PMAC | PRINCE MAHIDOL AWARD CONFERENCE 2019

Commissioned Work

Framing NCDs

Draft for discussion at PMAC 2019

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Table of Contents

1 Introduction 3

2 Framing and power in global health....................4

Maternal health....................4

HIV/AIDS....................5

Nutrition....................6

Climate change....................7

3 Framing NCDs 8

Within global health 8

Framing NCDs - beyond global health 9

3 Analysing action 9

Case study 1: How to frame an SSB tax 10

Case study 2: The Third High-Level Meeting....................10

Tentative conclusions (to be refined after session)....................12

Annex 13

1 Insights from industry websites 13

2 Abstract (Jordan Jarvis)....................14

3 Abstract (Belinda Townsend) 15

4 NCD Alliance experience of framing 16

5 Commercial influence in Montevideo roadmap....................17

Bibliography....................18

DRAFT

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1 Introduction

The aim of PMAC 2019 is to identify bottlenecks, root causes and propose solutions to accelerate implementation of NCD prevention and control. One area that may help shed light on bottlenecks, as well as potentially help advance solutions, is the issue of framing; more strategic framing or "re-framing", it is suggested, could help accelerate the political commitment required to deliver public health action (1–4). The theme of PMAC 2019 also highlights the central role of political-economy in the NCD challenge. Using frames as the analytical entry point, this paper aims to explore the gap between the challenges on the one hand, and insufficient progress on the other: how framings may be involved in the "implementation deficit" (9); how framings - and the political, economic and socio-cultural systems that generate them - may be contributing to, for example, the "vague and unambitious commitments" (8) outcome of the third UN High-Level Meeting (HLM) on NCDs.

Reflecting the acknowledged plurality and fragmentation of the NCD community(5), multiple potentially competing frames can be identified. Within global health, NCDs are simultaneously framed as an equity issue, an economic investment, central to Universal Health Coverage (UHC) and a matter of social justice. Yet beyond global health, NCDs are not always a meaningful concept. Although many NCD actors are promoting a "whole of society' approach to NCDs, different parts of governments frame the issues differently; and different frames prescribe different types of action. It is widely accepted that the power to "accelerate implementation of NCD prevention and control" lies beyond the health sector. Other constituencies including industry, government, citizens and media have a role to play and thus it is important to understand how these groups frame issues around NCDs too.

The objective of this draft paper is to help PMAC participants explore the concept of framing as applied to NCDs. Specifically, the paper provides background to inform discussion and debate during Parallel Session 3.5. Following PMAC 2019, key contributions and points from the session will be incorporated as this is finalised for publication. The paper is divided in to three sections: first it looks at the concept of framing and consider what may be learned from framing other issues, in particular climate change; second, it examines how NCDs are framed, both within and beyond global health; finally it considers ow framing may be implicated in action or *inaction* and how framings linked to the market orientated paradigm of neoliberalism may be limiting the scope of action (and thinking) to tackle NCDs.

Definitions

- *Frames*: conceptual structures with mostly subconscious reference points that determine how knowledge is constructed, shaping our ideas, and the way we reason and act (adapted from George Lakoff)
- *Framing*: strategic efforts by groups to shape shared understandings of the world and that legitimate and motivate certain action/s (adapted from Snow)

Research questions

- *How do different constituencies frame NCDs?*
- *What lessons on framing can be learned from other health and non-health issues requiring similar political action?*
- *What role does framing play in political action?*

Methods

- Literature review, discourse analysis, interviews, focus groups, participant observation.

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2 Framing and power in global health

"*Framing provides an analytical tool to highlight the fact that health is a political space: framings are driven at least partly by strategic interests and compete for resources over how to respond and whose interests to privilege over others"* (6)

Policy debates are often characterised by contestation between competing framings of global health issues. The success or failure of an attempted framing is a consequence of both the extent to which the frame "resonates" with these broader paradigms, and also the "power" of the framer (7). Actors exert power through the way issues and policies are framed, where frames are used both to persuade and to legitimate actions (6). Framing has been considered *"central to explaining how consensus is built around certain policy choices*" (8,9).

Frames can be manipulated. For example, tobacco control advocates have often framed passive smoking as a human rights issue. Yet the opposing arguments have also been framed in relation to the human rights paradigm: the tobacco industry has often couched its arguments in terms of individual rights, arguing for the existence of a right to smoke (as freedom of choice) and portraying tobacco control policies as discriminatory (7).

By exerting power, actors bring their own ideas and values to policy processes. In neoliberalism, market actors may use multiple forms of power to influence ideas (for example by funding research), to limit the scope of government action (lobbying). The impact of neoliberalism on global health thus requires constant reflection - how frames may be shaped by both public health (consciously) and market concerns (less consciously).

Below we consider what may be learned about framing, frame contests and action from other global health issues.

Maternal health

Shiffman and Smith pose the question: "*why do some global health initiatives receive priority from international and national political leaders whereas others receive little attention*?"(10) To answer this they propose a framework consisting of four categories: the power of the actors involved in the initiative, the power of the ideas they use to portray the issue, the power of the political contexts in which they operate, and power of characteristics of the issue itself to inspire action (21). When applied to maternal mortality (10–12), in 2007 it was found that despite efforts the initiative remained hampered by difficulties. Although advocates attempted to develop frames for the issue that might resonate - for example, they have emphasised the severity of the issue, made rights-based arguments, connected the issue to economic outcomes, and noted the effects on children - no frame had convinced political leaders.

