
Prevention and control of noncommunicable diseases

Options and a timeline for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through partnership

Report by the Secretariat

1. Paragraph 64 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases¹ requested the United Nations Secretary-General, in close collaboration with the Director-General of WHO, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the United Nations General Assembly at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership.
2. The Office of the United Nations Secretary-General has requested that WHO's input to the report be submitted on 27 August 2012.
3. In response, the Secretariat has developed two discussion papers, entitled respectively, "Effective approaches for strengthening multisectoral action for noncommunicable diseases" and "Lessons learnt from existing multisectoral partnerships that may inform the global response to noncommunicable diseases".² The two discussion papers were based on the outcomes of a first expert consultation on intersectoral action in the prevention and control of noncommunicable conditions (Kobe, Japan, 22–24 June 2009) and a second expert consultation on intersectoral action on health and the impact of noncommunicable diseases through diet and physical activity (Helsinki, 6–7 September 2010). The Secretariat invited Member States, United Nations funds, programmes and agencies, relevant nongovernmental organizations and selected private-sector entities to comment on the two discussion papers through a web-based consultation during the period 19 March–19 April 2012. A summary of the outcome of the consultation is provided in paragraphs 26 and 27.

¹ United Nations General Assembly resolution A/RES/66/2.

² For the two discussion papers, see http://www.who.int/nmh/events/2012/consultation_march_2012/en/index.html (accessed 1 May 2012).

4. The present report has been drafted in order to provide Member States with an additional opportunity to share views on options for strengthening multisectoral action for the prevention and control of noncommunicable diseases through effective partnerships. The report:

(a) highlights why multisectoral action is needed for the prevention and control of noncommunicable diseases and how partnerships advance multisectoral action;

(b) presents the need for and value of partnerships to advance multisectoral action, including a summary of lessons learnt over the last 10 years from global partnerships outside the area of noncommunicable diseases, and identification of a number of functions where multisectoral action for the prevention and control of noncommunicable diseases would benefit from partnerships;

(c) presents options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnerships.

5. Member States are invited to share their views on this paper. These will serve as a contribution to the Secretariat's inputs into the report of the United Nations Secretary-General.

ADVANCING MULTISECTORAL ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

6. There are two levels at which action can be taken to prevent disability and premature death from noncommunicable diseases. The first involves population-wide measures to reduce exposure to risk factors. Implementing cost-effective interventions, both within the health sector and beyond, in order to reduce risk factors for noncommunicable diseases will contribute up to two thirds of the reduction in premature mortality. The second concerns interventions that target those who are already suffering from noncommunicable diseases, and who are affected by associated complications or who are at high risk of developing them. Health systems that respond more effectively and equitably to the health-care needs of people with noncommunicable diseases can further reduce premature mortality by between one third and one half.¹

7. Multisectoral action against noncommunicable diseases involves national authorities engaging across government sectors to improve health outcomes from such diseases and to reduce exposure to the common, modifiable risk factors. Multisectoral action is typically undertaken in two ways:²

- through the integration of a systematic consideration of wider health concerns into the routine policy processes of non-health sectors;
- by paying specific attention to the prevention and control of noncommunicable diseases within policies, programmes and activities of relevant sectors.

¹ As described in the United Nations–WHO brochure “UNite in the fight against NCDs – Be part of history: Join other world leaders at the UN High-level meeting on noncommunicable diseases”, see http://www.who.int/nmh/events/un_ncd_summit2011/qa/overview_brochure.pdf (accessed 1 May 2012).

² As described in Annex 6 of the *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011.

8. In the Political Declaration, Member States recognized that effective prevention and control of noncommunicable diseases require multisectoral approaches at the government level, including whole-of-government approaches across all relevant sectors, as appropriate.¹

9. National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases. Health gains can be achieved much more readily by influencing public policies in sectors like agriculture, communication, education, employment, energy, environment, finance, industry and trade, labour, social and economic development, sports, transport and urban planning, than by making changes in health policy alone.

