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Beating NCDs equitably

Ten system requirements for health promotion and the primary prevention of NCDs



Contact Information

International Union for Health Promotion and Education - IUHPE
c/o Santé publique France
12 rue du Val d'Osne
94415 Saint-Maurice, France

International secretariat IUHPE-UIPES
c/o École de Santé Publique
Université de Montréal
7101 avenue du Parc, 3rd floor
Montréal QC H3N 1X9, Canada
www.iuhpe.org
Twitter: [@IUHPE](https://twitter.com/IUHPE)
Email: iuhpe@iuhpe.org

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The **International Union for Health Promotion and Education** (IUHPE) is a global professional non-governmental organisation dedicated to health promotion around the world for more than 65 years. The IUHPE operates a unique worldwide, independent, global, professional network of people and institutions committed to improving the health and wellbeing of the people through the integration of health in all policies, advocacy for effective health promotion, translation of research and workforce development.

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INTRODUCTION

Since the UN High Level Meeting on Noncommunicable Diseases (NCDs) in New York in 2011 the world has seen ambitious targets set, only to be met with a failure to fully implement and thus achieve those targets. Why is this? The UN Secretary General notes a lack of commitment to bold policies as a key barrier to progress (UNGA, 2017).

In this paper the International Union for Health Promotion and Education (IUHPE) proposes that it is lack of investment in the necessary health promotion and primary prevention systems that best explains the lack of progress globally on NCDs. Here the IUHPE articulates its position regarding ten system requirements for strengthening health promotion as a primary mechanism for meeting the WHO Noncommunicable Diseases (NCD) Targets and related UN 2030 Sustainable Development Goals (SDGs).

Noncommunicable diseases are substantially preventable. Recognition that NCD prevention and control is as much a political issue as a technical one underpins the need to take a systems approach to the prevention and control of NCDs. In the words of WHO Director General Dr Tedros Adhanom Ghebreyesus, “*we must protect health at its root causes, or we are fighting an inferno with a garden hose*” (WHO, 2017).

The IUHPE has identified [ten key system requirements](#) that should be included in a ‘new’ system to support health promotion and the primary prevention of NCDs.

The IUHPE calls for governments to:

1. **Establish high-level political commitment** to health promotion, health equity, and NCD prevention and control
2. Develop **transparent and robust national action plans for preventing noncommunicable diseases** with clear and specified accountabilities and specific objectives to **address health inequity**
3. Allocate **sustainable financing** for programme implementation, research and evaluation for prevention and health promotion
4. Strengthen or build **dedicated health promotion institutions** at national and sub-national levels
5. Assure **mechanisms for cross-sector collaboration** and co-benefit
6. Appoint **high level health promotion leaders in the public service**
7. Build and strengthen **health promotion workforce competency**
8. **Ensure implementation of comprehensive health** promotion and prevention plans with emphasis on **robust policies and environment changes** that address social, environmental and commercial determinants of health
9. Engage in **partnerships with non-state actors and communities**
10. Invest in **evidence generation, guidelines, evaluation and monitoring** to ensure quality and accountability

These actions need to be applied in a flexible way that is sensitive to national and local priorities, politics, cultures, equity and economic circumstances.

A POWERFUL CASE FOR INVESTMENT IN STRENGTHENING HEALTH PROMOTION SYSTEMS TO ADDRESS NCDS

The burden of NCDs is unacceptably high and inequitable

- i. Noncommunicable Diseases (NCDs) are the greatest health challenge of our time, the leading cause of death globally and one of the leading challenges for global development. For these reasons NCDs have been prioritised by the United Nations (UN). Injury and poor mental health are significant in terms of the overall NCD burden.
- ii. In 2015 almost 40 million people died from NCDs including 15 million people who died under the age of 70 years (WHO, 2018). The burden is high in all nations but in particular in low- and middle-income countries. The four main causes of NCD-attributed deaths are cardiovascular disease, cancer, diabetes and chronic respiratory disease.
- iii. The burden of NCDs is inequitably distributed globally and within societies (WHO, 2018). In all countries groups who are experiencing exclusionary processes because of their aboriginal descent, the colour of their skin, immigration status, gender, education, income and many other society-specific power distribution mechanisms, are most likely to experience NCDs, their risk factors, diagnosed at a later stage of the disease and to experience more barriers to accessing appropriate care.