The Millennium Development Goals (MDGs) arguably helped change this, with the pursuit of MDG 5 generating sustained resources and efforts. However, as long as the root causes of bottlenecks to progress – the cultural, social and economic determinants of health, weak health systems, corruption conflict - are not adequately addressed, the SDG target on maternal mortality will remain off track, especially in the most left-behind places (13).

HIV/AIDS

Within the NCD community there is a lot of discussion around what lessons can be learned from the HIV/AIDS experience, mainly focused on the mobilisation of a global social movement. Kent Buse argues that there are many lessons from the "ABCs" of AIDS organising: Activism, Budgets and Coalitions (14). Buse also highlights the importance of persuasive narratives: "F" is for framing: *"..framing the issue – was essential to the AIDS community's effort to gain support from political leaders. In particular, access to AIDS treatment was framed as a matter of economic justice. Framing the narrative this way led to a dramatic reduction in the price of medicines".*

HIV framings evolved from a fairly narrow start (within the gay rights activism community) to become a global social movement. Understanding how this evolution and 'frame expansion' occurred could be insightful. The way the AIDS community fought to shift the focus of responsibility from blaming individuals' lifestyle choices to putting the onus on the state for providing health care and removing legal discrimination is an important lesson (15). People living with HIV (PLWHIV) were considered crucial to all action and success. This concept is now being taken up actively by the NCD community, with 'PLWNCDS' now a feature at public events.

It has been suggested that the HIV epidemic was framed as both a humanitarian crisis and a threat to economic development and security, messages which resonated with political leaders at the Security Council in 2000. In contrast, NCDs are not perceived as novel threats, and are often incorrectly considered diseases only of the elderly or of the wealthy. Fear of disease, but also of violence and instability, is fundamental to the health security framing for HIV/AIDS. While evidence for the links between conflict/insecurity and disease is contested, linking fear with disease as happened in HIV/AIDS appears to be an effective strategy for increasing attention and resources to an issue. Experience with HIV suggests that it is the novelty and lethality of pathogens that disrupt societies and threaten political power, rather than disease prevalence per se (16).

However, this paper also cautions the points of difference. Crucially, for HIV there was one main issue access to antiretroviral therapy (ART) that the movement could coalesce around. Treatment as prevention was a critical inclusion in the framing. This is not the case for NCDs. In the years that followed the 2001 UNGASS, global spending on HIV increased by billions of dollars and the number of people initiating ART in low- and middle-income countries (LMICs) rose from 400,000 in 2003 to nearly 17 million in 2015 (15). After three UN high-level meetings, in the wake of the 2008 global financial crisis, economic and other action has not been observed for NCDs.

One area where the legacy of HIV may offer yet unidentified lessons relates to how HIV initiated a whole-of-government response. In affected countries, National AIDS programmes were often housed in the president's office – encouraged by external funding. This made it clear HIV was considered a matter of national political importance rather than simply an issue of concern for ministries of health. The creation of UNAIDS as a joint and cosponsored programme, bringing together the 11 main UN agencies involved into a coordinated response, was further recognition that a medical response on its own would be entirely insufficient - and that HIV was a health *and* development issue. The way AIDS was framed in this process may have lessons for how NCD actors can implement the "whole of government" approach called for.

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Nutrition

In their review of nutrition policy literature, Baker *et al** consider what factors generate, sustain and constrain political commitment for nutrition. These include:

- How higher evidential requirements were needed to inform policy decisions when issues were strongly contested, as in the case of food regulations targeting obesity prevention.
- Networks that were unified around a common problem definition, causal interpretation and set of proposed solutions ('internal frame alignment'**) were more likely to appease powerful 'veto players' and undertake effective collective action. ***"Internal frame alignment: degree to which actors were aligned around a common interpretation and narrative of a given malnutrition problem including its definition, magnitude, causes and solutions for resolving it"*
- Frames covering the economic rationale for intervention, demonstrating vulnerability of children, or emphasizing the human right to food and health were reported as effective.
- 'External frame resonance'*** was more likely when messages were aligned with the underlying values and beliefs of policy decision-makers including their perceptions of technical and political feasibility, and when messages were strategically tailored to align with the priorities, interests and needs of target audiences.
- ****"External frame resonance: degree to which actors publicly portrayed (ie, framed) nutrition problems and solutions in ways that resonated with and motivated action by external audiences, and countered the frames deployed by opponents".*
- Hooking' nutrition onto high priority non-nutrition issues was also found to be successful.

Looking at nutrition governance, Jese Bump* finds research and action hampered by the absence of conceptual rigour, also a well-noted issue for NCDs. Undernutrition analysts have stressed coordination problems and structural issues related to the general functioning of government. While those studying obesity have emphasised the commercial determinants. Bump argues that the lack of a clear, operational definition of governance is a serious obstacle to conceptualising and solving major problems in nutrition. This could be argued for NCDs too. Therefore, Bumps' unified definition of nutrition governance consisting of three principles - accountability, participation and responsiveness – could also be useful to for those working in NCDs, where similar issues around the social contract (between state and citizens) apply.

