ANNEX TO WHO DISCUSSION PAPER 1
(Version dated 19 March 2012)

ANNEX TO WHO DISCUSSION PAPER 1
EFFECTIVE APPROACHES FOR STRENGTHENING MULTISECTORAL ACTION FOR NCDS

This Annex to WHO Discussion Paper 1 provides further synthesis and background information (in addition to 'Section II. Background' which is included in WHO Discussion Paper 1) to aid Member States in their discussions on strengthening and facilitating multisectoral action for the prevention and control of NCDs.

The role of multisectoral action for public health

Better understanding of multi-disciplinary factors affecting health and the use of policies across sectors began in the 1970s and took a broad view of health - beyond the classic traditional determinants of health (genetics, health care services, income/social status), to include trade, the environment, human rights, migration, urbanization, finance, agriculture, industry. International and national efforts, such as Poverty Reduction Strategy Papers, the implementation of the MDGs, and executing development agendas, as well as bilateral aid agencies through their programmes, have recognized and relied on multiple sectors to address development challenges including health. New perspectives include that addressing health issues can support the objectives and results of <u>other</u> sectors. The 2008 Commission on Social Determinants for Health and follow up reports further documented the role and need for multi or intersectoral action for health, particularly in addressing equity gaps.[1] Given that the determinants of NCDs are interrelated, covering a wide range of sectors, and impacting at the same time multiple diseases and conditions, they provide an appropriate entry point for identifying mechanisms for multisectoral action.[2]

A number of terms are used, often interchangeably, for engaging sectors outside of health. These include, for instance:intersectoral action for health (ISA), multisectoral action, whole-of-government, health-in-all-policies, and healthy public policies. Appendix 1 briefly reviews these. However, the recognition of whole-of-government responses by thePolitical Declaration on NCDs highlights the responsibilities and opportunities of **government** to lead and facilitate actions of many sectors. The WHO Discussion Papers uses the term "multisectoral action" in line with its use in the Political Declaration on NCDs. Identifying how existing laws, regulations, policies and other political instruments address NCDs is a key aspect of this paper.

To note that the whole-of-government or health-in-all-policies strategy is to aim to integrate a systematic consideration of health concerns into all other sectors' routine policy processes, and identify approaches and opportunities to promote better quality of life. Alternatively, a narrower approach and more issue-centered strategy are used where the goal is to integrate a specific health concern into other relevant sectors' policies, programmes and activities.

Appendix 2 provides a summary of the key international declarations, charters, and WHO Guidelines supporting multisectoral action for NCDs. Moreover, government must also lead in the formation of partnerships with civil society and the private sector to achieve NCD-related goals.

The role of multisectoral action for the prevention and control of NCDs

The best buys noted in table 1 of WHO Discussion Paper 1 focus the <u>priorities</u> for multisectoral action and whole-of-government/society responses to NCDs.   Although multisectoral action on health is dependent on social, cultural, economic, and political contexts, a broad range of experiences, analyses, and consultations have identified useful lessons to promote this approach applied under many different circumstances.

In addition to best buys, there are many other cost-effective and low-cost population-wide interventions that can reduce risk factors for NCDs. These include:
- Nicotine dependence treatment.
- Promoting adequate breastfeeding and complementary feeding.
- Enforcing drink-driving laws.
- Restrictions on marketing of foods and beverages high in salt, fats and sugar, especially to children.
- Food taxes and subsidies to promote healthy diets.

Also, there is strong evidence, though currently a shortage of cost-effectiveness research, for the following interventions:
- Healthy nutrition environments in schools.
- Nutrition information and counselling in health care.
- National physical activity guidelines.
- School-based physical activity programmes for children.
- Workplace programmes for physical activity and healthy diets and occupational health.
- Community programmes for physical activity and healthy diets.
- Designing the built environment to promote physical activity.

There also are population-wide interventions that focus on cancer prevention. Vaccination against human papillomavirus (HPV), the main cause of cervical cancer, is recommended. Protection against environmental or occupational risk factors for cancer, such as aflatoxin, asbestos and contaminants in drinking-water can be included in effective prevention strategies. Screening for breast and cervical cancer can be effective in reducing the cancer burden.

Recognizing the complex and enormous challenges posed by the increasing prevalence of NCDs, the Political Declaration on NCDs called for whole-of-government and whole-of-society responses.

In turn, making progress on NCDs will help various sectors improve their performance and achievement of results. These inter-linkages are well documented in the Adelaide Statement on Health in All Policies[3], in the Rio Declaration on Social Determinants for Health[4], as well as in WHO sponsored reports and publications[5].

A whole-of-government approach for NCD prevention and control encourages all government sectors to acknowledge the NCD consequences of their work and to promote cooperation across sectors. Table 2 included in WHO Discussion Paper 1 reflects some examples of the potential diversity of sectors that can act to reduce NCD risk factors. Table 3 included in WHO Discusion Paper 1 further expands this list with examples of action. Similarly, Appendix 3 provides additional examples or multisectoral actions by sector.

Achieving multisectoral action is not easy. Early identification and acknowledgement of barriers to multisectoral action is vital to success, including overcoming a lack of experience with multisectoral collaboration among the interacting sectors that requires a steep learning curve for cross-sectoral alliance-building. Competing government and community demands, priorities, and resources; lack of shared understanding of goals to be achieved; lack of shaping health goals to address other sectoral goals, objectives, and programmes; conflicts over values and diverging interests; and competing programmes are all challenges and contribute to tensions within government (at all levels). Resolution, however, can be achieved through persistent and systematic engagement with political processes and key decision-makers. Examples exist and processes have been documented. Addressing NCDs in this manner presents an important window of opportunity to develop innovative approaches to policy and programme development, to change mindsets and decision-making cultures, and to prompt actions. Multisectoral action can also be used against health (e.g. tobacco companies). Explicit or tacit economic interests of one or several sectors could jeopardize their participation in shared initiatives.

In addition, the World Bank has suggested additional actions in the trade and fiscal policy domain, and addressing the double disease burdens confronting many developing and emerging economies to benefit NCD control[6]:

"Trade and fiscal policy	Double disease burden among the poor
• Strengthening implementation of WHO FCTC • Agreements on reducing unhealthy substances in food production and processing • Global agreement on trans fats • Tax harmonization on "NCD bads" • Avoiding exports of NCD "bads" in bilateral and multilateral agreements • Agricultural policies • Technology sharing	• Stimulate country and international investment in poverty reduction and education • Increase investment to reduce malnutrition during the "first thousand days" • Support global environmental legislation and enforcement • Support and benchmark existing primary care global legislation (WHO FCTC) • Reduction of certain agricultural subsidies • Global benchmarking of risk factors among the poor"

Experiences at global, regional and national levels

Many nations and their communities have implemented various initiatives addressing NCDs. Evaluating and replicating these with a view to scaling up action in a sustainable manner remains a challenge. Having a clearly identifiable focal point(s) in governments can help focus efforts to identify progress and key challenges in putting forward a multisectoral approach.[7] They can help facilitate/lead such national/local policies and plans by 2013 as called for in the Political Declaration on NCDs[8].

