

PHCRD's NCD Watch

Social determinants of
NCD special

April-July 2018

Volume 1, Issue 1

Fact sheet on Non-communicable diseases (NCDs) and their social determinants

Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.

The 4 key NCDs include cardio-vascular diseases (like heart attacks and stroke), cancers, Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCDs kill 40 million people each year, equivalent to 70% of all deaths globally. Each year, 15

million people die prematurely from a NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in low and middle-income countries.



The 4 major NCDs account for over 80% of all premature NCD deaths.

(Continued in Page 2)



A Mexican model for health promotion

The idea was simple enough: give money to a mother to encourage her to send her children to school and to the health center. That simple idea, which began in the 1990s, has now become a nationwide program in Mexico, benefitting 5.8 million families – a fourth of the country's

total population. **The initiative improved school enrolment and nutrition rates of children in the country.** More than 50 countries have replicated the model so far. *(Continued in Page 5)*

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Fact sheet on NCDs and their social determinants (contd....)

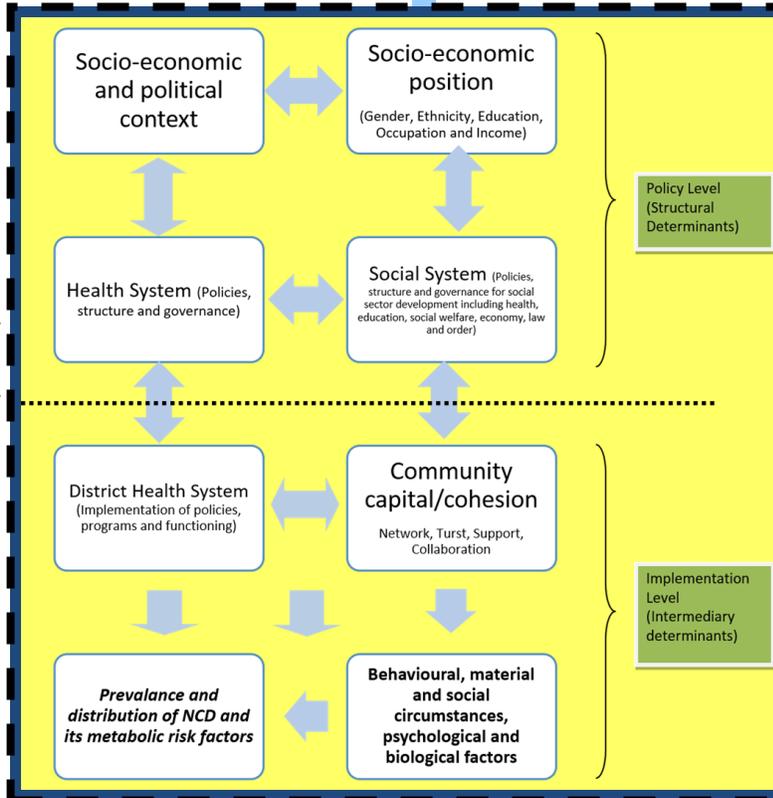
The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

Based on the SDH framework of WHO, the social determinants of NCD can be understood through two broader but interlinked categories of determinants: “intermediary determinants” and “structural determinants”.

NCDs. Material and social circumstances including material availability and adequacy for quality of life and wellbeing (housing, water, sanitation, fuel wood, shops) and communities and neighbourhood environment like violence, availability and accessibility of junk food and

tobacco/alcohol, access to schools, availability of housing facilities, parks and recreations, roads, public transport, etc. Community capital and cohesion including network, trust, support, collaboration for mutual benefits for health, economic and social progress.



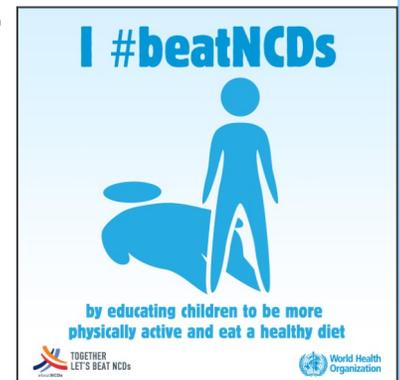
District/federal health and social system actions and functioning including implementation of policies, programs and coordination with other sectors

Intermediary determinants of NCDs

Intermediary determinants include metabolic and behavioural risks, material and social circumstances, community capital and cohesion and district health and social system.

Metabolic risk factors includes four key metabolic changes that increase the risk of NCDs: raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood). Behavioural risk factors include modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of

(For example: resources for implementation of tobacco control law; Infrastructure for parks and safe cycling; campaigns for balanced diet and physical activity, campaign for tobacco and alcohol control).



