

WHO DISCUSSION PAPER 1

(Version dated 19 March 2012)

Effective approaches for strengthening multisectoral action for NCDs

I. Purpose

The Political Declaration of the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (United Nations General Assembly resolution A/RES/66/2) commits Member States to take action to, inter alia, reduce risk factors for noncommunicable diseases (NCDs) and create health-promoting environments (paragraph 43 of the Political Declaration on NCDs), strengthen national policies and health systems for the prevention and control of NCDs (paragraph 45), strengthen country-level surveillance and monitoring systems (paragraph 60), consider the development of national targets and indicators (paragraph 64), and strengthen viable financing options (paragraph 45).

Member States have recognized that effective NCD prevention and control require multisectoral approaches at the government level, including, as appropriate, whole-of-government approaches across such sectors such as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development (paragraph 36).

Through WHO Executive Board resolution EB130.R7, WHO is requested to submit a progress report and a timeline for the WHO's input on options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership to the Sixty-fifth World Health Assembly (WHA) and then to report to the Secretary-General for "options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership".

This WHO Discussion Paper draws on current experience with effective approaches for strengthening multisectoral action to prevent and control NCDs. Many interventions exist for prevention and control of NCDs. Even the wealthiest countries, however, have to make choices about which of these are implemented, because resources for health are finite -- and in most countries, very limited. A

number of criteria inform these decisions, including the current and projected burden of diseases (or their underlying risk factors, such as tobacco use), the cost-effectiveness, fairness and feasibility of implementing interventions, and political considerations.

In preparation for the UN High-level Meeting on NCDs, WHO identified a set of evidence-based best buy interventions that meet these criteria¹. The best buy concept extends beyond economic efficiency or cost-effectiveness. It is an intervention with compelling evidence for cost-effectiveness that is also feasible, low-cost and appropriate to implement within the constraints of the local health system. Policy-makers can consider best buys as a core set of multisectoral interventions that are a priority to bring to scale. This core set of NCD interventions are shown in the table in Table 1.

Table 1: The best buys for NCD prevention and control

NCD core intervention set (best buys)		
Population-based interventions addressing NCD risk factors	Tobacco use	<ul style="list-style-type: none"> - Excise tax increases - Smoke-free indoor workplaces and public places - Health information and warnings about tobacco - Bans on advertising and promotion
	Harmful use of alcohol	<ul style="list-style-type: none"> - Excise tax increases on alcoholic beverages - Comprehensive restrictions and bans on alcohol marketing - Restrictions on the availability of retailed alcohol
	Unhealthy diet and physical inactivity	<ul style="list-style-type: none"> - Salt reduction through mass media campaigns and reduced salt content in processed foods - Replacement of trans-fats with polyunsaturated fats - Public awareness programme about diet and physical activity
Individual-based interventions addressing NCDs in primary care	Cancer	<ul style="list-style-type: none"> - Prevention of liver cancer through hepatitis B immunization - Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions
	Cardiovascular disease and diabetes	<ul style="list-style-type: none"> - Multi-drug therapy (including glycaemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (> 30%) of a CVD event within 10 years - Providing aspirin to people having an acute heart attack

The average yearly cost to implement the best buy NCD interventions for all low- and middle-income countries is estimated to be US\$ 11.4 billion (an overall cost of

US\$ 170 billion for the period 2011-2025). The cost per head of population is low. It represents an annual investment of under US\$ 1 per person in low-income countries, US\$ 1.50 in lower middle-income countries; and US\$ 3 in upper middle-income countries. Expressed as a proportion of current health spending, the cost of implementing such a package amounts to 4% in low-income countries, 2% in lower middle-income countries and less than 1% in upper middle-income countries.² Other cost-effective and low-cost population-wide interventions are discussed in Annex 1.

II. Background

The principal NCDs are cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. They were collectively accountable for 63% of deaths globally in 2008. They are largely preventable through reduction of four main behavioral risk factors: tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diet. Addressing these risk factors can serve as an entry point for multisectoral action for NCDs, as well as for other causes of morbidity and mortality, including HIV, sexual and reproductive health and childhood disease.

