Culture Connects

Linking communicable and non-communicable disease

Commonwealth Partners' Forum

Sunday, 20 May 1300-1630
Zermatt Room Starling Hotel Geneva

The 2012 Commonwealth Partners' Forum was held Sunday 20 May in Geneva, Switzerland, following the close of the Commonwealth Health Ministers' meeting (CHMM). The title of the Forum was: *Culture connects: linking communicable and non-communicable disease.* 120 participants comprising country delegations and observers to the CHMM and WHA attended the Forum which was sponsored by the Commonwealth Health Professions Alliance, McKinsey and Company, and the Commonwealth Foundation.

Two high profile international speakers addressed the Forum.

Dr Collins Airhihenbuwa is Professor and Head of the Department of Biobehavioural Health at Pennsylvania University. Dr Airhihenbuwa's focus is research in health and culture. He is a consultant to UN agencies, WHO, UNAIDS, UNFPA and the author of the PEN-3 model used to centralize culture in public health and health promotion projects. Dr Airhihenbuwa's books include *Health and Culture: Beyond the Western Paradigm; and Healing Our Differences: the Crisis of Global Health and the Politics of Identity*.

Dr Christoph Benn is Director, Resource Mobilisation and Donor Division at the Global Fund. Dr Benn joined the Global Fund in 2003. He has been responsible for building and maintaining good relations with all Global Fund partners and mobilizing resources for the Global Fund. Prior to joining the Global Fund, Dr Benn worked as a clinician in the UK, Germany and as Doctor-in-Charge of a rural hospital in Tanzania. Dr Benn has more than 20 years' experience in global health with a special focus on AIDS and infectious diseases.

The Forum was introduced and chaired by Dr Sundaram Arulrhaj, Chairperson of the Commonwealth Health Professions Alliance. Dr Arulrhaj welcomed participants and speakers to the Forum and explained that the Commonwealth Partner's Forum provides an opportunity for civil society to raise issues of concern related to the theme of the CHMM and highlight the work that civil society is undertaking to address the issue under discussion. It also provides a forum where country delegations can dialogue on an equal footing with civil society representatives.

The specific objectives of the 2012 Partners' Forum were:

* To provide a forum for civil society to interact and dialogue with delegations to the 2012 Commonwealth Health Ministers' meeting.
* To explore culture as a key element in the way in which health professionals develop strategies to combat both communicable and non-communicable disease.
* To show case examples across the Commonwealth where culture has been successfully used in strategies to reduce the impact of communicable and non-communicable disease.
* To provide an opportunity for civil society organisations to network and share ideas and experience in the use of culture to reduce the impact of communicable and non-communicable disease.
* To identify lessons learned and to develop recommendations to put to the 2012 Commonwealth Health Minister's meeting.

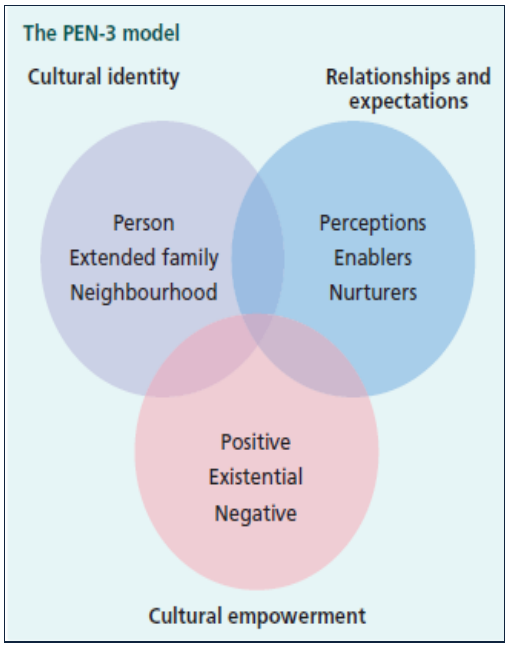
Dr Arulrhaj noted that the theme for the 2012 CHMM is: *Linkages between communicable disease and non-communicable disease.* The sponsors of the Forum consider that culture is a key linkage in promoting health and that there are significant lessons to be learned in addressing non-communicable disease from the way a cultural approach is being successfully used in reducing the impact of communicable disease. 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. Dr Arulrhaj concluded by introducing the Moderator for the Forum, Dr Nicolaus Henke, Leader, McKinsey Health Systems and Services, EMEA (Europe, the Middle East, and Africa). Dr Henke explained the format of the Forum and introduced the key note speakers, Dr Airhihenbuwa and Dr Benn.

