



International Federation  
of Red Cross and Red Crescent Societies

**IFPMA**

International Federation of Pharmaceutical  
Manufacturers & Associations

*event highlights* *Geneva, 19th May 2014*

*Joint IFRC-IFPMA Reception on the occasion of the  
67th World Health Assembly*

# 4 Healthy HABITS



## **IFPMA-IFRC "4 Healthy Habits" initiative**

On 19 May 2014, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the International Federation of Red Cross and Red Crescent Societies (IFRC) organized a panel discussion to coincide with the launch of the IFPMA-IFRC "4 Healthy Habits" initiative. The discussion was moderated by Mr Richard Jones of DEVEX, with panelists from the American Academy of Pediatrics, the Maldivian Red Crescent, the IFRC, the University of Geneva and the World Health Organization.

The IFPMA-IFRC partnership enhances efforts by both organizations to combat non-communicable diseases (NCDs) worldwide and support IFRC community interventions to reduce the impact of these diseases locally. The two-year partnership involves the design and launch of a behavioral change-based toolkit that promotes healthy lifestyle

choices at national and community levels. The toolkit provides instruction and materials for volunteers to guide their own communities towards healthier lifestyles, focusing on risk factors and behavioral change tools.

The IFRC will make the toolkit available to about 3 million people worldwide through a 15-million strong volunteer network in 189 countries. Volunteers in 20 countries in Asia and the Pacific and 13 countries in Europe, have already been trained and training is expected in a further 40 countries in the Americas and Africa by 2014.

Cardiovascular diseases account for most NCD deaths, or 17.3 million people annually, followed by cancers (7.6 million), respiratory diseases (4.2 million), and diabetes (1.3 million). The four main NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – kill three in five people worldwide. Nearly 80% of NCD deaths - 29 million worldwide - occur in low- and middle-income countries.

### **Speakers:**

**Mr Mario Ottiglio**  
*Director, Public Affairs and Global Health Policy, IFPMA*

**Dr Stefan Seebacher**  
*MD, MPH, MNM, Head, Health Department IFRC*

**Mr Sameer Pujari,**  
*World Health Organization, Be He@lthy, Be Mobile*

**Ms Fathimath Himya**  
*Senior Programme Officer Health, Maldivian Red Crescent*

**Prof Olivier Desrichard,**  
*Professor of Applied Psychology, Geneva University*

**Mr Brad Hutchins**  
*Director of Development and Corporate Foundation Relations, American Academy of Pediatrics*

Moderated by **Mr Richard Jones,**  
*Devex*





## Panel discussion

Introducing the panel discussion, **Mr Mario Ottiglio**, *Director of Public Affairs and Global Health Policy at IFPMA* informed the audience that "NCDs are a leading threat to health and development and addressing these diseases is a long-term investment." He added, "Governments should consider prevention as the flagship of any NCDs control strategy, particularly as investments in prevention give more value for money."

**Mr Richard Jones**, *Associate Editor at Devex*, probed panelists from the public, private, educational and NGO sectors to encourage a lively discussion on the importance of investing in prevention when it comes to NCDs.

**Dr Stefan Seebacher**, *Head of the Health Department at IFRC* highlighted the importance of IFRC volunteers as behavior change catalysts due to their community-based role. "Such an approach and one-on-one contacts are effective in changing the behavior of members of at-risk communities" he pointed out. "They are encouraging them to adopt healthy lifestyles." The environment in which people

live play a very critical role and by "walking the talk," volunteers can help communities understand the risks associated with unhealthy habits and the benefits of healthy living. He added that it was already clear that a consensus was emerging on NCDs being an important public health issue and the interlinked dimensions in addressing NCDs are such that no one stakeholder can face the complexity of addressing NCD prevention. The answer, he said, lies in a multi-stakeholder and a two-pronged approach involving efforts on the international and national level.

