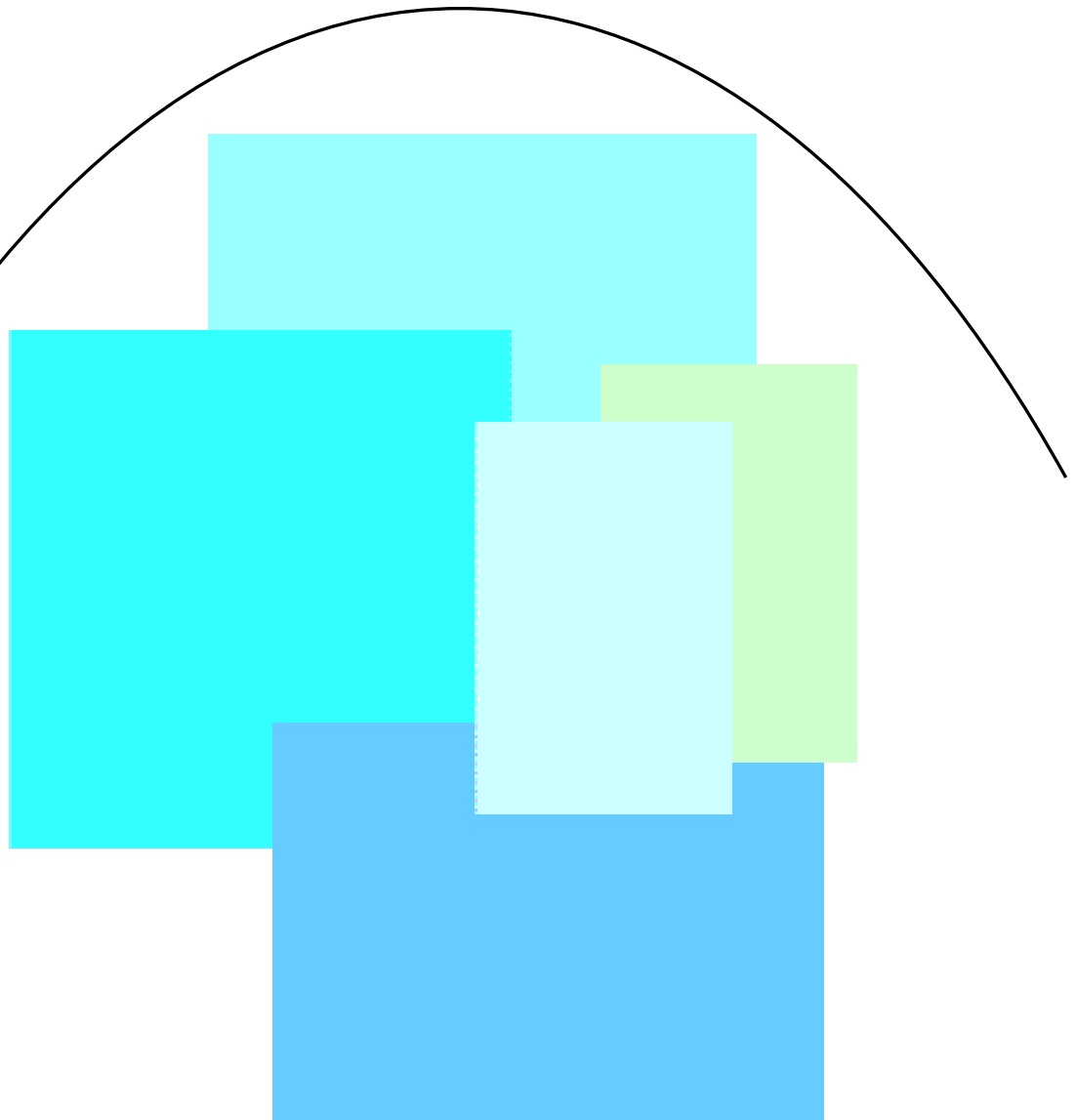


# GSO Colloquium Afternoon Tea Event

3 to 5 pm, 20 May 2012

## Good Practices for Multi-Sectoral and Multi-Stakeholder Action on Risk Factors and NCDs



Global Social Observatory

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## **GSO Colloquium Series Afternoon Tea**

### **Good Practices for Multi-Sectoral and Multi-Stakeholder Action**

#### **On Risk Factors and Non-Communicable Diseases**

**3-5 pm, 20 May 2012, Hotel Intercontinental, Geneva, Switzerland**

On 20 May 2012 and on the occasion of the 65<sup>th</sup> World Health Assembly, the Global Social Observatory was pleased to host an Afternoon Tea at the Hotel Intercontinental in Geneva as part of the GSO Colloquium Series on Non-Communicable Diseases (NCDs) and featuring an Exhibit of Good Practices for Multi-Sectoral and Multi-Stakeholder Action on Risk Factors and NCDs. The Afternoon Tea provided an opportunity to highlight action on risk factors and NCDs at the national and community levels by drawing on the experiences of delegates and participants to the WHA, above and beyond the Geneva-based network that had participated in the GSO's first Colloquium Event on risk factors and NCDs on 30 March 2012 in Geneva.