10. Work undertaken by WHO,² the World Bank³ and other intergovernmental organizations have identified various multisectoral approaches and actions relevant for the prevention and control of noncommunicable diseases. In this regard, there is growing international awareness that a series of steps can be taken to initiate and accomplish multisectoral action for the prevention and control of noncommunicable diseases, including to:

- create mechanisms to achieve whole-of-government action in order to tackle noncommunicable diseases;
- secure political commitment at the highest levels;
- reinforce responsible stewardship, while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health;
- establish sustainable and predictable financing mechanisms;
- invest in an appropriate workforce;
- promote access to safe, effective, good-quality medicines and technologies;
- promote the development and use of impact assessment methods to monitor and evaluate multisectoral action.

ADVANCING MULTISECTORAL ACTION THROUGH PARTNERSHIP

11. The building and coordinating of results-oriented and sustainable collaborative efforts and alliances are essential components of the action plan for the global strategy for the prevention and control of noncommunicable diseases⁴ in order to reduce transaction costs and fragmentation of efforts, avoid duplication, maximize use of existing structures, ensure inclusiveness, and provide

¹ See United Nations General Assembly resolution A/RES/66/2, paragraph 36.

² Including “Intersectoral action for health: A path for policy-makers to implement effective and sustainable action on health”, WHO, 2011, see http://www.who.int/kobe_centre/publications/intersectoral_action_health2011/en/index.html (accessed 1 May 2012).

³ Including a discussion paper on “Effective responses to non-communicable diseases: embracing action beyond the health sector”, World Bank, 2011, see <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf> (accessed 1 May 2012).

⁴ See resolution WHA61.14.

clarity of purpose. These components build on the existing partnerships policy for WHO,¹ as well as the Political Declaration. Such efforts are required at country, regional and global levels.

12. International experience indicates that governments can make substantial achievements in reducing the disease burden, disabilities, and premature mortality caused by noncommunicable diseases through multisectoral approaches. Preliminary evidence shows that forging new collaborations and partnerships at country, regional and global levels are critical to making progress. Partnerships exist between governments, communities and nongovernmental organizations; between governments and the development partner community; between governments and the United Nations system, agencies, funds and programmes, the international financial institutions, and other key international and intergovernmental organizations; and between governments and the private sector, whose role in taking measures to implement paragraph 44 of the Political Declaration will be central.

13. At the country level, multistakeholder collaborations and partnerships are vital because resources for the prevention and control of noncommunicable diseases are limited in most national budgets. Collaborative efforts are also critical in reducing fragmentation among stakeholders, and in enhancing the degree of successful coordination among them, in order for the many aspects of noncommunicable diseases and their risk factors to be addressed. At the regional level, North–South, South–South and triangular cooperation through partnerships provide an enabling environment to exchange experiences in the prevention and control of noncommunicable diseases, and to identify and disseminate lessons learnt. At the global level, the Political Declaration recognizes that WHO, as the lead United Nations specialized agency for health, fosters collaboration among governments, and among relevant United Nations system agencies, international financial institutions, regional and international organizations, as well as academia, research centres, international nongovernmental organizations, consumer groups and, as appropriate, the private sector, in order to address noncommunicable diseases and to mitigate their impact in a coordinated, focused manner.

14. At the country level, existing partnerships include collaboration among health-care teams, patients, families, communities and other relevant partners. In 2009 and 2010, nearly 90% of Member States reported that partnerships or collaborations were in place for implementing key activities to tackle noncommunicable diseases. The majority focused on tobacco use and diabetes (84% and 81%, respectively). Some of the mechanisms in operation for multisectoral collaboration were interdepartmental committees, ministerial committees, task forces, academic institutions and nongovernmental organizations.

15. At the regional level, existing partnerships include collaborative networks to raise the priority given to noncommunicable diseases on the regional health and development agendas, and exchange best practices in the areas of health promotion, legislation, regulation and health system strengthening, training of health personnel, development of appropriate health-care infrastructure, and diagnostics.

16. At the global level, existing partnerships include WHO exercising its leadership and coordination role in promoting and monitoring coordinated global action against noncommunicable diseases in relation to the work of other relevant United Nations agencies, development banks, and other regional and international organizations. In this regard, WHO convened the “First Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs”

¹ See resolution WHA63.10.

(New York, 8 December 2011).¹ Other global partnerships have been fostered by nongovernmental organizations, philanthropic foundations and academia.