Some initiatives target specific risk factors, others focus on coordination mechanisms. Common features are Head of State leadership supported by legislation and/or Ministerial action. Support from civil society and industry are equally important.

Over the past decade, considerable additional experience has been gathered in advancing an agenda for multi-sectoral engagement for health, whether for specific health conditions or to address social and economic determinants of health. Key lessons have included:

• Framing the health issue more broadly to cover other sectoral interests.
• Tailoring multisectoral action to various governmental structures, organization, styles and use of their tools.
• Requiring community-level engagement in decision making d) building a strong "business case" relying on tapping into various partners' concerns and motivations.
• Building coalitions through trust, communication, and accountability.
• Using flexible coordination mechanisms.
• Using monitoring and evaluation.
• Fe-orienting the role and actions of the health sector in this context. [9]

Many countries and municipalities around the world are engaged in ongoing multisectoral activities for NCD control and prevention, with referenced documents highlighting some of these.[10] Further information about examples of international initiatives and instruments addressing multisectoral action for NCDs can be found in Appendix 4.

To provide some greater specificity, the WHO Report on Population-based Strategies for Childhood Obesity[11] presents important case studies and lessons that in order to prevent childhood obesity effectively, action must be taken in multiple settings through a variety of approaches and involving all stakeholders. Based on this premise, and drawing on the framework for implementing the Global Strategy on Diet, Physical Activity and Health, a list of potential actions for different stakeholders in three key areas, namely, policy development, programme implementation and advocacy, was formulated (see Appendix 5). In addition, attention was drawn to the need for high-level policy action to mitigate vulnerability and the negative effects of globalization and urbanization, and in the case of low- and middle-income countries, the need for integrated action that also addresses the related issues of food insecurity and under-nutrition.

The complementary nature of the roles of the wide range of stakeholders is clearly evident in this list of proposed actions. National governments themselves (and through their participation in global forums), have an important role in strategy and policy development, leadership and

resourcing, while governments at the sub-national and local levels contribute more through the tailoring and implementation of policies and programmes. Nongovernmental organizations have a critical advocacy role, particularly in advocating for good practice. Other key actions for nongovernmental organizations include promoting transparency and resourcing programmes. Academia is largely responsible for building the evidence base and for advocating for the translation of evidence into practice. The private sector's role is to support and promote healthy environments and healthy workplaces; in this respect, the food industry has a specific role to play in enabling a healthy food supply.

Strengthening, facilitating and enabling multisectoral action for the prevention and control of NCDs

The Political Declaration on NCDs calls upon Member States to develop national multisectoral plans and policies by 2013 (paragraph 45). It also refers to creating effective multisectoral coordination mechanisms; engaging with other government sectors; and, engaging with the non-health actors (e.g. private sector not affiliated with the tobacco industry) and with civil society (paragraph 45(i) and 54). Establishing cross-cluster action teams, in particular with Ministries of Health, Agriculture, Education, Finance, Planning, Social Affairs and Welfare, Trade, Transport, and Labour are also very useful.

Role of governance and government's responsibility

Achieving multisectoral actions and whole-of-government/whole-of-society efforts requires innovative approaches to governance, policy making, and partnering. Progress, however, must transcend various forms of resistance, lack of resources, interest or political will. As with other spheres of economic activity, obtaining the required resources requires attention to identifying evidence and metrics as to differential impacts of various actions, and forging new forms of partnering and collaboration across sectors. Engaging different levels of government, and attention to public administration and management are also required.

Governments (national and local) have clear responsibilities to protect their citizens and ensure access of a number of public goods, including health. In doing so, governments have choices to make, grounded on their national/local political and social culture, in how they engage with civil society and the private sector, as well as their legislative branch. Broad based advocacy campaigns have historically succeeded in placing health high on policy makers' agendas. Coalitions have included trade unionists, voluntary organizations, private sector, the general public, the media and civil society.

Partnering and collaboration

Given limited resources and in an era of austerity, governments, multilateral and regional intergovernmental organizations, the private sector, international finance institutions, bilateral aid organizations, non-governmental sector, and families and communities must make choices as to where to most effectively invest their resources and develop relevant policies and programmes.

Evidence and equity must underpin decisions to effectively prevent NCDs, reduce or eliminate risk factors, and treat those with diseases.

Governments (national and local) are adept at building coalitions. The Political Declaration on NCDs presents a unique opportunity to focus on whole of government responses for NCDs, and changing required mindsets, approaches, and cultures. These are all context specific, but drivers to achieve results can include[12]:

- creating strong alliances and partnerships that recognize mutual interests, and share targets.
- building a whole of government commitment by engaging the head of government, cabinet and/or parliament, as well as the administrative leadership.
- developing strong high-level policy processes.
- embedding responsibilities into governments' overall strategies, goals and targets.
- ensuring joint decision-making and accountability for outcomes.
- enabling openness and full consultative approaches to encourage stakeholder endorsement and advocacy.
- encouraging experimentation and innovation to find new models that integrate social, economic and environmental goals.
- pooling intellectual resources, integrating research and sharing wisdom from the field.
- providing feedback mechanisms so that progress is evaluated and monitored at the highest level.
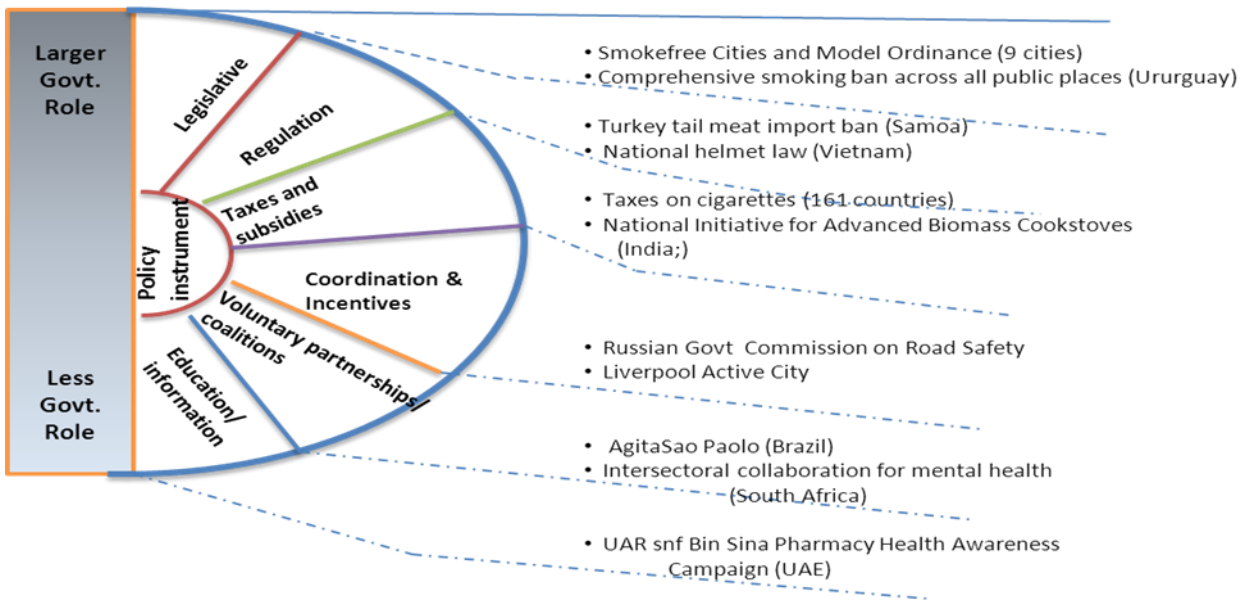
Tools and approaches for achieving multisectoral action for the prevention and control of NCDs

