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INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD

IUHPE Submission: Montevideo Roadmap 2018-2030 on NCDs as a sustainable development priority.

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As a key global NGO in official relations with the WHO the IUHPE looks forward to making a continuing and forthright contribution to reducing the impact of NCDs.

About the IUHPE

1. **We are a unique worldwide membership-based organization** committed to improving the health and wellbeing of the people of the world and to reducing health inequalities.
2. **Our core mission lies in advocating the case for effective health promotion** (including health education and community action) and the development and implementation of healthy public policy. The IUHPE is a knowledge-based organization which develops and delivers health promotion research, training and capacity building services to a broad range of partners and clients.
3. **Our major strength lies in the quality of the skills and knowledge of our membership**, and the capabilities of the Global Secretariat and Regional teams in securing and managing partnerships and resources to enable the organization to pursue its goals.
4. **Our purpose** is to influence and facilitate the development of health promotion knowledge, strategies and projects, and we do so through evidence-informed advocacy work.
5. **Our Vision** is a world where all people achieve optimum health and wellbeing. It is a vision shared by our members and with other organizations, and one that can only be achieved by working in partnership.
6. **Our Strategic Direction in 2015-2020** is to focus our work on four priority areas:
 - Tackling the social determinants of health
 - Non-communicable disease prevention
 - Strengthening health promotion systems
 - Health Promotion in sustainable development,
7. **Our priority strategies** to advance our strategic directions are:
 - i. Promoting a health in all policies approach
 - ii. Advocacy for health promoting policies and programmes

- iii. 'Translating' research and evidence into useable knowledge and know-how
- iv. Supporting capacity building of the health promotion workforce.

These strategic directions and priority strategies are reflected in the following 'constellation' diagram.



Figure 1: IUHPE Strategic Directions

The WHO's Global Action Plan on the Prevention and Control of NCDs 2013-2020, the new Montevideo Roadmap 2018-2030, the WHO Global Action Plan on Physical Activity (under preparation), the Call for Action contained in WHO Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, as well as other initiatives provide a platform for galvanizing engagement and progressing robust implementation to reduce the impact of NCDs globally. Implementation must now become the priority focus.

Comments on the Version dated 9 August, 2017, of the Montevideo Roadmap 2018-2030 on NCDs as a sustainable development priority.

Evidence-based strategies

- The IUHPE commends the 9 August 2017 Draft. It builds on the 2011 UN Political Declaration and on the WHO Global Action Plan on NCDs. It further outlines forthright and evidence-based strategies to address NCDs. (page 1 of 6)

Implementation

- The IUHPE notes the reaffirmation of commitment to implementation. This is the key for progress to be made in meeting the ambitious goals. This will require member states and other players to allocate sustainable resources, provide supporting

infrastructure and build systems that prioritize and enable health promotion and prevention (Page 1 of 6 (1)).

Economic, social and environmental determinants of health

- The IUHPE Strongly supports a focus on the economic, environmental and social determinants of health to address inequity, noting the disproportionate burden of NCDs still borne by low- and middle-income countries. For cost effective interventions to be available to 'all' countries will require affirmative action to ensure investment in infrastructure, systems and a skilled workforce capable of carrying out the actions outlined in the Roadmap. Without investing in these systems and infrastructure in the countries that need it most we will see continued widening of equity gaps, and the fastest progress will continue to be made in the countries that are best equipped to be early adopters, through well mobilized systems and a skilled workforce.

The focus of the NCD Plan

- The IUHPE strongly supports a continued focus on the four main risk factors for NCDs, namely tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, and would recommend to focus as well explicitly on the broader determinants of those risk factors. Page 1 of 6 (3).
- We welcome recognition in the Roadmap of the 'interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond 3.4.' Page 1 of 6 (3. point 18)
- We note that, while there are numerous references to unhealthy diets and to robust implementation of the FCTC, there are insufficient direct references to physical activity and alcohol. We recommend this be addressed by, as a minimum:
 - Explicit reference to the importance of scaling up implementation of National Physical Activity Plans in accord with the Global NCD Action Plan, the forthcoming Global Action Plan on Physical Activity and physical activity recommendations from the WHO Commission on Ending Childhood Obesity relating to School Health and School Physical Education.
 - Explicit inclusion of restricting/regulating marketing, advertising and availability of alcohol.

Reinvigorate political action

- The focus of political action should be leadership. Health, NCDs and health promotion must be a political priority if the NCD and SDG Agendas are to be successfully addressed.

