

Policy framework to develop and improve government actions for prevention and treatment of NCDs

Mauricio Hernández, Isabel Vieitez, Ana Bernal, Sofia Charvel, Carlos Santos Burgoa, Luz Maria Reynales, Laura Magaña, Juan Eugenio Hernández, Lorena Viviana Calderon, Adriana Blanco.

To be confirmed: Kira Fortune, Carlos Aguilar Salinas, Olga L Sarmiento

Paper Outline

- Setting the Stakes
- The State has a major role in the prevention and control of NCDs
- The Health Sector's Responsibility
- Other Sector's Responsibility
 - Case studies

Setting the stakes

- Compromises ***development*** and ***economic growth***, and increases *health inequities* and the number of ***people living in poverty***
- Threat to economic development; costs [20 years] US \$11 billion vs. **US \$7 trillion if doing nothing**
- NCDs are currently the leading cause of death, disability, and illness in Latin America and the Caribbean (LAC)

Setting the stakes

- **LMIC particularly vulnerable to NCDs epidemic:**
 - Higher exposure to associated risk factors (tobacco, obesity, unhealthy diets and poor opportunities to engage in physical activities)
 - Impact of NCDs will be at earlier stages of economic development, within an extremely compressed timeline, weaker health systems and weakly enforced policies, legislation, or regulations aimed to prevent or control NCDs

The State has a major role in the prevention and control of NCDs

- A ***shift in the advocacy paradigm***: health an issue of concern in every sector and actor of society
- Need to increase State's role in regulating and providing health services
- Strengthening health systems to respond to NCDs challenges
- Broaden health related actions to other government areas: setting priorities and seeking synergies
- Promote health reforms related to funding, purchasing, providing or regulating the provision of health services

Policy Framework to develop and improve government actions for prevention and treatment of NCDs

- **Policy making:** defines vision, priorities, budgetary decisions and course of action for improving health outcomes
- ***“Business as usual”***, thus cannot be an option and a transformative change is needed to address determinants within and outside the HS
- Interventions to control NCD's need to be **integral** –within the health sector and **multi-sectorial** within government
- Interventions need to be strengthened by actions with/by non-health government sectors.

Policy Framework to develop and improve government actions for prevention and treatment of NCDs

Non- Governmental

Government

NGO's

- Service providers
- Lobbying for Industry
- Lobbying for Public Health
- Judicialization
- Activism for public health

Global Action:

Multilateral:

Strengthening Public: + Health:

- Code of Marketing of Breast-Milk Substitutes, FCTC
- Global Health Movement: Right to Health
- Universal Human Rights
- Universal Health Coverage

Weakening :

Patents and international agreements: agreements in non-health sectors, WTO

Industry and Health Market

- Medical Industry related to medical technologies: medical supplies, medicines
- Industry related with risk factors: alcohol, tobacco & F&BI

Health Sector Responsibility

Other Sectors Responsibility

Inputs

Ministry of Health

Public Health Regulatory Framework

Financing

Workforce

Information

Medical products, Vaccines & Technologies

Infrastructure

Service delivery

Personal Health Services:

- Clinic/home
- Preventive
- Early diagnosis
- Therapeutic
- Rehabilitative or palliative

Non-personal health services:

- Health promotion
- Risk protection & prevention
- Health regulation & effective enforcement
- information systems for decision-making
- surveillance
- Health work force training

Leadership

Health in All Policies

Governance

Financing

Mandates

Structure

Process

- Priority setting
- Inter sectoral coordination
- Binding agreements
- Health implications of all policy decisions

Outputs

- Effective Quality Personal health services provided
- Effective health promotion & right information for healthy lifestyles provided
- Effective Prevention & early diagnosis provided

- Effective Risk protection & health promotion Provided
- Essential Public Health Functions provided

- Health promoting environments
- Market regulation that protects PH interest
- Healthy Fiscal Policy enabled

- Improved health outcomes
- Improved social determinants of health
 - Reducing gaps in health equity
 - Improved productivity

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Health Sector Responsibility