Fact sheet on NCDs and their social determinants (contd....)

Structural determinants of NCDs

Structural determinants include health and social system policies, governance and structure, socio-economic and equity conditions and socio-political context shaping those conditions. For example, Tobacco and alcohol control policies and laws and the concrete governance structure for its implementation are the structural determinants that have direct bearing on NCDs prevention and control. Further, social system policies and structure relating to poverty, education, social welfare, economy, human rights, infrastructure and other areas also shape the NCD epidemic.

Socio-economic impact of NCDs

- Drain household resources and push towards poverty
- Absent from work and poor performance
- Intergenerational socio-economic effects on families

Prevention and control of NCDs through action on SDH

The Commission on Social Determinants of Health (CSDH) formed by World Health Organization gathered evidences on social determinants and ways to overcome health inequities and recommend actions to address them. It made three main recommendations:

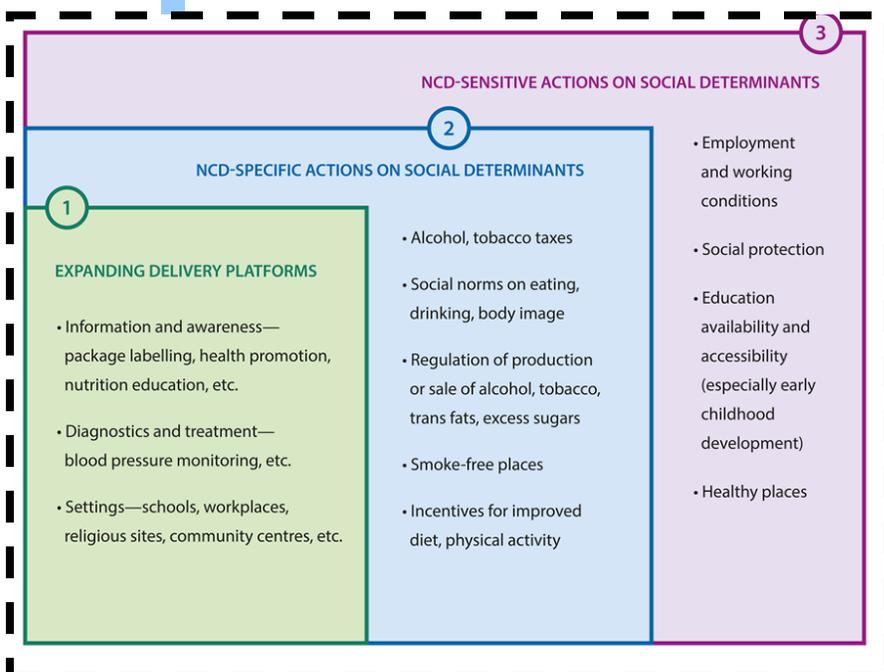
- Improve daily living conditions;
- Tackle the inequitable distribution of power, money and resources;

c. Measure and understand the problem and assess the impact of action.

In line with these, following actions are need for NCD prevention and control:

- Focus on reducing risk factors through campaigns and policy measures
- Invest in management of NCDs including detection, screening, treatment and rehabilitation
- Increase access to essential medicines and interventions
- Ensure comprehensive multi-sectoral approach requiring coordinated action from health, finance, transport, education, agriculture and other sectors

UNDP has recommended following typology/framework for health system actions recognizing NCDs as a developmental and complex challenge.



NCD National News Update

Sin tax on sugary beverages: Finally, sugar tax is included in the New Draft Health Policy. Let's hope the policy will be formulated and strictly implemented.

Formulation of FCTC strategy by MoH: Nepal recently formulated strategies for FCTC. In the news, new health secretary shared 25% of health tax on tobacco products comes to health sector with 85% to cancer hospitals and 15% to health

promotion activities. The strategy has come in right time to take immediate actions.

Rapid scale up of WHO PEN package: The Package of Essential Non-communicable Diseases (PEN) has been introduced to screen, diagnose, treat and refer CVDs, COPD, cancer, diabetes, and mental health at health posts, primary health care centres and district hospitals for early detection and management of chronic diseases. The program is currently being implemented in 12 districts and planned for 20 more districts

Diabetes Screening Tool: *An initiative by HERD*

Diabetes (especially Type 2 diabetes) is frequently not diagnosed until complications appear, and approximately one third of all people with diabetes may be undiagnosed.

