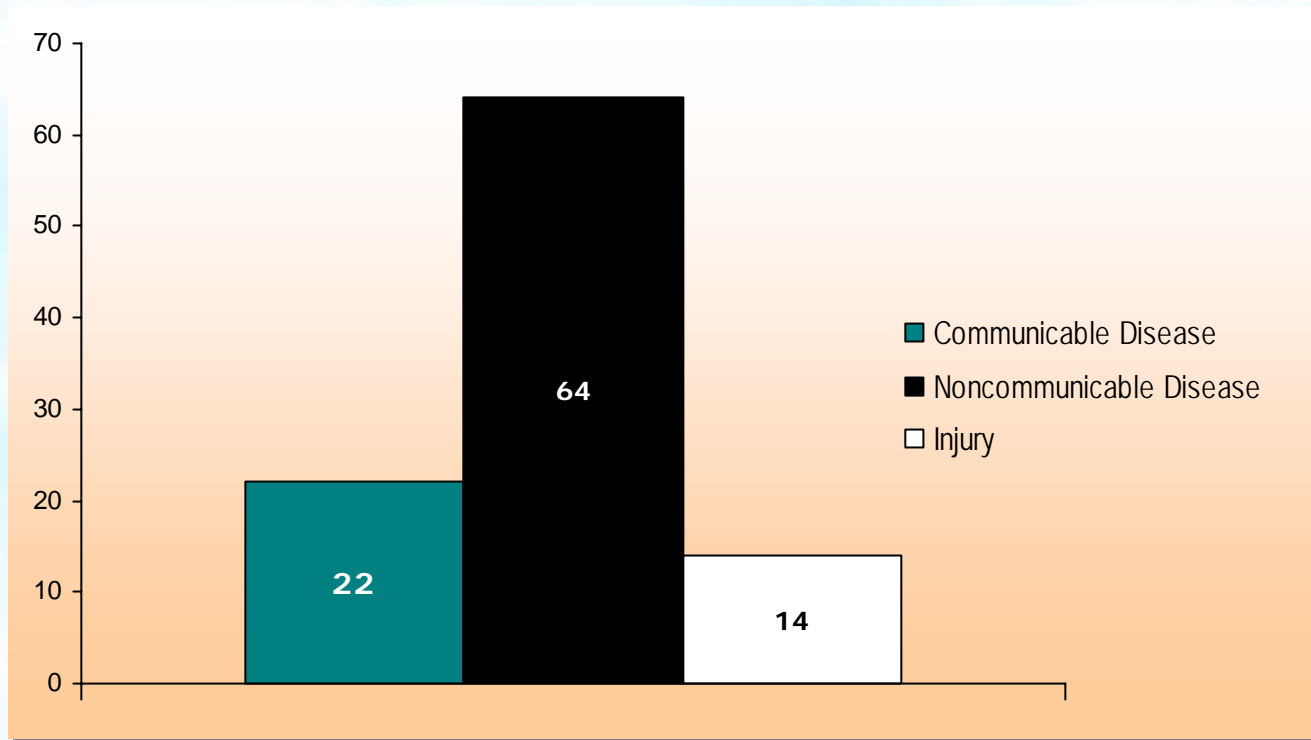


ACTING ON NONCOMMUNICABLE DISEASES:

**An Advocacy Guide
for the Western Pacific**

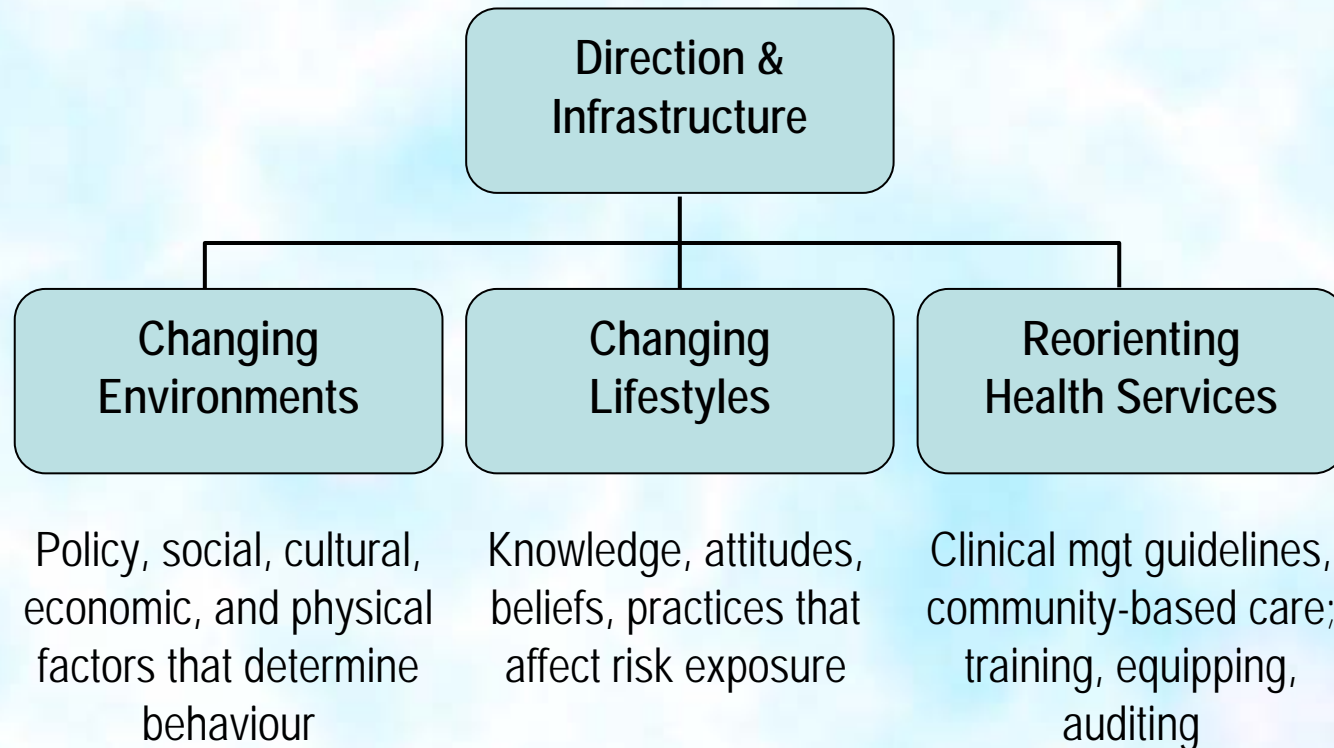
Percentage of DALYs* by Cause in the Western Pacific Region (WHO 2002)



*Disability Adjusted Life Years (DALYs) combine years of life lost due to premature death and years lived with a disability incurred through new disease, adjusted for the disease's severity.

Components of NCD Programs

Coordinating body;
Info in risk & prevalence;
Adequate & rational resourcing

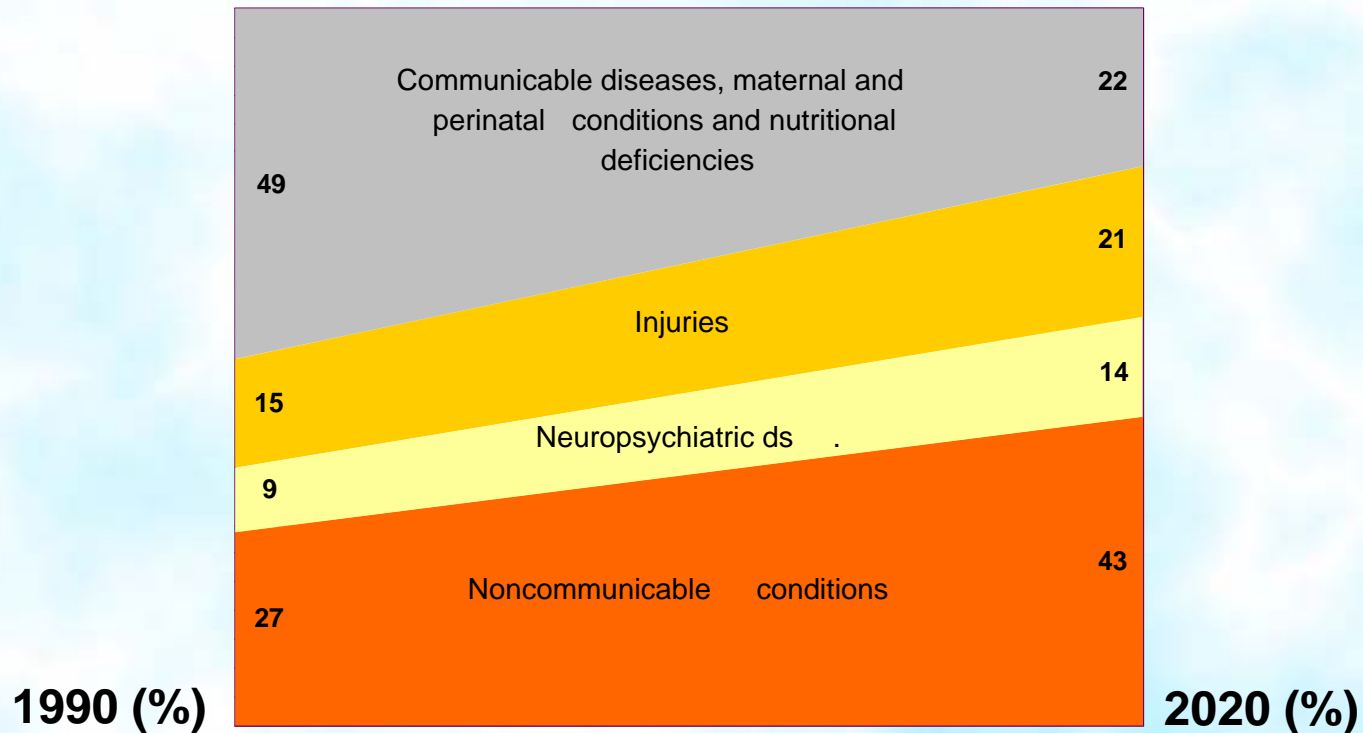


Part One:

NONCOMMUNICABLE DISEASES

– The Facts

DALYs, by Broad Cause Group 1990-2020 in Developing Countries (Baseline Scenario)

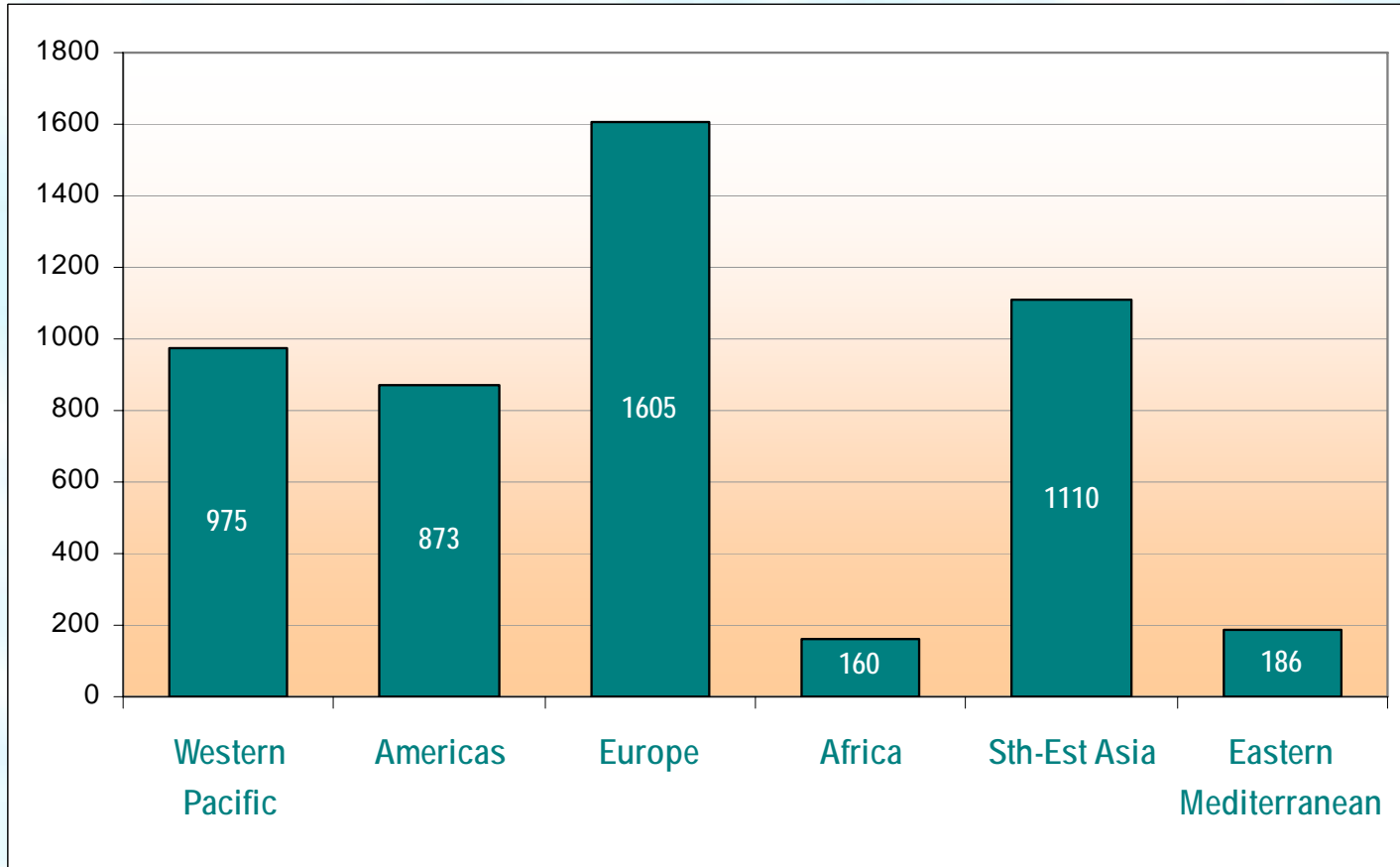


DALY = Disability-Adjusted Life Year

Source: WHO, Evidence, Information and Policy, 2000

- Noncommunicable diseases (NCDs) are becoming the major cause of death in the Region. In the past, NCDs have been seen as an issue for developed countries, but they now pose a significant and growing threat to less developed countries as well. World Health Organization data tell us that in the Western Pacific Region:
 - Cardiovascular disease (CVD) is one of the leading causes of death in 32 of the 37 countries and areas. It accounts for three million deaths in the Region each year;
 - Cancer is one of the three leading causes of death in 26 countries and areas and it is estimated that about 3.5 million cancer cases occur each year; and
 - It is estimated that 30 million people in the Region have diabetes and it is projected that there will be at least 55 million adults with diabetes in the Region by 2025