NCDs are substantially preventable

- iv. Much of the burden of NCDs is explained by common major risk factors: smoking, the harmful use of alcohol, physical inactivity and an unhealthy diet. The common NCD risk factors are substantially modifiable through robust, evidence informed and comprehensive health promotion strategies. Supportive political measures focused on strengthening policies, environments and the systems to support health promotion are necessary to ensure effective action across society and to ensure equitable outcomes.

- v. Recent global policy priorities of the United Nations and World Health Organization have given further impetus to health promotion and to increased focus on equity in prevention. The most prominent of these global policy movements include the Noncommunicable Disease Agenda 2025 and the Sustainable Development Goals 2030, the latter with its focus on equity – ensuring that ‘no one is left behind.’
- vi. The development of healthy public policies and the creation of supportive environments was advocated in the Ottawa Charter more than thirty years ago (WHO 1986). The Ottawa Charter also recognized the need to reorient the health system towards health promotion and primary prevention, and to remove obstacles to the implementation of policies. A focus on environments and policies can make the healthy choice the easy choice (WHO, 1986). All these efforts need a whole-of-government and whole-of-society approach emphasising the role of many Ministries and Departments.
- vii. In 2017 the political momentum created by the linked agendas of the NCDs and the SDGs has been encouraging, especially in visualising the synergies between health promotion achievements and the SDGs. However, this momentum has not translated into the reorientation of services, structures, institutions and funding priorities that are needed to advance effective implementation and the achievement of the NCD Targets.

System requirements for health promotion to beat NCDs

- viii. Systems thinking and design are critical as health promotion approaches to NCD prevention require a range of strategies operating simultaneously and across sectors. Many of these need to be implemented at population scale in order to impact as many people as possible and address inequity.
- ix. Below we outline strategies that will strengthen health promotion systems to eradicate NCDs and improve health equity. An effective and equity-promoting system must encompass several characteristics: leadership at all levels, intersectoral governance for health, institutional and workforce capacity and adequate resourcing. The system structures advocated in this paper need to be applied in a flexible way that is sensitive to national and local priorities, politics, culture and economic circumstances. Nevertheless, **ten key actions** have been identified that should be included in a **‘renewed’ system for health promotion**.

TEN KEY ACTIONS

1. **Establish high-level political commitment to health promotion, health equity, and NCD prevention and control**

Health promotion is centrally important in the primary prevention of NCDs and successful engagement across sectors can maximise health gain, improve equity and contribute to the achievement of many of the SDGs. Given this, it is necessary that health promotion and NCD prevention is represented at the highest level of government.

Noncommunicable disease prevention is primarily a political issue as we know the effective technical solutions. We know a lot more than we act on. The solutions to NCDs require good governance and high-level leadership to deliver changes in policies, systems and environments that support the health of populations despite political interference from hostile industries. This is the remit of politicians supported by health professionals.

Fundamentally, system reform for health promotion requires political commitment and representation encompassing:

- Engagement and representation of the head of state or equivalent.
- A Health Minister empowered and assigned responsibility for a portfolio covering disease treatment as well as health promotion, including a Ministry of Health with a key function and Department of Health Promotion.
- A governance structure and process to ensure cross-sector actions that deliver health and other co-benefits from effective joined-up NCD prevention and health promotion. This includes actions across health, finance, environment, education, employment, transportation, urban planning, agriculture, communication, science, economy and trade (to name a few).

2. **Develop transparent and robust national action plans for preventing noncommunicable diseases with clear and specified accountabilities and specific objectives to address health inequity**

Through the United Nations Political Declaration on NCDs in September 2011, Heads of State and Government committed themselves to establishing and strengthening multi-sectoral national policies and plans for the prevention and control of NCDs and to consider the development of

national targets and indicators, with due consideration to their national circumstances. A commitment to robust policy is a fundamental building block for national approaches to NCD prevention and control. In the 2017 Report of the UN Secretary-General on progress in the control and prevention NCDs, in advance of the 2018 High Level Meeting on NCDs, the Secretary General notes a pressing need for bolder commitments at the General Assembly in 2018 to ensure that all countries stand a chance of reaching sustainable development target 3.4 by 2030 (paragraph 52, UNGA, 2017). The report further notes a lack of commitment to policies as a key barrier to progress.

Successful implementation of national policies and action plans are critically dependent on the enabling system requirements described at points 3-7 below. Further, the achievement of policy and programme goals is more likely if they are widely understood in terms of rationale and the expectations placed on government departments and their institutions as well as on commerce and industry.

