

PREVENTING CHRONIC DISEASES DESIGNING AND IMPLEMENTING EFFECTIVE POLICY

INTRODUCTION

The growing epidemic of chronic disease is due to tobacco use, unhealthy diet, physical inactivity and other risk factors. Policy-makers play a crucial role in reducing the risk and burden of chronic diseases by implementing policies and programmes that create a healthy environment and improve access to care. A formal national policy and planning framework is essential to give chronic diseases appropriate priority and to organize resources efficiently. Complementary policies, plans and programmes developed at sub-national levels play an important role in responding to local needs and circumstances.

KEY METHODS FOR ACHIEVING GOALS

» Central Government Leadership

Strong government leadership is essential for effective intersectoral collaboration and policy action aimed at prevention and control of chronic diseases. Ministries of health should lead the way in this effort by building partnerships and coordinating intergovernmental action.

» Building Partnerships

Developing external partnerships is vital for the creation of sound, comprehensive policies that address the various causes and consequences of chronic disease. Collaboration among health policy-makers, nongovernmental organizations, intergovernmental organizations, community leaders, public health leaders, donors, and corporate partners is required.

» Intersectoral Action

An important step in reducing the risk and burden of chronic diseases is tackling their underlying causes, including poverty, lack of education and unhealthy environmental conditions. These factors, as well as more proximal risk factors such as unhealthy diet and physical inactivity, are influenced by policy decisions in many sectors of government, including health, education, transport, urban planning, agriculture and trade. An effective, comprehensive chronic disease policy depends on coordinated action among decision-makers in all sectors.

» Comprehensive and Integrated Public Health Action

A comprehensive and integrated approach to chronic disease policy is needed to minimize overlap and increase cohesiveness in the health system. Policy-makers can strengthen public health action by adopting a combination of prevention and control strategies that cut across specific diseases and address common risk factors in individuals and across populations.

» A Life Course Perspective

Chronic disease risk accumulates throughout the life course, and risk factors are often established in childhood and adolescence. Consequently, chronic disease prevention must focus on promoting healthy diet, physical activity, and tobacco abstinence from an early age and must take into account the rapid ageing of the population.

» Stepwise Implementation Based on Local Considerations and Needs

Each ministry of health must make policy decisions according to its resources and its country's specific needs. Similarly, regional and local levels of government have an important role to play in designing tailored interventions that reflect the needs and resources of individual communities. There is a full range of chronic disease prevention and control initiatives that can be highly beneficial and cost-effective at both the sub-national and national levels.

POLICY RECOMMENDATIONS FOR MINISTRIES OF HEALTH

A comprehensive approach requires a range of interventions to be implemented in a stepwise manner: core, expanded and desirable. The recommendations below are not prescriptive, because each ministry must consider a range of factors in deciding the package of interventions that constitute the

first, core implementation step, including the capacity for implementation, acceptability and political support. Selecting a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Create an intersectoral oversight committee that meets regularly to form policy, and later to review progress made in policy implementation, to identify barriers, and develop and implement solutions.
- » Formulate and adopt an integrated, national policy on chronic disease prevention and management.
- » Develop a comprehensive tobacco control policy.
- » Develop a comprehensive national strategy to promote healthy diet and physical activity.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Establish a team within the ministry of health focused specifically on chronic disease prevention and control.
- » Begin implementation of comprehensive tobacco control policy.
- » Begin implementation of the national strategy to promote healthy diet and physical activity.

3 DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Enact legislation to protect the rights of people with chronic disease and disability.
- » Ensure that tobacco control is being fully implemented.
- » Ensure that the national strategy for diet and physical activity is being fully implemented.

PREVENTING CHRONIC DISEASES BUILDING A HEALTHY SCHOOL ENVIRONMENT

INTRODUCTION

Chronic disease risk factors, including tobacco use, unhealthy diet and physical inactivity, are established at an early age. School health programmes that promote and facilitate healthy behaviour are one of the most cost-effective and efficient ways to reduce chronic disease risks in students and their families. Reducing chronic disease risk helps to protect future health and allows students to take full advantage of the benefits of education. The successful planning and implementation of school health programmes requires a joint effort among school personnel, health workers, community leaders, parents and students.