Tobacco-related Mortality ('000) by Region (WHO 2002)



(2000 Estimates)

Globally, every year, an estimated four million people die from smoking-related illnesses. This translates to close to 11 000 deaths per day, 2000 of which are in China. One in four of the tobacco-related deaths occurs in the Western Pacific Region

What are the Costs?

In simple 'dollar terms' NCDs absorb increasing proportions of health budgets:

- In **Tonga** NCDs contribute to more than 50% of all deaths and up to 20% of the total health care costs
- In **Fiji** NCDs account for between 22 – 54% of all in-patient costs; 42 – 50% of all pharmaceutical costs and 19 – 40% of all government expenditure on health
- Conservative estimates of the cost of NCDs in **Samoa** suggest that they account for at least 25% of total government expenditure on health
- In **China** the estimated direct cost of care for people with diabetes in 1996 was US\$3.5 billion
- In **Japan**, the annual direct cost to the health care sector of diabetes is about US\$16.94 billion (6% of the total health budget)
- In **New Zealand**, 5% of the health budget is spent on direct care and a further 5% on diabetes related disability allowances
- In **Australia**, at least US\$720 million was spent on diabetes health care in 1995 compared with US\$550 million in 1990

What are the Benefits of Acting?

- People who smoke incur an additional 31% (men) and 24% (women) in medical care costs over those who have never smoked
- A reduction in dietary fat intake of 1-3% would reduce the incidence of coronary heart disease by 25%, saving US\$4.1-12.7 billion in medical costs and productivity losses over ten years
- Spending \$1 on a nutritional program for women in poverty saved \$2.91 in medical costs by reducing the number of low birth-weight babies born
- If an additional 10% of Australians had physically active lifestyles the risk of CVD would be reduced by 5% – a potential saving of A\$103.75 million
- In the East Asia and Pacific region a price increase of 10% would reduce the number of smokers by 16 million and the number of deaths by four million