Governments can use a number of policy instruments, tools and approaches:

- Stewardship role/political leadership,
- Legislation, including "healthy" public policy and tailored policy interventions
- Regulation
- Financing and resource allocation; fiscal policy; subsidies, incentives
- Impact assessment measurement as well as other forms of monitoring
- Evidence generation and norm setting (e.g. guidelines)
- Knowledge management
- Community engagement and processes of accountability.
- Partnerships, coalitions, networks, and identifying means to innovatively leverage the resources of other sectors
- Engagement and role of regional and international actors, including multilateral organizations

Examples are included in figure 1.

Figure 1: Examples of some policy instruments used for multisectoral action for NCD[13]

Figure 1 content:

Larger Govt. Role / Less Govt. Role

Policy instrument: Legislative, Regulation, Taxes and subsidies, Coordination & Incentives, Voluntary partnerships/coalitions, Education/information

- Smokefree Cities and Model Ordinance (9 cities)
- Comprehensive smoking ban across all public places (Ururguay)
- Turkey tail meat import ban (Samoa)
- National helmet law (Vietnam)
- Taxes on cigarettes (161 countries)
- National Initiative for Advanced Biomass Cookstoves (India;)
- Russian Govt Commission on Road Safety
- Liverpool Active City
- AgitaSao Paolo (Brazil)
- Intersectoral collaboration for mental health (South Africa)
- UAR snf Bin Sina Pharmacy Health Awareness Campaign (UAE)

Whereas no "one size fits all" identifying strategies to develop policies and programs in each context have proven effective.

Appendix 6 further presents an approach developed by WHO which is reflected in the second part of Table 1 just below.[14] Whereas governments (all levels) have a number of approaches to use, how they are applied is equally important. This table reflects these exemplary actions.

Table 1: Summary of key steps to be used for multisectoral action

Tools and approaches that can be used:[15]	
• Inter-ministerial and inter-departmental committees • Legislative frameworks • Cross-sector action teams • Integrated budgets and accounting	• Cross-cutting information and evaluation systems Joined-up workforce development • Community consultations • Partnership platforms • Impact Assessment and similar measurement tools • Equity measurement (e.g. Urban HEART)

Steps for Implementing Whole of Government/Society Responses:[16]	
1. Self assessment 2. Assessment of other sectors 3. Analyse the area of concern (and interventions) 4. Select an engagement approach 5. Develop engagement plans 6. Use a framework to foster common understanding between sectors	7. Strengthen governance structures, political will and accountability mechanisms 8. Enhance community participation 9. Choose other good practices to foster intersectoral action 10. Monitor and evaluate

Underlying any approach that seeks going to scale requires three distinct phases: (a) proof of principle whereby interventions are tested and refined in controlled environments; (b) testing the scalability of the programme with particular focus on the drivers of expansion and how to transfer related values, and (c) rolling out programmes with strong monitoring of processes, attention to managerial behaviours and practices, as well as outputs. All three phases must be accompanied by public information and a research component to measure and debate intended and unintended impacts, as well as causality between intervention and effect.[17]

Additional success factors from the literature include the following - well defined project focus, use of high profile leaders, seizing opportunities, identifying quick wins, focusing on what each partner does best. Multisectoral partnerships are good for information sharing, advocacy, coordination and fund raising.

Monitoring and evaluation

Underlying multisectoral efforts, especially in a cross-sectoral environment, requires strong monitoring and evaluation. This requires a small number of indicators and data to ensure accountability. The recommendations for a set of voluntary global targets for NCDs (currently under development) will set the benchmark for such measurement. Bringing them to life, however, will rely on health impact assessment[18]. To measure multisectoral action (and its reliance on social factors such as education, income, and living and working conditions) Health Impact Assessment (HIA) provides a systematic approach to determine the health effects of implementing policies external to the health sector. HIAs aim to help stakeholders and policy-makers weigh the merits and drawbacks of a proposed project compared with alternate approaches. While there is no standard methodology, globally, for conducting an HIA, most HIAs follow a series of well-defined steps as noted in table 4 included in the WHO Discussion Paper 1.

The success of HIA critically depends on the extent of commitment to collaborate across sectors. Therefore, it is important to first bring relevant sectors together to make the case for joint action, to discuss their respective needs and constraints, and to create a shared language for decision-making. For example, WHO recommends using HIA as a tool for multisectoral action on health to identify:
• potential (positive and negative) health impacts of other sectors' policies.
• actions that can enhance positive impacts and reduce risks.
• the roles and responsibilities of other sectors in achieving healthy policies.

Partnership and collaboration

Multisectoral efforts are synonymous with partnering. No one can do it alone. Many approaches can be used ranging from formal partnerships, informal partnerships, joint ventures, information sharing and development of new structures. Similarly, there are many forms of coordination. Nationally, partnership development can (a) engage non-health actors and key stakeholders in collaborative partnerships to promote health and reduce NCD risk factors and (b) foster partnership between Government and civil society to support the provision for the prevention and control of NCDs.