KEY COMPONENTS OF SCHOOL-BASED PROGRAMMES

» School Health Policies

School health policies are an essential component of chronic disease prevention efforts. Such policies guide the monitoring of risk factors, and the planning, implementation and evaluation of interventions. Health policies, such as those that ban the use of tobacco on school grounds, are needed to create and maintain a healthy school environment. Collaboration among school personnel, families, and communities is needed to reinforce healthy behaviours and provide supportive environments outside school.

» Supportive School Environments

A supportive environment provides opportunities and resources that make it easier for students and school personnel to practice healthy behaviours and adequately manage chronic conditions. Key characteristics of such an environment include tobacco-free buildings and grounds; the availability of healthy food; safe equipment and adequate facilities for physical activity; and support services or referrals for counselling or medical care related to chronic disease prevention and control.

» Skills-based Health Education

Incorporating chronic disease education into classroom learning and extra-curricular activities is an efficient way to help students acquire the skills and knowledge they need to prevent and manage chronic disease. Skills-based chronic disease education should include participatory learning experiences that address nutrition, the benefits of physical activity, and the health consequences of tobacco use. Such programmes can be implemented with limited resources, and may be highly beneficial in reducing chronic disease risk factors among young people.

» School Health Services

School health services are a critical component of school health programmes because they allow for the identification of health problems and risk factors and for the early detection and management of chronic diseases. They may also be instrumental in providing access to health services for students whose families are unable to afford adequate health care.

POLICY RECOMMENDATIONS FOR TEACHERS AND SCHOOL ADMINISTRATORS

A comprehensive approach requires a range of interventions to be implemented in a stepwise manner: core, expanded and desirable. The recommendations below are not prescriptive, because each school must consider a range of factors in deciding the package of interventions that constitute the first, core

implementation step, including the capacity for implementation, acceptability and political support. Selecting a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Ban tobacco use in school buildings, on school grounds and at school-related events.
- » Offer healthy foods, including fruit and vegetables, in vending machines and dining areas.
- » Schedule time in each day for students and school personnel to engage in physical activity.
- » Keep classrooms and ventilation systems clean.
- » Develop a skills-based health education programme to teach students about healthy diet, the benefits of physical activity and the health consequences of tobacco use.

EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Organize school-wide sports teams, clubs, activities and field trips related to healthy eating, physical activity and tobacco abstinence; as well as provide incentives for participation.
- » Develop a family education programme to educate parents about chronic disease risk and prevention.
- » Periodically conduct school-wide surveys to monitor chronic disease risk and protective factors among students.
- » Ensure that schools are wheelchair accessible and install assistive devices in bathrooms, stairways, entrances and offices.

DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Install fitness facilities and playground equipment.
- » Provide individual health counselling and assistance programmes to those students and personnel with chronic diseases and at high risk of developing chronic disease.
- » Train students to serve as peer educators in ongoing school and community-wide chronic disease education programmes.

PREVENTING CHRONIC DISEASES THE ROLE OF CIVIL SOCIETY ORGANIZATIONS

INTRODUCTION

Civil society organizations have an important role to play in supporting chronic disease prevention and control efforts. They influence decision-makers in government and the private sector and provide valuable human and financial resources to chronic disease programmes. Civil society includes a wide range of groups and organizations, such as patient and consumer groups, registered charities, nongovernmental and inter-governmental organizations, professional associations, and advocacy groups. They can make an important contribution to reducing the risks and burden of chronic diseases.

KEY AREAS OF FOCUS

» Disseminating Information and Advocacy

Civil society organizations are in a strong position to disseminate information and key messages about chronic disease to individuals, communities and policy-makers. Wide distribution of comprehensive and evidence-based information on chronic disease is needed to raise awareness and influence behaviour change. Sharing information about chronic disease policies is also needed to promote public debate, encourage advocacy, and ensure that chronic disease remains a priority on the public health agenda.

» Leading Grass-Roots Mobilization

Nongovernmental organizations, advocacy groups and other community leaders are instrumental in organizing grass-roots campaigns and events that inspire public health action. Several non-profit organizations have established annual health days that are observed around the world. Such initiatives can be used to increase awareness of chronic disease risk, prevention, and control and to encourage chronic disease-related events and activities on a national and sub-national level.

» Building Partnerships

Successful prevention and control of chronic diseases requires coordinated action among civil society organizations, government ministries, community leaders, health-care workers, and the private sector. Effective partnerships encourage collaboration, minimize overlap and reduce competition for resources, allowing organizations to strengthen and expand chronic disease programmes.