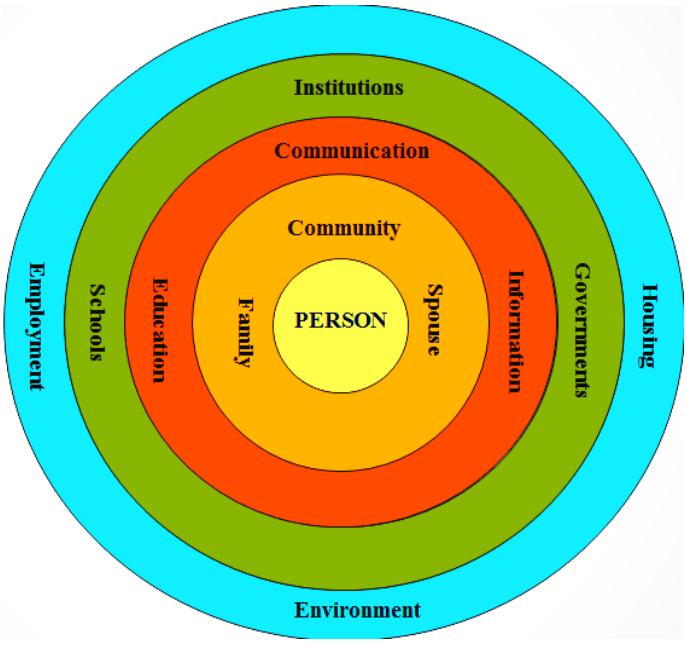
Dr Collins Airhihenbuwa began his presentation by suggesting to participants that they need to unlearn their perceptions and assumptions about how health messages are learned. To demonstrate, he showed participants a map of the world turned upside down and pointed out that in this view, Australia is no longer 'down under' and Africa becomes the Global North instead of the Global South.

He pointed out that life expectancy is not related to the amount per capita that is spent on health: Japan has the highest life expectancy of 82 years and spends US$ 2,476 per capita on health. The USA spends US$ 6,280 per capita on health however the life expectancy is only 77.4 years at 20th place. Dr Airhihenbuwa also commented that health outcomes can differ markedly within countries as well as between countries. For example the life expectancy in Scotland varies from 82 years to 54 years depending on geographic location and in the USA from 80 years to 63 years.

Dr Airhihenbuwa suggested that generalisations can distort perceptions. To demonstrate, he showed participants a series of slides which graphically showed the increase in size and caloric value of common 'take away' foods such as bagels, hamburgers, pizza and popcorn over the past thirty years.

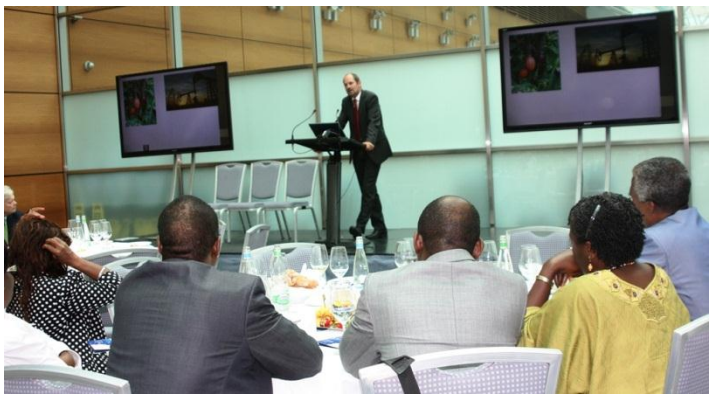
Dr Airhihenbuwa introduced his cultural approach to health behaviour with a quote from Chinua Achebe, Nigerian novelist and poet: *No man should ever enter his house through another man's gate.* He explained in detail the PEN-3 cultural model of health behaviour to participants and how it can be practically applied. The three most important elements are, he said, to: (a) begin with the positive; (b) report back to the community; and (c) engage the community in finding solutions.





Dr Airhihenbuwa

Dr Christoph Benn shared with participants his personal history in Zimbabwe and his experiences of HIV prevention in East Africa in the early phase of the epidemic, focusing on cultural, political and religious barriers to effective prevention. He described how, over time, prevention became more effective through education, combining prevention with treatment, and using cultural approaches. Dr Benn outlined for participants the role played by the Global Fund, not only in financing effective programs but also in overcoming stigma, discrimination and barriers in different cultural contexts. Based on his experience as a clinician working in different cultural contexts, Dr Benn explained how the lessons learned from using cultural approaches to HIV prevention and treatment could be applied to non-communicable diseases such as diabetes and cardiovascular disease.



Dr Christoph Benn

Dr Nicolaus Henke opened the discussion session by inviting participants to share their own country experiences in using cultural approaches to the prevention and management of communicable and non-communicable disease. Dr Henke shared examples from his own clinical experience. Participants from Asia; the Caribbean; Africa; Europe; West Africa; East, Central and Southern Africa; and the Pacific described best practice examples of cultural approaches to positively change health behaviour.

In a small community in India 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.

In the Cross River State in Nigeria, 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.*

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*: *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 individuals' 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.

In the north of Cameroon, the local health centre came up with a 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.

Dr Nicolaus Henke

Dr Airhihenbuwa and Dr Benn

Mr Vijay Krishnarayan

At the conclusion of the Forum, Dr Henke invited Mr Vijay Krishnarayan, Director of the Commonwealth Foundation and co-sponsor of the Commonwealth Partners' Forum, to close the Forum. Mr Krishnarayan explained to participants that the Commonwealth Foundation's mandate is to support civil society across the Commonwealth as it seeks to improve health outcomes for the people of the Commonwealth. Mr Krishnarayan briefly outlined the work of the Commonwealth Foundation in relation to promoting cultural approaches through a range of initiatives including film and books, particularly with young people.

On behalf of the Forum Partners, Dr Nicolaus Henke formally closed the Forum, thanking participants for their attendance, encouraging them to put what they have learned during the Forum into practice in their home countries, and requesting the Commonwealth Health Professions Alliance to make Dr Airhuhenbuwa's presentation and paper for the Commonwealth Health Ministers' meeting available on the CHPA website: http://www.chpa.co.