

# Building Global Capacity for Non-Communicable Diseases (NCD) Prevention

## *Defining Direction and Roles*



IUHPE – UIPES

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



CENTERS FOR DISEASE™  
CONTROL AND PREVENTION

The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

**Disclaimer:** The efforts presented in this presentation received financial support from the United States Centers for Disease Control and Prevention (CDC), an Agency of the Department of Health and Human Services, under Cooperative Agreement Number CDC RFA DP07-708 on Building Capacity of Developing Countries to Prevent non-Communicable Diseases with the International Union for Health Promotion and Education (IUHPE). The views expressed in the Meeting and by the participants of the consensus-building process as noted in this presentation are those of the participants and do not necessarily reflect the official views of the CDC or IUHPE.

# A MULTI-STAKEHOLDER MEETING

## BACKGROUND AND PURPOSE

- Non-communicable diseases (NCDs) - world's leading cause of death & enormous public health and financial burden on all countries
- Responding to a call for international collaboration at the UN High-Level Meeting on NCDs (September 2011 - New York, USA) with a focus on building capacity for NCD prevention and control in LMIC
- CDC & IUHPE host a multisectoral stakeholders meeting - discussing roles and defining a way forward for NCD capacity building in LMIC in Atlanta, USA on July 24-26, 2012.

# KEY OBJECTIVES

- Identify key needs to increase NCD prevention capacity in LMIC
- Understand the current portfolio of NCD capacity building activities in LMIC
- Understand the role of health promotion in addressing NCDs
- Identify critical components required to increase NCD prevention capacity in LMIC, as identified by participating stakeholders
- Understand and discuss roles for organisations and institutions and LMIC represented at the workshop as well as suggest roles for other important organisations
- Start identifying areas for joint action on NCD capacity building in LMIC

# DEFINING PRIORITY AREAS FOR JOINT ACTION

- Stakeholders: governmental and nongovernmental representatives from LMIC and key international organisations
- Engaging in a collective dialogue on current challenges, initiatives, and opportunities around NCD capacity building for public health
- Aim - To offer practical solutions and recommendations
- Priority areas for joint action were defined, translated into areas for a common multi-stakeholder agenda, and the range of roles that could be best used to implement activities and deliver concrete outcomes discussed.

# SOME RESULTING RECOMMENDATIONS

- Building capacity for strengthened and improved comprehensive surveillance systems
- Building capacity for adequate research on NCDs to inform policy and action
- Increasing efforts to develop and strengthen a well-equipped workforce worldwide
- Others

# ***1 - Building capacity for strengthened and improved comprehensive surveillance systems***

- Strengthening data analysis and reporting for
  - Advocacy to policy and decision makers
  - Informing policy formulation
  - Informing practice
- Integrating measures for SDH (developing indicators for SDH and strengthening existing systems)
- Broadening surveillance to cover economic, trade, education, and other social and environmental risks
- Incorporate new technology for data collection, analysis, reporting and mapping
- Collecting, developing and disseminating core methods and tools across countries

## ***2 - Building capacity for adequate research on NCDs to inform policy and action***

- Need to articulate research, and knowledge to policy development and action
- Develop a research agenda:
  - To determine if interventions work and why or why not
  - To focus on causes of diseases and risk factors and not just diseases
  - With questions tailored to local context
  - To collect evidence on what works for multi-sectorial actions at governmental level (national, regional, local)
- Advocacy for prioritisation of research needs for capacity building in-countries to inform contextualised research agenda
- Address health economics and cost-effectiveness of interventions in research work - identify “best buys” - focusing on interventions on social and environmental risks
- Come up with valid way(s) to evaluate and assess capacity for standardisation

*Balancing science and operational research was highlighted as important.*

### ***3 - Increasing efforts to develop and strengthen a well-equipped workforce worldwide***

- Build capacity for health impact assessments and the integration of health in all policies
- Build capacity for influential advocacy
- Develop core sets of methods and tools that work in different contexts
- An increased investment in health promotion development and in ensuring a health promotion workforce that is prominently placed and equipped with the core competencies to implement current knowledge, policies and practices
- Training course to train surveillance workforce adapted to country context (data collectors, data analysts, communications staff, policy analysis)
- Develop education and deliver training with and to multidisciplinary teams (beyond/in addition to health sectors)



### ***3 - Increasing efforts to develop and strengthen a well-equipped workforce worldwide***

- Integrate technology training in workforce development adapted to the context
- Build capacity / build skills and competencies of researchers (better communicate research results, ethical issues, use of mobile technology tools...)
- Advocate to government to create and better define career paths for sustainable workforce on NCDs
- Define types of profiles to facilitate integrated efforts (e.g. media, nurses, etc.)
- An important dimension to consider was the global versus in-country workforce development.

## ***4 - Others***

- Connect countries through centers of excellence
- Identify power of local champions
- Transform existing public health infrastructure to work for NCDs
- Organise dialogue/debates with policy and decision makers from different sectors
- Ensure systems that support sustainability

# NEXT STEPS

- Commitment from meeting participants to stay connected and continue advancing discussions
- Complete identification of and prioritise areas for joint action on NCD capacity building in LMIC;
- Identify specific steps for addressing and operationalising the capacity building agenda and offer practical solutions and recommendations;
- Prepare a report on this workshop for possible publication in IUHPE's official peer-reviewed journal *Global Health Promotion*; and
- Identify appropriate ways in which these discussions may be introduced into the UN High-Level Meeting on NCDs follow-up process.