The consequences of the NCD epidemic significantly affect economies and strike disproportionately at poor and vulnerable populations. NCDs have significant and broad social, economic and political impacts through a combination of increasing health care costs and reducing productivity. These impacts occur across sectors, and disproportionately disadvantage the poor. Despite this, a recent survey showed that less than 3% of the US\$ 22 billion spent on health by international aid agencies in low- and middle-income countries is spent on NCDs, despite NCDs forming 60% of the burden of disease in those countries.

The 2008 Commission on Social Determinants for Health and follow up reports further documented the role and need for multisectoral action for health, particularly in addressing equity gaps. Given the causes of NCDs are profoundly influenced by multisectoral factors, effective responses equally need the support of sectors beyond health. This can be equally true for the implementation of the commitments included in the Political Declaration on NCDs in general,³ as for the development and implementation of national policies and programmes in particular.

While the Political Declaration on NCDs recognizes the importance of leadership by the health sector, other key sectors are shown in Table 2. The tools for multisectoral government action include: laws, regulations, policies, budgetary allocations, impact assessments and other political instruments. Additionally, government must lead in the formation of partnerships with civil society and the private sector.

The response to NCDs requires augmented financing for ministries of health, cross-sectoral activities, and innovative partnerships led by governments and involving other stakeholders. The sources of financing for most countries primarily will be domestic, but some least developed countries may require international support for

technical assistance, capacity building, and initiation of programming. While the long term nature of NCD risk factor exposure and disease necessitates predictable and sustainable financing that is ideally provided for by national budgets, some least developed countries may require external assistance, sources for which are generally lacking at present but could be increased by traditional and innovative financing mechanisms.

*Table 2: Examples of cross-sectoral government engagement to reduce NCD risk factors*⁴

Sector	Tobacco use	Physical inactivity	Harmful use of alcohol	Unhealthy diet	Other (eg environment)
Health	✓	✓	✓	✓	✓
Education	✓	✓	✓	✓	
Finance	✓	✓	✓	✓	✓
Urban planning		✓	✓	✓	✓
Agriculture	✓		✓	✓	
Industry		✓	✓	✓	✓
Transport	✓	✓			✓
Environment		✓		✓	✓
Housing	✓	✓			
Justice/Security	✓	✓	✓		
Energy		✓			✓
Social/Welfare	✓	✓	✓	✓	✓
Sports	✓	✓	✓	✓	
Communication	✓	✓	✓	✓	✓
Legislature	✓	✓	✓	✓	✓
Trade	✓	✓	✓	✓	✓

This WHO Discussion Paper builds on the whole-of-government principle espoused in the Political Declaration on NCDs (paragraphs 33-42) – and refines it to emphasize the importance of adapting response to national situations and to keeping cooperation and collaboration across government departments focused on the participation necessary for action, i.e. function rather than form, ensuring that NCDs receive appropriate cross-sectoral responses.

Many countries and municipalities around the world are engaged in ongoing multisectoral activities for NCD control and prevention. References for these can be found in Annex I, as can further information about key international declarations, charters, and WHO guidelines supporting multisectoral action for NCDs.

This WHO Discussion Paper presents seven issues for consultation. These issues have been identified in the Political Declaration on NCDs and during the preparatory process leading up to the UN High-level Meeting on NCDs in September 2011. Independently and collectively, they are critical enablers to achieving a Member

State-led global response to NCDs. Member States are invited to comment on options for stakeholder groups to galvanize or enhance these critical elements for the successful prevention and control of NCDs.

III. Issues for consultation

For each of the seven issues identified below, Member States are invited to respond to the following questions:

1. Are there priority policy recommendations that should be added?
2. Are there policy recommendations that should be removed?
3. For the Sixty-fifth World Health Assembly, which of the listed policy recommendations should be accorded the highest priority? Based on which criteria?

