Web Based Consultation: First draft report on NCDs

Submission to the WHO High-level Independent Commission on NCDs

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About the New Zealand Nurses Organisation
Tōpūtanga Tapuhi Kaitiaki o Aotearoa

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 49,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation *Tōpūtanga Tapuhi Kaitiaki o Aotearoa* (NZNO) welcomes the opportunity to comment on the above following the release of the Commission's first (incomplete) Draft Report of the on NCDs ("the Report ").

2. The consultation process has not allowed us to consult widely, but we are reasonably confident that this submission reflects the views of our membership, which comprises the overwhelming majority of nurses in Aotearoa New Zealand.

3. NZNO is the National Nursing Association representative of the International Council of Nurses (ICN) and warmly supports their submission, the substance of which we have included and added to in the section on nursing.

4. NZNO **does not** wholly support the Report recommendations, or agree that they reflect the priorities for addressing non-communicable diseases (NCDs), though we do support several of the associated priorities, including increased health funding and full cost accounting.

5. NZNO recommends that you also consider the following:

- a primary focus on addressing the social determinants of health and increasing equity, with particular regard for indigenous populations;
- strengthening public services and public health delivery to ensure universal access to primary health care as the most efficient, coordinated and equitable means of addressing NCDs;
- identifying the importance of nurses' role in preventing, reducing and managing NCDs; and
- investing in and mobilising the nursing workforce to lead to real and lasting change in individual and population health and wellbeing.

DISCUSSION

Consultation

6. As has been our experience with previous WHO consultations of this nature, the timeframe and communications have been so completely inadequate as to prevent the comprehensive engagement with our members that we would usually undertake; consequently this submission reflects the hasty response of selected expert nurse members and NZNO's professional nursing, policy, industrial and research advisers.

7. The process is alienating and deeply cynical; it does not constitute genuine consultation and engagement, nor does it inspire confidence in the direction needed to reach the Sustainable Development Goal (SDG) 3.4: *by 2030 to reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing*.

8. The need for, and intention to include, engagement and collaboration with civil society including, for example, consumers, practitioners, NGOs, and private business, at all levels (subnational, national and international) has been strongly signalled by United Nations agencies, and there are a range of communication tools available to enable this. In practice, however, consultation seems to be selective and/or haphazard and there are few opportunities for even highly motivated organisations such as ours, to make meaningful, or timely, contributions.

9. This is frustrating, demotivating and a barrier to equity and innovation. We recommend a transformative approach to engagement and that you develop transparent sound, well communicated pathways for proactive democratic engagement with a wide range of (new) stakeholders.

The Report

10. We acknowledge that the report is in its early stages, and while we have some reservations about some of the underlying assumptions, including the tensions between PHC and medical models and government/business health delivery, we have only had time to review the recommendations, ie

    - RECOMMENDATION 1: Identify and implement a small set of priorities within the overall NCD and mental health agenda.
    - RECOMMENDATION 2: Increase engagement with the private sector.
    - RECOMMENDATION 3: Increase funding for action against NCDs.
    - RECOMMENDATION 4. Strengthen accountability for action on NCDs.

11. We suggest that Recommendation 1 should be rephrased in terms of the overarching requirement to address the social determinants of health ie the conditions in which people are born, live, learn, play, work and age[i].

12. Implementing a small set of priorities, even if the intention is to "scale-up", is unlikely to achieve the transformational change needed to stop the rise in NCDs. A fragmented approach, which this recommendation implies (although the specified programmes are all *part* of a coherent approach), guarantees continued, perhaps exacerbated, inequity between countries.

13. This is evident from what is happening with tobacco, where there is arguably the most coherent international consensus for regulatory control. Smoking and tobacco sales are rapidly increasing in low income countries with less capacity and fewer resources to enforce the Code or resist the wealth and influence of the multinational corporations (MNCs) which control the tobacco industry. It is a moot point as to the extent to which "comprehensive tobacco-control programmes" could be taken up by these countries and how effective they can be without multilateral, not just national action. A

multi-pronged social determinants, rather than a programmes-based, approach would include eliminating or reducing supply.

14. Although the Report later mentions “exploring” *voluntary* Global Solidarity initiatives in relation to alcohol and tobacco (Rec. 3.c.3) it does not identify the need to develop international health law to counter the power imbalance and health costs of trade in products harmful to health.

15. We strongly recommend including early intervention and increasing drug and alcohol addiction services in the priorities because alcohol and drug abuse are major factors in suicide, anxiety disorders and depression.

16. “Scaling up treatment of depression in primary health care” is not specific enough, and should include non-medical interventions such as mental health wellness education, and cognitive behaviour therapy (CBT) as well as pharmaceutical and other medical responses.

