



NCD Alliance

The Union for International Cancer Control is one of four international NGO federations that make up the NCD Alliance. Here, **Cary Adams**, UICC CEO and NCD Alliance Chair, explains their mission to combat the non-communicable disease epidemic by putting health at the centre of all policies



The UN and World Health Organization (WHO) have signed a comprehensive Global Action Plan for the Prevention and Control of NCDs for 2013-20. How can a set of international frameworks and approaches tackle NCDs at a national level?

The UN and WHO's target obligations have to be translated into a plan which can be rolled out in each country. There is the opportunity for each country to look at its own non-communicable disease (NCD) burden and overall health spend, and to make some decisions on the priority actions it should take.

Ministers of Health and Heads of State will look at this in a more holistic way and consider how they can build on existing health structures, identify where the gaps are, and then hopefully deploy a plan which, over time, will address the key issues which are pertinent to that country. If we take cancer as an example, in some countries the issue is lung disease caused by smoking, but in others the lead issue may be infections that cause stomach, colon and cervical cancer, so the approach would vary depending on the nature of the problem within a given country.

The UN process allows for that to take place; it's not prescriptive, the targets are actually called voluntary targets. Clearly, every country will report on those, but there is a degree of flexibility allowing Member States to choose which areas are important to them. Then, behind that of course, there has to be an injection of cash. This can't happen by magic, so the secondary discussion that is taking place at the moment, in parallel with the action plan, is about what happens post-2015 when the Millennium Development Goals (MDGs) come to a conclusion.

We are hoping that the post-2015 debate will include NCDs, and in so doing will increase the amount of funding available to countries which are going to be most affected in the next 10-20 years from the growing NCD burden. To give you some idea, no more than about 2-3 per cent of all Official Development Assistance (ODA) for health is actually targeted at NCDs today.

Some industries have an interest in impeding action plans such as these. Does the NCD Alliance collaborate with food, drink and tobacco organisations?

With the exception of the tobacco industry, there is no doubt that we have to work with industry. The food and beverage industries both cause problems, but they can also prevent them. We don't have partnership arrangements at the NCD Alliance level because we feel that it would compromise our independence in the advocacy work we are doing; but we do have an open mind. We don't want to banish industry from the debate. We want them at the table at the appropriate meetings, discussing how they can change their products and activities to encourage healthier lifestyles globally. However, we are not comfortable including them at the strategic policy level due to the conflict of interest issue.

You could argue that modern technology encourages sedentary lifestyles, but what technologies do you see influencing healthy behaviours?

I would challenge the first part of this question. When I was 16, my only source of knowledge was teachers, an encyclopaedia and the library on a Saturday morning. My children have access to vast amounts of information, which is shared widely. We underestimate the value of sharing information across all communities irrespective of country, language or culture. This means people are more aware of the health impacts of food, alcohol and smoking, for example, and as a result this generation is wiser than we were. I don't think technology necessarily leads to a sedentary lifestyle; in fact, it probably leads to a more informed lifestyle.

Secondly, the potential positive impacts of mobile technology on health are starting to emerge. If you visit low- and middle-income countries, they have bypassed PCs and landlines, going straight to mobile and 4G. We have literally touched the surface of global mobile technology use. There are some great health apps out there, for example. The question is whether people will use them. However, this sort of thing will help inform people, and they'll make changes. Certainly, mobile health will have a major impact on our individual choices.

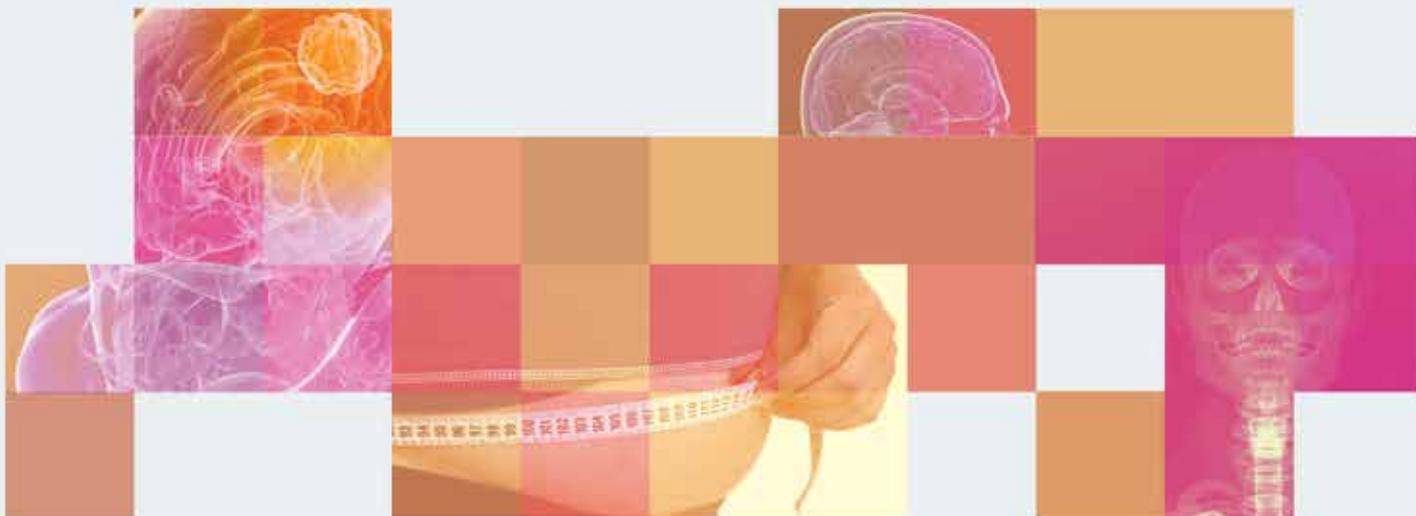
Information can help people to make better and healthier lifestyle choices, but sometimes the messaging can be confused or contradictory. What do you think can be done to ensure that health issues are communicated effectively?