Issue 1	Achieving whole of government action
Issue 2	Political leadership
Issue 3	Responsible stewardship and conflict of interest
Issue 4	Sustainable financing for addressing NCDs
Issue 5	Sustainable workforce for action against NCDs
Issue 6	Promote access to safe, effective, quality medicines and diagnostic and other technologies
Issue 7	Promote development and use of impact assessment methods to monitor and evaluate multisectoral action

Issue 1 - Achieving whole of government action

Through the Political Declaration on NCDs, Heads of State and Government and their representatives committed to:

- Establish or strengthen, by 2013, national multisectoral policies and plans for NCDs, taking into account the Global Strategy for the Prevention and Control of NCDs (endorsed by the WHA in 2000) and its Action Plan (2008).
- Integrate NCDs policies and programmes into health-planning processes and the national development agenda of each country.
- Develop national targets and indicators based on guidance provided by WHO and give greater priority to surveillance.
- Accelerate implementation of the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol.
- Strengthen health systems that support primary care, prioritize early detection and treatment, and improve access to affordable essential medicines for NCDs.

The Political Declaration on NCDs recognized that actions to prevent and control NCDs fundamentally require contributions from a large range of sectors beyond health, or in other words a multisectoral response.

Many examples of multisectoral action can be identified, as shown in Table 3. Often referred to as a whole-of-government approach, these examples illustrate the benefits of targeted collaborations between those ministries with contributing roles and responsibilities. Further examples from national, regional and global programmes can be found in Annex I.

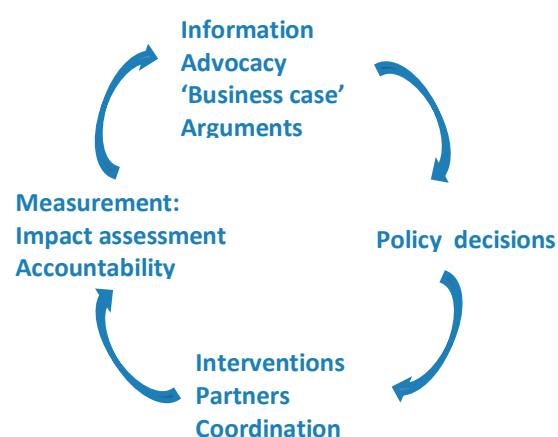
Table 3: Examples of the potential effects of multisectoral action for NCDs

NCD or risk factor	Sector (examples)	Examples of multisectoral action	Desired effect
Tobacco use	<ul style="list-style-type: none"> • Legislature • Ministries of Finance, Education, Agriculture, Trade, Local Government • NGOs 	<ul style="list-style-type: none"> • Full implementation of WHO FCTC • Crop rotation and exchange • Smoke free cities • Tax increases 	<ul style="list-style-type: none"> • Reduce tobacco production and consumption • Reduce exposure to second-hand smoke • Reduced NCD morbidity and mortality • Increased worker productivity • Initially, increased revenue from tobacco taxes

NCD or risk factor	Sector (examples)	Examples of multisectoral action	Desired effect
Physical inactivity	<ul style="list-style-type: none"> • Urban planning • Ministry of Finance, Transport, Education, Labour. Local Government, Sports/Youth • Private sector • NGOs • Police control for cycle lanes and safe spaces 	<ul style="list-style-type: none"> • Urban planning and re-engineering for active transport (Active City Design in New York City, Liverpool); walkable cities • Healthy transport, reduce car use • School-based programmes <p><u>(From Political Declaration on NCDs):</u></p> <ul style="list-style-type: none"> • Give priority to regular and intense physical education classes in schools; • Provide incentives for work-site healthy-lifestyle programmes; • Increase availability of safe environments in public parks and recreational spaces to encourage physical activity 	<ul style="list-style-type: none"> • Increased physical activity • Reduced disease morbidity and mortality (NCDs, etc) • Reduce air pollution • Increased worker productivity • Enhanced educational outcomes for children • Reduce crime • Enhanced urban “green” planning
Harmful use of alcohol	<ul style="list-style-type: none"> • Legislature • Ministries of Trade, Industry, Education, Finance, Justice, Local Government • Private sector • NGOs 	<ul style="list-style-type: none"> • Tax increases • Bans on alcohol advertising • Restricted access to retailed alcohol • Reduced drunk driving 	<ul style="list-style-type: none"> • Reduced excessive alcohol consumption • Reduced disease morbidity and mortality (NCDs, HIV, child health, etc) • Reduced crime