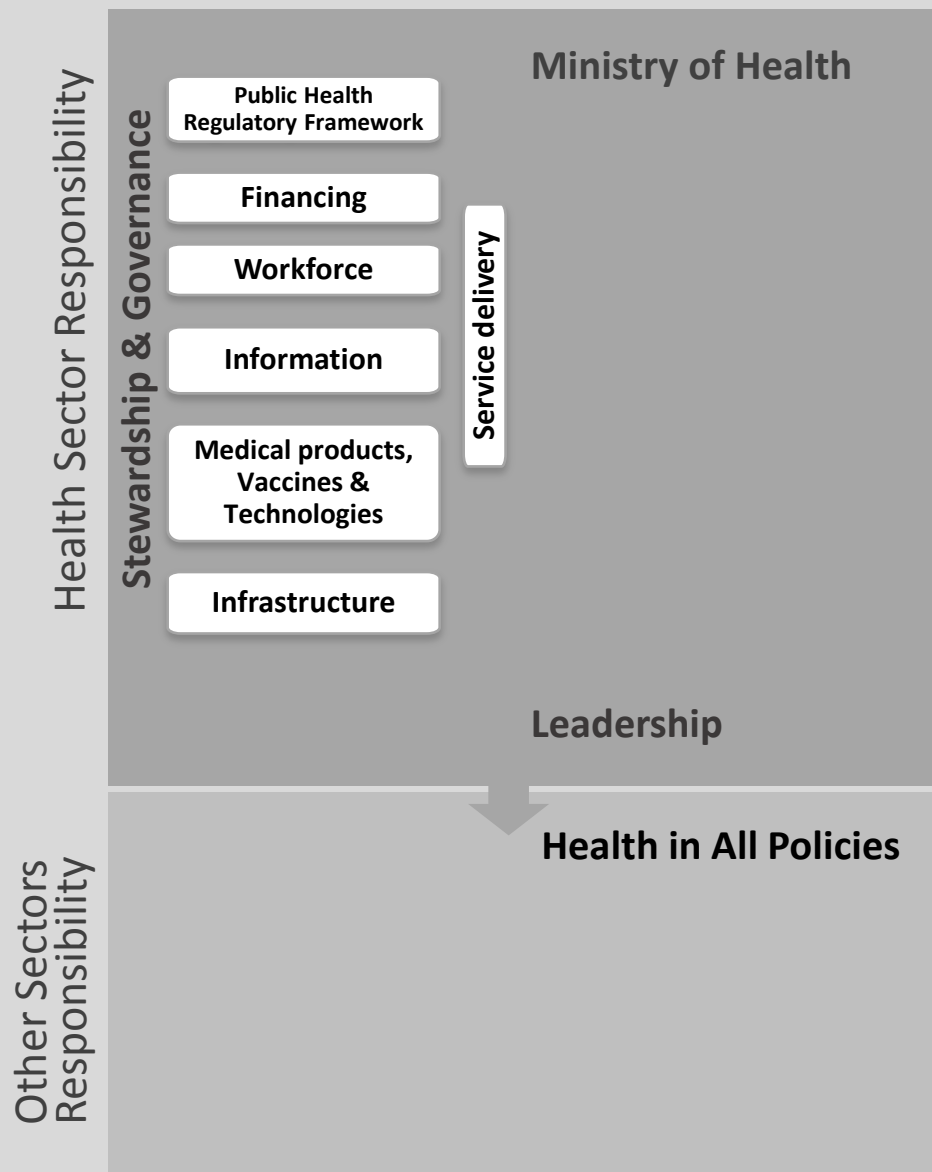
Ministry of Health

Leadership

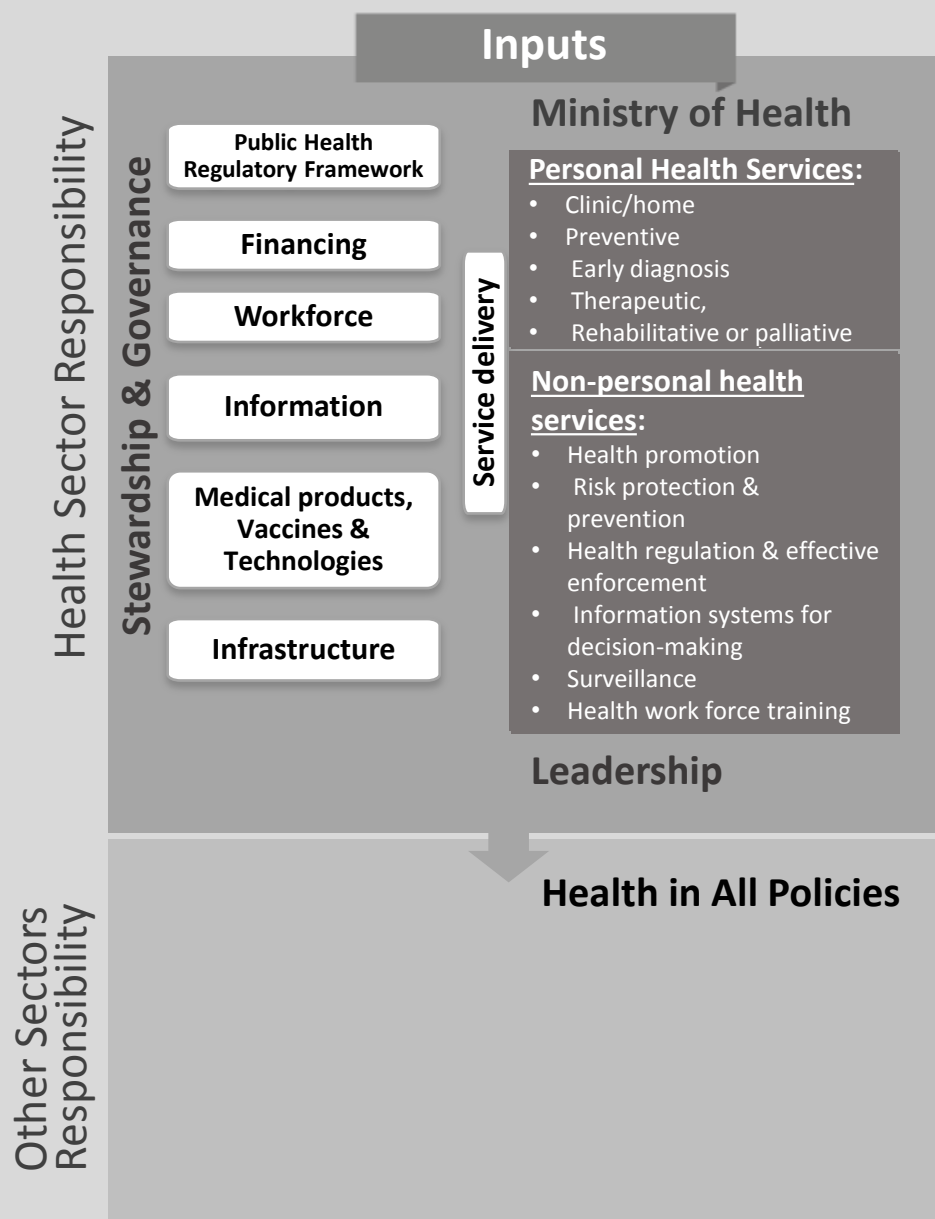
Other Sectors Responsibility

Health in All Policies

Government



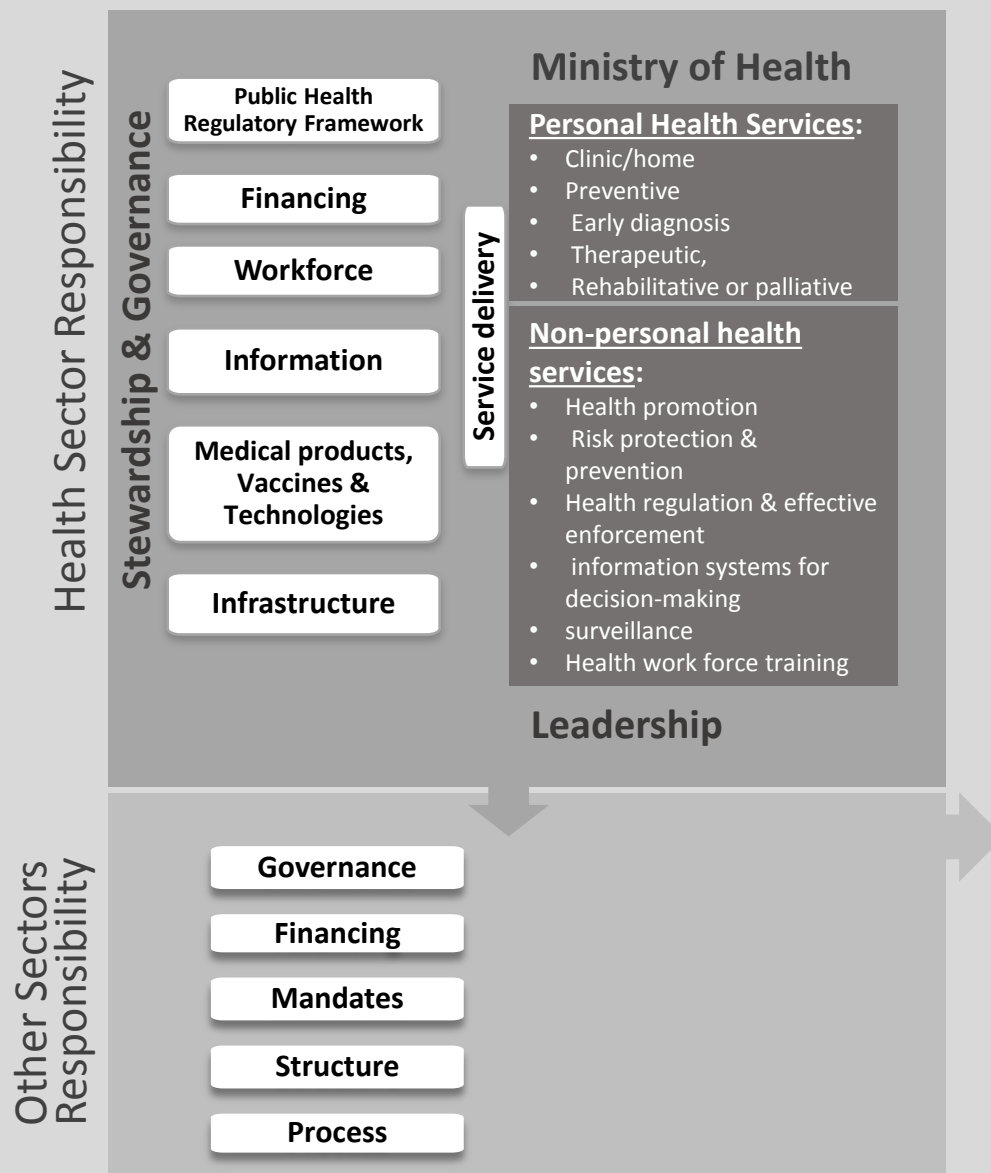
Government Health Actions



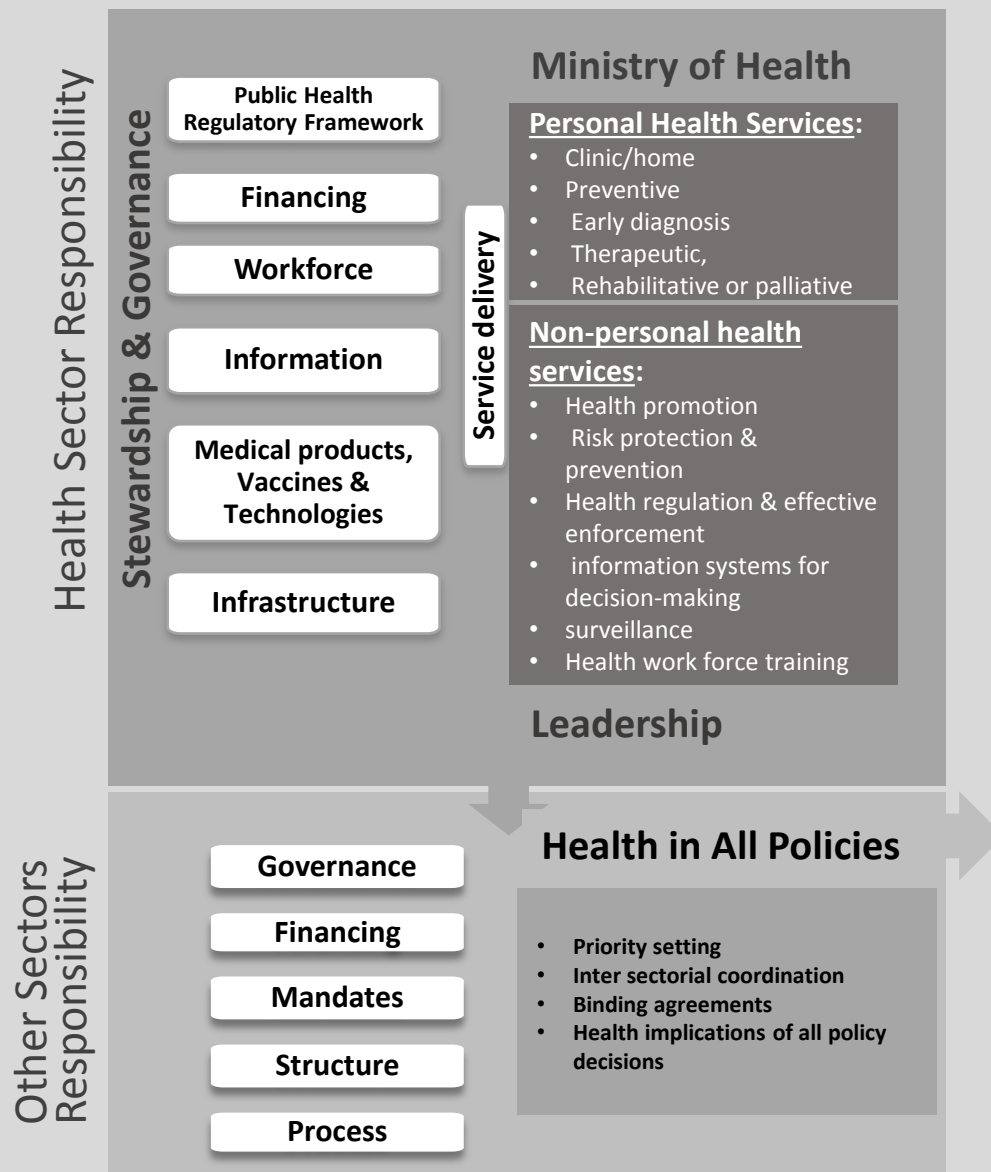
Diabetes Mellitus (T2D): a public health emergency

- Among OCDE members countries, Mexico has the highest prevalence of diabetes. Prevalence in adults doubled from 2000 to 2012, from **4.6% to 9.2%** (6.9 million Mexicans & 83,000 premature deaths. Costs \$ 7734 USD million per year, 75% on late complications.
- From 2003 to 2011, **large increased in health coverage** ~ 82% of the population is covered. Coverage for T2DM includes oral medications and insulin.
- Insulin use increased from 6% to 16%
- Most of the process of care indicators showed improvement, although uneven and not always significant. No improvement for example in: foot & eye examination or detection & prevention of kidney diseases.
- **National Clinical Guidelines** are not followed adequately (f.e. HbA1c)
- Need to intervene in primary care level to develop a new model and training of public health workforce is also needed