**Mr Sameer Pujari**, *Technical Officer of Be He@lthy, Be Mobile at WHO* said that the 'mHealth' initiative, supported by different partners, including the IFPMA, aims to use mobile technology, in particular text messaging and apps, to help combat NCDs. "The penetration of mobile phone networks in many low- and middle-income countries surpasses other technology and health infrastructures," he said "This growing penetration of mobile technology has already started to transform the way health services are delivered". WHO is already using mobile devices to carry out surveillance of noncommunicable diseases and their risk

**"Governments should consider prevention as the flagship of any NCDs control strategy, particularly as investments in prevention give more value for money."**

Mr Mario Ottiglio



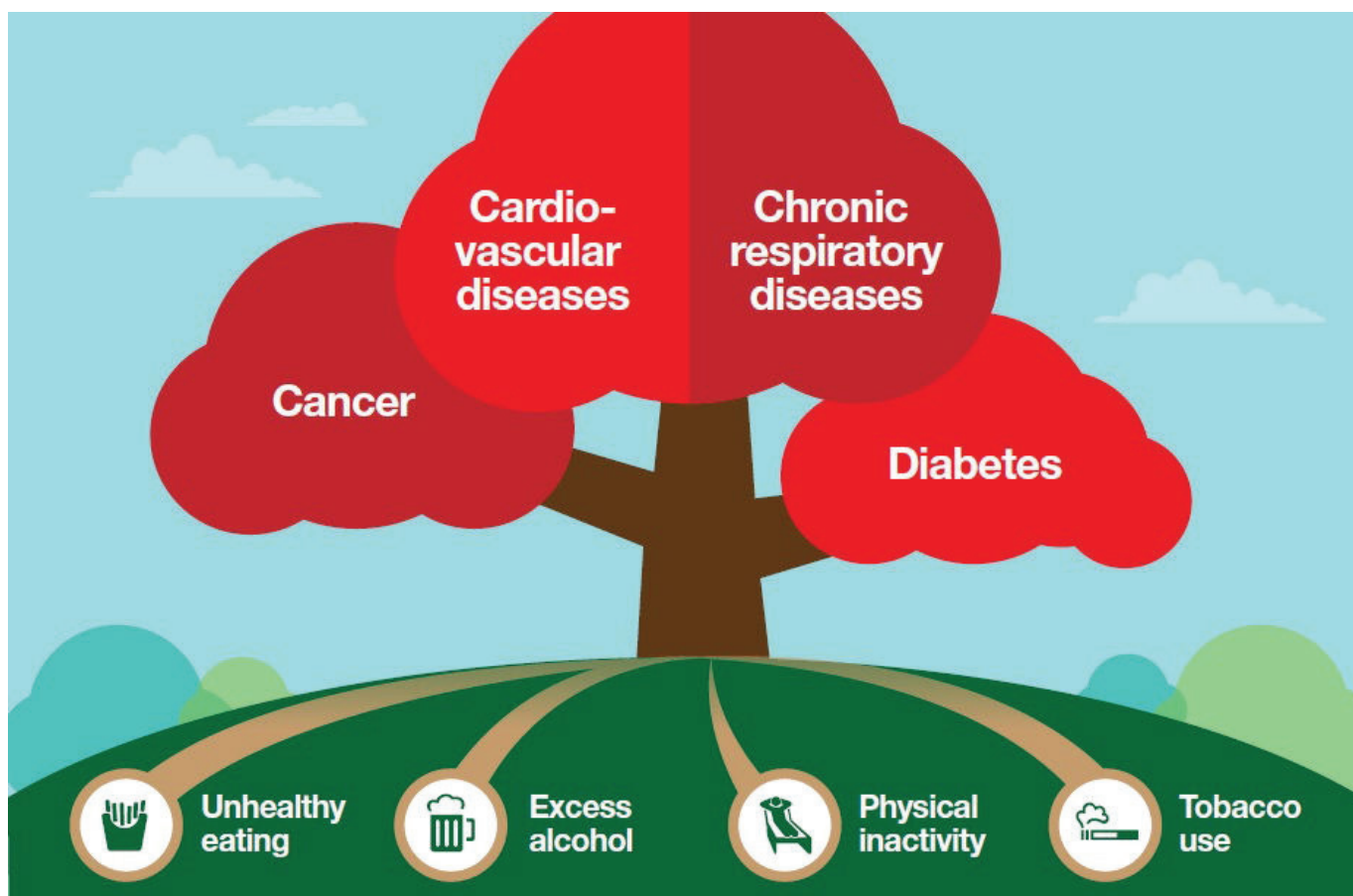
factors. One example of this is the Global Adult Tobacco Surveillance system that uses mobile phones to capture data on tobacco use in 17 countries, a population base covering over half of the world's population. "We are at a tipping point," he said "and evidence is mounting that there have been successes in using mobile phones to motivate behaviour change and this evidence is being used to convince governments to scale up their NCD targeted activities."