Strengthening two types of collaboration can enable a more effective multisectoral response to NCDs, particularly given the latter's complexity. "*Horizontal* collaboration occurs across sectors. Generally, this type of collaboration involves individuals or groups from the same level of decision-making or jurisdiction, working toward a defined set of goals. *Vertical* collaboration is working across jurisdictional boundaries to address policy challenges that require decisions by more than one level of government. It can refer to global institutions working with regions and national governments, or national governments working with state, provincial or municipal governments to address complex policy challenges." [19]

An important area is a better understanding of, and criteria for, engaging and working with industry. Partnering and partnership arrangements are an important component of achieving results.

Inter-agency collaboration can significantly advance multisectoral action to achieve global targets. These also linked with lessons learned in supporting broader development agendas, such as UN-country relationships (the UN Development Assistance Framework or UNDAF), bilateral relationships, lessons from aid harmonization efforts (the Paris, Accra and Busan processes under the OECD) are helpful.

A new role for the health sector

As noted, the health sector continuously evolves in response to new needs, technologies and medicines, vaccines, diagnostics, and medical devices, health care delivery reforms and design, information technology, and social organization. As evidenced in other health debates and movements (e.g., primary health care, HIV/AIDS, polio eradication, tobacco control, response to health security threats such as pandemics, environmental and occupational health challenges, and responding to disasters/conflicts), the expectations and role of the health sector have and continue to evolve beyond simple epidemiology and medical care delivery.

Health professionals must be more adept at understanding programmes, instruments, and perspectives of other sectors, among them urban planning, environmental sciences, communication and advocacy, transport, agriculture and so on. Moreover, simply advocating that other sectors "should" undertake programming for health is not sufficient. Jointly identifying and articulating what the effect would be to promote other sectors' desired objectives and results, while supporting health goals, will be more productive. In addition to ensuring actions in other sectors, similarly the latter have a potential role to play in improving the health system response to NCDs.

Where and when the health sector should lead will depend on nature of the programme, desired intervention and implementing partner(s), and comparative advantages. Leadership can actually include provision of coordination, information, promoting others' strategies, and being an advisor. The decentralized nature of the health sector in a country is also an asset given the presence of health facilities in most communities.

Multisectoral action requires partnership requiring several enhanced and new roles for health professionals and the sector[20]:

- Understanding the political agendas and administrative imperatives of other sectors;
- Building the knowledge and evidence base of policy options and strategies;
- Communicating the epidemiology of diseases for other sectoral impact, as well as identifying clear measurable goals for NCD reduction
- Community organization and creation of a "social movement" and inclusiveness
- Identifying strategies to deal with different institutional conflicts of interest, and supporting regulation with a scientific base
- Assessing comparative health consequences of options within the policy development process
- Evaluating the effectiveness and impact of multisectoral work and integrated policy-making
- Creating regular platforms for dialogue and problem solving with other sectors;
- Building capacity through better mechanisms, resources, agency support and skilled and dedicated staff;
- Working with other arms of government to achieve their goals and in so doing advance health and well-being.

In leading, the health sector needs to work closely with civil society institutions that are well placed to harness political awareness and support for NCD prevention and control. Similarly, the private sector can harness responsible marketing, product awareness to promote healthy behaviour and to help increase access to medicines and essential technologies. However, the latter requires careful management to avoid conflict of interest that can damage public trust and credibility.

Two particular difficulties to multisectoral approaches are issues of language and access. Different sectors have distinct language and different meanings. This presents a difficulty of access to information. A more serious difficulty concerns competition and coordination. Different sectors or actors within those sectors need to be willing to focus on their strengths without distraction of what others are doing. Such difficulties can be overcome.

Funding multisectoral action

Direct health and multisectoral action to address NCDs requires a combination of use of fiscal policy and sustainable and predictable financing. This includes support for convening of stakeholders and collaboration.

Fiscal policy includes taxation policy for products such as tobacco and alcohol, and potentially for foods that are unhealthy, as well as consideration of subsidies and incentives. As Finland demonstrated in the 1970s, changing subsidies for agricultural products can significantly change individual behaviour and ultimately NCD rates.[21] Worldwide, 123 countries have levied taxes on tobacco products, and WHO recommends that 70 percent of the retail price of a tobacco pack be excise taxes[22]. Regulation is also an important instrument.

Raising and allocating financial resources for NCDs are critical. To date, the majority of such funding has emerged from families, communities, and local entities (be they government or other

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

sources).   The WHO World Health Report 2010 on Health Financing identifies a number of options governments can consider to finance their health care systems and assure universal coverage, including for NCDs.[23] Yet, financial allocations in low income and emerging economies are inadequate. In a number of countries, the most innovative sources of funding have come from funds from tobacco and alcohol-related taxation (e.g. the Thai Health Promotion Foundation, replicated in Mongolia).   As noted above, specific external sources have emerged from a limited set of philanthropists (Gates, Bloomberg), national private sector initiatives, or related bilateral funding (e.g, NCD programmes with integrated HIV/AIDS).

A novel approach to innovative financing, the Solidarity Tobacco Contribution, was developed by WHO.   Participating countries could add a small "micro-levy" as part of their larger national tobacco tax increases.   The amount would vary by a country's income status (e.g., $0.01, $0.03 or $0.05 per pack of cigarettes).   If all G20 countries, EU non-G20 countries, and Chile and Norway (43 countries in total), were to apply the micro-levy and contribute it for international health (including NCDs) purpose, it could generate significant additional sums for developing countries in excess of US$ 5.5 billion per year.[24]

Various terms are used almost inter-changeably to reflect multiple governmental and economic sectors working together to support achievement of health goals, and how health helps other sectors' achieve their respective goals (despite similarities, some differences exist). The terms include: healthy public policies, intersectoral action for health, Health in All Policies, whole-of-government, as well as the use of health impact assessment.

"**Healthy public policy** is characterized by an explicit concern for *health* and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a *supportive environment* to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health-enhancing. (WHO 1988)

Intersectoral action for health is seen as central to the achievement of greater equity in health, especially where progress depends upon decisions and actions in other sectors such as agriculture, education, and finance. A major goal in intersectoral action is to achieve greater awareness of the health consequences of policy decisions and organizational practice in different sectors, and through this, movement in the direction of healthy public policy and practice. (WHO 1998) The term **'intersectoral'** has been used originally to refer to the collaboration of the various public sectors, but more recently it has also been used to refer to the collaboration of the public sector with the private sector. The term **multisectoral action** has been used to refer to health action carried out simultaneously by a number of sectors within and outside the health system, but according to the WHO Glossary of terms (WHO 1998), it can be used as a synonym for intersectoral action.

Whole of government denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, programme management and service delivery. (Management advisory committee 2004). As a concept it is not specific for health, but aims at arriving at common government goals and their implementation.

