks for action, because politicians are already signed up to acting on, for instance, tackling the poverty and health inequalities that are drivers of NCDs.
- Researchers and NGOs have been too timid in calling out failure to act, on the part of both the private sector and governments. They now need to be bolder.

Concluding discussion: Framing the discussion and taking it forward

Richard Smith and Emma Feeny summarized some of the main themes, providing ideas for next steps for participants, for the UK Working Group on NCDs, and for the NCD community more broadly.

UHC

- UHC is a great cause to rally around, as in many countries it already has strong political and public support. More should be made of the commitment to prevention contained within the political declaration adopted at the UN HLM on UHC: prevention (including of NCDs) is key to the long-term sustainability of health systems.
- To be successful, UHC requires a new, catalytic approach. However, if the health sector appears divided and siloed in its calls for action, this weakens the case for UHC. Hence, there is a need to take a step back from focusing solely on NCDs as a silo within UHC, and to talk more broadly about the importance of primary healthcare and adequate funding for health systems. This will benefit NCDs (and prevention), as well as other aspects of health and well-being.

Accountability

- There is a clear 'implementation deficit' in NCDs – a gap between national realities and the commitments made by governments at the UN High-level Meetings on NCDs and at the World Health Assembly. Closing this gap depends on actively holding governments to account for their actions.

Fiscal action

- The evidence for fiscal measures is clear, and should form the basis for action by governments both to discourage consumption of unhealthy products and to raise revenue for causes such as UHC. This can be greatly aided by international technical support, to assist with the design of fiscal instruments and to counter legal and media-based challenges by the relevant industries.

Nurses and community health workers

- Nurses and community health workers are at the heart of provision of PHC, and of primary and secondary prevention of NCDs. In humanitarian settings, moreover, they may be the only health workers active within communities. The Year of the Nurse and the Midwife in 2020 is an opportunity to raise the profile of this most trusted of professions, and to harness their political power.

Galvanizing hearts and minds

- The failure to tackle NCDs and to provide UHC should be a source of 'righteous anger', particularly when it comes to the next generation –issues such as the impact on children of air pollution, or the poor mental health of many young people. Civil society has a key role to play in highlighting a sense of injustice, in order to create the conditions within which political commitment can take root.
- Evidence alone is not enough. New political strategies and messages are needed to promote to voters. This can be done through challenging the status quo, using language and concepts appropriate to different audiences, appealing to the talents and enthusiasm of the next generation, and using a compelling combination of emotion, facts and stories to make the case for prevention to be at the heart of UHC.

Appendix 1: Social media interaction and word cloud

Of the 41 roundtable participants, 25 were on Twitter at the time of this event, and remarks on the day's discussion were live-tweeted from the UK Working Group Twitter account @GlobalNCDsUK. A word cloud, generated from notes on the discussions over the course of the day, was created and shared via social media, illustrating the relative focus on the issues raised:

Appendix 2: Roundtable agenda

Moderator: Richard Smith

09:30–09:45 Opening remarks

Robert Yates, head, Centre on Global Health Security, Chatham House

Dr Richard Smith, former director of the UnitedHealth/ NHLBI Chronic Disease Initiative and former editor, British Medical Journal

09:45–10:30 Discussion 1: The role of NCD prevention and mental health promotion within UHC

Invited comments from:

Dr Monika Arora, executive director, HRIDAY and additional professor, Public Health Foundation of India

Professor Ama de Graft-Aikins, British Academy Global Professor, University College London

Johanna Ralston, chief executive, World Obesity Federation

10:30–10:45 Coffee break

10:45–11:45 Discussion 2: How best to deliver preventive services within UHC

Invited comments from:

Dr Jennifer Bute, former GP, Alzheimer's Disease International

Lord Nigel Crisp, co-chair, All-Party Parliamentary Group on Global Health

Dr Sharon Kapambwe, assistant director, Cancer Control Unit, Department of Health Promotion, Environment and Social Determinants, Ministry of Health, Zambia

Kelly Kisarach, health system strengthening coordinator, International Rescue Committee

11:45–13:00 Discussion 3: The potential of fiscal policies to bring UHC within reach

Invited comments from:

Dr Tazeem Bhatia, consultant in global NCDs and obesity, Public Health England

Dr Benjamin Hawkins, associate professor in health policy, London School of Hygiene and Tropical Medicine

Dr Rachel Nugent, vice president, Global NCDs, RTI

13:00–14:00 Lunch break

14:00–15:30	Discussion 4: Strategies for strengthening political commitment to prevention and promotion in the pursuit of UHC Invited comments from: Sir Trevor Hassell, president, Healthy Caribbean Coalition
15:30–15:45	Coffee break
15:45–16:30	Concluding session: Framing the discussion and taking it forward Moderators: Emma Feeny (The George Institute for Global Health UK) and Richard Smith
16:30	END