WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

Introduction to Draft Interim Report

(narrated PowerPoint)

WHO GCM/NCD Working Group on Health Education and Health Literacy for NCDs

(WG 3.3, 2016-2017)
The commitments, tools and frameworks are in place.

- Heads of State and Government have made political commitments to tackle NCDs, these are:
  - a road map,
  - a menu of policy options and interventions
  - a monitoring framework is approved
  - readiness to move from planning to action At the General Assembly of the United Nations High-level Meetings on Non-communicable Diseases

- A lack of action
  - insufficient uptake and implementation of programmes
  - insufficient reach community members who might benefit from programs

- A paradigm shift in our approach is necessary to reach SDG targets
The Shanghai Declaration

**Health literacy is a critical determinant of health.** The declaration promotes investments in health literacy development;

- the importance of empowering individuals and enabling active engagement in collective health promotion action; and it
- offers a set of key actions, which key stakeholders should act on and report progress against over time.

**By taking a health literacy approach** to policy and programmes, and to service development or improvement, progress towards Governments’ high-level commitments to prevent and control NCDs can be accelerated.

- It is proposed that this can achieved through improvements in access, reach and use of services, triggered by a broad-based, coordinated, and “whole of society” engagement and response, guided by the principles of universal access, social justice and equity.
WHO’s 13th General Program of Work 2019–23

- Outlines what the world needs to take action on
  - more than half the world cannot use health services without incurring financial hardship;
  - people everywhere are subject to communicable diseases, noncommunicable diseases, pregnancy and birth complications, mental health disorders etc.

- Consequently, WHO has set the “triple billion target”. The triple billion target is:
  - Health coverage – 1 billion more people with universal health coverage
  - Health emergencies – 1 billion more people made safer (i.e., health security)
  - Health priorities – 1 billion lives improved (via services, interventions, risk factor reduction)

- Health literacy has a major role in assisting the world to achieve these targets
Please review the Interim Report

• Read the interim report and share your thoughts, comments and concerns with other participants and the GCM through the portal.

• Please reflect on these issues:
  • The implementation of recommendations on NCDs and the uptake of key programs still insufficient in so many countries.
    • Why is this?
  • How can a strong business case for health literacy be built?
    • i.e., How to convince stakeholders that investing money, time and resources can be cost-efficient?
An orientation to the Interim Report

[current sections – time to change/add/remove/reframe]

1. Why a Call to Action on NCDs through Health Literacy?
2. The mandate for health literacy
3. How can health literacy be operationalised in the policy agenda?
4. Elements of a health literacy strategy
5. Specific actions to operationalise health literacy in controlling and managing NCDs
An orientation to the Interim Report

1. Why a Call to Action on NCDs through Health Literacy?
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3. How can health literacy be operationalised in the policy agenda?
4. Elements of a health literacy strategy
5. Specific actions to operationalise health literacy in controlling and managing NCDs
4. Essential elements of a health literacy strategy [a list of the domains of actions]

• Develop a national policy, strategy and action plan
• Build a digital health system that maximises participation
• Establish national and regional collaborations for action, mandating multi-sectoral and multi-stakeholder partnerships
• Strengthen health literacy leadership
• Build individual health literacy
• Build community health literacy
• Build health literacy responsiveness of the health care system
5. Specific actions to operationalise health literacy in controlling and managing NCDs

5.1 Enhance current NCD programmes and policies
5.2 Improve the reach, quality and impact of new NCD interventions through incorporating health literacy in design and implementation
5.3 Make health care systems health literacy responsive
5.4 Build the health literacy of communities across the life course
5.5 Capacity building (educators and curricula; healthcare work force competencies; policy makers; researchers)
5.6 Research & innovation, and the systematic collation and dissemination of this information

Please consider:

1. What is missing from this list?
2. What engagement actives need to be undertaken to generate action?
3. Are some of these actions ready to be implemented? How? Who?
Summary of feedback

• Need to:
  • Move from WG core ideas [i.e., the interim report] to an actionable report
  • Better reflect the WG insights
  • Short, well-defined recommendations
  • More focus on health literacy
  • Include graphics with explanatory notes
  • Written for someone with little/no background in health literacy
Suggestions

1. Include what the WG has achieved
   • ?, Global consultation, Community of Practice, Demonstration projects

2. Concrete examples [? 1 from each region]
   • Demonstration Projects
   • ...salt reduction (Swiss), Health messages (China), Political/Program change (Myanmar, Scotland), ? Universal Precautions (USA), Ophelia (Aus)
   • [need clear narrative about HL elements
   • Illustrate Shanghai Declaration with concrete examples

3. Two modalities [standalone/NCD policy] with + / - table

4. Enabling factors / Assumptions
   • Govts need to see a) importance of HL, HL in NCD policy, committing finances, academic include HL in curriculum,
Suggestions (continued)

1. Include population/individual ‘attitude’ in definition [from ‘valuing wealth more than health’ to ‘health as much as wealth’]
2. Use specific diseases as a ‘punching bag’
   • ? Diseases [Diabetes, Cancer, COPD, CVD] / Risk factors [smoking/exercise/diet]
3. Draw link to good health information / self-management behavior as critical to population moving to control NCDs
4. Acknowledge multi-sector approach needed, HL a driver
5. Economic argument
6. How we begin / what to do first
Additional topics

1. Specific recommendations
   1. Next steps / highlight GCM
2. Link other NCDs/GCM working groups’ activity
3. Include role of private sector
4. Timeline linked to WHA (May), UNHLM (Sept), & beyond
5. Role of private sector / commercial determinates of health
6. Role of digital health literacy
   • Can be divisive and can perpetuate inequitable access to information, services and support
Brainstorm on why action is insufficient

1. Weak policy & regulatory frameworks, capacity
2. Lack of capacity of policymakers / Government to understand issues
3. Lack of commitment / capacity to elaborate NCD policies
4. Limited $, and understanding of the value of action
5. Competing priorities / fragmentation / vertical programs
6. Lack of good data to ensure effective policy making
7. Fear lobbying / interference from private sector
8. Lack of understanding of HL – and what leads to ability to access, comprehend, appraise and act...SDoH
9. Patriarchal medical systems rather than person-centred
Brainstorm on business case for HL action

1. Generate robust data on NCDs human and economic burden (x3)
   • Personal cost – emotive narrative
     • Needless maiming/injury/Tx delay
     • Economic cost – some rubbery figures
2. Cost of Inaction / RoI
3. Showcase success
   • Salt in Suisse
4. Link RoI to reallocation of resources
5. Incentivizing champions
6. Ensure HL is part of UHC packages and given priority in overall health budgets according to burden of NCD
7. Shifting financial landscape / blended financing for NCDs
8. At country level – good governance in charge of NCDs with dedicated budget
9. Fostering grass-roots/civil society demand for investment in NCDs / HL
10. Demonstrate health systems must embrace HL as new tool to impact health indicators
11. Present what needs to be done, and justify plans
12. Show benefits/risks, use Demo Projects
13. Include health literacy as a component for ongoing country-level economic investment cases for NCDs being commissioned through UNDP to boost financing.
14. Translate the findings of these investment cases in a digestible manner for different key stakeholders including policymakers, funding organizations, and civil society organizations
Challenges

1. Confirm the target audience(s) of the report
   • How narrow / broad?
2. Structure of the report
3. Action areas
4. Providing actual evidence of value and impact on HL
   1. Outside ‘right thing to do’ and ‘policy change’ examples
   2. Why has Scotland, Germany/Austria, Myanmar introduced policy
   3. Being inclusive (all WHO regions)
5. Progress of Demonstration Projects limited