NCD or risk factor	Sector (examples)	Examples of multisectoral action	Desired effect
Unhealthy diet	<ul style="list-style-type: none"> • Legislature • Ministries of Agriculture, Trade, Industry, Education, • Private Sector • NGOs • Finance (subsidies for fruit and vegetables), sin taxes on unhealthy foods 	<ul style="list-style-type: none"> • Reduce amount of salt and sugar in processed foods • Eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet • Controlled marketing to children • Promotion of fruit and vegetable intake • Behavioural interventions (including school feeding) • Nutritious food security 	<ul style="list-style-type: none"> • Reduced use of salt, sugar, and fat • Substitution of healthy foods for foods high in fat/sugar/salt • Reduced obesity • Reduced disease morbidity and mortality (NCDs, malnutrition, child health, etc) • Diversified agricultural productivity and new markets • Enhanced educational outcomes
Other risk factors	<ul style="list-style-type: none"> • Ministries of Environment • Transport • Private sector • NGOs 	<ul style="list-style-type: none"> • Health impact assessments of oil and gas sector; transport, agriculture, etc • Mandatory helmet laws • Elimination of lead in paint; mercury, asbestos • Adherence to occupational health laws and standards 	<ul style="list-style-type: none"> • Reduced environmental-linked diseases • Reduced injuries from accidents • Reduced occupational-related illness and accidents • Increased productivity

Work undertaken by WHO, the World Bank,⁵ and others have identified various multisectoral approaches and actions relevant for NCDs. In general, the adjacent figure reflects a cycle where information, advocacy, tailored business cases for NCDs and multisectoral action leads to policy decisions (including resource allocation), actions involving multiple partners, and monitoring of progress to increase accountability, conduct operational research and make necessary adjustments to the programmes.



Investments in surveillance, monitoring and evaluation, and operational research are particularly critical for a multisectoral NCD response because the myriad costs of

NCDs across sectors and across society are often hidden and because local adaptation of “best buys” needs to be reviewed and assessed. The principle of “Three Ones”⁶ introduced by UNAIDS and WHO to streamline national responses and maximize national leadership, can serve as an important model for the NCD response.

Further information about approaches for strengthening multisectoral action can be found Annex I.

To further multisectoral action against NCDs:

Proposed actions for Member States:

- Establish/develop a national plan, by 2013, to reach national targets and to implement the core set of NCD interventions through multisectoral action using a whole-of-government approach:
 - Set national targets and indicators based on national situations and guided by the voluntary global targets, and measure progress towards those targets, guided by the global monitoring framework.
 - Establish cross-ministry NCD working groups reporting to the highest levels of government to oversee the development, implementation and periodic evaluation of national NCD plans.
 - Form multistakeholder and multisectoral working groups to assist in the formation and implementation of national plans.
 - Increase and prioritize budgetary allocations for addressing NCDs, taking into account domestic circumstances.
- Develop national multisectoral framework inclusive of mechanisms for planning, guiding, monitoring and evaluating enactment of multisectoral policies and their impacts on NCDs, as well as analyzing the impact of NCDs on different government sectors.
- Establish a periodic mechanism to analyze how policies in other sectors affect health, including by conducting health impact assessments, to identify which sector policies have a major impact on public health priorities, to foster a shared understanding between sectors and to ensure a health-in-all-policies” approach.
- Support innovative financing instruments for NCDs (e.g. the tobacco solidarity contribution).⁷

Proposed actions for intergovernmental organizations and international financial institutions:

- Encourage multilateral agencies to review, adapt, develop, and adopt international norms, guidelines and/or compacts to highlight NCD action across sectors and to increase consistency across agencies and their respective norms guidelines and, where they exist, compacts. These include those affecting health, human rights, trade, children, agriculture, labour, environment, women, shelter, and engaging the private sector.

- Support country actions by promoting knowledge sharing, facilitating networks, evaluating interventions, and developing global and regional standards.
- Support increasing the evidence base for (i) integrating effective NCD prevention, treatment, and monitoring programmes into existing health systems; and (ii) multisectoral actions to achieve NCD targets.

Proposed actions for civil society:

- Develop materials and disseminate information to decision makers; disseminate technical guidance and norms.
- Ensure an independent voice for accountability.
- Integrate NCDs into health and social service delivery models and communications with the community.