- **Reinforce primary prevention.**

Government Health Actions



Government Health Actions



Mexico's National Strategy to Control Overweight & Obesity

- 2010: 1/3 of children and 2/3 of adults were overweight or obese
- It is through this Strategy that obesity is **first** recognized as a problem in the **public health agenda**
- Federal government, NGO's, academic institutions
- Focused on:
 - providing clean drinking water,
 - promoting breastfeeding,
 - increasing health and nutritional literacy,
 - improving food labeling,
 - increasing the availability of healthful food choices,
 - improving public parks and recreational spaces to increase physical activity.

Going beyond health sector responsibilities: Colombia's scaling-up experience implementing a HiAp approach

- Physical inactivity (PI) has important effects on many aspects of human health: a 10% reduction in the prevalence of PI could reduce direct healthcare expenditures by US \$124 million in a year[§]
- Ciclovía Recreativa in Bogotá, Colombia is a community-based program where 121 km of main streets become available on Sundays and holidays, for recreational and sports activities
- Proved to be cost beneficial: citizens report ***higher quality of life, neighborhood social capital***, are ***more engaged in healthier lifestyles*** and provide local residents ***with 5% of the weekly physical*** activity recommendations

[§]WEF, 2010

Going beyond health sector responsibilities: Colombia's scaling-up experience implementing a HiAp approach

- Scaling up interests: Ciclovia recreativa was incorporated into the Colombian National Public Health Plan (CNPHP) in 2007 and became part of the national obesity law in 2009[¶]
- CNPHP 2012-2021 uses a HiAP perspective: participation and commitment of more than 12 ministries
- Specific goals to increase physical activity by walking or bicycling as a means of transport up 33.8% and 5.6% respectively are set in the CNPHP
- Health in All Policies Commission: An intersectorial Public Health Commission defines the objectives and strategies
- Technical Secretariat defines instruments and indicators to follow upon its implementation

[¶]Obesity and chronic diseases Law. Article 6°. Promoting active transport. Local authorities, in the course of development plans, they shall regulate mechanisms to promote active transportation and prevention obesity.