17. More work is needed to promote partnerships for the prevention and control of noncommunicable diseases in accordance with objective 5 of the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases,² building on the lessons learnt from over 100 documented partnerships in global health beyond noncommunicable diseases, that could be of potential use for the global response to noncommunicable diseases. These partnerships comprise a diversity of organizational structures, relationships and collaborative arrangements. There is no “one size fits all” for building and coordinating results-oriented collaborative efforts and alliances for the prevention and control of noncommunicable diseases, and as such, arrangements need to be built very carefully, drawing on established best practices and existing constraints. The main lesson learnt from current knowledge, available evidence and a review of international experience on partnerships is that **structure should follow function**.

STRUCTURE FOLLOWING FUNCTION

18. Given the complexity of implementing interventions against noncommunicable diseases and the responses required, the building, strengthening and coordinating of results-oriented collaborative efforts, alliances and partnerships need to include many of the **functions** noted below:

- **Advocacy and awareness:** to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases, raise the priority accorded to noncommunicable disease in development work, and support public awareness campaigns, including raising awareness of the problems caused by tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, particularly among young people, recognizing that health literacy is at an early stage in many countries.
- **Coordination mechanisms:** to establish and support the relevant sectors and actors, and their efforts to plan, design, implement and monitor noncommunicable disease programmes. In low- and middle-income countries, mechanisms for coordinating development cooperation through existing channels may also be required, before creating new channels that risk further fragmentation and complicate coordination at country level. Global coordination of political engagement and practical initiatives among international partners remains crucial, if the high mortality and heavy disease burden experienced by low- and middle-income countries are to be comprehensively reduced.
- **Financing and resource mobilization:** to allocate and mobilize resources. This includes exploring the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.
- **Capacity building:** to provide technical support and capacity building to low- and middle-income countries, especially to least developed countries, including through “knowledge hubs”.

¹ A report of the meeting is available at http://www.who.int/nmh/events/2011/UN_NCDs_Report.pdf (accessed 30 March 2012).

² See resolution WHA61.14.

- **Product development/innovation:** to support and facilitate noncommunicable disease-related research, and its translation, to enhance the knowledge base for ongoing national, regional and global action; and encourage alliances and networks that bring together national, regional and global actors, including academic and research institutions, for the development of new medicines, vaccines, diagnostics and technologies.
- **Product access:** to contribute to efforts to improve access and affordability of medicines and technologies in the prevention and control of noncommunicable diseases.

GLOBAL PARTNERSHIP OPTIONS

19. As the functions and objectives of any given global partnership should influence its structural arrangements, those with a significant financing role would require more formal governance structures, with clear decision-making roles and accountability for funding decisions. Those with primarily a global coordinating role would function most effectively with less formal governance structures. Task-focused networks (loosely unstructured alliances of organizations working together to exchange information and coordinate activities) would be highly effective and efficient in exchanging information and coordinating activities, thereby providing flexibility and limiting the transaction costs often associated with formal structures and governance mechanisms.

20. Recognizing the multisectoral nature of addressing noncommunicable diseases, the need to involve myriad actors at the global level, the coordinated response that addressing noncommunicable diseases requires, it seems that a single, stand-alone formal partnership may not cover all needs. Furthermore, taking into account the current political and financial realities, an already crowded health landscape, a need to reduce excessive fragmentation of activities, it appears unrealistic to establish a new global structure. A more feasible and effective approach could entail relying on a number of agile global partnerships, alliances and result-oriented collaborative arrangements. This could involve strengthening existing arrangements or establishing new ones and linking them together through a networked approach.

21. Recognizing that the global *needs* for the prevention and control of noncommunicable diseases would change over time, a number of questions concerning possible work streams to meet these needs would need to be answered, as outlined below in paragraphs 22 to 24, as well as questions concerning possible structures, as outlined in paragraph 25.

22. In relation to functions of advocacy and awareness raising, questions concerning possible work streams to respond to global needs may include:

- How can international partners forge political alliances across existing global social movements to support Member States in realizing the commitments included in the Political Declaration?
- How can international partners ensure that noncommunicable diseases are included in global discussions on development, including the post-2015 United Nations development agenda?
- How can international partners provide support to national public awareness campaigns?