3. Allocate **sustainable financing** for programme implementation, research and evaluation for prevention and health promotion

Ensuring adequate resourcing is essential. One way is to enact legislation that quarantines recurrent funding for the implementation of health promotion and NCD prevention - a five per cent minimum of overall health spending. This should include consideration of alternative sustainable financing options for health promotion funding such as levies on products that cause harm (tobacco, sugary drinks, alcohol and junk foods) with a dedicated allocation for health promotion, including health promotion research. A number of countries have established health promotion funds through this mechanism, including Thailand with the Thai Health Promotion Foundation (WHO, 2016).

Given the important contribution of health promotion approaches and population level interventions to achieving NCD goals, national government-funded research institutes need to allocate increased resources to health promotion research. This could be through establishing a quota of overall research funds that are devoted to health promotion and prevention-related research and the translation of this research. This funding allocation should be guided by objective measures such as burden of disease.

4. Strengthen or build **dedicated health promotion institutions** at national and sub-national levels

Policy development, research and programme implementation are greatly strengthened when appropriately resourced national and regional health promotion structures are in place. A number of countries have strong, dedicated institutions that support health promotion and primary prevention of NCDs. These need to be strengthened in countries where they exist and established in countries where they do not in order to lead national policy and programmes supported by evaluation, research and relevant monitoring and surveillance.

These institutions should be guided by National Health Promotion Policies with detailed and fully funded Implementation Plans outlining priority strategies, guided by evidence of effectiveness and cost-effectiveness and tailored to local need and context.

5. Assure **mechanisms for cross-sector collaboration** and co-benefit

It is well recognised that the solutions to NCDs and health inequity lie largely in achieving policy coherence across sectors, and that mechanisms for cross-sector collaboration can also deliver benefits across many of the sustainable development goals (SDGs). Successful integration of NCD policies and actions across government sectors is likely to assist in the delivery of resource mobilization for NCD prevention and control.

A cross-sectoral collaboration mechanism must be a key feature of a national NCD prevention and control plan to address health and health-equity in all policies, including health impact assessment of public policies, synergistic cross-sectoral implementation, and the monitoring of improvements in health and equity. Such a mechanism will reinforce progress on NCD prevention and control (and SDG 3) as well as contributing to the achievement of many of the other SDGs. There is an essential leadership and stewardship role for heads of state and Health Ministers in ensuring and leading cross-sector action on NCD prevention and control.

In practice this means that a mechanism for cross-sectoral collaboration must be in place in the national plan to address health and health-equity in all policies. The functions would include health impact assessments of public policies, synergistic cross-sectoral implementation, and the monitoring of improvements in health, equity and related social, environmental and economic measures.

6. Appoint high-level health promotion leaders in the public service

For the prevention of NCDs and the promotion of health to be taken seriously as a social good the leaders of health promotion institutions should be appointed at the highest level of the public service within the health sector, with an appropriate career pathway established from practitioner to high-level leader. In addition, to enable systems approaches to be implemented, there needs to be a response from other sectors, for example, the education sector and business schools that develop degrees and provide training in 'Healthy Public Management.' This is not just a matter for the health sector, but for all those educational institutions that prepare civic, social and business leaders.

7. Build and strengthen health promotion workforce competency

Successful implementation of effective health promotion for NCD prevention and control will require investment in securing and/or strengthening a skilled and knowledgeable health promotion workforce. A skilled workforce is a key imperative for success. Providing the personnel who will, in turn, provide the leadership in development, delivery and implementation of better practice in order to deliver a consistent global narrative around what works is a prerequisite. These workers can mobilize coalitions, build consensus, advocate to leaders and be the engine room for implementation.

The International Union for Health Promotion and Education (IUHPE) has a strong history in advancing global health promotion and building health promotion capacity. IUHPE activities have included the development of an international consensus on health promotion competencies, and the development of a global scheme for accreditation of health promotion courses and registration of practitioners ([IUHPE website](#)). These, along with professional capacity building activities such as the IUHPE's website, position papers, publications, global and regional conferences and advocacy, have all contributed to advancing health promotion as a global field and profession. However, while health promotion now has a well-articulated epidemiological rationale, strong evidence of effectiveness and agreed competencies for effective practice, much more investment is required in health promotion training and workforce development, including for specialists, generalists and managers.