Anti-obesity policies in Mexico: Healthy fiscal policies

- **The National Agreement for Alimentary Health: Strategy Against Obesity (2010)**. Signed by 8 ministries + the F&B industry.
- Non-binding instrument to increase inter-sectoral policy actions against obesity. Healthy fiscal policy was in the agreed actions
- Fiscal Law to increase taxes for high energy density foods sugary beverages (2013)
- Excise tax of \$1.00 per liter on all SSB (~10% increase) & 8% tax on non-basic foods with an energy density of ≥ 275 kcal per 100 grams.
- Results: Tax revenue, 2014: 1,206 Million USD
- Average reduction of 6% in 2014 for **taxed beverages**
- **Industry opposed the tax** and mounted a large media campaign, arguing that the tax was regressive and would have a negative impact on jobs and economy
- Evaluation and information feedback to tax-payers, NGO, & stakeholders is key to maintain the effort and making policy stick
- Tax-revenue was not used to support anti-obesity-diabetes program

LA VERDAD SOBRE EL

IMPUESTO BLOOMBERG

CONTRA LAS BEBIDAS AZUCARADAS

Diputados y Senadores, NO se dejen engañar.
El Impuesto Bloomberg contra las bebidas azucaradas:

- REDUCE EL PROBLEMA DE LA OBESIDAD.
- HAY PRODUCTOS "BUENOS" NI "MALOS", SINO DIETAS Y HÁBITOS INADECUADOS
- REDUCE EL CONSUMO CALÓRICO
- MODIFICA HÁBITOS

En cambio, su eventual aprobación:

- AUMENTA EL PRECIO DE LA CANASTA BÁSICA
- SATANIZA UN SOLO PRODUCTO
- AFECTA DIRECTAMENTE A LOS CAÑEROS
- PONE EN RIESGO LOS INGRESOS Y LA ESTABILIDAD DE 3.5 MILLONES DE EMPLEOS
- IMPACTA NEGATIVAMENTE A MÁS DE 1 MILLÓN DE PEQUEÑOS COMERCIANTES

Por eso decimos:

NO AL IMPUESTO BLOOMBERG

CONTRA BEBIDAS AZUCARADAS



Responsable: Ramón Castellón

Intención pagada.

THE TRUE ABOUT THE BLOOMBERG TAX AGAINST SSB

Congressmen, don't be fooled the tax against SSB:

"The TAX WILL" NOT..

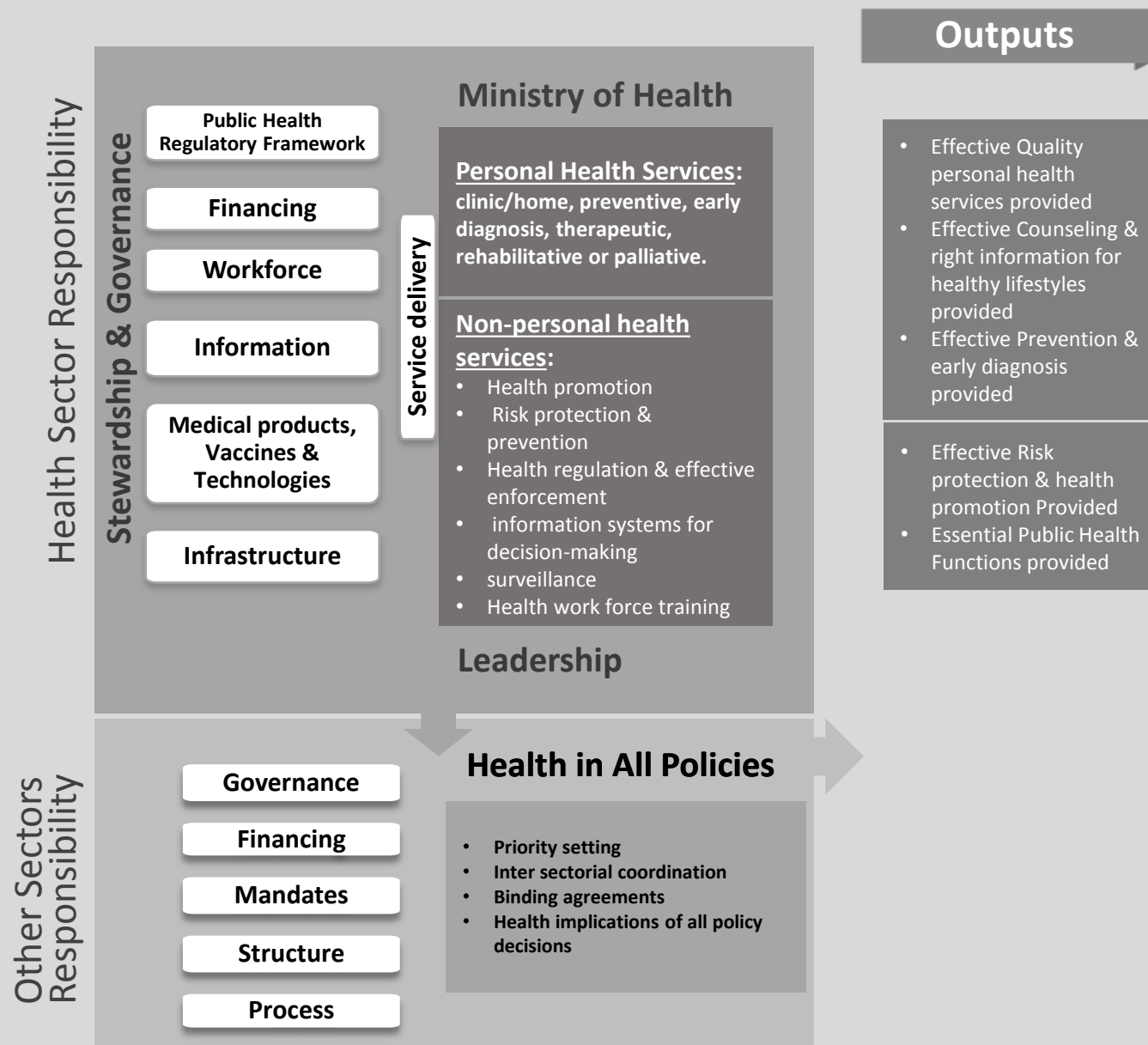
- Reduce the obesity problem
- Reduce the caloric intake
- Change behaviors
- There are NO "good" and "bad" products, only inadequate choices and diets