* Baker P, Hawkes C, Wingrove K, et al. What drives political commitment for nutrition? A review and framework synthesis to inform the United Nations Decade of Action on Nutrition. BMJ Glob Health 2018;0:e000485. doi:10.1136/ bmjgh-2017-000485.

Bump JB Undernutrition, obesity and governance: a unified framework for upholding the right to food BMJ Global Health 2018;3:e000886.

Climate change

Looking beyond the health sector, the climate change movement has many similar challenges to NCDs. For example, how to balance economic growth and environmental/health goals, especially in LMICs. Similar to NCDs, where political action occurs (e.g., the Paris Declaration) it is considered inadequate in comparison to what scientific evidence prescribes, with political economy issues as well as industry interference central. The tension between state and individual responsibility for action is also similar, with neoliberalism often being cited as the underlying paradigm nudging us towards the latter in regards to both.

The study of framing in climate change is well advanced. Research has found that religious moral frames and economic efficiency frames are *ineffective* in increasing overall support for climate change policies, while secular moral frames, scientific frames, and economic equity frames boost support; framing climate change as a local or global issue can affect perceptions of the severity of the issue, support for policy action, and behavioural intentions (17). Additional findings are summarized below.

1) Unstructured problems require unstructured solutions

Within both climate change and NCDs there is a tendency to frame the issues as technical, structured problems, which have corresponding technical structured solutions. However, climate change and NCDs represent complex, unstructured problems of governance. The pervasion of technocratic bias (when problems are framed as solvable by the application of knowledge and technical expertise) and economic bias (when problems are reduced to cost/benefit calculations) may be contributing to the current situation where "*framing unstructured problems may effectively result in 'solving the wrong problem*" (15).

2) Disputes over credibility, denialism and disagreement on facts

It has been demonstrated how "*the availability of evidence is merely one component that political leaders consider when deciding which issues to prioritise*" (20). While there may not be NCD "deniers" in the same way that there are so openly for climate change, analysis of food and beverage company websites reveals the way evidence is presented, or omitted, is often at odds with the scientific evidence base (see Annex 1). The credibility of facts, "how truthful people perceive the frame to be" (20), can be disputed - and exploited - in framing. As opposed to credibility, salience refers to "how central [the frame] is to their lives". Learning from climate change suggests that the availability of credible facts demonstrating the effects of NCDs will not be enough to motivate action for those in government and the public, salient narratives are also needed.

3) The salience of human stories

Arguably, NCDs have an advantage over climate change in that NCDs affect all of us personally; health is a highly emotive issue and this can be exploited. This salience is being used by civil society, for example in NCD Alliance's recent campaign: "Our views, our voices". However, it is important to note that it is not NCDs that affect us but diseases. Indeed, NCDs have a disadvantage as opposed to issues like climate change in that the concept only has meaning – only has salience – within global health: not for health workers, not for patients, not for the public or their politicians.

4) Politics, media and the importance of public opinion

Learning from climate change suggests the NCD community could make more efforts to engage with the public to better understand how to frame the issues; polling and focus groups, for example, could be

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useful. The power of the media to influence public opinion on climate change has been documented (18). Working more proactively with the media, on all sides of the debate, and in all forms, could be an important strategy as well as utilising YouTube and other 'influencers'. The impact of Hollywood films like "The Day after tomorrow" should not be underestimated, to raise awareness and mobilise wider civil society even.

3 Framing NCDs

Within global health

A rapid review of NCD-policy related literature reveals that the list of framings associated with NCDs is a long one. For example, NCDs have been framed as: a technical public health problem, with technocratic solutions (such as WHO's Best Buys); an obstacle to economic growth; an equity and human rights issue; as a development issue, central to achieving the SDGs; an externality of transnational corporate practice; a multi-sectoral issue, requiring a 'whole-of-government', 'whole-of-society' approach. The multiplicity of framings that can be identified reflects both the heterogeneous nature of NCDs as a concept, as well as the fragmentation and range of issues involved in the response.

Loosely we can trace the evolution of NCDs framed as a public health (health sector) problem to a poverty and development issue (linked to social and economic determinants), to an economic imperative (but one impeded by the commercial determinants). What is in and out of the frame is important: for example, although WHO's long standing 4x4 frame has recently been expanded to include mental health and air pollution, advocates feel there is not enough attention on NCDs beyond the 'Big 4', which are also represented by powerful and well-resourced international associations. See Annex 2 and 4 for civil society experience of framing NCDs.

Within global health, there has been questioning of why NCDs are not getting enough attention or resources, especially compared to infectious diseases, with framing being identified as a potential reason. A wide range of factors may reinforce the perception that NCDs are not worthy of attention. Luke Allen finds reasons including: lack of data, weak evidence for interventions, fragmentation of the NCD community, vested commercial interests, inopportune timing, scale and complexity of the problem, and ineffective framing (19).The lack of a "fear factor" has also been suggested as a reason limiting action (20). As discussed in reference to climate change and HIV – the fear framing has arguably helped raise awareness and, potentially, trigger action at both individual and societal level for these issues.