8. Ensure implementation of comprehensive health promotion and prevention plans with emphasis on robust policies and environment changes that address social, environmental and commercial determinants of health

The system requirements above (No's 3-7) are critical enablers for the implementation of a comprehensive response to NCD prevention and control, providing the financing, strengthened institutions, leadership, workforce and cross-sector mechanisms to support implementation. However, to achieve ambitious NCD Targets, national commitments need to go beyond the mere existence of policy, to ensuring the robust, comprehensive and sustained implementation of NCD action plans.

It is well documented that a comprehensive approach works best. This typically includes a blend of educational, environmental, policy, and fiscal measures. It is vital that in tackling population-wide problems such as smoking, obesity and physical inactivity Governments establish their commitment to a balanced portfolio of measures that go beyond the 'easy options' such as education for individual responsibility, and include regulatory and fiscal measures such as advertising bans and levies on products that cause harm. The World Health Organization's NCD Global Action Plan on NCDs (WHO, 2013), and in particular its Appendix 3 details a menu of policy options and cost-effective interventions to assist member states in developing NCD prevention and control strategies. Perhaps the best documented example of comprehensive NCD policy is the WHO Framework Convention on Tobacco Control (FCTC) (WHO, 2003).

The FCTC recognises the need for a comprehensive range of tobacco control strategies as the foundational instrument for governments in reducing smoking prevalence. Best-practice tobacco control includes a mix of measures such as increases in excise taxes, plain packaging, graphic health warnings, hard-hitting public education and mass media, comprehensive bans on tobacco advertising and promotion, robust smoke-free policies to eliminate exposure to second-hand smoke and cessation support for those who need it. Many of these measures are revenue neutral or even revenue raising, yet they require political courage to implement in the face of concerted opposition from the tobacco industry.

However, a significant impediment to comprehensiveness and evidence-based policy can exist where governments are intimidated from implementing measures which are most effective in protecting the health of their citizens. A result is that too often we see comprehensive and effective measures whittled down to 'soft' measures in response to industry pressure.

Therefore, policies that enshrine a commitment to implementing comprehensive approaches to health promotion and prevention, with emphasis on robust policies and environment changes, are a fundamental pillar of an effective health promotion system.

9. Engage in partnerships with non-state actors and communities

It flows from the above that governments and public authorities must put in place mechanisms to support civic engagement in a health in all policies approach. The WHO has supported strong engagement with civil society through its NCD Global Coordinating Mechanism. Successful implementation of NCD policy will require the mobilization of strong community engagement and partnerships, including the participation of major NCD Non-governmental agencies. It is equally important to value and facilitate the participation of individuals, households, and communities (urban and rural) in the development and delivery of NCD initiatives. Community action on NCDs is enabled by the empowerment and ownership of community members, consumers and the many smaller local stakeholders such as volunteer groups, women's groups, schools, youth, and the media (Moeti & Munodawafa, 2016). Such an approach is also highly consistent with a systems approach to addressing the SDGs.