» Capacity Building

Civil society organizations play an important role in providing financial support and technical assistance to the design and implementation of chronic disease programmes. In particular, registered charities are an important source of funding for initiatives in low and middle income countries. Additionally, organizations can provide technical support to government officials in planning and implementing national strategies that are tailored to local circumstances.

POLICY RECOMMENDATIONS FOR CIVIL SOCIETY ORGANIZATIONS

A comprehensive approach requires a range of interventions to be implemented in a stepwise manner: core, expanded and desirable. The recommendations below are not prescriptive, because each organization must consider a range of factors in deciding the package of interventions that constitute the

first, core implementation step, including the capacity for implementation, acceptability and political support. Selecting a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Promote key information, facts and figures about chronic disease in speeches and press releases.
- » Encourage policy-makers to increase investment in chronic disease prevention and control and to implement programmes and policies that promote healthy diets, physical activity and tobacco abstinence.
- » Establish partnerships among community leaders, health professionals, business leaders and policy-makers to share information, develop strategies and mobilize resources.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Disseminate information on chronic disease to schools, workplaces, health centres and community centres.
- » Organize national campaigns and events to raise awareness of chronic disease prevention and control.

3 DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Provide financial and technical support to community-based health promotion programmes and events that raise awareness of chronic diseases and promote healthy diet, physical activity and tobacco abstinence.
- » Establish global and regional networks to disseminate and exchange information.

PREVENTING CHRONIC DISEASES EXPANDING THE DEVELOPMENT AGENDA

INTRODUCTION

Poverty and economic stagnation are important causes and consequences of chronic disease in low and middle income countries. Eighty per cent of all chronic disease deaths occur in low and middle income countries, and people in these countries develop diseases at younger ages, suffer longer, and die sooner than those in high income countries. Chronic disease has serious economic consequences for individuals and families, is a major cause of poverty, and impedes national economic development. The main causes of chronic diseases are well known and are the same in all regions of the world. It is possible to prevent and control chronic disease through a wide range of interventions, many of which are highly cost-effective and inexpensive to implement. Development agencies can

contribute to this effort by helping governments to build a solid political and financial infrastructure that allows for economic development and effective chronic disease prevention and control.

» Poverty Reduction

Poverty and chronic disease are interconnected in a vicious cycle. Poor people are more likely to develop chronic disease due to sub-standard living conditions, limited access to education, health care and nutritious food, greater exposure to chronic disease risk factors and higher levels of psychosocial stress. In turn, the cost of chronic disease treatment and ongoing care, and loss of family income, can push households into poverty or deepen existing poverty. By reducing the quantity and productivity of labour and reducing earnings at the household level, chronic diseases also affect national economies and impede economic growth. Thus, poverty reduction efforts are essential for the prevention and control of chronic disease, and investment in prevention is needed to stimulate economic growth.

» Integrating Chronic Disease into the Development Agenda

Reducing the risk and burden of chronic diseases is an integral part of improving health and achieving development goals. Consequently, efforts to strengthen the health sector should include support for chronic disease prevention and control as part of a broad range of health actions.

» Building Multisectoral Partnerships

Because the underlying causes of chronic diseases lie outside the direct influence of the health sector, successful prevention and control efforts require coordinated action among development agencies, government ministries, community leaders, health-care workers and the private sector. Effective partnerships encourage collaboration, minimize overlap and reduce competition for resources, allowing organizations to strengthen and expand chronic disease programmes. Development agencies can play a key role in identifying stakeholders and helping to establish multisectoral partnerships.

» Providing Government Support

Development agencies can provide crucial support to ministries of health, finance and other government sectors in making chronic disease a priority issue on the national health agenda. Efficient use of donor assistance requires cooperation among government sectors, a sound financing and expenditure framework, and reliable processes for monitoring and evaluation. By providing strategic assistance to national governments, development agencies can help ensure the efficient use of existing resources and can strengthen governments' ability to develop, implement and maintain programmes and policies for the prevention and control of chronic diseases.

