2012 COMMONWEALTH HEALTH MINISTERS' MEETING

Sunday 20 May 2012

Commonwealth Health Professions Alliance

Presented by Ms Jill ILIFFE
Executive Secretary Commonwealth Nurses Federation
on behalf of the Commonwealth Health Professions Alliance

Honourable Ministers of Health: I am addressing you today on behalf of the Commonwealth Health Professions Alliance and the broader Commonwealth civil society family.

The CHPA is an alliance of commonwealth accredited health organisations. Current membership includes the Commonwealth Medical Association; the Commonwealth Nurses Federation; the Commonwealth Pharmacists Association; The Commonwealth Association of Paediatric Gastroenterology and Nutrition; The Commonwealth Association for Health and Disability; the Commonwealth Dental Association; and the Commonwealth HIV and AIDS Action Group. The CHPA consider that by working together they can more efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of care and equity in access to care for Commonwealth peoples. The CHPA also consider that by working together they can be more influential in advocating on behalf of Commonwealth health professionals in Commonwealth forums and have a positive impact on the development of health policy at a Commonwealth level. The membership of CHPA members consists of the national health professional associations in Commonwealth countries so between them, the CHPA communicates directly with the millions of health professionals delivering services in Commonwealth countries.

The economic cost and the health burden on countries of communicable and non-communicable disease is well documented. Also well documented is the fact that both communicable and non-communicable disease can be prevented with simple lifestyle behavioural change.

The theme for this Commonwealth Health Ministers' meeting is the linkages between communicable and non-communicable disease. The 2012 Commonwealth theme is: *Connecting cultures.* The Commonwealth Health Professions Alliance supports the concept so well-articulated by previous speakers that one of the key linkages between communicable and non-communicable disease is culture.

Culture has been succinctly defined by the World Commission on Culture and Development and the Intergovernmental Conference on Cultural Policies for Development as: *the whole complex of distinctive spiritual, material, intellectual and emotional features that characterise a society or a social group and includes not only the arts and letters, but also modes of life, ways of living together and the fundamental rights of the human being, their value systems, traditions and beliefs.* It is our contention and our experience that the most effective and successful health messages to prevent communicable and non-communicable disease are those that take account of, and are specifically designed around, a local community's cultural beliefs and traditions.

Globally, the HIV and AIDS epidemic taught us valuable lessons about how to convey culturally acceptable health messages if you want to change health behaviour. In Australia, for example, the early HIV and AIDS messages focused on creating fear, seeing the HIV virus as a spectre of death. These messages were largely unsuccessful. The successful messages that led to positive behavioural change were a combination of simple facts delivered in a culturally appropriate way to the groups in Australia most vulnerable to HIV infection, supported by specific health system interventions such as providing HIV testing and counselling services and non-discriminatory treatment and care.

The campaign to prevent non-communicable disease can learn a lot from campaigns to prevent communicable disease in the way that cultural considerations are integral not just to the message but also to the way the message is delivered.

A wonderful example is a small community in India where insecticide treated nets are being widely promoted to prevent malaria. Local research found that children were particularly opposed to and frightened by sleeping under nets and this influenced parental behaviour in not enforcing ITN use. A local campaign with school children encouraged them and provided the means for them to decorate their nets with colours and pictures and designs. The reported increase in ITN use was dramatic. This was a very simple and inexpensive campaign and one which is sustainable over time and which was reinforced with health information about why malaria prevention is so important.

Another successful example comes from Cross River State in Nigeria where, between 2004 and 2008, immunisation rates were increased from around 20% to over 84% and HIV seroprevalence reduced from 12% to 6.1% simply by translating health messages into local languages.

In Uganda they have had incredible success in reducing the incidence of sexually transmitted infection among young people by using drama and song with the support of popular radio and TV stars and high profile sporting personalities. One of their popular slogans was: *Let's fight the infection, not the infected.*

There are many examples across the Commonwealth of health messages which are successful because they are purposefully designed in a culturally acceptable way.

Messages about TB awareness directed to high school children in one district in India have become an integral part of the school curriculum using posters which the children develop themselves, role plays, mime and villupattu; simple tunes and simple verses to tell the story. A screening clinic is also provided on a regular basis which other family members can attend to be screened and treated for TB.

Midwives in Lesotho have designed a 'Mother-Baby' pack, a gift that is given to all mothers attending an antenatal clinic for the first time. The pack contains the essentials for a clean birth such as a new razor blade, cord ties and cloths, as well as ARV prophylaxis in case the mother does not attend the health facility for her delivery.

A successful campaign in Jamaica is targeting marginalised out of school and jobless youth from several vulnerable communities in inner city Kingston. Called '*Safe, stupid or what*' the campaign is using culturally acceptable strategies to deliver HIV and STI prevention messages. One of the key successes of the campaign is that it is delivered in the same environment where the young people 'hang out' and uses strategies that appeal to them such as dance, music and providing food and a meeting place.