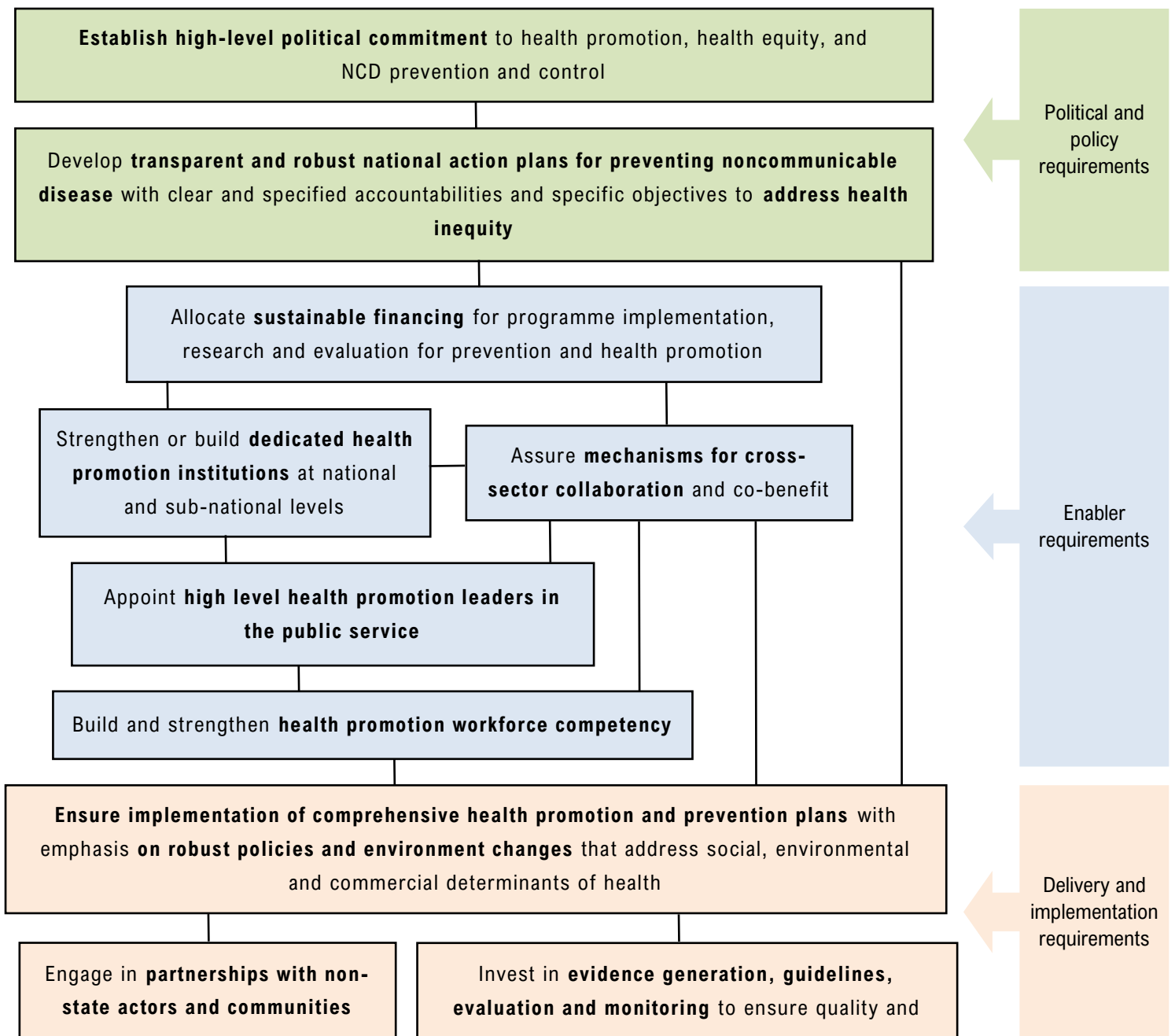
10. Invest in evidence generation, guidelines, evaluation and monitoring to ensure quality and accountability

To underpin and ensure NCD prevention, Governments need to invest in system support to aid quality and accountability. This involves investment in research and evaluation to build a strong evidence base for NCD action. It also includes:

- Guidelines, developed in a national context and derived from global evidence
- National Goals and Targets, contextualised from WHO Guidance
- Supporting new innovation
- Establishing a monitoring and accountability framework for the delivery of NCD prevention and control action plans and the achievement of targets.

The ways in which these key actions work together are illustrated in Figure 1.

Figure 1. Beating NCDs equitably — ten system requirements for health promotion and the primary prevention of NCDs. IUHPE position statement.



CONCLUSION

Equity in noncommunicable disease prevention is about political decisions. It is thus also a systems issue reliant on political leadership and policy intervention leading to societal change. Despite global commitments since 2011, including agreeing ambitious NCD targets, there has been a disappointing lack of implementation and progress.

Addressing past implementation failure and to accelerate future progress in achieving the NCD targets will require governments to advance the system requirements outlined in this paper. It falls to Heads of State and Health Ministers and other politicians to demonstrate the leadership that is required if robust national NCD policy and action plans are to be produced and implemented. These need to be supported by the enabling requirements – strong institutions; the appointment of high-level professional leaders, and senior officers across the public service; strengthening or establishing health promotion institutions, providing adequate and sustainable financing for the work of these institutions; and training, recruiting and supporting a competent and health promotion skilled workforce. Finally, the achievement of ambitious NCD targets will require significant commitment to comprehensive and sustained implementation.

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IUHPE Headquarters

c/o Santé publique France
12 rue du Val d'Osne
94415 Saint-Maurice, France

International secretariat IUHPE-UIPES

c/o École de Santé Publique
Université de Montréal
7101 avenue du Parc, 3rd floor
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Twitter: [@IUHPE](https://twitter.com/IUHPE)

Email: iuhpe@iuhpe.org