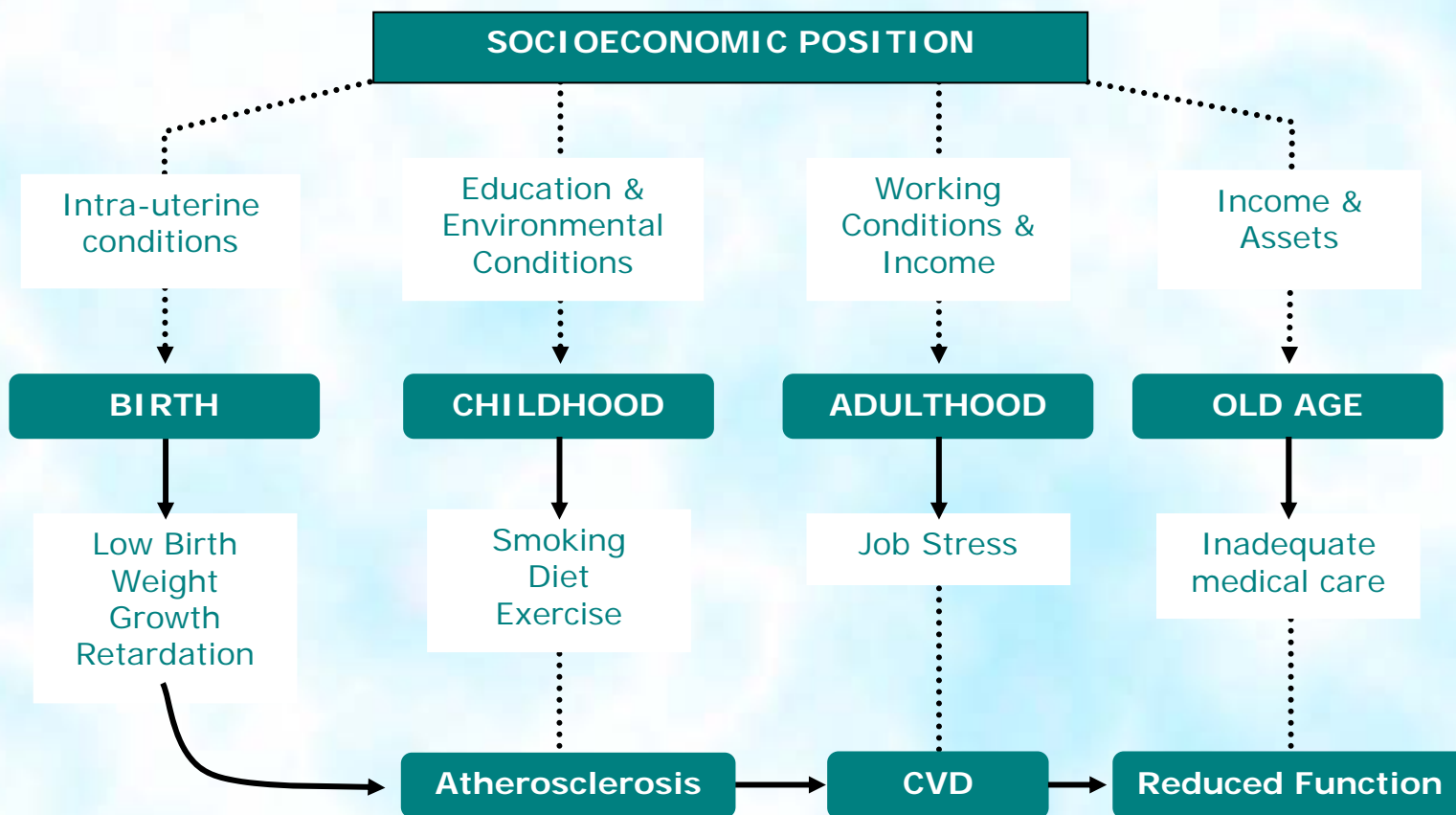
Major NCD Conditions and Risk Factors

Major NCD conditions	Risk factors	
Cardiovascular disease (CVD) (primarily coronary heart disease, stroke, rheumatic heart disease, hypertension)	Smoking, physical inactivity, obesity, high blood pressure, elevated blood cholesterol, environmental tobacco smoke, alcohol consumption, age, family history, diabetes (for stroke).	Socioeconomic status
Diabetes (Type 2/non-insulin dependent)	Physical inactivity, obesity, ethnicity, age.	
Lung cancer	Smoking, occupational exposure, dietary factors, environmental tobacco smoke.	
Other cancers	Smoking, unhealthy diets, excess alcohol consumption, family history, genetic make-up, environmental and occupational hazards, lack of screening and early detection.	
Chronic Lung disease	Smoking, environmental hazards, occupational exposures.	
Mental health problems	Biological factors, psychosocial issues, genetic factors, illicit drugs, excess alcohol consumption.	

Ten Aspects of the Social Determinants of Health

1. People's social and economic circumstances - people higher up the social ladder have better health than those at the middle, who in turn have better health than those at the bottom;
2. Stress - caused by social and psychological circumstances;
3. A person's early life – people who have slow growth and lack emotional support in childhood are more likely to suffer ill-health when they are adults;
4. Whether people feel excluded or isolated from the wider community;
5. The nature of a person's work – stress at work increases the risk of disease;
6. Unemployment puts health at risk – these ill effects also occur if people feel their job is at risk;
7. How much support people get from their family and friends;
8. Addiction to harmful substances such as alcohol, drugs and tobacco;
9. The availability of good food; and
10. A good public transport system, and policies that reduce driving and encourage walking and cycling.

Factors Affecting CVD (Cardiovascular Disease)



The Ottawa Charter (1986) and the Jakarta Declaration (1997)

THE OTTAWA CHARTER (1986)	THE JAKARTA DECLARATION (1997)
<p>Health Promotion Action means:</p> <ul style="list-style-type: none">➤ Building healthy public policy➤ Creating supportive environments➤ Strengthening community action➤ Developing personal skills➤ Reorienting health services	<p>Comprehensive approaches to health development include:</p> <ul style="list-style-type: none">➤ Promote social responsibility for health➤ Increase investments for health development➤ Consolidate and expand partnerships for health➤ Increase community capacity and empower the individual➤ Secure an infrastructure for health promotion

Areas of Investment and Action

Activity domain	Priority Interventions
<i>Maternal health</i>	<ul style="list-style-type: none">➤ Improving infant birthweight
<i>Promotion of child growth</i>	<ul style="list-style-type: none">➤ Breastfeeding➤ Preventing childhood malnutrition➤ Decreasing childhood infections through better environmental health conditions➤ Childhood Immunisation
<i>Underlying determinants of health</i>	<ul style="list-style-type: none">➤ Maternal and childhood education➤ Alleviate poverty➤ Promote 'sense of control' and mental well-being
<i>Lifestyle modification</i>	<ul style="list-style-type: none">➤ Smoking cessation and prevention programs➤ Brief intervention for hazardous alcohol use➤ Nutrition, weight loss and physical activity programs in high risk populations

Areas of Investment and Action (Cont.)