Individuals with undiagnosed type 2 diabetes are also at significantly higher risk of stroke and heart diseases than the non-diabetic population. Studies in Nepal have shown varying prevalence rates of diabetes ranging from 6.3 to 8.5%. STEPS survey, 2013 of Nepal, shows that 50% of people diagnosed with diabetes are not under medication and 89% of the people have not checked their blood sugar level. Given that our prevalence rate is in rise and there is high number of hidden diabetic cases, there is almost universal agreement that an effective community based approach to screening is needed to identify those with diabetes at early stages and minimize risk of developing complications. In Nepal, many stakeholders are advocating for community-based screening utilizing socio-cultural gatherings, community fairs and health/diabetes awareness events. Such event based screening is both cost effective and efficient.

With an aim of identifying hidden diabetes cases, HERD International introduced a diabetes screening tool in its two project districts

(Dhading and Nuwakot) of Nepal. This tool adapted from Indian Diabetes Association (IDA) and localized in context to Nepal is being used to screen diabetes cases in both the health facility setting as well as community setting in venues where there is mass gathering of people such as *saptaha*, fairs (*mela*), among others.

By the end of the project in December 2018, HERD International anticipates to have a valuable information in terms of proportion of people having diabetes against total people screened, associated risk behavior, ethnic group having high prevalence of disease, mean age of people having disease, and pattern of disease prevalence among rural and urban people. This project- "**Improving access to diabetes care in Nepal**" is focused on strengthening the supply side of NCD (more of diabetes) service delivery by building the capacity of health workers on NCD detection, prevention and management and supply of logistics (recording, reporting forms and a glucometer device).

Likewise, mass awareness campaign via local FM stations, sensitizing district stakeholders about NCDs and orienting school teachers as a medium to reach wider group of school students and their family members; are some of the initiatives to enhance the demand side.

NCD News (Global)

The Second Global NCD Alliance Forum in Sharjah (UAE) in December, 2017:

350 civil society representatives from across the NCD community and spanning 68 countries, including people living with NCDs and youth delegates, discussed strategies to make the voice of the NCD community heard at the highest political levels at the 2018 UN High-level Meeting on NCDs. The Forum's programme included taking stock of the NCD movement, discussions on breaking down silos for sustainable development, and equipping civil society to fulfil its roles in the NCD response.

WHO Global Conference on NCD October, 2017:

Heads of State and Government and ministers from around the world today committed to new and bold action to reduce suffering and death from non-communicable diseases (NCDs), primarily heart and lung diseases, cancers and diabetes, the world's leading killers. Governments endorsed the *Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority* at the Conference. The *Montevideo Roadmap* highlights the need for enhanced political leadership to advance strategic, coordinated and coherent action from all sectors and the whole of society, as many of the main drivers of ill health lie outside the control of health ministries, systems and professionals. Non-State actors, including civil society and industry, have important roles to play. It also points out that the bulk of NCD deaths could have been prevented by action against tobacco, air pollution, unhealthy diets, physical inactivity, and harmful use of alcohol – as well as by improved disease detection and treatment.

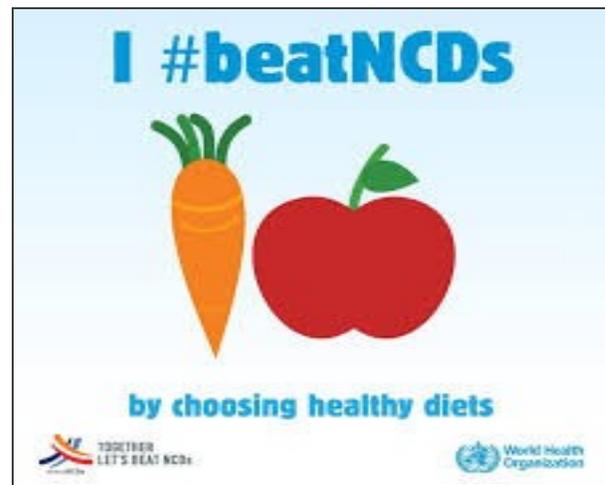
The South African boldness:

South Africa Parliament has taken a brave and powerful step towards promoting the health of

the country's citizens and reducing diet-related non-communicable diseases (NCDs), such as diabetes, by passing a bill to implement a tax on sugar-sweetened beverages scheduled to be implemented on 1 April 2018 and will lead to an estimated 11% increase in the price of a regular can of soft drink. The sugary drinks tax bill paves the way for South Africa to join the growing global movement of nations using fiscal policies to reduce consumption of unhealthy products while raising sorely needed revenues for social services like universal health coverage .