Proposed actions for the private sector:

- Engage with the government (relevant ministries and multisectoral working groups) to bring core business expertise to support government priorities, depending on industry and business strengths as appropriate.
- Use privileged channels to workers (e.g. workplace health programmes), supply chain partners, and consumers to promote NCD messages and programmes.
- Consider including NCD-related activities in corporate philanthropy.
- Implement the actions included in paragraph 44 from the Political Declaration on NCDs.

Proposed actions for the WHO Secretariat:

- Exercise a leadership, convening, and coordination role for Member States and promoting and monitoring global multisectoral action against NCDs:
 - Support through "how to" guides, with best practices and advice
 - Political advocacy:
 - Support efforts to document and analyze whole of government multisectoral actions for NCDs in a deliberate manner, including models from national and local governments-- promote exchange of best practices.
 - Foster best practice sharing and development of technical supports and normative guidance (at global level and in country).
 - Facilitate South-South collaboration.

Issue 2 – Political leadership

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.

The multisectoral national policies and plans for the prevention and control of NCDs have major political and budgetary implications, well beyond their direct implications for the public sector. Eventually, they have to be endorsed as part of a new government programme. As health takes increasing political space in how countries view their future, the legitimacy of, and political commitment to, the NCD policies and plans depends on integration with the broader national development dialogue.

Additionally, the governance arrangements for implementing multisectoral national policies and plans for the prevention and control of NCDs require leadership in terms of the role of the various institutions and stakeholders, regulatory and legal frameworks to ensure sustainability, working with other sectors, dealing with the donor community and monitoring performance.

Health issues championed by political leaders tend to garner greater attention and resources.

Broad based advocacy campaigns have historically succeeded in raising health higher on policy makers' agendas. Effective coalitions may include: trade unionists, voluntary organizations, the private sector, the general public, the media, academia, faith-based organizations, and other members of civil society. Coalitions may be local, national, regional or global.

Coalitions can be supported by the generation of evidence-based messages and material and by other technical and programmatic support.

To meet the complex, multidimensional challenges posed by NCDs, leaders must have the courage to take risks and generate innovative action for results by:

- Enhancing key stakeholders' understanding of the multisectoral complexity of the NCD epidemic and responses to it.
- Bringing leaders from different sectors together to form dynamic, results-oriented partnerships and communicates of practice, to learn how to shift from resignation and organizational paralysis to a sense of possibility and urgency for action.
- Supporting leaders in generating initiatives that will make a sustainable difference in the response to NCDs.

To support these efforts:

Proposed actions for Member States:

- Strengthen governance structures, political will and accountability mechanisms to build a whole-of-government commitment across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and socio-economic development, that recognize mutual interests and share targets, including for the prevention and control of NCDs, and by engaging the head of government, cabinet and/or parliament, as well as the administrative leadership and by promoting a “health in all policies” approach.
- Create NCD Government structures e.g. NCD plans, cross cluster teams health liaison groups, interdepartmental ministerial meetings, knowledge management and support with appropriate information on NCDs, advocacy material for government departments.
- Recognise the "community domain" in all health policies – i.e. that civil society, the general public and the private sector need to have a voice in setting NCD policy for a country – and create platforms for engagement. Encourage social movements for NCD prevention and control.

Proposed actions for intergovernmental organizations and international financial institutions:

- Establish leadership development programmes to support national NCD responses.
- Create the multisectoral platforms and exhibit the leadership on NCD issues to serve as models for Member States.

Proposed actions for civil society:

- Craft communication and advocacy messages in support of NCDs and multisectoral action.
- Advocate for the development and implementation of multisectoral policies and encourage the mobilization of resources, both human and financial; advocate for inclusion of vulnerable groups (e.g. women, children, elderly, disabled, low income populations).

Proposed actions for the private sector:

- Advocate for the importance in investing in NCD prevention and care to build national productivity; build health education and health literacy messages into communications with consumers to promote their awareness and action.