Activity domain	Priority Interventions
<i>Early detection and early treatment</i>	<ul style="list-style-type: none">➤ Screening➤ Adult immunisation➤ Aggressive blood pressure lowering to prevent progression of renal disease
<i>Best practice management</i>	<ul style="list-style-type: none">➤ Prevention of complication of diabetes➤ Aggressive management of heart attacks and known cardiovascular disease➤ Rehabilitation and outreach programs (cardiac, respiratory, renal)
<i>Secondary Prevention</i>	<ul style="list-style-type: none">➤ Regular monitoring of disease➤ Support, education and advice regarding risk factors (nutrition, tobacco, physical activity)

Challenges and Issues

- NCDs are a public health issue – they are not solely a problem for individuals;
- NCDs are a problem for less developed countries as well as for wealthy countries;
- NCDs are not an inescapable result of aging, they have a significant impact on the health, welfare and productivity of people in their middle years; and
- NCDs cost – in terms of productivity, medical care and pharmaceuticals, and lost quality of life.

Part Two:

PRINCIPLES OF ADVOCACY

What is Advocacy?

Advocacy is a combination of individual and social actions designed to gain political and community support for a particular health goal or program.

Action may be taken by, or on behalf of, individuals and groups to create living conditions which promote health and healthy lifestyles.

Principles of Advocacy

Be Focused and Relevant

- Be clear about what you are advocating for
- Establish common themes and messages
- Don't stray from your message
- Make it local and keep it relevant

Work in Partnership

- Target individuals and organisations that can get your message across
- Get other peoples' forums and use them for your own
- Recruit corporate allies
- Develop media contacts (including those outside medicine)

Be Credible and Appealing

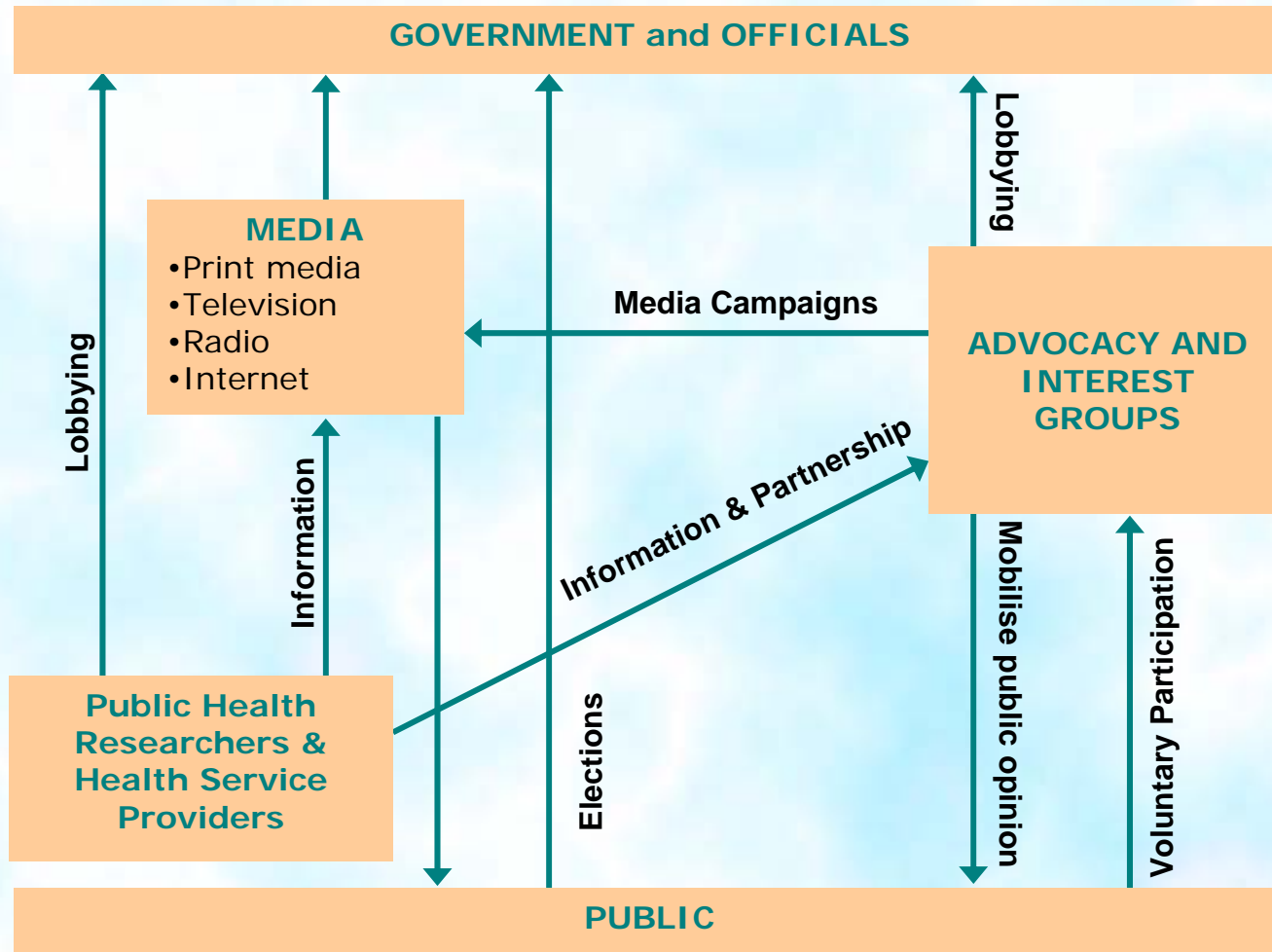
- Know the facts and the numbers
- Do your homework and document your findings
- Find 'attractive' spokes-people
- Use icons who have credibility
- Use interesting stories