POLICY RECOMMENDATIONS FOR DEVELOPMENT AGENCIES

A comprehensive approach requires a range of interventions to be implemented in a stepwise manner: core, expanded and desirable. The recommendations below are not prescriptive, because each agency must consider a range of factors in deciding the package of interventions that constitute the first, core

implementation step, including the capacity for implementation, acceptability and political support. Selecting a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Review countries' epidemiological profiles, including chronic disease risk factors and death rates, and gather information about the economic impacts of these conditions.
- » Use Poverty Reduction Strategy Papers to provide information on the links between poverty and chronic disease.
- » Assist countries in developing tailored, specific Millennium Development Goal targets aimed at the prevention and control of chronic disease.
- » Increase investment in chronic disease prevention and control as part of global, regional and national poverty reduction strategies.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Support development partners to build a multisectoral approach to chronic disease prevention and control that includes a broad range of government sectors, local government, civil society and the private sector.
- » Support ministries of health to build leadership capacity, strengthen planning processes, and link planning with budgets for chronic disease prevention and control efforts.
- » Develop comprehensive, detailed health sector plans that include prevention and control of chronic diseases.
- » Monitor and evaluate progress towards achieving Millennium Development Goals, especially where they have been modified to include chronic disease issues.

3 DESIRABLE

Evidence-based interventions that might be beyond the reach of existing resources.

- » Track public expenditures and recommend ways to increase efficient utilization of existing resources and increase resource allocation for chronic disease services.

PREVENTING CHRONIC DISEASES AT THE WORKPLACE

INTRODUCTION

Workplaces offer many opportunities for the prevention, early detection and management of chronic diseases. Workplace health programmes have been shown to benefit both employers and workers. They reduce sickness and absenteeism, prevent disability, protect earning capacity, increase productivity, and result in decreased expenditures on chronic disease-related acute care. Many interventions can

be implemented with limited resources and result in significant cost savings. These include health insurance benefits that cover chronic disease prevention and routine care; buildings and office spaces that are accessible to people with physical, vision, or hearing impairment; tobacco-free buildings and grounds; and chronic disease education and health promotion programmes.

POLICY RECOMMENDATIONS FOR EMPLOYERS AND OTHER EMPLOYMENT STAKEHOLDERS

A comprehensive approach requires a range of interventions to be implemented in a stepwise manner: core, expanded and desirable. The recommendations below are not prescriptive, because each employer must consider a range of factors in deciding the package of interventions that constitute the first, core implementation step, including the capacity for implementation, acceptability and political support. Selecting

a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

Interventions for the prevention of chronic diseases in the workplace should be designed and implemented only in addition to existing occupational health and safety programmes.

1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Ban tobacco use in all indoor workplaces and on grounds.
- » Offer healthy foods in vending machines and dining areas.
- » Encourage physical activity including, where possible, walking and cycling to work.
- » Keep workplaces and ventilation systems clean to reduce the risk of developing or aggravating chronic respiratory diseases.
- » Ensure that stairwells and hallways are well lit to encourage physical activity and assist people with low vision.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Provide risk assessment surveys to identify chronic disease risk factors among employees and provide information about healthy behaviours.
- » Implement office-wide activities and incentives to promote healthy diet and physical activity.
- » Provide employees with health insurance coverage that includes chronic disease prevention and management services.
- » Make buildings wheelchair accessible and install assistive devices in bathrooms, stairways, entrances and offices.
- » Provide adequate and designated parking spaces for people with physical disabilities.

3 DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Install paths and trails within and around office buildings.
- » Provide fitness facilities in the workplace.
- » Offer employees sensitivity and awareness training on disabilities and chronic disease.

PREVENTING CHRONIC DISEASES FINANCING HEALTH PROMOTION AND CARE

INTRODUCTION

Prevention and control of chronic diseases are crucial for maintaining a healthy population and achieving economic growth. Financing chronic disease prevention and long-term care can be a challenge, but there are many highly beneficial interventions that are cost-effective and inexpensive to implement. Through various strategies, it is possible to develop a sustainable health financing system that supports a wide range of chronic disease prevention and control programmes. These should include methods to protect people against the financial hardship caused by chronic disease.

THE GOAL OF HEALTH FINANCING

Health financing for chronic disease aims to provide universal coverage through sustainable funding schemes that allow all people access to preventive, curative, and rehabilitative services. Health promotion and chronic disease prevention initiatives, routine care, access to essential medications, and palliative and home-based care are essential features of universal coverage.

KEY AREAS OF FOCUS

» Public Financing

Health financing systems need to allow for both an adequate level of financing and for risk-sharing with chronic disease patients. Without this protection, patients risk being confronted with excessive out-of-pocket payments resulting in financial hardship. Such initiatives should be regulated and, where possible, financially supported by national governments.

