

NCD Alliance Response: Zero Draft Shanghai Declaration on Health Promotion

October 2016

The NCD Alliance welcomes this opportunity to comment on the **Draft Shanghai Declaration on Health Promotion** (the Declaration). Thirty years later, the progression of the Shanghai Declaration on Health Promotion to expand upon the foundations of the Ottawa Charter is timely and necessary. We commend WHO for initiating this process in advance of the 9th Global Conference on Health Promotion in Shanghai.

Noncommunicable Diseases, Health Promotion & Sustainable Human Development

We commend the integration of sustainable development symbolized by the 5 Ps - People, Planet, Prosperity, Partnerships and Peace, in the Health Promotion agenda. This linkage as an important entry point for greater multisectoral engagement and collaboration to prioritize policies which have co-benefits for health and planet. We are pleased to see civil society highlighted as key actors in supporting governments to implement health promotion policies, and the recognition of health as a political choice.

The Declaration appropriately emphasizes that promoting health and wellbeing for all and by all as essential to equitable and sustainable human development. Health promotion is also a necessary element to effectively tackle noncommunicable diseases (NCDs), responsible for the greatest burden of disease globally, and largely preventable. The role of health promotion in reducing the burden of NCDs lies not only in prevention; effective implementation of comprehensive, well-resourced health promotion strategies should include improving health literacy to support management and mitigation of NCDs, leading systems change to equitably improve health, and addressing the social determinants of health that perpetuate poor health and exacerbate NCDs. This Declaration is an important tool in reinforcing the range of social, environmental and economic conditions that affect NCD prevalence, and governments' central roles in shaping these conditions. Political engagement in health promotion principles of protecting, preserving and maintaining health equitably across societies is imperative to reducing the prevalence of preventable NCDs, premature mortality from NCDs, and lived-burden of NCDs.

The Declaration notes the need for careful collaboration, as no one strategy or sector will be sufficient to address the epidemic of NCDs. Action on NCDs and health can have important effects across sustainable development priorities and vice versa. However, the Declaration neglects to emphasize the specific need to address NCD prevention as an urgent human development priority.

While the Agenda 2030 for Sustainable Development and its SDGs are important, and useful framing for this document, it is important to recognize specific global commitments already made by Governments and referenced in the SDGs, such as the global 25 x 25 NCD mortality reduction target which has informed SDG 3.4. The nine global NCD targets and the evidence-based policy options outlined in the WHO *Global Action Plan for the Prevention and Control of NCDs 2013-2020* should receive greater attention in the document.

The NCD Alliance acknowledges the prioritization of good governance in the context of health promotion in the Declaration. We greatly appreciate that the document calls attention to the third United Nations General Assembly High-level Meeting on NCDs in 2018. The Meeting provides an opportunity for health promotion agencies to highlight actions and progress that they have taken already. Health promotion is critical to the achievement of a 25% reduction in premature deaths from NCDs; Due to the impact of globalization of marketing and trade, particularly in the context of industrial risk factors of NCDs, now is the time to not only articulate the need to put NCD prevention and health improvement front and center in health promoting policies and investment, but also act on the commitments to do so.

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General Comments

Our comments below draw together the perspectives of different stakeholders from the NCD Alliance network with the objective of strengthening future iterations of the Declaration to be presented to the *WHO Global Conference on Health Promotion in November 2016*.

- i) **‘Health In All’ terminology:** The term Health In All (HiA) appears to have replaced more widely used Health in All Policies (HiAP). This could be due to an assumed understanding that ‘Health in All’ refers to Health in All Policies. If this is an official shift in language from that articulated in the *2013 Health in All Policies: Framework for Country Action* adopted at the last WHO Global Conference on Health Promotion in Helsinki, to ensure broad interpretation it may be worthwhile providing context for the terminology change. For example, from the WHO website: *‘Health promotion requires policy makers across all government departments to make health a central line of government policy. This means they must factor health implications into all the decisions they take, and prioritize policies that prevent people from becoming ill and protect them from injuries.’*
- ii) **Reference to international instruments for health accountability:** We envisage that the commitments highlighted within the Declaration will help to inform a potential strategy or action plan on health promotion as proposed by the Declaration in Paragraph 29, to drive momentum towards achieving 2030 goals and targets. This Declaration on Health Promotion is an instrument which can also reiterate existing global commitments relevant to health promotion, particularly the *Global NCD Monitoring Framework*.

Specific Sections of the Declaration

Paragraph 6: The achievements and potential of health promotion as a component of effective disease prevention is worthy of recognition. However it is important to also note that the burden of NCDs continues to grow, suggesting a lack of systematic application of health promotion principles across NCD risk factors. For example, in spite of health promotion efforts, no country has yet reversed its obesity epidemic; alcohol use, physical inactivity, and tobacco use continue to be prominent contributors to NCDs. With these risk factors continuing to constrain human development across the global sustainable development agenda, it is crucial that health promotion is systematically integrated as a component of a broad suite of effective policy interventions.