HOWEVER ITS APPROVAL...

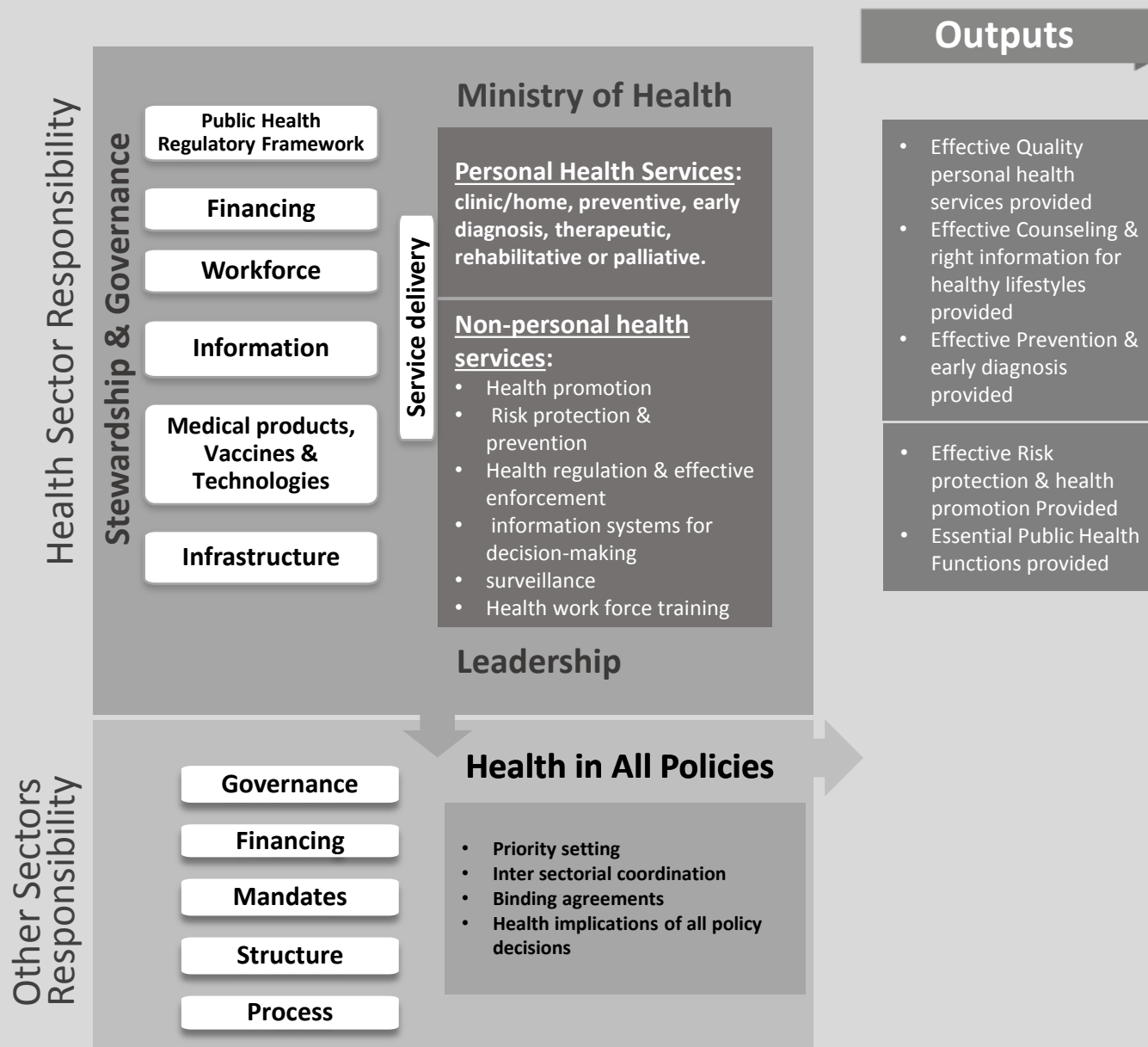
- Increases the cost of the Basic Food Basket
- Demonize a single product
- Affects the Sugar Cane Growers
- Threatens income and stability of 3.5 million jobs
- Has a negative impact on 1 million small business