» Dedicated Taxes and Price Incentives

Pricing is one of the most effective policy instruments to mitigate or encourage the use of certain products. The use of price incentives has been proven to change consumption patterns. For example, increasing the tax on tobacco products is a highly effective way to reduce tobacco use, and can also generate revenue for chronic disease prevention and management. This can be seen in the case of health promotion foundations, which are independent organizations established by national governments and funded by earmarked taxes from tobacco and alcohol sales. In turn, the foundations fund and often deliver health promotion activities.

» Resource Allocation

The rising prevalence of chronic disease requires a new approach to resource allocation. Shifting resources from tertiary care towards prevention allows for increased access to preventive services, such as tobacco cessation counselling. Many prevention programmes are highly cost-effective and can result in significant savings, as they reduce the need for expensive acute care services to treat advanced chronic conditions. Standard health benefits packages should include specific services related to the prevention and management of chronic diseases. These include routine and preventive care, management of acute symptoms, and rehabilitative, palliative and hospice care.

POLICY RECOMMENDATIONS FOR MINISTRIES OF FINANCE

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1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Ensure a line item in the health budget for chronic disease prevention and control.
- » Establish a tax on all tobacco products. Earmark revenue for chronic disease prevention and control programmes.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Use fiscal policies, such as value-added tax schedules, to influence consumption of healthy foods and promote access to recreational and sporting facilities.

3 DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Develop a national health benefit package that includes screening, treatment, and preventive and long-term care for chronic diseases.

PREVENTING CHRONIC DISEASES PLANNING FOR EFFECTIVE HEALTH CARE

INTRODUCTION

Chronic disease is increasingly being recognized as a major global health issue, in which health-care planners play a vital role in the organization and delivery of efficient, high quality health-care services. The design and implementation of comprehensive programmes and sound practices are needed to ensure quality of care and to reduce the risk and burden of chronic disease.

KEY AREAS OF FOCUS

» Public Health Perspective

Adopting a public health perspective moves the focus of the workforce from caring for one patient at a time to planning care for populations of patients. A public health approach to care includes a view of patients and providers as parts of a wider health-care context in which health-care delivery and organization are influenced by numerous factors, including sub-national and national health-care policies. In addition, a public health perspective requires the provision of care across the disease continuum, from clinical prevention to palliative care.

» Integrated Service Delivery

Effective management of chronic diseases requires a comprehensive and integrated approach to care. This includes organizing multidisciplinary health-care teams and linking patients to community resources. Integrated care also requires collaboration between health-care workers and patients to ensure that patients and their families have the knowledge, tools and skills needed for self-management of chronic conditions.

» Communication and Information Systems

Communication and information systems are vital to the provision of adequate patient care. Information systems, from paper and pencil records to sophisticated electronic databases, are essential for organizing and monitoring patients' responses to treatments and outcomes, and prompting health-care providers to schedule patient follow-up. Communication systems, from radios to mobile telephones to the Internet, allow the exchange of timely patient information with other providers, particularly specialists, who may be in distant locations.

POLICY RECOMMENDATIONS FOR HEALTH-CARE PLANNERS

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implementation step, including the capacity for implementation, acceptability and political support. Selecting a small number of activities and doing them well is likely to have more impact than tackling a large number and doing them haphazardly.

1 CORE

Interventions that are feasible to implement with existing resources in the short term.

- » Inform local health-care providers and professional associations about the growing burden of chronic disease, the existence of effective interventions and the comprehensive response that is needed.
- » Adopt, implement and monitor national, evidence-based clinical practice guidelines.
- » Create and maintain basic paper-based patient registries and medical records for patients with chronic disease.

2 EXPANDED

Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources in the medium term.

- » Introduce computer-based patient registries and medical records for patients with chronic disease into primary health care.
- » Use available technology and communication systems to allow health-care providers to exchange patient information. Establish remote links to allow consultation and referrals between rural health centres and specialists.
- » Modify evidence-based clinical practice guidelines to fit local contexts and available resources, and seek endorsement by local professional societies.

3 DESIRABLE

Evidence-based interventions that are beyond the reach of existing resources.

- » Provide a computerized patient self-assessment system to generate individualized self-management plans.
- » Establish a system to provide supplementary self-management support by telephone or through the Internet to patients living with chronic diseases.
- » Organize multidisciplinary primary health-care teams including, where possible, physicians, nurses, allied health professionals and expert patients.
- » Connect health-care systems electronically via a common clinical information system.
- » Incorporate evidence-based, locally tailored guidelines into assessment tools, patient registries and flow sheets in order to increase the likelihood of their use.