In 2011 the WEF global risk report included NCDs as one of the major risks to global economic security, backed up by a substantial Harvard report on "The global economic burden of NCDs"(21). With the Best Buys and launch of the 'Saving Lives. Spending less', leading up to the 2018 High-Level Meeting (HLM) we can see the evolution of the development frame to take on a more economically focused framing (also see The Lancet Commission on NCDs and Economics). This framing is reflected in the UN Task Force 'investment cases': highly technical documents that will likely resonate well within Ministries of Finance. However, there is not yet evidence that framing NCDs as an economic threat has been effective at Head of State level, or within other sectors.

While the economic arguments are highly credible and, potentially, salient for a range of government actors, the way facts are communicated is key. It is suggested that a more pluralistic approach to

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framing may be more effective and, for example, a 'framing toolkit' could help health actors when engaging with other constituencies within governments and beyond. As stated above, the term NCDs currently does not have much meaning beyond a section of global health; according to one prominent civil society leader: "when we talk to policymakers, we leave NCDs at the door".

Framing NCDs - beyond global health

Understanding how different stakeholders frame issues may help progress collaborative solutions. Looking beyond conflicts of interests and lobbying, more research is needed to unpack the ways industry constructs its frames. While public health campaigns have been successful in some cases (road safety in the UK, for example) there is much more that could be done to exploit the power of advertising for social good to change consumption patterns that are linked to NCDs.

Similarly, more understanding is needed of how politicians (beyond the ministry of health) understand and frame NCDs. There is a growing experience and knowledge base from work in the political economy of UHC that can offer insights. In countries as diverse as India, Kenya and Indonesia, framing UHC in terms of the economic benefits to finance ministers, and the political benefits to heads of state (and future heads of state) is working. However, we must also consider how health is being framed where [publically financed] UHC is being rejected; for example, in the US, where libertarian politics pervade; in Tanzania, where human rights are under threat and right-wing beliefs are limiting family planning access; and most notably in Brazil, where the new president's policies threatens to reduce access to UHC for millions.

3 Analysing action

The dominant narrative across WHO and other global health actors is that action to tackle the rising burden of NCDs is inadequate and needs to be accelerated. However, action is often used as a vague term, and it is not always clear by whom, or for whom the action is being prescribed. The global health NCD literature is full of broad statements about the current lack of adequate action, and the urgent need to increase efforts. While the statistics, especially those showing future economic impacts, are not negated, it is important to realise that this narrative around inadequate action is only one perspective – one way of framing the issues. From an outsider perspective, UN resolutions, task forces, commissions, high-level meetings, global action plans, several SDG indicators, a global monitoring mechanism etc. may give the impression that there has been, and will be much more, action towards the NCD challenge. Similarly, the Framework Convention on Tobacco Control, the increasing adoption of sugar taxes and other public health policy action at country level may add to this view that things are on the right track, and moving.

While we can study frames through methods such as discourse analysis, examining the relationship between framing and action does not lend itself easily to scientific scrutiny. Inferences may be drawn from in-depth case studies, but generalising will be problematic. While full case studies were beyond the scope of this paper, some insights are presented below.

DRAFT

Case study 1: How to frame an SSB tax[1]

World Cancer Research Fund International's Building Momentum report on sugar-sweetened beverages (SSB) taxes looks at lessons learned from governments who have attempted, or successfully implemented an SSB tax. Policymakers, academics and advocates from around the world were interviewed about the common barriers and challenges encountered when developing and implementing their SSB tax. Earmarking the tax for a social or public good was the most successful way to frame the tax, which helped to increase both public and political support for the tax. In Philadelphia the City Council earmarked the tax to fund pre-kindergarten education, community schools and public infrastructure. In Mexico, the tax revenue is not specifically earmarked, but a resolution was made by the Senate to use part of the revenue to provide potable water in public schools, especially in low-income areas. Earmarking the tax to provide for low-income populations also helped governments counter arguments that the SSB tax was regressive.

Framing the tax as a way to reduce the prevalence of NCDs was popular amongst the public, especially where awareness of NCDs was high and the issue of NCDs was most pressing. Additional factors that helped governments frame the need for an SSB tax included availability of academic evidence demonstrating the prevalence of NCDs in the area, academics supporting the tax, the growing international precedent of SSB taxes being implemented in other countries, and existence of recommendations from credible international organisations such as the World Health Organization (WHO).

In many countries researched, a successful public campaign was run by a charismatic and engaged civil society organisation, usually in conjunction with the government and academics providing the evidence supporting the tax. Paid and earned media was crucial in communicating the campaign's framing to the public. In general, governments had a united front with the framing, usually involving multi-sectoral engagement between health and finance ministries. Preparing for industry pushback on the framing used (amongst other issues) and countering and rebutting those arguments quickly by maintaining the framing used was imperative to successfully retaining public support for the tax.