Participants at this first event had engaged in an interactive dialogue on the multi-sectoral and multi-stakeholder aspects of addressing the risk factors and NCDs in specific settings – government and community services, education, workplace and primary health care. The interactive dialogue, organized around the participatory “café politique” format, produced a set of central messages for these settings. These central messages were transformed into a set of posters for use at future Colloquium Events. A separate report from the 30 March event provides more details on the central messages, while the Afternoon Tea event on 20 May facilitated the opportunity to build on these central messages by looking at the good practices for action in these areas at the national and community levels.

We were honored to receive the Right Honorable Dr. Fenton Ferguson, the Minister of Health of Jamaica, as the keynote speaker at the Afternoon Tea. His remarks were followed by an interactive dialogue with the audience and a panel discussion with Dr. Robert Sebah, Vice President for Access to Medicines at Sanofi and Dr. Elizabeth Carll, UN NGO Committee for Mental Health and UN Representative, International Center for Traumatic Stress Studies. This was then followed by another interactive dialogue with the audience. What follows are some highlights from the formal presentations and the interactive dialogues.

Before moving to the highlights of the Afternoon Tea, it should be noted that the GSO Working Group on NCDs has identified three central messages from the Afternoon Tea event to build on the matrix of messages established by participants at the Colloquium Event on 30 March. These are (1) prevention is a key part of addressing the solution of NCDs and requires the involvement of all stakeholders; (2) health care needs to be more patient-oriented and integrated than it is today; and (3) mental health needs to be more fully integrated into overall health care. Participants at the Afternoon Tea event also identified the need for equitable access to prevention, treatment and care as an additional central message, setting the stage for the next GSO Colloquium Event on this very subject on 3 July 2012. \$



**Keynote Address by the Right Honorable Dr. Fenton Ferguson, Minister of Health of Jamaica –**

NCDs are one of the principle global health challenges of our time. There are multifaceted challenges affecting health stakeholders. One feature of NCDs is that it confronts all countries and communities, developed and developing equally.

Jamaica has a plan in which every school will be a health-promoting school which would promote health in learning, working, and living. Each school would become a structure to protect the health of children. There would also be a stimulus to promote health at the community level through curriculums, committees, and clubs which would bring together stakeholders. These would allow citizens to make better health choices.

Jamaica seeks to improve access to drugs through subsidies for people over 64 years of age who suffer from the 10 chronic diseases. In 2009, NCDs accounted for 60% of deaths among men, and the numbers are growing among women as well. Screening programs are likely to have contributed to a decrease in cancer, especially among women.

It is important to design initiatives at the global level and implement them at the national level. Also important are evidence-based policies and ensuring the sufficient use of resources.

The involvement of food and beverage industries is important. Health promotion in schools by education is important, as is the involvement of health care providers at the community level.

Developed and developing countries can coalesce on this issue, and all stakeholders must be involved in the environmental, industrial, and lifestyle factors.

**Questions –**

Jean Sarson from Canada asks about personal violence as a risk factor, in relation to smoking.

- Yes we have looked into this, and are moving towards comprehensive tobacco control on Jamaica.

Where does mental health fit into your comprehensive program?

- Jamaica has a very long history as it relates to mental health. We have recognized that secondary care isn't enough. We are looking into bringing the community level into play. Jamaica has moved in a progressive way. Mental health will be treated as an NCD to fight the stigma and discrimination, as well as to enhance monitoring mechanisms.

A speaker from Kenya: We are concerned about the accessibility of cancer screening and treatment, and wonder if Jamaica has political services for this?

- We do, but it is complicated. We are working with the International Atomic Energy Agency, even as we improve our regulatory framework in dealing with radiation. We want to establish excellence in cancer care in Jamaica. I believe we are moving in the right direction.