Proposed actions for the WHO Secretariat:

- Work with Member States, IGOs/IFIs and civil society to ensure optimum communication and advocacy messages in support of multisectoral action for

NCD prevention and control through existing fora (e.g. WHO Governing Bodies, UN General Assembly, WHO Regional Committees, UN regional bodies):

- Ensure support for continued implementation of WHO Framework Convention on Tobacco Control and the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs.
- Through UN senior management bodies (e.g. Chief Executives Board, UN Development Group), advocate for NCD multisectoral action
- Following from the Political Declaration on NCDs, and as the leading and coordinating authority on health, coordinate actions by UN agencies, and to provide assistance to countries in their respective coordination of NCD multisectoral action.
- Identify and support national champions as required.

Issue 3 - Responsible stewardship and conflict of interest

Achieving multisectoral action is not easy. Challenges may include competing government, organizational, 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 (economic or otherwise), and competing programmes. These can equally occur between governments at the global level, between government sectors at the national level, between government and non-government actors at all levels.

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. Resolution can be achieved through persistent and systematic engagement with political processes and key decision-makers.

Managing complex multisectoral and multistakeholder interactions is critical for effective action for NCD prevention and control.

This includes engagement with the private sector, which has a role to play in efforts against NCDs. In the framework of a public-private response, and with the support of public institutions, the private sector can bring its comparative advantages (including industry expertise, resources, and global reach) to develop and strengthen logistical systems for delivery of health-related goods and services, and develop capacity in national contexts; facilitate healthy NCD policies by involving urban planning, establishing and promoting healthy communities, and consumer awareness, and promote innovative thinking and develop creative solutions for good and services in support of the NCD agenda.

In seeking the benefits of engagement with stakeholders, a primary concern is to avoid negative impacts arising from real or perceived conflicts of interest. Conflicts of interest may arise when personal, professional, financial, or business interests are not aligned with agreed public health goals.⁸ Conflicts could arise from business interests, including: investments, intellectual property interests (e.g. a patent or copyright), access to proprietary information or other commercial competitive advantage. Equally, conflicts of interest can arise from cultivating favour and advantage towards the attainment of personal, professional or organizational advancement or gain – in either public or private settings. It is accepted that there is a fundamental conflict of interest between the tobacco industry and public health.

The types of principles and criteria that WHO and others have explored to avoid real and perceived conflicts of interest and to promote engagement include ensuring that actions:

- Promote and protect global and national public health.

- Preserve and protect government or organizational independence, values and credibility.
- Support scientific evidence-based interventions.
- Avoid inequitable or inappropriate product, service or organisational endorsement.
- Avoid interactions with tobacco and ammunitions industries.
- Distinguish between “scientific exchanges” and information sharing from policy dialogues and decision-making, and ensure appropriate governance for each.

To support these efforts to appropriately engage with sectors and stakeholders:

Proposed actions for Member States:

- Review national activities that run counter to NCD prevention and control and consider options to reduce them over time.
- Develop guidelines and codes of conduct for engagement with NCD stakeholders
- Ensure full and transparent declarations of conflict of interest.

Proposed actions for intergovernmental organizations and international financial institutions:

- Review national activities that run counter to NCD prevention and control and consider options to reduce them over time.
- Develop guidelines and codes of conduct for engagement with NCD stakeholders to support NCD goals and related multisectoral action.
- Ensure due diligence of interactions to avoid contact or influence by publicly- or privately-owned tobacco industry.
- Ensure due diligence for partnerships.

Proposed actions for civil society:

- Ensure an independent voice for accountability.
- Consider use of codes of conduct to manage conflict of interest.
- Ensure full and transparent declarations of conflict of interest.

Proposed actions for the private sector:

- Share good practices from corporate governance.
- Ensure full and transparent declarations of conflict of interest.

Proposed actions for the WHO Secretariat:

- Clarify and disseminate WHO approaches to engaging the private sector, incorporating all existing due diligence, to support NCD goals and related multisectoral action.
- Management of due diligence for partnerships.
- Collate best practices of due diligence and widely disseminate.