Case study 2: The Third High-Level Meeting

Arguably, a HLM attended by 23 heads of government resulting in the adoption of a political declaration could be considered action. Yet the result is not considered a win for public health, but a demonstration of the status quo in which "politics trumps public health"(22). The outcome document was not considered a surprise: there were many hints in the lead-up to HLM3 that suggested cautious optimism at best (see Annex 5). "Significant weaknesses" in the draft Political Declaration included (9): weak language on fiscal measures and no recognition of price and taxation as effective public health policies; no commitments to establish independent and transparent accountability mechanisms; and inclusion of language on 'empowering individuals to make healthy choices (23). These concerns remained relevant in the final declaration leading many NCD advocates to declare the HLM3 another "missed opportunity".

While much of the post-HLM3 analysis was fast to call out the issues and make broad suggestions for a way forward (for example: involve more PLWNCDs, more young people, focus on human rights etc.), the underlying factors why this was a missed opportunity have not been openly examined. The experience of the HLM3 process has caused many NCD civil society actors to reflect on and revaluate

[1] Thanks to Fiona Sing and Bryony Sinclair for this case study.

DRAFT

both how they are framing the issues and – given the current political economic realities - what action they are aiming towards.

The concepts of paradigms, frames and lifestyle drift may enable deeper understanding of the issues.

Lifestyle drift: "*the tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors*".*

*Jennie Popay, Margaret Whitehead, David J. Hunter; Injustice is killing people on a large scale—but what is to be done about it?, Journal of Public Health, Volume 32, Issue 2, 1 June 2010, Pages 148–149, https://doi.org/10.1093/pubmed/fdq029

In framing an issue a certain way actors connect it with a set of deeper paradigms. These paradigms influence (often unconsciously) the ways in which actors think and talk about global health problems and propose solutions. The process of contestation between competing frames is affected by power; the "playing field" on which policy debates are played out is not even (7).

Such power asymmetries were evident at corporate-sponsored side events, where the lack of discussion on NCDs prevention was criticized, possibly reflecting the reality of asymmetrical partnerships between NGOs and their funders. (22). There was an observed disconnect between what is said 'on the record' (e.g., on panels) as opposed to informally (e.g., over coffee). Mainstream discussions at side events often framed the challenges for NCD progress around lack of access to medications or health systems; with Public Private Partnerships often presented as a key solution. Prevention, especially the political economy of primary prevention, was barely on the agenda (22). This may demonstrate how certain actors (those with resources to fund high-level events in Manhattan) may be using their frames to 'capture' the agenda, co-opting the voices of those that may wish to openly challenge in the process.

The material power (authority) of actors clearly makes a difference but debates in global health are also structured by deeply-embedded ideas dominant in the contemporary global political environment—often referred to as a "deep core"(24). It is widely agreed that neoliberalism constitutes the "deep core" of the contemporary global political economy, structuring many areas of global public policy, including global health policy. The language and recommendations civil society found so problematic resonates with the paradigm – or "deep core" of neoliberalism, which place the market and individuals at the centre of action. These ideals are often portrayed as at odds with those of public health, human rights etc.

> *"Neoliberalism in global health governance has its roots in a wider project of at least three decades standing, in which health and health policy have been subjected (like other areas of social policy) to the deployment and privileging of market-based policy responses, to commodification, privatisation, liberalisation of health and healthcare, and to the individualisation of risk and responsibility for health.*(25)

Understanding the influence and impact of neoliberalism on how NCDs are being framed, and how this may be affecting action is a challenge. Important work around the commercial determinants of health is exposing some of the issues (see Annex 3); however, much of this work remains in academia and it is difficult to see how it may be 'translated' to have an impact on policy or, crucially, to mobilise the public. More needs to be done to understand and constructively challenge how the paradigm of neoliberalism may be harming health - but who will fund it? who will publish it? when the time comes, who will defend it against powerful co-opting forces?

Tentative conclusions (to be refined after session)

There is no one 'best' way to frame NCDs: different frames/arguments are needed for different stakeholders. Rather than one uniting external frame for NCDs, a 'toolbox' of multiple non-NCD referent frames would be recommended for advocates. For example, the investment frame may be useful for ministers of finance; while the security frame may ultimately be more effective for heads of state. Inserting NCDs into other framings.

Efforts around framing NCDs must look beyond global health, to consider how other actors may be constructing and using framing to oppose or undermine public health action.

Learning from climate change, a fear framing for NCDs that appeals to human stories may be effective with the public; the media are key to help change the current "lifestyle" framing.

Re/framing alone will not solve the issues: there are bigger empirical problem of political economy and power. When action has occurred it may be simpler - less to do with framing and more to do with when the scale of the issue becomes too visible to ignore e.g. UK sugar tax (childhood obesity) and Singapore 'War on Diabetes' (amputees).

Strategic efforts are needed by public health to work constructively within the dominant neoliberal frames: that NCDs are individual diseases of lifestyle/ affluence. Reframing NCDs for the poorest is one such attempt, but may not resonate with all stakeholders.