Sugar industries dishonesty exposed:

The sugar industry blocked research linking sucrose to heart disease and cancer from publication 50 YEARS ago, a research paper published in PLOS Biology in November (2017) revealed. The researchers at the University of California at San Francisco have uncovered data showing the sugar industry hid research linking sugar to cancer in 1968. In the research, when the data showed a clear link between sucrose and poor heart health, they pulled the plug. Last year the same authors revealed the sugar industry had paid Harvard University's most respected nutrition scientist to play down the health dangers of sugar, and demonize fats. More recent reports show that the food industry has continued to influence nutrition science and policies.

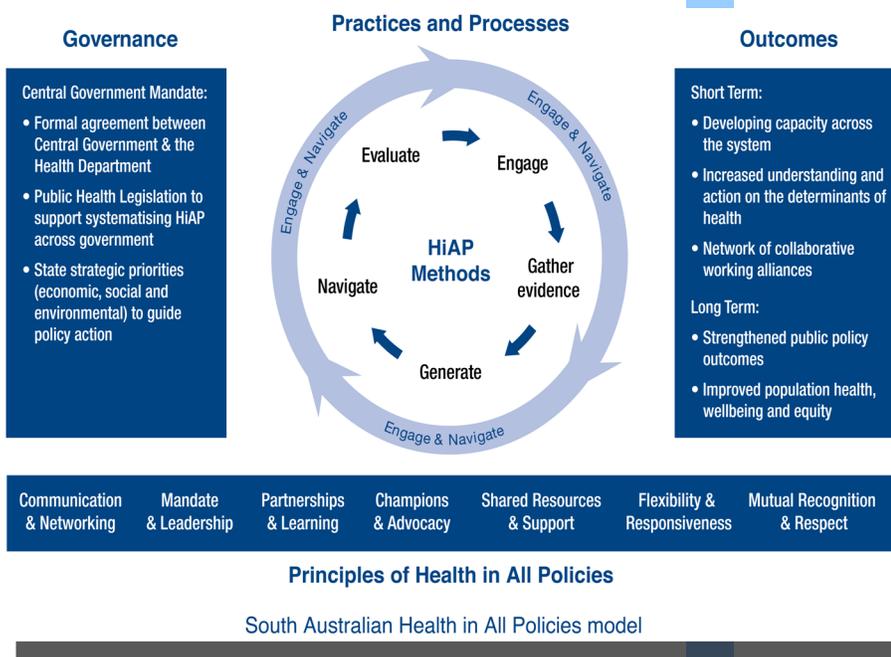


South Australia experience of Health in All policies

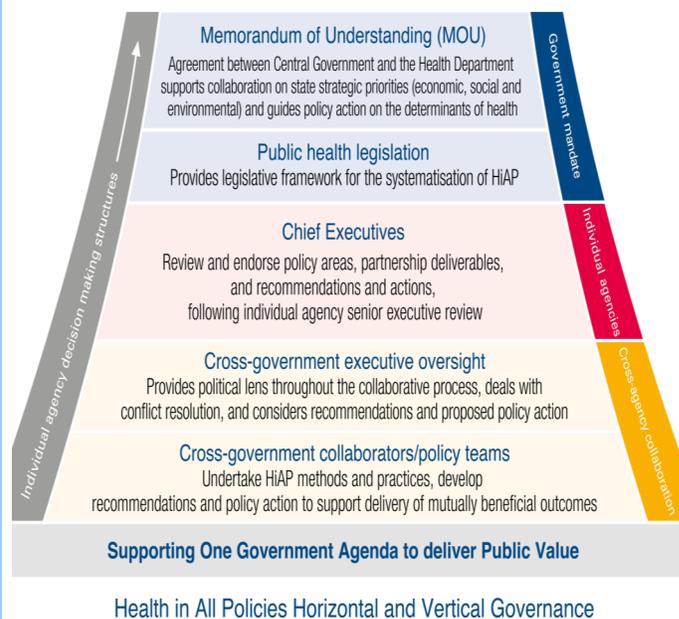
In South Australia (SA), Health in All Policies has been adopted as an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and well-being through ‘joined up’ policy development.

The adaptive nature of HiAP practice in South Australia has enabled it to survive changing political and bureaucratic circumstances and it remains part of the State’s strategic Approach to improve the health and well-being of South Australians.

The South Australian Health in All Policies initiative has demonstrated its value as an approach to collaborative policy development. Successful implementation of the SA HiAP approach requires balancing the science and technical skills with political intuition, emotional intelligence and creative insights. HiAP is not a linear straight-forward process; rather it adapts and strengthens, creating a web of HiAP actors across the Public Sector to improve population health and well-being.