Paragraph 9 (a): The acknowledgement of the prominence of NCDs, mental and neurological disorders, environmental diseases, and malnutrition in all its forms as manifestations of inequality of development is welcome. We do, however recommend that this section be strengthened by emphasizing that **NCDs are a symptom of failure of the dominant development paradigm**, and that this needs to change to **prioritize sustainable human development**.

Malnutrition in all its forms is an evolving term not yet widely acknowledged as encompassing the unique challenges of diet related NCDs and obesity. It would be useful to expand upon this terms with specificity to ensure the broad definition of malnutrition in all its forms is understood.

Paragraph 9 (b): The current lead sentence for this paragraph suggests that globalization of marketing and trade are primary concerns. However, trade should not be depicted as intrinsically negative particularly in light of goal 17 of the SDGs which specifically highlights the role of trade to the attainment of the SDGs and goal 17.11 which aims to significantly increase the exports of developing countries, with a view to doubling the least developed countries’ share of global exports by 2020. To this effect, paragraph 9 (b) of the

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Shanghai Declaration should be modified to **state ‘the impact of globalization of marketing and trade of products harmful to health’**.

With the links drawn between the health of people and planet in Paragraph 9 (b), we recommend the addition of **addressing air pollution and climate change**, side-effects of globalization of trade, to the list of actions required to counter their harmful effects on health in the context of health promotion.

Paragraph 10: There should be recognition of the growing importance of regional partnerships, agreements and governance instruments. E.g Paragraph 10 should be modified to **include reference to adaptation and implementation of the SDGs at the ‘local, national, regional and global levels’** (paragraphs 80, 81 SDGs).

International Cooperation: There could be greater reference in the Declaration to *international* cooperation as specified in both the SDGs and the Addis Ababa Action Agenda. Achieving the SDGs will require international cooperation including the use of international public finance, e.g. official development assistance (ODA), to catalyze additional resource mobilization from other sources, public and private (paragraphs 43 SDGs, paragraph 22 Addis Ababa Action Agenda).

Paragraph 12 and 13: Good health governance is central to the achievement of the SDGs, and is of critical importance in reducing the burden of NCDs. The section on good governance to support health promotion and health in all policies is not as prominent as that under health literacy, and thus appears less important. To this end, Paragraph 13 could be strengthened with greater attention to the commitments of governments to improve national, multilateral and bilateral governance for health. We recommend an additional commitment on concrete action for all levels of government **to both engage in and promote good health governance, while also addressing and resolving poor health governance. Good governance should be supported with investment in strengthening resources, legitimacy, transparency and accountability.**

Paragraph 13 (a): The need to recognize that not only all levels of government but all *relevant sectors* of government should be engaged in addressing health promotion is currently addressed in paragraph 19 (b) but should also be referred to in paragraph 13. We recommend that Paragraph 13 (a) should be amended to state **‘This means involving all levels and relevant sectors of government to capitalize on synergies and co-benefits that lead to increased effectiveness and efficiency and provide entry points to address the determinants of health.’**

Paragraph 13. (a) This section could be enhanced with the addition of an example of a taxation of unhealthy transport, for example congestion charges for roads, with private vehicle use a major contributor to poor health in terms of perpetuating physical inactivity and contributing to air pollution. Congestion charges tax a behavior rather than a product, but could reap multiple health benefits. Further, health promoting options could be encouraged by careful and appropriate subsidization, for example public and active transport, and application of subsidies to fresh fruit and vegetables to reduce their purchase costs.

Paragraph 13 (c): Ensure that bilateral and trade and investment agreements in supporting all three dimensions of sustainable human development provide policy space, as recognized for in paragraph 21, goal 17.15, paragraphs 63 and 74(a) and 81 of the SDGs, for bona-fide public health measures. E.g 13 (c) **‘Support these national measures by strengthening coherence and consistency among bilateral and regional trade and investment agreements in support of all three dimensions of sustainable human development including ensuring these agreements provide policy space for health promotion and protection measures’**.

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Paragraph 15 (a): The emerging worldwide Healthy Cities movement should have follow-up on the New Urban Agenda as one of its priorities, and we therefore suggest the addition of the following line to 15 (a) **‘identify, implement, and promote concrete actions to achieve the health-related aspirations outlined in the New Urban Agenda.’**

Paragraph 15 (b): We suggest adding to list of issues: **‘unsustainable food systems and physical inactivity and sedentary behaviors’**.