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Annex

1 Insights from industry websites

Coca-Cola

- States drinks count towards recommended daily water intake
- States that there is no evidence-based scientific research that drinks that contain caffeine and/or phosphoric acid will weaken bones or cause osteoporosis
- Do not state dental risks of consuming
- Provide a video "uncovering the facts about low-calorie sweeteners", stating sweeteners have N harmful effects, and lead to weight loss

Ferrero

- "The truth is that chocolate can't easily be reformulated to reduce the amount of sugar in the recipe — it would lose taste and texture"
- The Kinder + Sport initiatives have reached over 51,000 children in the academic year 2015 -2016; disclaim that "participants in the Kinder + Sport programme are never exposed to product or product marketing"
- "At Ferrero, we do not believe there are 'good' or 'bad' foods, only good and bad diets"
- Kinder eggs advertised as fun "to help children to develop their imagination"

Japan Tobacco International

- "We're categorically opposed to plain packaging: it's a misguided, excessive and ultimately ineffective approach to tobacco regulation"; "no studies have shown convincing evidence that it reduces the number of people choosing to smoke"

Phillip Morris International

- "We're at the forefront of developing less harmful alternatives to cigarettes"
- Focus on "other ways to enjoy tobacco"

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2 Abstract (Jordan Jarvis)

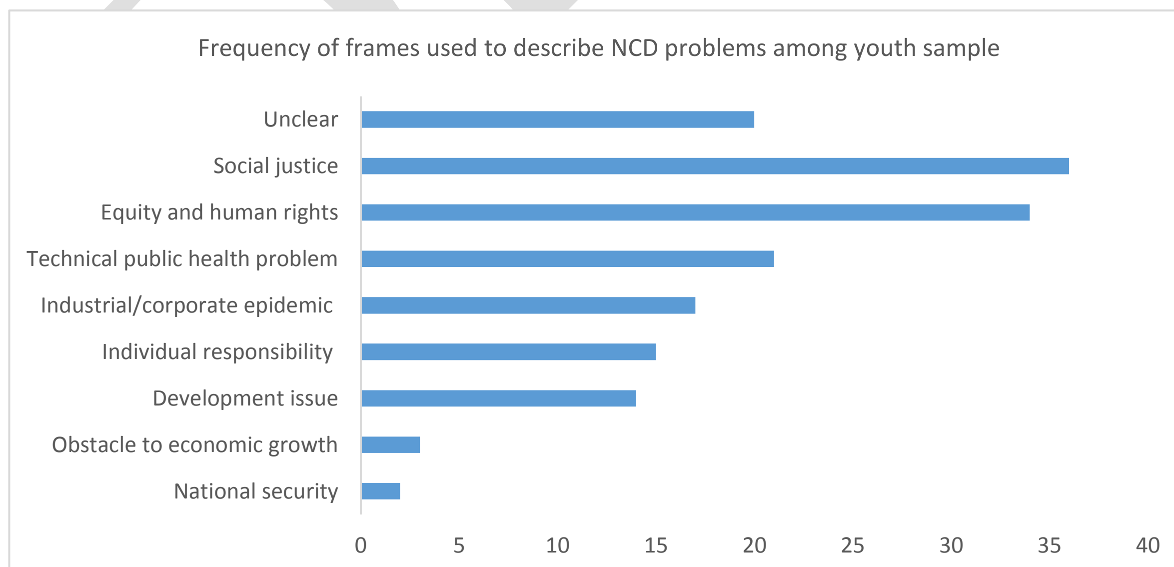
Other authors: Leslie E. Oldfield, Erin Little, Anshu Parajulee, Ishu Kataria, Willy Mucyo.

Framing the issue: understanding what resonates with young people to mobilize collective action on non-communicable diseases (NCDs)

Throughout social movements in history, young people have led collective action and held their governments to account. In order to mobilize the next generation across diverse settings on the broad and complex issues we face with NCDs, it's important to understand which 'issue frames' resonate with them. Through a survey of 118 young people from 29 countries, we sought to better understand concerns, perceptions of the problem, and beliefs around effective solutions to reduce the global NCD burden.

Qualitative answers were thematically grouped. Respondents' median age was 30; all had completed high school and many held advanced degrees--39% in public health and 20% in medicine. Approximately 30% used a social justice and/or equity and human rights framing to describe how they viewed NCD problems, 18% framed it as a technical health problem, 14% as a commercial epidemic, 13% as an issue of lifestyle/individual responsibility, and 12% as a development issue. Few responses framed NCDs as a national security crisis (<2%) or as an economic imperative (<3%). Some respondents (n=81) also ranked solutions to address NCDs within their country. National policy development was a top priority for 42% and 47% of respondents from low- and lowermiddle income countries, respectively. Top priorities in upper-middle- and high-income countries were improving access to treatment and training healthcare providers, and improving infrastructure, respectively.

The frames through which young people understand an issue are likely affected by socio-cultural context and political opportunity structure in their country. The YP-CDN has used a social justice frame to mobilize grassroots membership toward taking action on NCDs at global and local levels since 2010, with successes in advocacy campaigns that have emphasized government responsibility to improve equity in NCD treatment. Collectively, the survey findings and our experiences suggest opportunities to enhance collective action through a social justice/equity frame.



3 Abstract (Belinda Townsend)

How does policy framing enable or constrain inclusion of social determinants of health and health equity on trade policy agendas?