Health impact assessment(HIA) and health systems impact assessment (HSIA) are tools both to analyze impacts of policies on health (identify the problem) and health systems, and to evaluate various solution possibilities (select between the solution possibilities) (Mindell et al 2003, Kemm 2006).

Healthy public policies and HiAP express the goal that health perspectives should be taken into consideration when policies are being made. Intersectoral action and the whole-of-government (or joined up-government) approach are possible mechanisms towards the same aim. Other mechanisms include, for example, Health impact assessment (HIA)."

Appendix 2: Political Declarations, Statements and WHO Global Strategies relevant to NCDs

Title	Reference
Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs (A/RES/66/2, 19 September 2011)	http://www.un.org/en/ga/ncdmeeting2011/ http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1
UN General Assembly Resolutions A/RES/64/265 "Prevention and control of NCDs", 20 May 2010	http://esango.un.org/event/documents/ARES64265.pdf
"Prevention and control of NCDs" Report of the Secretary-General, A/66/83	http://www.un.org/ga/search/view_doc.asp?symbol=A/66/83&referer=/english/&Lang=E
UN General Assembly Resolution A/RES/65/238, 7 April 2011 "Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases"	http://www.un.org/en/ga/president/65/issues/A-RES-65-238.pdf
2008-2013 WHO Action Plan for the Global Strategy for the Prevention and Control of NCDs	http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf **WHA 61.14** "Prevention and control of NCD: implementation of the global strategy":http://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_Rec1-part2-en.pdf
WHO Framework Convention on Tobacco Control	http://www.who.int/fctc/en/ http://www.who.int/fctc/text_download/en/index.html **WHA56.1** "WHO Framework Convention on Tobacco Control": http://apps.who.int/gb/archive/pdf_files/WHA56/ea56r1.pdf
WHO Global Strategy on Diet, Physical Activity and Health	http://www.who.int/dietphysicalactivity/en/ http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf **WHA57.17** "Global strategy on diet, physical activity and health": http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R1-en-res.pdf
WHO Recommendations on the Marketing of Food and Non-alcoholic Beverages to Children	http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf **WHA63.14**"Marketing of food and non-alcoholic beverages to children":http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf
WHO Global Strategy to Reduce the Harmful Use of Alcohol	http://www.who.int/substance_abuse/activities/gsrhua/en/ http://www.who.int/substance_abuse/alcstratenglishfinal.pdf **WHA63.13** "Global strategy to reduce the harmful use of alcohol": http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf
Rio Political Declaration on Social Determinants of Health, adopted October 2011	http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf
Declaration of the Heads of State and Government of the Caribbean Community "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007	http://www.caricom.org/jsp/communications/meetings_statements/declaration_port_of_spain_chronic_ncds.jsp
First Global Ministerial Conference on Healthy Lifestyles and NCD Control 28 and 29 April 2011, Moscow Moscow Declaration on NCDs	http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf WHA64/11 "Preparations for the High-level Meeting of the UN General Assembly on the prevention and control of noncommunicable diseases, following on the Moscow Conference": http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R11-

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

	en.pdf
Nadi Statement on the NCD crisis in Pacific Island Countries and Areas (PICs) adopted February 2011	http://www.who.int/nmh/events/2011/nadi_statement_2011 0206.pdf
Libreville Declaration on Health and Environment in Africa, adopted in August 2008 The Health and Environment Strategic Alliance for the Implementation of the Libreville Declaration, adopted by Ministers of Health and Ministers of Environment at the Second Inter-ministerial Conference on Health and Environment in Africa, Angola, November 2010	http://www.who.int/mediacentre/news/releases/2008/pr30/en/index.html http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=6&ved=0CEsQFjAF&url=http%3A%2F%2Fwww.afro.who.int%2Findex.php%3Foption%3Dcom_docman%26task%3Ddoc_download%26gid%3D3286&ei=nSxET7L2Du_MmAW_uZDRBw&usg=AFQjCNE73RneEivvnnkPFUMDtw19hzFEqQ&sig2=gg9dLwpY3o7eAJiVOMtFyg http://www.unep.org/roa/hesa/Portals/66/HESA/Docs/Conference_Outcomes/The_Health_and_Environment_Strategic_Alliance_Final_en.pdf
Statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009; Outcome Declaration of the Fifth Summit of the Americas adopted in June 2009	http://www.thecommonwealth.org/files/216911/FileName/StatementonCommonwealthActiontoCombatNon-CommunicableDiseases.pdf http://www.fifthsummitoftheamericas.org/downloads/Declaration_of_Port_of_Spain_English.pdf
ECOSOC Ministerial Declaration– 2009 High Level Segment "Implementing the internationally agreed goals and commitments in regard to global public health" ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting "Addressing noncommunicable diseases and injuries: Major challenges to sustainable development in the 21st century," May 2009	http://www.un.org/en/ecosoc/julyhls/pdf09/ministerial_declaration-2009.pdf http://www.un.org/en/ecosoc/newfunct/pdf/doha-declaration.pdf
Parma Declaration on Environment and Health, adopted by the Member States in the European Region of WHO in March 2010, EUR/55934/5.1 Rev.2	http://www.euro.who.int/__data/assets/pdf_file/0011/78608/E93618.pdf
Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010	http://menadiabetesleadership +forum.com/docs/Dubai%20Declaration%20on%20Diabetes% 20and%20Chronic%20NCDs_EN_FINAL.pdf
European Charter on Counteracting Obesity, adopted in November 2006, EUR/06/5062700/8	http://www.euro.who.int/__data/assets/pdf_file/0009/87462/E89567.pdf
Aruban Call for Action on Obesity of June 2011	http://www.paco.aw/pdf/EN_the_aruba_declaration.pdf
Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011	http://www.forumsec.org/pages.cfm/newsroom/press-statements/2011/forum-communique-42nd-pif-auckland-new-zealand.html
WHO Global Code of Practice on the International Recruitment of Health Personnel	http://www.who.int/hrh/migration/code/practice/en/ WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf
Kobe Call to Action. Adopted November 2010	http://www.who.or.jp/index_files/Kobe%20Call%20to%20Action%20FINAL_4p.pdf
Adelaide Statement on Health in All Policies, 2010	http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf
International Code of Marketing of Breast-milk Substitutes, 1981	http://www.who.int/nutrition/publications/code_english.pdf
Ottawa Charter for Health Promotion First International Conference on Health Promotion, 1986	http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
Jakarta Declaration on Leading Health Promotion into the 21st Century, 1997	http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index.html
Bangkok Charter for Health Promotion in a Globalized World, 2005	http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/index.html
Declaration on "Health in All Policies" (EU) Rome, 2007	http://www.salute.gov.it/imgs/C_17_primopianoNuovo_18_documenti_itemDocumenti_4_fileDocumento.pdf