17. Similarly, treating every patient with a high-risk of CVD with statins ad aspirin is too sweeping and undermines rather empowers consumers who could/should be encouraged to pursue alternative means of reducing risk eg through diet, exercise.

18. We do not support recommendation 2 as a primary objective.

19. Reducing and managing NCDs equitably will be dependent on, and is best managed by, strong and coherent public service delivery as is evidenced by health outcomes in countries with national health systems. We recommend strengthening public health systems to ensure universal access to primary health care (PHC), as per the Declaration of Alma Ata.

20. Intrinsic to strong public health services is ensuring an adequately trained, supported and remunerated workforce which is self-sustainable ie where workforce investment is sufficient to maintain safety and quality standards without overreliance on (ie no more than 10%) , or ‘poaching’ of, health workers from other countries.

21. However, we welcome and applaud the Commission for identifying the urgent need to “prioritize long-term sustainability over short-term gratification, by calculating not only the price of actions and policies

today, but also the true cost of NCDs (full-cost) that will be borne by societies in the future".

22. If effected, this would be genuinely transformative; we hope subsequent reports will identify mechanisms to achieve this.

23. Recommendation 3 should include development of innovative health funding models, particularly for nursing specific services, the reasons for which are outlined in the section on nursing below.

24. We support Recommendation 4 particularly 4a) - simplifying accountability mechanisms and ensuing data is publically available.

25. We suggest that the quality of data – including the need for research – should be included in this recommendation.

Nursing

26. Nurses comprise half of the healthcare workforce and it is estimated, in low and middle-income countries, nurses provide more than 80% of primary health care services. Nursing practice is at the core of an effective health system and efforts to prevent, promote and sustain health are dependent on the strength, capacity and capability of the nursing workforce.

27. Every contact that one of the world's 20 million plus nurses has with a person is an opportunity to share health prevention advice and information. This includes addressing issues such as smoking cessation, alcohol consumption, diet and nutrition, weight control and management, salt and sugar intake and individual and family health and lifestyles generally.

28. In addition, nurses provide specialist advice and support for people living with chronic and long terms conditions ranging from arthritis, cancer, respiratory disease, diabetes and mental health issues to name but a few. Nurses provide help and support to people to manage these conditions, maintain maximum independence and engage in activities of daily living.

29. Nurses also provide support to those with complex conditions and comorbidities. This includes case management and integrated and coordinated care.

30. Nursing practice and philosophy is based on respect for the individual and putting the person at the centre of care.

31. Nurses also strive to deliver holistic care assessing and providing treatment for physical and mental health needs and addressing the

broader range of personal, social and community challenges that individuals encounter.

32. Nurses work as part of multi-disciplinary teams. Frequently and increasingly, they also lead such teams. These teams work closely providing support and supervision to each other. This can be strengthened and NCDs recognised and embedded in the mandate of all health workers through Nursing Now - the global campaign on nursing supported by WHO and ICN.

33. Recognising, investing and mobilising the nursing workforce will lead to real and lasting change in individual and population health and wellbeing.

34. As members of the most trusted profession, nurses are in a highly respected and influential position to enable population health improvement.

35. Nurses have a key role in addressing the social determinants of health with regard to general health status and in advocating for improved living conditions/addressing social determinants of health on behalf of individuals in specific situations, and communities, in order to reduce NCDs.

36. Specific areas of support and investment in the nursing workforce that will improve individual and population health include:

    - Invest in quality education and training services at both undergraduate and post graduate levels to facilitate improved interventions in the prevention, promotion, early detection and control of NCDs.

    - Support to enable nurses to work to their full scope of practice and work in advanced and extended roles. This may require modernising regulatory frameworks to support nurses' broader decision-making authority.

    - Grow the size of the nursing workforce generally and especially support career development to enable nurses to work in specialist and advanced roles.

    - Include, appoint to and strengthen the contribution of nursing leaders in senior policy and programme decision making.

    - Support nurses with technology and access to information.

    - Ensure decent and fair work and respectful and supportive working conditions, including fair remuneration, for all nurses.

CONCLUSION

37. Lack of time has prevented a more thorough response to the Report, or the opportunity to provide examples of effective programmes or potential solutions.

38. As the above indicates, nurses' role is critical to reducing and managing NCDs.

39. Subsequent reports must identify that nurses should be a highly accessible, affordable and effective provider of healthcare to populations with NCDs.

40. We look forward to continued engagement in due course.

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[i] *Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.* WHO Determinants of Health | Healthy People 2020 https://www.healthypeople.gov/2020/about/foundation-health.../Determinants-of-Health