Principles of Advocacy (Cont.)

Be Tactical

- Start by assuming the best of others (but know people's interests and arguments)
- Don't take 'no' for an answer
- Be passionate and persistent
- Set realistic goals
- Plan for small wins
- Take the high ground
- Be opportunistic and creative
- Employ multiple strategies
- Be willing to compromise

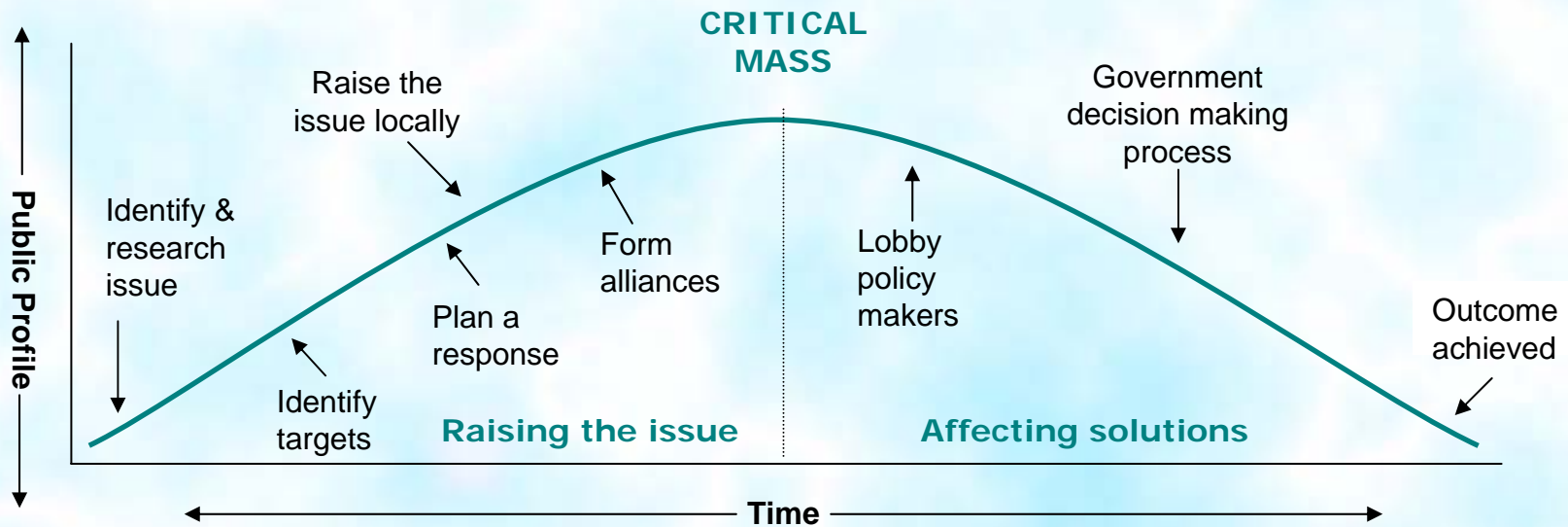
Factors Affecting Advocacy



Part Three:

TOOLBOX FOR NCD ADVOCACY

The Advocacy Process



Case Study: Tobacco Control in Australia

- Mass-reach anti-smoking campaigns
- Work to have the tar and nicotine content of cigarettes tested
- The introduction of advertising bans
- The inclusion of large warnings on cigarette packs
- Increasing rates of tax on tobacco
- The replacement of tobacco sponsorship in sporting and other cultural activities
- Legislation to prohibit smoking in workplaces

Stakeholder Management Strategy

	SUPPORTERS	OPPOSITION
VERY IMPORTANT PEOPLE	Mobilise their interest and enthusiasm; keep them informed and involved	Develop strategies to manage or reduce their antagonism
LESS IMPORTANT PEOPLE	Keep them onside and ensure they remain supportive	Monitor their position to contain opposition