Sectors and issues	Interrelationships between health and well-being
Economy and employment	• Economic resilience and growth is stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain working for longer.
	• Work and stable employment opportunities improve health for all people across different social groups.
Security and justice	• Rates of violence, ill-health and injury increase in populations whose access to food, water, housing, work opportunities and a fair justice system is poorer. As a result, justice systems within societies have to deal with the consequences of poor access to these basic needs.
	• The prevalence of mental illness (and associated drug and alcohol problems) is associated with violence, crime and imprisonment.
Education and early life	• Poor health of children or family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities in life. • Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society, and creates engaged citizens.
Agriculture and food	• Food security and safety are enhanced by consideration of health in food production, manufacturing, marketing and distribution through promoting consumer confidence and ensuring more sustainable agricultural practices. • Healthy food is critical to people's health and good food and security practices help to reduce animal-to-human disease transmission, and are supportive of farming practices with positive impacts on the health of farm workers and rural communities.
Infrastructure, planning and transport	• Optimal planning for roads, transport and housing requires the consideration of health impacts as this can reduce environmentally costly emissions, and improve the capacity of transport networks and their efficiency with moving people, goods and services. • Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities, and reduce environmental degradation, enhancing health.
Environments and sustainability	• Optimizing the use of natural resources and promoting sustainability can be best achieved through policies that influence population consumption patterns, which can also enhance human health. • Globally, a quarter of all preventable illnesses are the result of the environmental conditions in which people live.
Housing and community services	• Housing design and infrastructure planning that take account of health and well-being (e.g. insulation, ventilation, public spaces, refuse removal, etc.) and involve the community can improve social cohesion and support for development projects. • Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities
Land and culture	• Improved access to land can support improvements in health and well-being for Indigenous peoples as Indigenous peoples' health and well-being are spiritually and culturally bound to a profound sense of belonging to land and country. • Improvements in Indigenous health can strengthen communities and cultural identity, improve citizen participation and support the maintenance of biodiversity.

Appendix 4: Examples of multisectoral action for NCDs (International initiatives and instruments)

Internationally, the majority of multisectoral actions addressing NCDs prevention and control have thus far focused largely on NCD advocacy. The High Level Meeting on NCDs has placed a spotlight on this issue and new initiatives may emerge. Nevertheless, several initiatives and instruments to advance multisectoral action internationally do, however, exist. They include actions that carry out international instruments (treaty, World Health Assembly endorsed guidelines, etc), and specific programmes such as:

- **WHO Framework Convention on Tobacco Control.** A treaty managed by WHO, with 174 parties (countries) to date. Implementing the various Articles of the FCTC requires a variety of multi-sectoral actions and involvement of various governmental ministries and organizations (including trade, finance, labour, social welfare, education, health). The Convention Secretariat for the FCTC and the WHO Tobacco Free Initiative support countries in crafting and coordinating actions to implement provisions of the FCTC. An example of its multisectoral work, the FCTC Conference of the Parties sponsored a Study Group on economically sustainable alternatives to tobacco growing.[27]

- **WHO Global Strategy on Diet, Physical Activity and Health**. This strategy was endorsed by the WHA in 2004. This Strategy provides recommendations for Member States, WHO, international partners, private sector, civil society and nongovernmental organizations on the promotion of healthy diets and regular physical activity for the prevention of noncommunicable diseases.

- **WHO Global Strategy to Reduce the Harmful Use of Alcohol.** This strategy was endorsed by the WHA in 2010. Ten areas for national action and four priority areas for global action are identified. The former include: leadership, awareness and commitment; health services' response; community action; drink-driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; pricing policies; reducing the negative consequences of drinking and alcohol intoxication; reducing the public health impact of illicit alcohol and informally produced alcohol; monitoring and surveillance. The priority areas for global action are: public health advocacy and partnership; technical support and capacity building; production and dissemination of knowledge; resource mobilization.

- **UN Road Safety Collaboration**. Following from several UN General Assembly resolutions on road safety, WHO implements this collaboration involving governments, NGOs, UN Regional Commissions, International Agencies, Foundations, and the private sector.

- **UN Agency partnerships.** As one example, WHO, UNEP, and the World Bank worked collaboratively with governments, NGOs and others to eliminate lead in gasoline. Linked to a number of diseases, by 2013, all gasoline will be lead free. Based on pioneering public health work and evidence over 70 years, policy decisions by countries around the world, and the engagement of UN agencies such as the WHO, UNEP, and the World Bank, lead will be eliminated. Achieving this goal required social mobilization, evidence, and regulation. This success has spurred on a WHO-UNEP led effort to eliminate lead in paints globally.

- **Philanthropy support.** An example of a non-health sector contributing to NCDs, the **Bloomberg Foundation** has led in providing financial support for global initiatives in NCDs. Notably, it has supported the implementation of multisectoral programmes to curb smoking (in line with the FCTC) in 15 high burden countries via WHO. This effort has involved governmental and NGO stakeholders, and instruments (taxes, prevention of smuggling, protection of workers from secondhand smoke and public awareness). A similar initiative by Bloomberg is supporting road safety efforts. The **Gates Foundation** is supporting tobacco use reduction primarily in Africa. Another key philanthropy is Livestrong[28] from the Lance Armstrong Foundation. It supports multisectoral programming to reduce stigma attached to cancer, school-based education programmes, and community-based initiatives involving diverse actors.

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

- **Public-private partnerships.** The **Global Alliance for Improved Nutrition** (**GAIN),** created in 2002, supports companies and public-private initiatives to fortify foods and thus reduce malnutrition. Working with 600 companies in 30+ countries, it has reached an estimated 530 million people.

- **Private sector initiatives.** An example is the World Economic Forum's "Working Towards Wellness" initiative that documented and advocated to companies to structure company wellness initiatives to increase worker's health, reduce NCDs, and increase productivity.[29] WEF has also collaborated with WHO in documenting the benefits of such programmes.[30]

- **Bilateral donor agencies.** An example of integrating NCD programmes with other health or development assistance programmes, the US Agency for International Development (USAID) launched an effort in 2004 to incorporate cervical cancer prevention and screening into its large PEPFAR HIV/AIDS Assistance programme in a number of sub-Saharan African countries. The goal is to reduce cervical cancer deaths by 25% in women screened in the initiative. The budget is USD 30 million.