Because of that we say:
NO TO THE BLOOMBERG SSB TAX

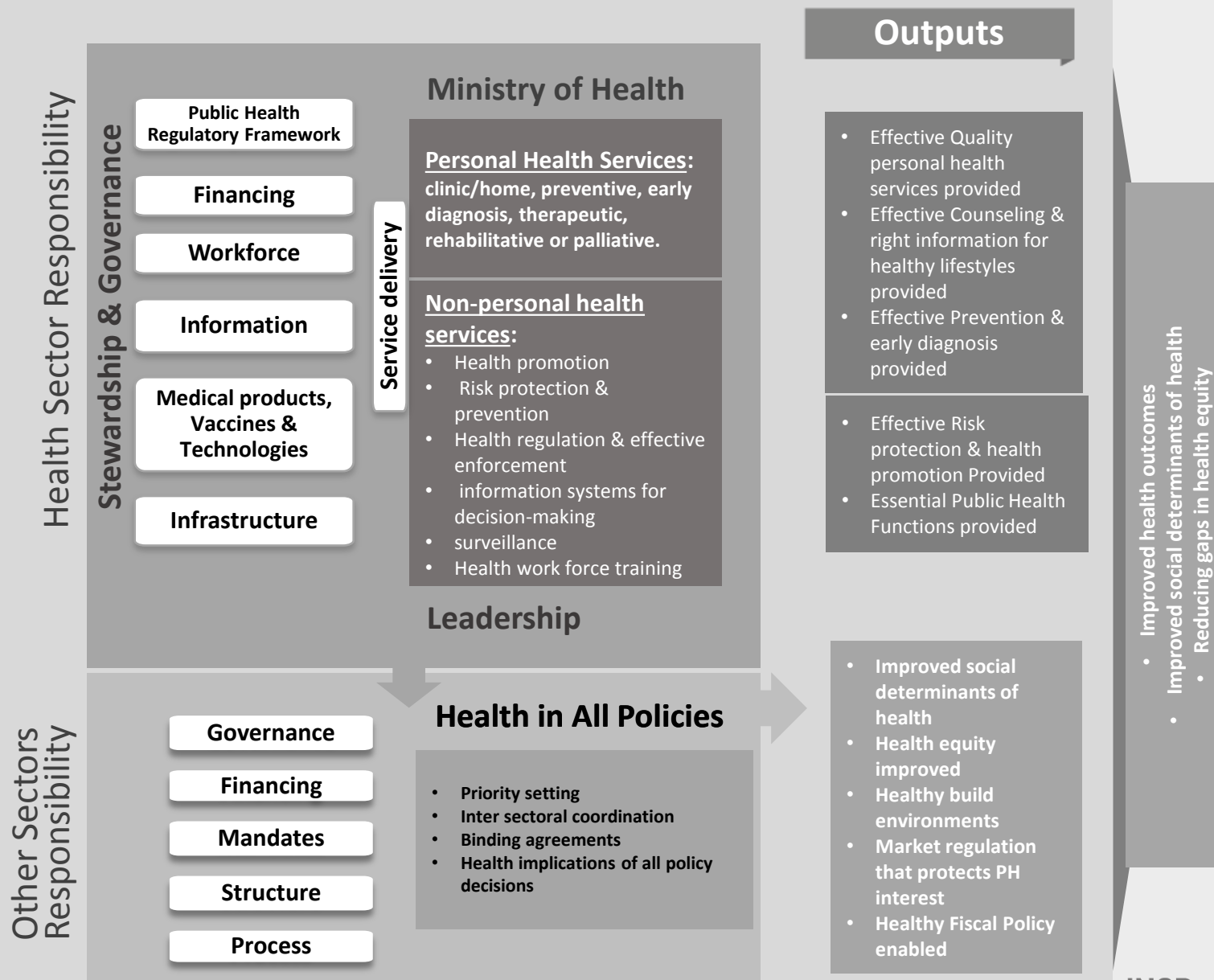
Government Health Actions



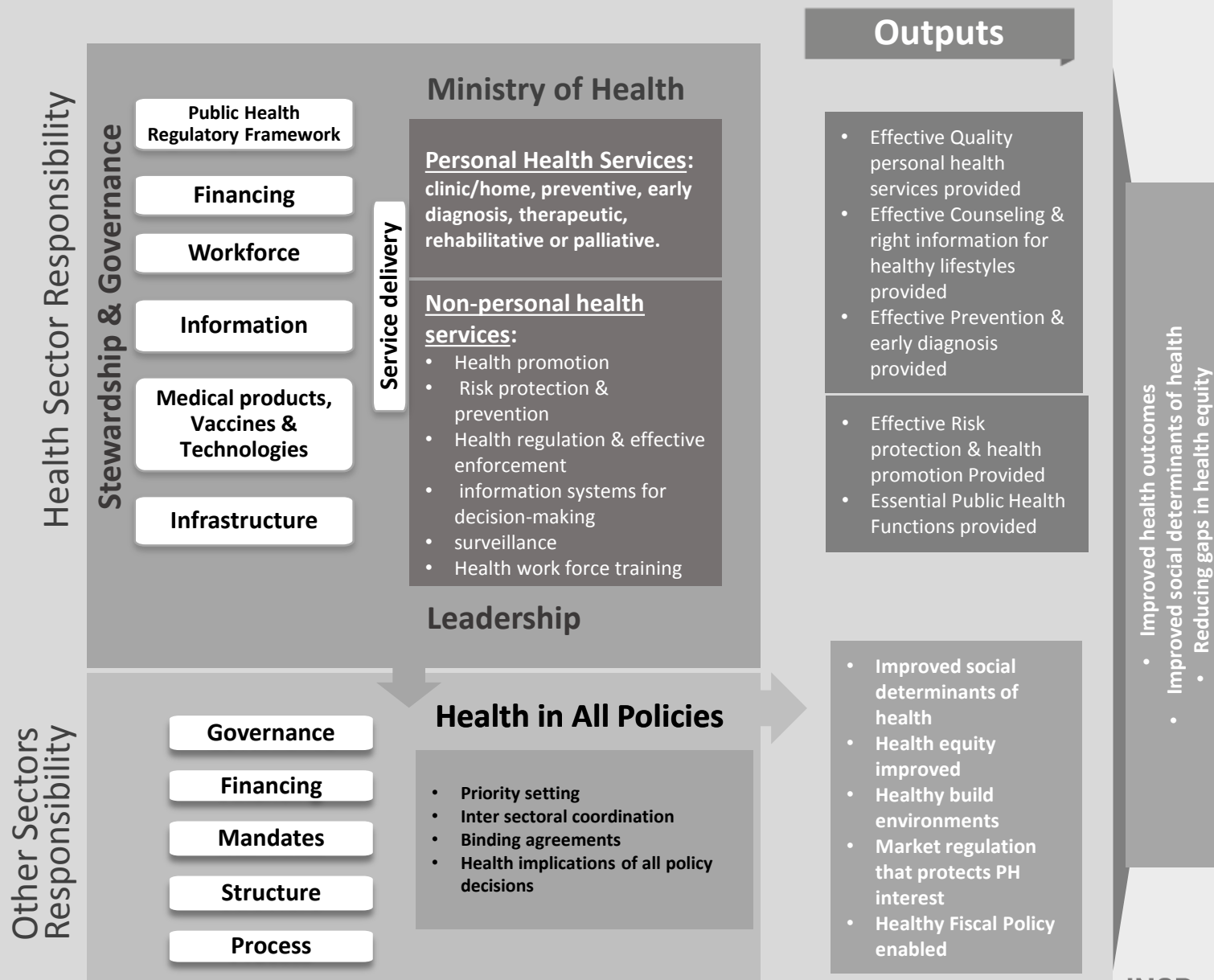
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Strategic litigation to promote the enforcement of a smoke-free environments law in the city of Buenos Aires

- The InterAmerican Health Foundation & the Association for Civil Rights opened a legal action (amparo trial) against the Government of the City of Buenos Aires
- The Amparo Trial was based in the **right to health**, arguing that the lack of implementation of the local tobacco control law, with regards to smoke-free environments, violated the right to health. Furthermore, considering the violations of the law were higher in places like bars and night clubs, the NGO argued that workers in those places had lower standards of protection of their right to health.
- Legal premises: The judiciary action is based in:
 - The right to health
 - the *right to work* in safe, *smokefree environment*
 - *No discrimination*, law was enforced in other closed environments and not enforced in dancing places, pubs, casino among other), living vulnerable population (workers and young people) without protection.
- Rejected on first and second instances (2015). The judge rejected the lawsuit considering there was no illegal or arbitrary act from the local government.

NGO's role in promoting consumer's rights to health: NGO's vs Beverage Industry

- The Civil association campaign against FEMSA and Coca-Cola's soft drink Sidral Mundet sued since disseminating misleading and recidivist advertisement against consumers because the claims made in the advertising campaign for this drink do not match the quality or composition of the product
- A complaint was filed against advertising of the drink before the Federal Commission for Protection Against Health Risks (COFEPRIS), bringing the deception and, in particular, the phrase that accompanied it was "if it's well done, it's good for you" as well as differences between the composition of the soda shown by the company and the verified accuracy as it only contains 1% non-concentrate apple juice
- The first step should be the withdrawal of the campaign and initiate proceedings for violations of law

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Guidelines to improve schools' food environment

- Children consuming a high amount empty calories in schools
- 2010: Joint effort between Ministry of Health and Ministry of Education
- Guidelines regarding the types of foods that could be sold in schools were developed
 - Food & beverage industry **modified** original proposal, creating a more lenient version
 - Food industry **lobbied** with other government sectors (Ministry of Health) and NGO's to debilitate original proposal
 - Nevertheless, guidelines were a **first step** in the right direction to create healthier school food environments

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- Improved health equity improved
- Improved healthy build environments
- Market regulation that protects PH interest
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- Improved health outcomes
- Improved social determinants of health
 - Reducing gaps in health equity
 - Improved productivity

¡Muchas gracias!

Mauricio Hernández Ávila
mhernan@insp.mx

Isabel Vieitez
Isabel.vieitez@insp.mx