**Ms Fathimath Himya**, *Senior Programme Officer of Health at the Maldivian Red Crescent* said that her National Society had concluded that existing tools for healthy habits needed to be adapted to their local context. "We have different concerns in the Maldives, alcohol-related health problems are not relevant but others are, for example obesity," she said. In Maldives, specific interventions are suggested by the communities themselves and implement by Red Crescent volunteers. The Maldivian Red Crescent works closely with the government, and is expanding the reach of the health sector by going out into communities and disseminating information on NCDs. "We do run some health clinics, but we are mostly focused on community-based approaches."

She added, that generally, it's not necessary to be a health professional to understand local contexts, but that if one was needed they are referred to government-run health centres."

**Prof Olivier Desrichard**, *Professor of Applied Psychology at the University of Geneva* said that there was little doubt that community-based approaches are the most appropriate when trying to implement behavior change. "We already know a good deal about behavior change and are confident about the effectiveness of individual approaches, but less so when it comes to pursuing multiple strategies towards behavior change" he said. Giving people information on why they need to change can lead to good results, and all the more so if the recommendation is being given by a friend rather than a physician. Prof. Desrichard stressed the effectiveness of peer-to-peer recommendations versus a physician referral. "Roughly half of the people that have received advice to change some aspect of their behavior will change," he added "but the other half would most likely not." He added that communities can change but that it was important to first determine what they wanted for themselves.

**"Behavioural change is a process. While the role of healthcare providers is essential to encourage healthy habits, we need to reach people more effectively by bringing the message to their homes."**  
 Mr Ayham Alomari,  
*Senior Health Officer, Community Health, Noncommunicable Disease, IFRC*





**Mr Brad Hutchins**, *Director of Development and Corporate Foundation at the American Academy of Pediatrics, NCD Child*, reminded participants that NCDs start in childhood and as many as 1.2 million children and adolescents under age 20 were dying of NCDs every year. Education on NCDs needs to begin with children, and that "parents have an important role to play, but so do schools and communities." He explained, "the problem needs to be approached from a lifespan perspective. Children don't choose or buy groceries, but adolescents are more aware of nutritional value of certain food and clearly need to be engaged in the process." They can also become vectors for information in their own communities and families. Community and school based activities are important but "it is important to know what works really well in different communities." Good models for such programmes already exist, but need to be sustainable and work closely with health care providers.

The panel discussion is a timely reminder of the importance of partnerships and frameworks for collaboration between stakeholders, including the private sector. Through continuous advocacy and discussion, it is our aim that NCD prevention will hopefully be pushed to the forefront in the agenda of donors and policymakers in coming years, and the use of community health workforce, especially volunteers, will become an integral component of national health systems in years to come.

## 4 Healthy HABITS

To learn more about #4HealthyHabits visit:

[www.ifrc.org/NCD](http://www.ifrc.org/NCD)  
[www.ifpma.org](http://www.ifpma.org)



@Federation

@IFPMA