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

Appendix 5: Examples of multisectoral action on health to prevent childhood obesity[31]

Stakeholder	Level of Action	Examples
Government		
National	Policy	National guidelines for action Coordination of multisectoral action by health ministries
	Programmes	National strategies for obesity prevention that include children with disability and other vulnerable groups who are more susceptible to obesity
	Advocacy	Resources and tools for advocacy Platforms for sharing of evidence and best practice
Global forums: WHO Other UN agencies	Policy	Global guidelines for action Further development of priority setting tool, based on previous work by OECD and the ACE Obesity project
	Programmes	Technical support and tools for monitoring and surveillance
	Advocacy	Platforms for sharing of evidence and best practice
Sub-national	Policy	Strategies for contextualization of national guidelines Coordination and knowledge sharing
	Programmes	School-based strategies for obesity prevention that include children with disability and vulnerable groups who are more susceptible to obesity
	Advocacy	Knowledge and evidence-sharing based on experiences
Local	Policy	Guidelines for healthy settings Healthy built environments
	Programmes	Tailored programmes for local context, that include children with disability and other vulnerable groups who are more susceptible to obesity Localized social marketing for healthy diets and activity
	Advocacy	Knowledge and evidence sharing based on experiences
NGOs and civil society		
	Policy	Development of technical guidance tools
	Programmes	Documenting of stakeholder interactions to improve transparency
	Advocacy	Dissemination of 'good practice models' for multi-stakeholder Interactions
Academia		
	Policy	Evaluation and outcomes research
	Programmes	Development of evidence base and tools for evaluation
	Advocacy	Strategies for integrating evidence into practice
Private Sector		
	Policy	Responsible marketing
	Programmes	Reformulation of foods
	Advocacy	Raise awareness of healthy lifestyles through culturally acceptable programmes

Appendix 6: Recommended approaches to implementing effective andsustainable intersectoral action on health [32]

Health and quality of life of individuals and populations are determined by a complex set of interrelated factors. Such complexity means that measures to promote and protect health and well-being cannot be confined to the health sector alone. Designing and implementing public policies that improve quality of life requires the active involvement and engagement of other sectors of society in all steps of the process.

Working together across sectors to improve health and influence its determinants is often referred to as *intersectoral action on health*. The following guidance aims to present some simple steps that policy-makers can take to work across sectors more systematically in order to improve the health of their citizens and health equity among communities.

Strategies to promote intersectoral action on health

Two overall strategies for promoting intersectoral action can be described:

- One general strategy integrates a systematic consideration of health concerns into all other sectors' routine policy processes, and identifies approaches and opportunities to promote better quality of life: *"Health in all policies"*.
- An alternative approach is more issue-centred and narrower, aiming to integrate specific health concerns into relevant sectors' policies, programmes and activities, as appropriate. Widespread adoption of the *WHO Framework Convention of Tobacco Control* is an excellent example of this approach.

Steps to implement intersectoral action on health

There are a series of steps that can be taken to initiate and accomplish intersectoral action on health. The steps described below are relevant to both issue-centred approaches and to the general *Health in all policies* strategy.

1. Self-assessment

- Assess the health sector's capabilities, readiness, existing relationships with relevant sectors and participation in relevant intergovernmental bodies.
- Strengthen institutional capacity by improving staff abilities to interact with other sectors (e.g. public health expertise, overall understanding of public policies, politics, economics, human rights expertise etc.), in order to identify intersectoral opportunities and communicate potential co-benefits.

2. Assessment of other sectors

- Achieve a better understanding of other sectors, their policies and priorities, and establish links and means of communication to assess their relevance to the established health priorities.
- Use **health impact assessment** as a tool to identify potential (positive and negative) health impacts of other sectors' policies, actions that can enhance positive impacts and reduce risks; and the roles and responsibilities of other sectors in achieving healthy policies.
- Conduct a **stakeholder and sector analysis**. Identify relevant intersectoral processes, bodies, laws, mandates for intersectoral action.
- Improve interaction and strengthen mutual, intersectoral engagement, including through participation in activities led by other sectors.

3. Analyse the area of concern

- Define the specific area of concern and potential interventions.

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

- Present sector-specific, disaggregated data focusing on the impact on other sectors and analyse the feasibility of the intervention.
- Build your case using convincing data to describe how policies in the sector of interest affect health, and propose ways these can be changed to promote health-related co-benefits. Use evidence to highlight potential co-benefits.

4. Develop engagement plans
- Develop a strategy to involve relevant sectors. The emphasis is on win-win and the creation of a climate of trust. Salient features of the plan include shared goals and targets; pooled resources; defined tasks, roles and responsibilities. Selection of an engagement approach is a key component in the plan and the approach can be on sector, issue or even "opportunistic" basis.

5. Use a framework to foster common understanding between sectors
- A key factor for successful intersectoral action is the ability to identify a common understanding of the key issues and required actions to address them. This can be aided through the use of the same framework to facilitate a common understanding of the causal pathways and key intervention points.

6. Strengthen governance structures, political will and accountability mechanisms
- Establish/strengthen governance structures to ensure successful intersectoral action. Examples include national constitutions, presidential mandates, adoption of new laws, compulsory reporting, human rights accountability, shared budgets, and implementation of international agreements such as the FCTC.
- Develop accountability mechanisms by means such as promoting open access to information, meaningful public/civil society participation at all levels, disclosure, grievance and ombudsperson functions.
- Utilize relevant sections of human rights treaties, and reporting mechanisms mandated by international agreements to support integration of health determinants across sectors.

7. Enhance community participation
- Enhance community participation throughout the policy development, implementation and evaluation processes through public consultation/hearings, disseminating information using mass media, web-based tools and facilitating the equal and meaningful involvement of constituency/NGO representatives at all levels.

8. Choose other good practices to foster intersectoral action
- Join other sectors in establishing common policies/programmes/initiatives with joint reporting on implementation with common targets.
- Be an agent in other sectors' policies/programmes/initiatives, and invite other sectors to be an agent in yours.
- Provide tools and techniques to include health in the policies of other sectors and to address health inequalities/inequities (e.g. health impact assessment, economic analysis, data disaggregated by gender, class, ethnicity, participatory research, and qualitative analysis etc.).

9. Monitor and evaluate
- Follow closely the implementation of intersectoral action through monitoring and evaluation processes in order to determine the progress in achieving planned outcomes, and identify opportunities for productive changes in approach.

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

Endnotes

[1]Closing the gap in a generation http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf; Social determinants approaches to public health: from concept to practice http://whqlibdoc.who.int/publications/2011/9789241564137_eng.pdf

[2]WHO.Intersectoral Action on Health: Impact on noncommunicable diseases through diet and physical activity. Report of an Expert Consultation 6–7 September 2010 Helsinki, Finland, WHO Centre for Health Development.