The South Australian Health in All Policies approach utilizes a model specific to the Government’s organizational structure to address the overarching strategic objectives. By incorporating a focus on population health into the policy development process of different agencies, the Government is better able to address the social determinants of health. Since starting in 2007, HiAP practice in South Australia has undergone a number of transitional phases. However, from the beginning, the implementation of HiAP has been supported by a high-level mandate from central government, an overarching framework supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process.



NCD and Health promotion conference update

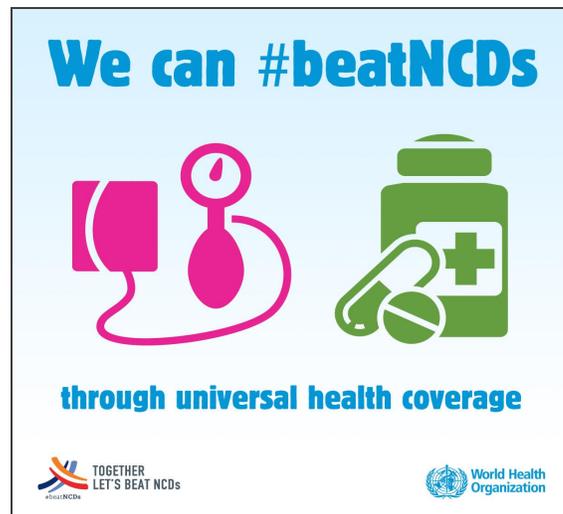
WHO High Level Meeting on NCD in 2018

In 2018, the United Nations General Assembly is staging the third High-level Meeting on the prevention and control of non-communicable diseases (NCDs), which will undertake a comprehensive review of the global and national progress achieved in putting measures in place that protect people from dying too young from heart and lung diseases, cancers and diabetes.

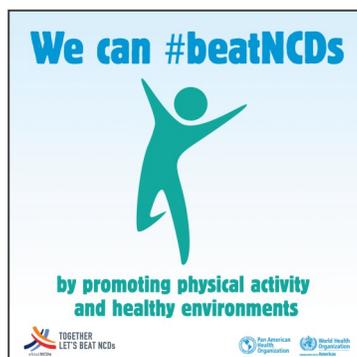
The 23rd IUHPE World Conference on Health Promotion

The IUHPE World Conference will be organised and hosted in April 2019 by the Health Promotion Forum of New Zealand in Rotorua, a small city in the cultural heartland of New Zealand, for four days of learning, sharing, and building the future of health promotion and the pursuit of health equity. Aotearoa New Zealand offers rich examples of how the country has addressed and continues to address pronounced and

complex challenges to planetary health and sustainable development.. The theme of the Conference is “Waiora: Promoting Planetary Health and Sustainable Development”. It is based on the traditional Maori concept of ‘Waiora’. Maori are the Indigenous peoples of Aotearoa New Zealand. Translated literally as ‘healing and healthy waters’, Waiora refers to the interconnectedness of our physical and spiritual worlds with our environment. As a theme, Waiora reflects the dependence of ones own health on that of the planet, and recognises the major global challenge of balancing ongoing development with



A Mexican Model.....



What are the main achievements of the Mexican Model [*Oportunidades* Program, now *Prospera*] then? There are many achievements covering a variety of dimensions of poverty such as nutrition, education and health, as well as monetary poverty. *Oportunidades* (now *Prospera*) is one of the programs most studied and rigorously evaluated by outside institutions. These studies demonstrate the positive impact of the program on school enrolment rates and education levels; significant improvements in nutritional status; and better health prevention.

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**TOGETHER
LET'S BEAT NCDs**

*Preparing for the third UN High-
level Meeting on NCDs, 2018*

Message from the Director



PHCRD was founded on a conception of “Primary Health Care Approach” and taking action based on the evidences for improving health and wellbeing of general public. While people are struggling to improve their health conditions, most of our health problems have root in social determinants.

There is immediate need for everyone to understand about the social determinants of NCDs and act collectively. While developed countries are far ahead in understanding and taking action against such determinants, developing countries like Nepal are still in infancy stage and our system is less than prepared to take any appropriate primary health care action.

The NCD Watch Newsletter is a collaborative effort of experts and health professionals/managers from PHCRD and supporting partners committed to promoting health and preventing diseases in Nepal and similar developing countries. The quarterly newsletter is dedicated to promoting health through sharing evidences on the social determinants of health, primary health care approaches and advocating for translation of the evidences.

The evidence based Newsletter also aims to motivate politicians, policy makers, senior bureaucrats, district managers and community stakeholders to take necessary action on the social determinants of health. We hope that re-orienting everyone focus towards social determinants of health and evidences on action would help to make informed decision towards socio-economic and health prosperity. Thank you.

Bhogendra Raj Dotel.