# CONTRIBUTORS & STAKEHOLDERS



# ACHIEVEMENTS SINCE JULY 2012

- **Meeting proceedings and executive summary shared and available online**
- **A dedicated section on the IUHPE website**
- **Publications about and based on the Atlanta discussions:**
  - A commentary submitted for publication in a supplement issue of *Global Health Promotion* on *THE WORLD OF HEALTH PROMOTION: A DECADE OF IUHPE AND CDC COLLABORATION* - "A meeting entitled Building Global Capacity for Non-Communicable Diseases (NCD) Prevention: Defining Direction and Roles". McQueen D., Pratt M., Blanchard C. (2013)
  - An article on "Tackling NCDs in LMICs: Systems and Capacity Needed to Turn the Tide". Mohammed K. Ali, Cristina Rabadán-Diehl, John Flanigan, Claire Blanchard, K.M. Venkat Narayan, Michael Engelgau (*Science Translational Medicine*, 2013)

# ACHIEVEMENTS SINCE JULY 2012

- **Commitment from meeting participants to stay connected and continue advancing discussions**
  - Regular communications
  - Assessing the possibility of holding a meeting on the occasion of the 21<sup>st</sup> IUHPE World Conference on Health Promotion: *Best Investments for Health* in August 25-29, 2013 - Pattaya, Thailand (<http://www.iuhpeconference.net/en/index.php>)
- **Complete identification of and prioritise areas for joint action on NCD capacity building in LMIC**
  - A consensus-building process towards identifying priorities for building global capacity for NCD prevention
    - ❖ A report
    - ❖ A policy brief
    - ❖ A presentation

**All resources are available for download on the IUHPE website.**

## **DELPHI STUDY – BUILDING A CONSENSUS**

### **PRIORITIES FOR BUILDING GLOBAL CAPACITY FOR NCD PREVENTION**

- A small Delphi Study to provide a prioritized list of actions that could be taken up by LMICs and other global stakeholders interested in supporting capacity building for NCDs in LMIC - Prioritizing key meeting recommendations.
- Two survey rounds
- DELPHI participants - all the invitees of the July meeting, those invited but unable to attend, as well as a select group of specialists chosen by the organizers of the meeting

## KEY ISSUES

- ***Research***

The role of research in improving the capacity problem was considered fundamental. While basic research is very important, in terms of capacity building there needs to be a focus on research into interventions and that related to understanding policy.

- ***Resources***

Funding for capacity building is not readily available and is rarely seen directly on budgets and appropriations. To find resources for NCDs, we need to raise awareness among LMICs and funders to leverage support for developing and strengthening the cost-effectiveness argument of prevention since the financial burden of NCDs will be enormous.



## KEY ISSUES

- ***Health promotion***

In many countries, health promotion is not well understood and less attention is given to building capacity for health promotion.

- ***Training for Health promotion***

While much attention is given to training, there is a tendency to focus on training for epidemiologists and community leaders, with less emphasis on health promotion personnel.

- ***Policy & governance***

A key challenge for good policy and governance is that the translation of evidence into policy is not done adequately in LMICs.

## KEY ISSUES

- ***Information systems***

National governments need data to plan for capacity building but there remain much data needs, surveillance and general problems of information gaps.

- ***Clear Roles and Responsibilities***

Clear roles were often lacking for all the principle actors and institutions involved in addressing the burden of NCDs. There was a sense that none of the institutions present had a clear prioritization strategy. As a result of this, the group endorsed the carrying out of a second consensus-building step to complete the process in the shape of a small Delphi study involving the participants of the meeting and those who were invited but were unable to attend.

# RESULTING PRIORITY ACTIONS

## *Top Areas of Action*

- 1 - Evidence on what works for multi-sectorial actions at governmental level
- 2 - Articulate research and knowledge synthesis for policy development
- 3 - Develop sustainable and capable public health workforce and career tracks
- 4 - Use surveillance data to have an impact on population health
- 5 - Identify "best buy" interventions on social and environmental risks
- 6 - Better data for informed decision making
- 7 - Leadership for Sustainability and Political Commitment

## PRIORITY CAPACITY BUILDING METHOD

- To achieve these priority areas of action, DELPHI participants identified **training** as the most important method for building capacity, followed by **system development, and policy dialogue**.
- In relation to specific action areas, however, training was not necessarily the preferred method for capacity building, thus highlighting the **importance of tailored approaches**.

## KEY MESSAGES

- **Clear importance of evidence and knowledge synthesis to provide a background for capacity building**
  - A commonality of all the higher prioritized action areas was that we have knowledge, gained through surveillance and research, that needs to be placed into action on public health areas of work.
- With specific regard to **LMICs** - clear **need for more training and system development**, to action evidence and knowledge
- Challenge - **How policy** in the institutions **shape** their **response** to these key messages remains a challenge.
- These findings not only emphasize the **need for interagency, interdisciplinary work** but also highlight the **importance of strengthening partnerships between institutions, to ensure that capacity building efforts are sustained over time.**

# WHAT NEXT

- Identify specific steps for addressing and operationalising the capacity building agenda and offer practical solutions and recommendations;
- Identify appropriate ways in which these discussions may be introduced into the UN High-Level Meeting on NCDs follow-up process.

# ACKNOWLEDGEMENTS & DISCLAIMER

- **ACKNOWLEDGEMENTS**

These efforts were supported by the International Union for Health Promotion and Education (IUHPE). The authors would like to thank all meeting and consensus-building process participants for their invaluable contributions to these efforts.

- **DISCLAIMER**

The activities described in this presentation have received financial support from the United States Centers for Disease Control and Prevention (CDC), an Agency of the Department of Health and Human Services, under Cooperative Agreement Number CDC RFA DP07-708 on Building Capacity of Developing Countries to Prevent non-Communicable Diseases with the International Union for Health Promotion and Education. The views expressed in the Meeting and by the participants of the consensus-building process as noted in this presentation are those of the participants, and the contents of this presentation are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC or IUHPE.