Paragraph 17 (a): We recommend emphasizing the importance of improvements in the health literacy of the general population by adding the following: **‘develop and implement an inter-sectoral national strategy and plan for strengthening health literacy, with clear goals for improving health literacy in the general population, ensure funding, with any such plans aligned with National NCD plans.’**

Paragraph 17 (b): We recommend broadening the base of measures specified to include packaging and broader forms of promotion and sponsorship other than marketing and advertising, and identifying the particular vulnerability of children in terms of health literacy as recognized by the WHO Set of recommendations on the Marketing of foods and non-alcoholic beverages to children and Final Set of Recommendations of the Commission on Ending Childhood Obesity (ECHO). E.g Paragraph 17 (b) **‘Increase our efforts to ensure that consumer environments support healthy choices through transparent, accessible information, and measures including packaging and labelling, and the regulation of advertising, promotion and sponsorship, particularly in relation to children, including social media strategies’**.

Paragraph 17 (c): Include reference to health literacy including ensuring informed decision-making on health services E.g Paragraph 17 (c) **Invest in making health care institutions more understandable, friendly and people-centered, and ensure informed decision-making by setting standards for health literate organizations.**

Paragraph 17 (c): There could also be an explicit reference in 17 (c) **to improving the health literacy, in terms of communicating health information, of the health workforce, within health care institutions.** This acknowledges patient-provider communication as the primary (and sometimes only) opportunity for the provision of health care information in a primary care setting, and further acknowledges that a patient-provider interaction may occur in settings other than a health care institution, whether because of a mobile workforce, or the utilization of digital technology to deliver information remotely.

Paragraph 17 (d): We commend the inclusion of strengthening health literacy of decision makers in sectors other than health, signaling an expansion of the commonly recognized emphasis of health literacy being most pertinent for citizens. This relates directly to Paragraph 23 and the need to strengthen health diplomacy skills.

Paragraph 17 (e): This commitment could be expanded to **‘...increasing citizens’ access to and use of knowledge and information...’** recognizing that access to information must be accompanied by supportive structures that encourage citizens to act upon this knowledge and information.

Paragraph 19 (b): There is an urgent need for a greater emphasis of the need to protect policy making and policy makers from influence of those with vested interests in corporate drivers of ill-health. However, concerns around conflict of interest, while a primary guiding principle in shaping partnerships, can stifle constructive collaboration with private sector with interests aligned with those of the health promotion sector. Emphasis here should be on informed involvement of different sectors to support health promotion actions beyond the health sector. Paragraph 19 could be strengthened by revising **19 (b) to ‘strengthen appropriate interaction between different sectors, and establish mechanisms for effective cooperation**

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across different sectors. This includes the identification of common objectives and cross-sectoral knowledge sharing in order to support health promotion actions requiring engagement beyond the health sector, such as links between health and trade or agriculture in tobacco control.’

Paragraph 19 (c): Paragraph 19 could be strengthened with the addition of a new commitment **19 (c)** to ‘**find and forge alliances with those parts of private sector which have interests aligned with health promotion and NCD prevention, and do not engage in health promotion initiatives to distract from the harmful impacts of their core business.**’

Paragraph 23: Not only do we require strengthening of health literacy across all sectors and levels of governance, but we also need to strengthen the health diplomacy skills of public health advocates to engage with and support the strengthening of health literacy across all sectors of governments, and to assist policy makers in non-health sectors to understand the potential health implications of decisions and policies they are making. Effective health diplomacy drives the success of health in all policies and healthy public policies approaches. Health diplomacy is health promotion in action. Civil society organizations have a key role in health promotion advocacy, making the enhancement of health diplomacy skills not only a capacity strengthening issue for governments. Thus it is important that all sectors of governments are open to engaging with civil society health promotion advocates.

Paragraph 25 & 26:

A general comment in relation to this section: in resource limited settings, where the provision of essential and minimum health services may be inadequate, reorienting health systems towards health promotion and prevention should not come at the expense of health services. This section could highlight the value of integrating health promotion and health prevention strategies as part of overall health systems and primary health care strengthening.

Paragraph 25: there may be value in setting out what is included in the concept of ‘**health service**’.

Paragraph 26 (a) There may be value in providing **examples of health sector actions for health promotion and disease prevention**, such as improved access to screening, immunization programs and preventive medicines.

Paragraph 29: **Proposed WHO global strategy and action plan on health promotion to 2030**: In principle, we support the proposed development of a strategy and/or action plan on health promotion by WHO, that would operate alongside and reinforce the *Global Action Plan for the Prevention and Control of NCDs 2013-2020*, with the broader objective of contributing toward the attainment of the Sustainable Development Goals. To ensure a comprehensive and effective action plan and/or strategy, comprising a road map of actions and an accountability framework, we recommend that this is aligned with existing relevant plans, for example those on NCDs; is sufficiently resourced by strengthening of WHO’s capacity for oversight and accountability; and is developed through a thorough consultation process bringing in civil society voices at the frontlines of health promotion practice, and the prevention and control of diseases.

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