

MSH Panel 2 Intervention Maisha Hutton, HCC

Panel Discussion 2: Reshaping and strengthening health systems and all forms of financing to meet the needs of people living with and at risk of noncommunicable diseases and mental health conditions.

RESPONSE

Thank you for inviting the Healthy Caribbean Coalition (HCC) to participate on this panel.

Civil society has played, and continues to play, an essential role in health systems strengthening.

The HCC, an alliance of over 85 CSOs, recently released our Advocacy Priorities for the HLM4, aligned with the NCDA Call to Lead and tailored to the unique context of Caribbean SIDS. Drawing on our priorities I would like to highlight four major health system challenges and share examples of how civil society can support impactful shifts in health systems.

1. Lack of involvement of people most affected by and at risk of NCDs
2. Compartmentalisation and weak governance of the response
3. Inability of health systems to face emerging challenges
4. Underfinancing of health systems
 1. Member States have been slow to develop effective platforms for participatory, inclusive NCD decision-making. **Meaningful engagement** of key groups, including people living with NCDs, young people, and older people **must be institutionalized** into the decision-making architecture of health systems to ensure an equity- and rights-based health system which engages communities and places people first.
 - Civil society is a powerful broker, connecting communities to decision-makers, and bringing deep experience and expertise to policymaking tables. The Barbados National NCD Commission is a model of institutionalised meaningful engagement with membership consisting of CSOS representing

people living with NCDs and young people – their voices advising on national NCD policy including around health systems.

2. Many Member States continue to face challenges in achieving a truly whole-of-government and whole-of society NCD response which fosters policy coherence while mitigating conflicts of interest. Strengthening the governance of the multisectoral response is needed leverage sectors and stakeholders, protect policymaking and maximise impact.
 - Civil society - uniquely positioned to support governments while also holding them accountable - has been advocating for strong governance of the multisectoral response, including through: monitoring of industry interference and developing tools to build public sector capacity to manage conflicts of interest.
3. Health systems are struggling in response to emerging threats - they must be responsive and resilient in the face of increasing natural and made-made crises, worsened, particularly in SIDS, by climate change.
 - CSOs have a complementary and critical role to play in supporting vulnerable communities post-disasters as part of broader efforts to build system-wide resilience. HCC member CSOs, in collaboration with health and academic partners, recently developed guidance for people living with NCDs in disaster, emergency and humanitarian conditions.
4. **Financing.** Given the perpetual underfinancing of NCDs, the current contraction of global development aid, and the continued limited fiscal space in settings such as ours, countries will need to prioritise best practices such as taxes on unhealthy commodities. Sir George Alleyne et al., in recent JAMA piece, identified the implementation and increase of health taxes as ‘perhaps the most important priority’ for action for the HLM4.
 - Civil society has been a driving force behind the implementation of fiscal policies regarding tobacco, alcohol, sweetened beverages, and, most recently, a salt tax in Barbados and UPP taxes in Colombia.

- However, taxation of unhealthy commodities alone will not cover the exorbitant costs of care - innovative financing options, including leveraging the nexus between climate change and NCDs, must be pursued.
- Importantly, the financial burden of NCDs cannot and must not continue to sit solely on the shoulders of the State while the unhealthy commodity industry continues to externalize costs, leaving resource-constrained Governments to pay the NCD price tag – these industries must also bear the financial burden of NCD treatment.

Finally, I wish to call on health systems actors, influencers, and beneficiaries to more intentionally integrate NCD prevention into their narratives and paradigms. The notion of financing robust health systems able to achieve universal health coverage in a context of growing obesity and NCD burdens, especially in resource-limited settings such those in the SIDS and LMICs – is a fantasy. Governments MUST take bold action to reshape our health systems and the environments in which they operate, away from health-harming and profit-generating – to health-promoting and life-enhancing. Prevention must be part of the health systems agenda.

Thank you.