Key Stakeholders and Action Areas

Action area	Key Stakeholders	
Tobacco	Ministers responsible for Communication/Media, Industry, and Trade Medical Association Tobacco farmers Tobacco wholesalers and retailers	Minister responsible for health and education Treasury
Nutrition	Ministers responsible for Agriculture and Industry The food industry (including manufacturers, wholesalers, retailers, transport) Bodies representing primary producers Bodies representing consumers	
Physical Activity	Minister responsible for Sport and Recreation Local government officials responsible for recreation, parks and planning Urban planners Education sector Sports teams and clubs	
Maternal and Child Health	Ministers responsible for Women, Health, and Welfare/Social Security The Commissioner for Children Women's groups Medical Association Education sector	
Poverty alleviation	Ministers responsible for Welfare/Social Security, Employment, Economic Development and Women National and local community welfare councils	
Mental health Promotion	Groups representing those with mental health problems Social Welfare groups Education sector Human Rights groups	

Elements of Policy Activity

Authority	<ol style="list-style-type: none">1. Final authority for a policy decision will rest with an identifiable person (a Government Minister) or group (the Cabinet)2. There will be officials involved in the process of channelling policy matters to these people3. There will be formal procedures for becoming involved in the process (for example, making submissions to select committees)
Expertise	<ol style="list-style-type: none">1. The process involves the gathering of expertise2. The pool of experts includes government officials, academics, business people, lobbyists and consultants3. Other experts (policy analyst) are involved more directly in the process
Order	<ol style="list-style-type: none">1. Policy involves the creation of a shared understanding2. Creating this 'order' will involve dealing with the values of individuals and groups, and the perspectives of organisations3. This interaction may challenge the assumptions and working practices of those concerned

Ten Commandments to Influence Policy Makers

1. Learn about the history of the issue
2. Find out who will make the decision
3. Timing is critical
4. Learn about everyone's interest and arguments
5. Its OK to think like an economist but don't write like one
6. Keep it simple
7. Policy makers care about who is affected by the issue/policy solution as well as efficiency
8. Take implementation and administration into account
9. Emphasise a few crucial and striking numbers and concrete examples
10. Read the newspapers

Tips for Lobbying

Governments may produce directories to help identify the correct minister or agency dealing with your issue

Identify the right target:	<ul style="list-style-type: none">➤ What level of government (local, state or federal)➤ Which government agency or minister➤ What piece(s) of legislation
Ask the politician to:	<ul style="list-style-type: none">➤ Raise your concerns with Cabinet, Caucus or in policy committees➤ Ask questions in parliament➤ Provide access to government information that might otherwise be difficult to obtain
Target ministers:	<ul style="list-style-type: none">➤ They usually have more power to influence policy than other politicians
Use ministerial staff:	<ul style="list-style-type: none">➤ Staff in the minister's office usually know what she or he thinks about an issue and they may be able to influence how the minister sees the issue

Advocacy Planning: GOTME Approach

Goal	Setting specific goals is particularly important when groups are working in coalition with others.
Objective	Objectives support the overall goal established in the first planning step. There are different levels of objectives including program, policy and media campaign objectives
Target	Identify the three target audiences <ul style="list-style-type: none">➤ Those with the power to make the desired change➤ Those who can be mobilised to apply pressure to this group➤ The general population
Message	This may be seen in three parts <ol style="list-style-type: none">1. Statement of concern (what the situation is at present)2. Value dimension (why that situation should be changed)3. Policy objective (how that change might be effected)
Evaluation	Assessing the value of the effort Identify any lessons that could be learned for future efforts.

General Differences between Public Health and Media Objectives

Mass Media Objectives	Public Health Objectives
To entertain, persuade, or inform	To educate
To make a profit	To improve public health
To reflect society	To change society
To address personal concerns	To address societal concerns
To cover short-term events	To conduct long-term campaigns
To deliver salient pieces of material	To create understanding of complex information

Tips for Getting Your Story into the Media

Decide your target

General or specialist media?
Television, radio or newspaper?

Know your target

What is their style of program or paper?
Who are the key contacts?
What are their deadlines?
When are they most likely to be looking for a story?

Issue the Press Release

No more than a page long
Attention grabbing
The most important information should come first
The lead should summarise the story (including who is involved, what is happening, why it is important, when and where)
The message should be clear in the first two paragraphs
Include 24 hour contact numbers for further information

Look for a news hook

Is the issue timely – for example is the new information is being presented at a conference
Is there opportunity for television footage or a photo?
Is there a local angle to the story or are there interesting people involved?

An Exclusive?

You may wish to offer your story as an exclusive item to one outlet – in this case make contact by telephone to see if the journalist is interested

Remember:

Offering an 'exclusive' will increase the chance of your story being covered by that particular outlet but significantly reduce its exposure in other outlets

Part Four:

HARD WORK WITH HIGH REWARDS

Framework for NCD Control and Prevention