[3]http://www.sahealth.sa.gov.au/wps/wcm/connect/d4f9bd0043aee08bb586fded1a914d95/omseet-sahealth-100610.pdf?MOD=AJPERES&CACHEID=d4f9bd0043aee08bb586fded1a914d95

[4]http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

[5]http://www.who.int/kobe_centre/interventions/intersectorial_action/en/ and WHO Reference Group for Guidance and Resource Materials on Intersectoral Action and Health in All Policies http://ezcollab.who.int/Community.aspx?c=0193bdf2-be13-4c45-ae95-58af43876919 , and
http://www.who.int/social_determinants/en/ and http://www.actionsdh.org/

[6]Dr CristianBaeza, Director, Health, Nutrition, and Population, The World Bank, Moscow April 29, 2011 International Cooperation onNCD http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/second_plenary_baeza_international_cooperation.pdf

[7]Para 42

[8] Para 45

[9] Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies. Public Health Agency of Canada and WHO, 2008. http://www.phac-aspc.gc.ca/publicat/2008/hetia18-esgai18/pdf/hetia18-esgai18-eng.pdf

[10] --Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies. Public Health Agency of Canada and WHO, 2008. http://www.phac-aspc.gc.ca/publicat/2008/hetia18-esgai18/pdf/hetia18-esgai18-eng.pdf
--Health in All Policies—The Finish Initiative: Background, Principles, and Current Issues, Pekka Pushka & Timo Stahl, Annual Review of Public Health 2010 31:315-28;
--Social determinants approaches to public health: from concept to practice
http://whqlibdoc.who.int/publications/2011/9789241564137_eng.pdf;
--Population-based Prevention Strategies for Childhood Obesity, WHO, Report of a WHO Forum and Technical Meeting, 2010; Effective responses to NCDs:
--Embracing Action Beyond the Health Sector, World Bank 2011:
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf
--The Growing Danger of NCDs: http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/WBDeepeningCrisis.pdf
--Effective responses to NCDs: Embracing Action Beyond the Health Sector, World Bank 2011:
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf
--Chronic Emergency: Why NCDs Matter, World Bank 2011
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/ChronicEmergencyWhyNCDsMatter.pdf
--WHO.Intersectoral Action on Health: Impact on noncommunicable diseases through diet and physical activity. Report of an Expert Consultation 6–7 September 2010 Helsinki, Finland, WHO Centre for Health Development.
http://www.who.int/kobe_centre/interventions/intersectorial_action/en/ and WHO Reference Group for Guidance and Resource Materials on Intersectoral Action and Health in All Policies http://ezcollab.who.int/Community.aspx?c=0193bdf2-be13-4c45-ae95-58af43876919
--Intersectoral action for health: A path for policy-makers to implement effective and sustainable action on health, WHO 2011 at
http://www.who.int/kobe_centre/publications/ISA-booklet_WKC-AUG2011.pdf
--http://www.who.int/social_determinants/en/ and http://www.actionsdh.org/
--http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf
--https://members.weforum.org/pdf/Wellness/report.pdf
http://whqlibdoc.who.int/publications/2008/9789241596329_eng.pdf
--Public Health Agency of Canada, *Crossing Sectors - Experiences in Intersectoral Action, Public Policy and Health,* 2007.
http://www.phac-aspc.gc.ca/publicat/2007/cro-sec/pdf/cro-sec_e.pdf

[11]Population-based Prevention Strategies for Childhood Obesity, WHO, Report of a WHO Forum and Technical Meeting, 2010; Effective responses to NCDs: Embracing Action Beyond the Health Sector, World Bank 2011:
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf

[12] Adelaide Statement on Health in All Policies, 2010.

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs

[13] Adapted from *The Growing Danger of NCDs: Acting Now to Reverwe Course.* World Bank, 2011
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/WBDeepeningCrisis.pdf

[14] Intersectoral action for health: A path for policy-makers to implement effective and sustainable action on health, WHO 2011 at**http://www.who.int/kobe_centre/publications/ISA-booklet_WKC-AUG2011.pdf**

[15] From Adelaide Statement on Health in All Policies, 2010

[16] WHO Global Status Report on NCDs, 2010.Based on a report published by the WHO Centre for Health Development (Kobe), 2011, and relying on analysis of international experiences and a series of expert consultations hosted by WHO between June 2009 and October 2010.

[17] Social Determinants approaches to public health: from concept to practice, WHO, 2011, p. 200.

[18] World Health Organization. "Intersectoral action on health: A path for policy makers to implement effective and sustainable action on health". Kobe, 2011; Robert Wood Johnson Foundation. "Exploring the Social Determinants of Health: Health Impact Assessment", Issue Brief Series, May 2011.

[19] Public Health Agency of Canada, *Crossing Sectors - Experiences in Intersectoral Action, Public Policy and Health*, 2007.
http://www.phac-aspc.gc.ca/publicat/2007/cro-sec/pdf/cro-sec_e.pdf

[20] Adelaide Statement for Health in All Policies

[21] Health in All Policies—The Finish Initiative: Background, Principles, and Current Issues, Pekka Pushka & Timo Stahl, Annual Review of Public Health 2010 31:315-28;

[22] WHO Discussion Paper: Solidarity Tobacco Contribution http://www.who.int/nmh/events/un_ncd_summit2011/ncds_stc.pdf

[23] WHO World Health Report, 2010. *Health systems financing: the path to universal coverage*, http://www.who.int/whr/2010/en/index.html

[24] http://www.who.int/tobacco/economics/innovative_financing/en/index2.html

[25] This annex is derived from a Discussion Paper prepared in advance of the 8th Global Conference on Health Promotion (Finland, 2013) by Dr Eeva Ollila (Finland) as a part of a WHO consultancy.

[26] Based on a table contained in the Adelaide Statement on Health in All Policies, 2010

[27] http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf

[28] http://www.livestrong.org/What-We-Do/Our-Actions/Programs-Partnerships

[29] https://members.weforum.org/pdf/Wellness/report.pdf

[30] http://whqlibdoc.who.int/publications/2008/9789241596329_eng.pdf

[31] Population-based Prevention Strategies for Childhood Obesity, WHO, Report of a WHO Forum and Technical Meeting, 2010; Effective responses to NCDs: Embracing Action Beyond the Health Sector, World Bank 2011:
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf

[32] WHO Global Status Report on NCDs, 2010. Based on a report Intersectoral Action on Health published by the WHO Centre for Health Development (Kobe), 2011, and relying on analysis of international experiences and a series of expert consultations hosted by WHO between June 2009 and October 2010. http://www.who.int/kobe_centre/publications/intersectorial_action_health2011/en/index.html

Annex to WHO Discussion Paper 1 –Effective approaches for strengthening multisectoral action for NCDs