23. In relation to functions of coordination, questions concerning possible work streams to respond to global needs may include:

- How can international partners ensure synergies across their efforts in addressing noncommunicable diseases in a concerted and coordinated manner?
- How can international partners provide technical support to countries in the area of noncommunicable diseases that forge ownership, alignment, harmonization, results and mutual accountability?
- How can international partners lead the development, coordination and implementation of an accountability framework?

24. In relation to the following functions: financing and resource mobilization, capacity building, product development, and product access; questions concerning possible work streams to respond to global needs may include:

- How can international partners ensure the provision of adequate, predictable and sustained resources through bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms for the prevention and control of noncommunicable diseases?
- How can international partners support national efforts to promote, establish or support and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of noncommunicable diseases, taking into account the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases?
- How can international partners promote national and international investments for quality research related to the prevention and control of noncommunicable diseases?
- How can international partners contribute to national efforts to improve access to and affordability of medicines and technologies in the prevention and control of noncommunicable diseases?

25. Corresponding questions related to possible global structures for effective partnerships for the prevention and control of noncommunicable diseases may include:

- How to ensure that action is guided by WHO norms, values and commitments?
- How can task-focused collaborative networks be established?
- How can network building be cultivated and coordinated?
- How can a strategic coalition of collaborative networks be established?
- Would an overall coordination mechanism be required? If so, what would be the best mechanism to facilitate coordination across the network? What existing structures could be leveraged?

- Would country coordination mechanisms be required?
- Can existing collaborative networks be leveraged to promote bulk purchasing, faster registration of noncommunicable disease-related medicines, support of national governments in making use of TRIPS Agreement flexibility?

26. As part of the web-based consultation which took place earlier this year (referred to in paragraph 3), Member States, United Nations funds, programmes and agencies, relevant nongovernmental organizations and selected private-sector entities were invited, inter alia, to respond to the following: (a) the gaps and challenges that global partnerships should target as priorities; (b) the form that such partnerships should take to optimize effectiveness, in order to overcome the fragmentation that has historically characterized the global response to noncommunicable diseases and to manage the potential conflict of interest; (c) how to define the role of WHO in convening, coordinating and supporting new global partnerships.

27. Comments were provided by eight Member States and one United Nations fund. Views were also received from 43 nongovernmental organizations and private-sector entities. While the range of comments and views received was extensive, a number of common denominators could be identified. The identified gaps and challenges that global partnerships should target included “upstream” engagement outside the health sector. Discussion on defining the forms that such partnerships should take led to suggestions that existing partnerships be taken into account; and that the coordinated global, regional and subregional networks be strengthened for the prevention and control of noncommunicable diseases.¹ In terms of the role of WHO, the feedback from the consultation indicated a firm recognition that the Organization has the leading role as the primary specialized agency for health – recognition that includes the Organization’s roles and functions with regard to health policy in accordance with its mandate. The feedback additionally reaffirmed WHO’s leadership and coordination role in promoting and monitoring global action against noncommunicable diseases in accordance with the Political Declaration.

LINKS TO WHO REFORM

28. Discussions on WHO’s role in partnerships have been undertaken through the Organization reform process. At the special session of the Executive Board on WHO reform in November 2011, the Executive Board agreed on a number of principles underpinning WHO’s engagement with stakeholders other than Member States and WHO’s involvement with, and oversight of, partnerships.² These principles should inform any discussion on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnerships.

TIMELINE

29. Following the deliberations of the Health Assembly in May 2012, the Secretariat will, on 27 August 2012, submit WHO’s input to the report of the United Nations Secretary-General, which is itself to be submitted to the sixty-seventh session of the United Nations General Assembly in September 2012.

¹ This is in accordance with objective 5 of the action plan for the global strategy for the prevention and control of noncommunicable diseases, and resolution WHA63.14.

² See document EB130/5 Add.4.

ACTION BY THE HEALTH ASSEMBLY

30. The Health Assembly is invited to note the report, to share views and to provide further guidance. Views expressed will serve as a contribution to the Secretariat's inputs into the report of the United Nations Secretary-General.

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