Health fairs are another successful approach that have been implemented widely in the Caribbean using catchy slogans such as: *Health choices are easy choices* and: *The health of a nation is the wealth of a nation* and: *It's your health, know the facts.* Run locally by nurses, doctors, pharmacists and other health workers, tents are set up in local communities and health information and screening provided. One of the recent innovations in the Bahamas is the development by the nurses association of a 'health diary' which is given to individuals and which, beside containing very relevant and simple health messages, encourages individuals to take an interest in their health and monitor their own health status.

In Trinidad and Tobago, local health visitors have been generating interest in an individual's risk of contracting a non-communicable disease by working with them to map their family tree, highlighting those individuals in their family who have diabetes, or heart disease or cancer. This is an innovative way of demonstrating an individual's risk of developing a non-communicable disease while at the same time providing an opportunity to convey positive health messages. The family tree has been so popular it is being replicated in other districts.

In the north of Cameroon, the local health centre came up with an innovative and practical way of encouraging physical activity among local women. Participation in exercise such as jogging in shorts and trainers was not culturally appropriate however most of the local women were farmers whose farms were several kilometres from where they lived. The usual practice for these women was to pay local motor bikes to take them to their farms. The local campaign was for the women to walk to their farms instead. The campaign included linking women together so they had company while they walked and making up catchy songs to sing while they walked which told health messages. Health indicators such as weight and blood pressure were monitored and very positive health outcomes are being reported.

In Kenya, the Pharmaceutical Society of Kenya dedicate one month in each year as National Pharmacy Awareness Month and during this month they carry out various culturally sensitive public health activities in the local community targeting the prevention of communicable and non-communicable disease.

The Indian Medical Association aims to reduce the incidence of Coronary Artery Disease to less than 1% in the general population through health education in the local media translated into local languages; group discussions; screening camps for diabetes, hypertension and coronary heart disease; and providing 'after 50 coronary risk health checks' in workplaces, factories and government offices.

In the South Pacific, particularly in Tonga and Samoa, national nutrition initiatives are encouraging individuals to replace processed foods with cheaper and more readily available traditional foods. The health information delivered at the local level is also encouraging families to use the land around their home to grow their own food. I saw a very effective program in Tonga where the health intervention was to build fences around the vegetable patch to protect it from the pigs: a simple, effective and culturally responsive strategy.

The key element in all these examples which are only a small few of the many available is that they are delivered locally by people who know their target group, who know their target groups values and beliefs, and who design their health messages so that it is culturally acceptable to their target group.

The cultural approach optimises, harmonises and popularises the positive factors in the culture of a given population while minimising and eliminating the negative elements or obstructive aspects to obtain safe and responsible health behaviour.

The cultural approach will only work however if health systems and health policies are structured around a primary health care service deliver model; if resources are available for primary health care interventions; and if the necessary health personnel are available on the ground to deliver the messages.

It is also important that the management of communicable and non-communicable disease is integrated within health policy and health systems. The cultural approach works for both communicable and non-communicable disease. They are no longer separate disease clusters. People with communicable disease are living long enough to develop non-communicable disease. People with non-communicable disease are just as likely as the rest of the population to develop a communicable disease.

I started this presentation by saying that the economic cost and the health burden on countries of communicable and non-communicable disease is well documented and that also well documented is the fact that both communicable and non-communicable disease can be prevented with simple lifestyle behavioural change.

The economic cost and the health burden on health systems of countries and on their health personnel can be significantly reduced by enabling a primary health care delivery model and a cultural approach to the early detection and prevention of communicable and non-communicable disease.

COMMONWEALTH HEALTH PROFESSIONS ALLIANCE

Commonwealth Association for Health and Disability
Commonwealth Association for Paediatric Gastroenterology and Nutrition
Commonwealth Dental Association
Commonwealth HIV and AIDS Action Group
Commonwealth Medical Association
Commonwealth Nurses Federation
Commonwealth Pharmacists Association

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CULTURE CONNECTS

Linking communicable and non-communicable disease

2012 COMMONWEALTH PARTNERS' FORUM

On Sunday 20 May following the Commonwealth Health Ministers' meeting, the Commonwealth Health Professions Alliance joined with partners – the Commonwealth Foundation and McKinsey and Company to present the Commonwealth Partners' Forum. The theme of the forum was: *Culture connects, linking communicable and non-communicable disease.*

International experts, Dr Collins Airhuhenbuwa (Professor and Head, Department of Biobehavioural Health, Pennsylvania University and author of the Penn3 model of cultural approaches to promoting healthy behaviour) and Dr Christoph Benn (Director, Resource Mobilisation and Donor Division, Global Fund) addressed over 100 delegates and shared with them their insights and expertise about how successful approaches to preventing communicable and non-communicable disease will be more successful if the message and the strategy are based on the individual's culture.

Dr Collins Airhuhenbuwa

Dr Chrisoph Benn

The Forum was introduced by Dr Sundaram Aralrhaj, Chairperson of the Commonwealth Health Professions Alliance and moderated by Dr Nicolaus Henke, Leader, Health Systems and Services, MckInsey and Company.

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