Trade agreements influence the distribution of money, goods, services and daily living conditions – the social determinants of health and health equity, which ultimately impacts differentially on health within and between countries. In order to advance health equity as a trade policy goal, greater understanding is needed of how different actors frame their interests in order to shape government priorities, thus helping to identify competing agendas across policy communities.

This paper reports on a study of how policy actors framed their interests for the Trans Pacific Partnership agreement. We analysed 88 submissions made by industry actors, not for profit organisations, unions, researchers and individual citizens to the Australian government during treaty negotiations. We show that policy actors' ideas of the purpose of trade agreements are shaped by competing underlying assumptions of the role of the state, market and society. We identify three primary framings: a dominant neoliberal market frame, and counter frames for the public interest and state sovereignty. Our analysis highlights the potential enabling and constraining impact of policy frames for health equity. In particular, the current dominant market framing largely excludes the social determinants of health and health equity. We argue that advocacy needs to tackle head on the underlying assumptions of market framings in order to open up space for the social. We identify successful examples of health framing for equity as well as opportunities for engagement with 'non-traditional' allies on shared issues of concern.

Reference: Belinda Townsend, Ashley Schram, Fran Baum, Ronald Labonté & Sharon Friel (2018) How does policy framing enable or constrain inclusion of social determinants of health and health equity on trade policy agendas?, Critical Public Health, DOI: 10.1080/09581596.2018.1509059

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4 NCD Alliance experience of framing

NCDA has built consensus around a problem definition of NCDs that united the network at pivotal moments during global political processes, such as the evolution of the SDGs. There have been four primary elements of the narrative.

- First, NCDA aligned with the WHO's **'4x4' definition** of NCDs (four major risk factors and four major NCDs), while also recognising and reflecting the importance of the many co-morbidities linked to these four diseases through officially partnering with organisations that are leaders in mental health, oral health, osteoporosis and psoriasis. This was an important framing for advocacy and policy, as it provided governments with a prioritised, concise agenda, focusing on the four diseases that are responsible for 80% of premature NCD mortality and which share common risk factors and preventative strategies.
- Second, in the lead up to the 2011 UN High-Level Meeting on NCDs, NCDA framed NCDs as a **human development priority**, both regarding prevention (particularly the social determinants of health, including poverty, gender inequality and education) and equitable access and right to treatment and care.
- Third, the **economic arguments** for action versus inaction are integral to the definition, because the costs of failure to tackle NCDs are so high.
- Finally, NCDA has strongly focused on **cost-effective, available solutions balancing both NCD prevention and treatment/care.**
- NCDA is now actively seeking to meaningfully involve people living with NCDs through "Our Views, Our Voices."

Reference: Dain K. Challenges Facing Global Health Networks: The NCD Alliance Experience Comment on "Four Challenges that Global Health Networks Face." Int J Heal Policy Manag [Internet]. 2017;7(3):282–5. Available from: http://ijhpm.com/article_3400.html

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5 Commercial influence in Montevideo roadmap

- In October 2017, the WHO, along with the government of Uruguay, organised a global conference on NCDs in Montevideo, where governments endorsed the “Montevideo roadmap 2018-30” on NCDs.
- Examination of the early draft, written comments made during the consultation period, and the final road map show important changes to the document during the process and help identify key influencers and their effects.
- Taxation of sugar sweetened beverages and alcohol were included as possible options in the draft version but dropped from the final version (only tobacco taxation remained).
- Four submissions from industry stressed that taxes on sugar sweetened drinks in Mexico were not improving public health—despite evidence of a sustained reduction in consumption, particularly among the poorest people.
- Private sector submissions also emphasised the need for cost effective and evidence based interventions and supported a “whole of society” approach.
- This appropriation of language is considered concerning if the intent is to undermine public health measures by legitimising a counter-narrative around what constitutes “evidence based” (26).

Reference: Whitaker K, Webb D, Linou N. Commercial influence in control of non communicable diseases. BMJ [Internet]. 2018;360(January):k110. Available from: http://dx.doi.org/doi:10.1136/bmj.k110