I don't think you'll ever stop that. I'd like more consistent messaging, but if we want to encourage a vibrant scientific community which generates great discoveries, you have to allow for diversity, and diversity will naturally generate conclusions that oppose each other. The issue is to ensure the correct information goes to the right people (doctors and primary healthcare workers, for example), and hopefully, over time, this will filter through to individuals. I would also hope that the balance of information delivered will err towards the good end of science, rather than the science that doesn't help to keep people informed about key issues.

In terms of tobacco, however, I would say that we are also fighting an industry that is happy to confuse everyone. Their goal is to increase sales and to do this they downplay health risks.

How can research influence lifestyle choices on both an individual and collective level?

Collectively, it is very important to know what works. I remember speaking to Professor David Hill, a past President of the Union for International Cancer Control (UICC). He is an Australian based in Melbourne. I was so amazed at the amount of research that went into



their 'slip, slop, slap' initiative, which is the Australian public awareness sun-smart campaign around preventing skin cancer. They researched and tested everything, from the words to use, to what posters made an impact, whether inducing fear worked, etc. This was rolled out successfully across the nation and then globally by others, and is a great example of how science can facilitate behavioural change within a society without relying on changes in law. The same can be applied to tobacco. I have travelled the world and many organisations that I have met share great ideas that have been proven to work.

We are much better at understanding how we can change things and implementation science has a fundamental role to play. In the next 10 years we will see more of this, because as governments strive to address the NCD targets, they will reach out to the science community and civil society for answers.

With regard to tackling NCDs, what exciting research developments are you seeing?

There are great opportunities for more research into risk factors, particularly in developing countries. Take obesity and physical inactivity for example; in 1985 there were only a few states in the US where more than 10 per cent of the population was defined as obese. Now, 30 per cent of the population is obese. This has occurred over 25 years. Developing countries are adopting the same lifestyles that we know lead to overweight, obesity, diabetes, heart problems and cancer, so scientists are in a good position to work out how this trend can be corrected and changed – at the government and industry level, as well as for children who may be affected by lack of activity and poor diet.

To give you an example, the past Minister of Health for Mexico made some dramatic changes to food quality in schools to tackle the 50 per cent of children who are currently overweight or obese when they leave school. His argument was that if the country didn't address this issue, it would not be a competitive nation in the long term because in 15-20 years' time the population would be undermined by poor health. He wanted to deal with the problem at the school level to encourage healthier behaviours in adults.

Finally, can you provide an overview of the NCD Alliance of which you are Chair?

The NCD Alliance has now been in place for nearly four years and was brought together by the International Diabetes Federation, who invited the UICC and the World Heart Federation to join them. At the time, some global political debate was forming around NCDs, and some very wise individuals judged that a single civil society NCD voice would

leverage more out of that global political process than each disease federation could achieve operating individually.

The International Union Against Tuberculosis and Lung Disease (The Union) joined us in 2009, which meant we covered what WHO and the UN have called the 'NCD four-by-four' – the four major NCD disease groups and four major risk factors. We have operated remarkably effectively over the last four years, putting NCDs on the global health and development agenda. In this short time, we have campaigned successfully for the UN High-Level Summit on NCDs in 2011, influenced the adoption of the landmark UN Political Declaration on NCDs, and more recently, influenced the adoption of the first set of global NCD targets, including the '25 by 25' NCD mortality target for all countries to unite behind. And we are making significant progress in ensuring NCDs are included in the post-2015 development framework. We have come a long way.

Our greatest strength lies in our convening and people power. We unite a network of over 2,000 organisations in 170 countries, and 24 national NCD Alliances have also formed, creating united and effective advocacy platforms at the national level. We also have three regional NCD Alliances, in Europe, Africa and Latin America. Since our establishment, we have delivered a model that allows us to respond rapidly to UN and WHO processes and policies. World experts, drawn from all of our federations and our global network representing the majority of diseases and risk factors, are able to report back to WHO within a matter of days. This really helps the global process because we are able to give them a societal, scientific and robust perspective.

I am very proud of what we have achieved in the NCD Alliance. There are some organisations around the world who feel that we shouldn't tackle NCDs under one umbrella – that it weakens the argument for a specific disease or risk factor – but we've had that commentary over the last four years and we have worked our way through it. We have proven to the sceptics that one united voice at the global level is inspiring real change for the millions of people at risk or living with NCDs today.

www.ncdalliance.org

The NCD Alliance
Putting non-communicable diseases
on the global agenda

