

# Oxford Course Report

## Prevention strategies for non-communicable diseases (NCDs)

22-27 March 2015

## Highlights and Daily Summaries

### Highlights

*“He is a better physician that keeps diseases off us, than he that cures them being sick on us; prevention is so much better than healing because it saves the labour of being sick.”* Thomas Adams, 1618.

*“... Despite rhetoric and resolutions, chronic NCDs remain the least recognised group of conditions that threaten the future of human health and wellbeing. There is almost a taboo about substantively engaging with this most pressing of health predicaments. So where are the global conferences on NCDs, the research meetings, the task forces, the grand challenges created by funders and foundations? **They don’t exist.**”* Richard Horton, Editor Lancet.

- ✚ There are lots of data on NCDs but little action. The problem, burden, risk factors and measures have all been identified. Now we need to:
  - Take Action
  - Develop the workforce – build capacity
  - Acknowledge that some things are difficult to measure but do your best
- ✚ Data is used differently by different players – ministries, practitioners, researchers, non government organisations and commercial players (pro and anti health)
- ✚ Prevention is not the same as promoting health
- ✚ Tap Turners (prevention) or Floor Moppers (treatment)? They go hand in hand. Upstream (build bridges) downstream (pull individuals out of the river)
- ✚ Economic activity and major corporations impact on health – goal of corporations is profit
- ✚ Evaluation is a political activity – results depend on questions asked and who commissions it
- ✚ Death in old age is inevitable, death before old age is not. Most of us will die before 100 years.

### Day 1: Problem definition, burden of NCDs and Risk Factors

- In 2012, 16 million deaths from communicable diseases and 38 million from NCDs
- BUT communicable diseases get more funding (government and international aid) than NCDs, particularly in Low and Middle Income Countries (LMICs).
- Economic activity impacts on health. Is it healthy trade or trading health (selling mutton flaps)

- Marketing by stealth (school system is where you buy brand loyalty)
- Surveillance and screening are different – surveillance is anonymous, screening informs the individual
- Global Strategy for Prevention and Control of Non Communicable Diseases has three main objectives: surveillance; prevention by reducing risk factors; improved access to essential health care
- World Health Organisation (WHO) aims to reduce NCD mortality by 25% by 2025
- Cancer burden: consider incidence, survival, prevalence and mortality
- Effective NCD prevention needs policies which have a sustainable impact and a pathway for change. Effective policy is hard to develop. it is hard to change people, the environment, systems and political perception of the problem.

## Day 2: Solution generation

- Elements of a strategy include consideration of what the aim is, the local context, philosophy, logic & evidence and values
- Determinants of NCDs include *causes* (risk factors - tobacco, alcohol, diet, physical activity), *causes of the causes* (social conditions), and *causes of causes of causes* (economics, trade liberalization, privatization and deregulation and changes in economic growth)
- Have a framework for action
- At a local level, prioritise issues and solutions with the community
- Do research to find out if your solution is working.

## Day 3: Implementation and capacity building

- Disease modeling to explain decreasing Coronary Heart Disease (CHD) mortality in UK, USA, NZ, Finland and increasing in China helps address policy options – modeling shows evidence based therapies account for 25-50% impact and risk factor reduction accounts for 50-75% impact
- National Institute for Health and Clinical Excellence Guidelines (NICE) sets out evidence and policy options
- Ten corporations control almost everything we buy: Coca Cola; Unilever; Danone; Mars; Mondelez; Associated British Foods plc; Kellogg's; Nestle; General Mills; Pepsico.
- Industrial corporations prioritise profit, not public health
- The NCD epidemic strikes people of lower social positions disproportionately
- NCDs are becoming a problem in Low and Middle Income Countries (LMIC)
- For communicable diseases the intervention points are direct and linear. For NCDs many are outside, non linear factors
- WHO definition of Health Systems: A health system consists of all organisations, people and actions whose primary aim is to promote, restore or maintain health
- Capacity is the ability of individuals, institutions and societies to perform functions, solve problems and achieve objectives in a sustainable manner – build and develop this for health systems
- For experiments need to engage at community level to determine what to do

## Day 4: Evaluation and case studies

- Evaluation is a political activity
- Purpose of evaluation is defined by what the commissioning organization values
- Consider the difference between monitoring, evaluation and research.
- Evaluation is a formal and systematic activity where assessment is linked to original intentions and is fed back into the planning process
- Evaluation is always incomplete, usually complex, consumes resources, needs its own clear aims and should use varied and appropriate measures
- Prevention strategies may focus on individuals, communities and populations.
- WHO has set out nine voluntary targets for NCD reduction
- Failure to prevent NCDs is a political, not technical, failure
- Action is inadequate and leadership is necessary
- The legacy of Archie Cochrane
- The implementation gap – doing gimmicky things not effective things and failing to apply scientific knowledge on human behavior

## Day 5: Policy Development in Low and Middle Income Countries

- WHO Global Action Plan 2013 – 2020
  - Read all about it in the papers
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## Useful documents and websites

1. United Nations High Level Political Declaration on Prevention of Non Communicable Diseases, September 2011
2. World Health Organization Global Action Plan on Non Communicable Diseases 2013-2020
3. World Health Organisation Global Burden of Disease 2010
4. <http://globalncds.lshtm.ac.uk/>
5. [www.healthmetricsandevaluation.org/sites/default/files/countryprofiles](http://www.healthmetricsandevaluation.org/sites/default/files/countryprofiles)
6. European Code against Cancer 2014
7. World Cancer declaration 2013
8. [www.cbhf.net](http://www.cbhf.net)
9. [www.yheart.net](http://www.yheart.net)
10. [http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/Effectiveness\\_and\\_Efficiency.pdf](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/Effectiveness_and_Efficiency.pdf) (Archie Cochrane book)
11. Lancet <http://www.thelancet.com/series/obesity-2015>
12. <http://www.nice.org.uk/guidance/published?type=ph> (NICE Guidelines evidence)
13. <http://www.who.int/global-coordination-mechanism/en/>
14. <http://rph.org.nz> (slides of all presentations and pdfs of major documents)