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Bibliography

1. Bukhman G, Mocumbi AO, Horton R. Reframing NCDs and injuries for the poorest billion: a Lancet Commission. Lancet (London, England) [Internet]. 2015 Sep 26 [cited 2018 Aug 23];386(10000):1221–2. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26403914
2. Beaglehole R, Ncd L, Group A, Nations TU, Islands P, Nations U. Richard Smith : Making 2018 the year of NCD ☐ Laurie Laybourn-Langton : Leadership on climate change is leadership on health Nick Hopkinson : There is much that still resonates in David Widgery ' s writing ☐. 2018;1–6.
3. Horton R. Offline: NCDs-why are we failing? Lancet (London, England) [Internet]. 2017 Jul 22 [cited 2018 Aug 13];390(10092):346. Available from: http://www.ncbi.nlm.nih.gov/pubmed/28745593
4. Horton R, Sargent J. 2018 must be the year for action against NCDs. Lancet (London, England) [Internet]. 2018 May 19 [cited 2018 Aug 14];391(10134):1971–3. Available from: http://www.ncbi.nlm.nih.gov/pubmed/29627163
5. Dain K. Challenges Facing Global Health Networks: The NCD Alliance Experience Comment on "Four Challenges that Global Health Networks Face." Int J Heal Policy Manag [Internet]. 2017;7(3):282–5. Available from: http://ijhpm.com/article_3400.html
6. Mcinnes C, Roemer-Mahler A. From security to risk: Reframing global health threats. Int Aff. 2017;93(6):1313–37.
7. Williams OD, Rushton S. Frames, Paradigms and Power: Global Health Policy-Making under Neoliberalism. Glob Soc. 2012;26(2):147–67.
8. Rushton S. The politics of researching global health politics Comment on "Knowledge, moral claims and the exercise of power in global health." Int J Heal Policy Manag [Internet]. 2015;4(5):311–4. Available from: http://ijhpm.com/article_2977_616.html
9. Battams S, Townsend B. Power asymmetries, policy incoherence and noncommunicable disease control - a qualitative study of policy actor views. Crit Public Health [Internet]. 2018;00(00):1–14. Available from: https://doi.org/10.1080/09581596.2018.1492093
10. Shiffman J, Smith S. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. Lancet (London, England) [Internet]. 2007 Oct 13 [cited 2018 Aug 20];370(9595):1370–9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/17933652
11. Shiffman J. Generating political will for safe motherhood in Indonesia. Soc Sci Med. 2003;56(6):1197–207.
12. Shiffman J. A social explanation for the rise and fall of global health issues. Bull World Health Organ. 2009;87(8):608–13.
13. Samman E, Lucci P, Hagen-Zanker J, Bhatkal T, Simunovic TA, Nicolai S, et al. SDG progress: Fragility, crisis and leaving no one behind. 2018;(September):76.
14. Buse K. AIDS, NCDs, and the ABCs of Organizing. 2017.
15. Palma AM, Rabkin M, Nuwagaba-Biribonwoha H, Bongomin P, Lukhele N, Dlamini X, et al. Can the Success of HIV Scale-Up Advance the Global Chronic NCD Agenda? Glob Heart [Internet]. 2016 Dec 1 [cited 2018 Aug 13];11(4):403–8. Available from: https://www.sciencedirect.com/science/article/pii/S2211816016307487
16. Labonté R, Gagnon ML. Framing health and foreign policy: Lessons for global health diplomacy. Global Health. 2010;6:1–19.
17. Singh SP, Swanson M. How issue frames shape beliefs about the importance of climate change policy across ideological and partisan groups. 2017;1–14.
18. Han J, Sun S, Lu Y. Framing climate change: A content analysis of Chinese mainstream newspapers from 2005 to 2015. Int J Commun. 2017;11:2889–911.
19. Allen L. Non-communicable disease funding. lancet Diabetes Endocrinol [Internet]. 2017 Feb 1 [cited 2018 Aug 13];5(2):92. Available from: http://www.ncbi.nlm.nih.gov/pubmed/27993514
20. Alleyne G, Basu S, Stuckler D. Who's afraid of noncommunicable diseases? Raising awareness of the effects of noncommunicable diseases on global health. J Health Commun. 2011;16(SUPPL. 2):82–93.
21. Lozano R, Naghavi M, Foreman K, Lim SS, Shibuya K, Aboyans V, et al. The Global Economic Burden of Noncommunicable Diseases. Lancet [Internet]. 2013;2(2):44. Available from: http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2012/social-determinants-of-health-and-well-being-among-young-people.-health-

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behaviour-in-school-aged-children-hbsc-study%5Cnhttp://www.ncbi.nlm.nih.gov/pubmed/2
22. Garry S, Thompson R. Partnerships and Politics in Public Health: A Focus on Non-Communicable Diseases [Internet]. Chatham House. 2018. Available from: https://medium.com/chatham-house/partnerships-and-politics-in-public-health-a-focus-on-non-communicable-diseases-2729853ec297
23. Alliance TNCD, Draft Z, Paper E, Declaration P, High- UN, Meeting L, et al. NCD Alliance Priority Recommendations for the 2018 UN Political Declaration on NCDs: Ensuring the UN High---Level Meeting on NCDs Counts for All People. 2018;(June). Available from: https://ncdalliance.org/sites/default/files/NCDA Priority Recommendations for the 2018 HLM Outcome_FINAL_0.pdf
24. Sabatier PA. The advocacy coalition framework: revisions and relevance for Europe. J Eur Public Policy [Internet]. 1998;5(1):98–130. Available from: https://doi.org/10.1080/13501768880000051
25. Kay A, Williams O. Introduction: The International Political Economy of Global Health Governance BT - Global Health Governance: Crisis, Institutions and Political Economy. In: Kay A, Williams OD, editors. London: Palgrave Macmillan UK; 2009. p. 1–23. Available from: https://doi.org/10.1057/9780230249486_1
26. Whitaker K, Webb D, Linou N. Commercial influence in control of non-communicable diseases. BMJ [Internet]. 2018;360(January):k110. Available from: http://dx.doi.org/doi:10.1136/bmj.k110
27. Benatar S. Politics, Power, Poverty and Global Health: Systems and Frames. Int J Heal Policy Manag [Internet]. 2016;5(10):599–604. Available from: http://ijhpm.com/article_3248.html

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