System supports for health promotion

- Leadership by Governments means supporting systems, policies, environments and financing for health promotion and disease prevention.
- The IUHPE calls for investment in systems to support implementation of health promotion approaches to NCD prevention. Evolution of these enabling systems has been slow and they are essential to the achievement of the NCD and SD Goals. This will require:
 - Political leadership
 - Ensuring appointment of high-level political leaders and champions for health promotion and NCD prevention in cabinet and at Ministerial level.
 - Agency support and strengthened institutions
 - Establishing and/or strengthening a Government agency with specific responsibility for health promotion

- Ensuring the head of the HP agency is at the most senior level of the public service
 - A supported health promotion workforce
 - Establishing and supporting a health promotion workforce and career structure with Registration and recognition as a specific calling
 - Supporting IUHPE Accreditation of health promotion courses to promote quality assurance, competence and mobility in Health Promotion practice, education and training globally, and to build skills in the health workforce and cross-sector workforce
 - Sustainable financing
 - Ensuring sustainable financing for health promotion as a percentage of the health budget
 - Implementing novel finance mechanisms to fund additional health promotion policies and programs through levies on products that cause harm, and earmarking of the income from such levies into a health promotion fund or foundation. Page 1 of 6 (2-3)

- It is important to recognize that many of the most effective and cost-effective strategies for health promotion are inexpensive, and some are revenue generating. Reorienting systems to prioritize health promotion can be cost saving. Effective action requires leadership and political courage, Examples of effective actions that are inexpensive or revenue generating include (Note: this list is not exhaustive):
 - Tobacco
 - Banning all forms of advertising, promotion and sponsorship
 - Plain packaging
 - Graphic pictorial health warnings
 - Extending smoke-free areas
 - Implementing regular tax increases
 - Product out of sight at point of sale
 - Alcohol
 - Restricting outlet density
 - Restricting advertising and promotion
 - Increases in excise and tax
 - Junk foods and sugary drinks
 - Banning advertising, promotion and sponsorship to children
 - Regulating to reformulate products to reduce salt
 - Physical activity
 - Mandating quality physical education for all children
 - Prioritizing walking, cycling and public transport infrastructure over roads, bridges and tunnels
 - Implementing urban planning regulations to ensure adequate public open space

- Other priority strategies require adequate investment. These include public education, building health literacy, media, workforce development, and evidence based programs in settings such as workplaces, local governments and schools.

Enable health systems to respond more effectively to NCDs

- The IUHPE supports initiatives that are population focused. These are more likely to benefit low- and middle income individuals and families

- The IUHPE supports targeted approaches when these are focused on disadvantaged or marginalized groups. We support a focus on indigenous communities and affirmative approaches to NCD prevention in women and girls.
- See comments above re system supports for health promotion – most notably high level leadership, agency support and strengthened institutions, a supported health promotion workforce and sustainable financing.
- P2 of 6, point 9 refers to continuing to invest in health workers. Point 10. talks about improving health promotion and disease prevention. These need to be linked. Strengthening health promotion requires investment in the health promotion workforce, competencies, training, career structures and strengthening of the institutions that employ health promotion workers.
- In relation to the harmonization of communicable disease and NCD approaches, this particularly applies in communities where these co-exist; for example, rheumatic heart disease in disadvantaged indigenous communities, building health literacy and education for the prevention of communicable diseases, NCDs and injury.

Increase significantly the financing of national NCD responses and international cooperation

- The IUHPE fully endorses the call for adequate, predictable and sustained financing commensurate with the socio-economic burden of NCDs. Page 3 of 6 (point 14).
- This point and Points 15-17 need to be expanded to more specifically address mechanisms for sustainable financing. These might include:
 - Prioritizing domestic budget allocations for NCDs
 - Allocating a designated proportion of the health budget for health promotion.
 - Introducing levies on products that cause harm:
 - Progressive(?) tax increases on tobacco, and alcoholic beverages
 - Introduction of a levy on sugary drinks
 - Similar levies on alcohol and junk food
 - Regulatory measures to quarantine income from health levies into a health promotion fund or the creation and strengthening of a designated health promotion agency. There a number of Health Promotion Foundations across different regions that collectively are organized under the International Network of Health Promotion Foundations (INHPF).
- Conducting a ‘National Health Lottery’.
- This section could be embellished with examples of successful national implementation of these activities.