**Dr Robert Sebbag, Vice President for Access to Medicines, Sanofi**

There is a big gap today between our services for people with communicable diseases and our services for people with non-communicable diseases. We have a solid agenda for communicable diseases and few programmes for non-communicable diseases. This agenda gap has slowed down action in the area of NCD prevention and treatment. The name NCD should stand for “New Challenging Diseases”. We need to start to really take the issue of NCDs seriously and integrate them completely into our health care programmes and actions. There has been an increasing amount of discourse over the past few years. We need to take advantage of this and build upon the current momentum. We have to integrate NCDs and communicable diseases in solution-finding processes.

Twenty years ago, this kind of debate was impossible. However, the incidence of HIV and AIDS, though unfortunate, opened the door for this kind of debate. Now, we have successfully mobilized the resources for most neglected diseases. We should apply this methodology to the solution-finding process for NCDs.

Sanofi now has a department called access to medicine which *ensures that our strategy and business model are adapted to the market in which we operate, with policies such as tiered pricing and no-profit-no-loss programs. But we know we need to go beyond treatment: we are working with our partners to develop training programs for health care professionals, disease awareness, and education initiatives.* This initiative deals with both communicable and non-communicable diseases.

The risk of mental health is the same in the north and the south. *The key challenge in the future will be to eliminate the north-south divide in access to health care for mental health. As global health care leaders, we are the obvious partner to achieve this.* In many countries in the world, mental illness is seen as a curse, a sign of the demonic possession. People have swept the issue of mental health under the rug. They do not want to face the issue of mental health. However, it is essential that people are aware that a mental health disorder is a disease like any other non-communicable diseases and that it can be managed through professional care systems and through medication. Compared to other NCDs, the costs of dealing with mental health issues are not very high. The issue then is with our willingness to manage mental health disorders.

It is important that all stakeholders must come together and cooperate with each other in order to fill the gaps that stand in the way of finding a solution to NCDs.

The role of the WHO is not to finance but to lead the way and push governments to invest, to provide guidelines for engagement. We do not need to wait for the WHO to find a solution. The solution lies with individuals, private sector, NGOs and government

**Dr. Elizabeth Carll, Chair, UN NGO Committee on Mental Health and UN Representative for the International Society for Traumatic Stress Studies**

Mental health is far behind other diseases because of the way the Millennium Development Goals were drawn up and developed at the UN. Mental health is not part of the MDG's. Mental health really needs a lot more integration into primary health care and basic health systems in order to fully tackle it. To provide a perspective on the severity of the issue of mental health, research has shown that by 2030, depression will be the number 1 non-communicable disease.



Today, about twenty five percent of the US population does not have medical coverage. For this reason many people with NCDs, even in the US, are not being treated. The number one reason for bankruptcy in the US is coverage of medical bills. All over the world, many people do not have access to the medicines for dealing with NCDs. These drugs tend to be extremely highly priced, and many cannot afford to get them.

Medical homes address the implementation of primary healthcare for the family. The goal will be to maximize health outcomes. Primary health care must then be integrated to include care for mental health. It has been shown that 40-70% of people coming to primary health care physicians are there for mental health problems. People therefore waste time and money visiting general practitioners, instead of a psychiatrist or a therapist. Nonetheless, addressing mental health is more cost-effective compared to other noncommunicable diseases and communicable diseases. The costs downstream for not dealing with the issues now, however, are even more immense.

### **Interventions:**

Participant from Kenya:

The issue of dealing with NCDs is just beginning to take off in Kenya. The first national meeting on NCDs was held last year. Treatment drugs are not usually accessible. When they are available, the prices are too high for most people to afford them. Also, those who can afford treatment usually go out of the country to seek it.

The program for diabetes in Kenya focuses more on education. We also organize a lot of screening programs and we are able to catch a lot of cases in their earlier stages this way.

Mental health care is not really being addressed. We have very few psychiatrists and mental health professionals

Participant from the US with cancer treatment experience:

- The main problem of health care professionals today is hyper- specialization. Due to hyper-specialization, healthcare professionals are unable and unwilling to work together. We have to take into account the real issue, the patient and not the disease.
- Health care needs to become more patient oriented than it is today.
- The field of health advocacy needs to be expanded upon.

Jamaica nurses association:

- The nurses association of Jamaica is non partisan and nongovernmental and is integral in decision making from the ministry of health and helps with the drafting of the plan for dealing with NCDs. We have a plan to also eliminate tobacco usage. We have partnered with the diabetes society in Jamaica.
- We should not forget that care is also a great issue, not only prevention and promotion.
- Healthcare professionals need to model the good health practices that they preach.
- Finally, there is a huge brain drain from north to south which needs to be dealt with.