Increase efforts to engage sectors beyond health

- The IUHPE strongly supports a health in all policies approach.
- In addition, the IUHPE recognizes that there are co-benefits across other sectors and other sustainable development goals of effective NCD action. For example, prudent action on active transportation can increase physical activity and benefit SDG 3, while at the same time benefit SG 13 (climate action) and SDG 11 (sustainable cities and communities) can contribute to reducing inequalities by making services more accessible to women and to others that do not have access to a car. Car-based cities are unhealthy cities, dirty and congested cities, inequitable cities and less productive cities.
- A new language that can productively link the NCDS and SDGs is a language of ‘co-benefit’. This is applicable to actions such as the above, where single initiatives can produce benefits for the health sector and for sectors outside health.

- In acknowledging the role of cross-sector action it is also important to identify the specific role of the health sector in NCD prevention. What will it, specifically lead?
 - Examples of health sector-led strategies would include:
 - Health promotion
 - Public education
 - Monitoring and surveillance
 - Evaluation
 - NCD Workforce development
 - Fostering partnerships

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector

Private sector engagement

- The IUHPE commends a prudent approach to private sector engagement in NCD prevention which:
 - Specifically excludes/prohibits the engagement of industries that cause harm (tobacco, arms, sugary drinks, junk foods, alcohol)
 - Implements regulatory and fiscal measures without industry interference through legal disputes. Page 1 of 6 (3).
 - Supports regulation to protect children from marketing and promotion of junk foods and sugary drinks. Page 5 of 6 Point 26.
 - Bans all forms of tobacco promotion, advertising and sponsorship and supports robust implementation of the FCTC in all countries. We strongly support Point 29 on Page 5 of 6 relating to the accelerated implementation of the FCTC.
- However, the IUHPE
 - Commends the approach to commit to enhancing the national capacity to engage constructively with the private sector for NCD prevention and control in a way that maximizes health gains
 - Recognizes that the private sector has a lot to gain from investment in NCD prevention, including higher profitability through healthy workers, productivity gains and reduced absenteeism; investment in workplace health programs and other initiatives
 - Encourages philanthropy and donations to NCD programs and the NGO sector.
 - Supports encouragement of the private sector to produce and promote more food products consistent with a healthy diet, especially fruits, vegetables and grains but also through reformulation.
 - Supports the co-benefits attainable through inter-linkage of SDG 3 and SDGs 9, 11 and 13.

Reinforcing the role of non-state actors

The IUHPE welcomes the stated aim to ‘increase opportunities for meaningful participation of nongovernmental organizations’ of various kinds. We would however urge this to be extended to providing financial support when necessary to secure the engagement and involvement of non-state actors, many of whom operate on very small budgets.

The IUHPE is unique worldwide membership-based organization committed to improving the health and wellbeing of the people of the world and to reducing health

inequalities through health promotion. Our major strength lies in the quality of the skills and knowledge and geographic reach and diversity of our membership, secretariat and regions.

We have outlined earlier our strategic priority strategies that are related to NCDs, promoting a health in all policies, advocacy for health promoting policies and programmes, translating research and evidence into useable knowledge and know-how; and supporting capacity building of the health promotion workforce. Two areas where the IUHPE can make a unique and specialist contribution to NCD prevention are in building advocacy skills and supporting broader health promotion capacity building in health and other workers. These are outlined further below.

NCD Advocacy

- The IUHPE recognizes that to accelerate implementation of NCD actions will require concerted and well mobilized advocacy.
- Advocacy is a specific skill set and a competency that is lacking in health workers and others working in NCD prevention
- The IUHPE calls for systematic investment in advocacy training for the Health and NCD workforce.
- The IUHPE has developed a training course to develop advocacy skills for health promotion approaches to NCD prevention. This has been implemented through one-day and two-day courses in four continents and in several languages. Courses have been conducted focusing on nutrition, physical activity, tobacco control, alcohol and general NCD prevention. The IUHPE stands ready to expand this training through its regional and global networks.

Supporting health promotion capacity building

- The IUHPE conducts training in health promotion and NCD prevention, as well as health promotion approaches to risk factors such as tobacco use, physical inactivity and unhealthy eating.
- The IUHPE registers health promotion workers and accredits health promotion courses
- We conduct global (triennial) conferences as well as regional conferences on health promotion.
- We are a dissemination and exchange hub, publishing and disseminating information through a family of journals and e-Newsletter, social media and the generation of thematic reports.
- We have demonstrated competence in implementing major projects of global scope and under contract with a broad range of international, national, and regional, governmental and academic partners.