Issue 4 - Sustainable financing for addressing NCDs

While the cost of action against NCDs outweighs the cost of inaction in the long-term (i.e. US\$ 500 billion per year for countries in output loss due to NCDs⁹ vs. an annual cost of \$11.4 billion to implement the best buys for all low and middle income countries¹⁰), implementing a core set of NCD interventions require predictable, sustainable short-term financing. All countries should explore the provision of adequate, predictable, and sustained resources to implement the core set of NCD interventions, the “best buys”, through domestic channels, including appropriate domestic mechanisms and use of innovative ideas.

Fiscal policy options include taxation for products such as tobacco and alcohol, and potentially for foods that are unhealthy, as well as consideration of subsidies and incentives. As recommended in the World Health Report 2010, governments should look at possibilities for raising taxes on tobacco, alcohol and other products harmful to health. Such taxes can contribute substantial additional funding, while directly improving population health, as shown in Box 1.

Box 1: Taxation opportunities for NCD prevention and control

Trends in taxation¹¹

Taxes on products that are harmful to health have the dual benefit of improving the health of the population through reduced consumption while raising more funds. The potential to increase taxation on tobacco and alcohol exists in many countries. Even if only a portion of the proceeds were allocated to health, access to services would be greatly enhanced.

- A 50% increase in tobacco excise taxes would generate an additional US\$ 1.42 billion in 22 low- income countries for which data are available. If allocated to health, these funds would increase government health spending by 25-50%.
- Raising taxes on alcohol to 40% of the retail price could have an even bigger impact. Estimates for 12 low-income countries show that consumption levels would fall by more than 10%, while tax revenues would more than triple – to a level amounting to 38% of total health spending.

Some countries are also considering taxes on other harmful products, such as sugary drinks and foods high in salt or saturated fats.

Some countries, in particular the least developed countries and some low- and middle-income countries, lack the national capacity to implement the core set of NCD interventions and have requested technical support through bilateral and multilateral channels to address gaps in technical, managerial and governance

knowledge. While long term, predictable and sustainable funding is most likely to come from domestic sources, least developed countries and some middle-income countries may require external assistance to design and build capacity and programmes, at least for transitional periods. Some of the most resource-constrained countries may require longer-term external support.

Maximizing the availability of resources through the existing health and social insurance systems and from national sources can further support NCD programmes. There is a range of potential innovative mechanisms. Some examples of mechanism that could be applied to address the urgent and significant needs of NCD prevention and control include:

- A rapid financing facility to support Member States at the global, regional, and country levels to accelerate and scale-up the efforts of low and middle-income countries to build up capacity to prepare and implement cost-effective NCD programs.
- Multi-donor trust funds.
- A solidarity tobacco control contribution.¹²
- Using tobacco and alcohol-related tax revenue for NCDs and health, e.g. Thailand's Health Promotion Foundation.¹³

There are a number of policy options available:

- For sustainable national financing: incorporation into national plans; increased revenue through taxation on alcohol and tobacco of which a proportion is allocated to health; inclusion of NCD programming in universal access schemes and incentivizing private sector support through workplaces, insurance and other financial services.
- For international financing where national capacities and/or resources are insufficient: e.g. bilateral official development assistance for health; multi-donor trust fund targeting NCDs; other innovative financing mechanisms – such as an international tobacco solidarity tax, and/or inclusion in other multinational mechanisms (e.g. the airline tax or UNITAID, or other health system financiers).

To support these efforts:

Proposed actions for Member States:

- Implement WHO thresholds for tobacco excise taxation (70% of retail price); consider allocation of a portion of such taxes for NCDs and for health.
- Countries with national tobacco taxation consider allocating a proportion of revenues raised to an international tobacco solidarity fund.
- Ensure multisectoral working groups including ministries of health, finance, planning and trade (and other as appropriate) to undertake taxation reform and to negotiate earmarking of a proportion of revenues for specified health activities.

- Review the national health financing system to identify opportunities to align various components (e.g., purchasing mechanisms, insurance, incentives) to support NCD prevention and control.
- Review barriers to ensuring equitable and affordable access to NCD prevention and control services, particularly for poorer segments of society.
- Explore the provision of adequate, predictable and sustained resources through domestic, bilateral and multilateral channels.
- Develop national innovative financing strategies to multisectoral actions for the prevention and control of NCDs.
- Develop and implement joint budgets across sectors to promote multisectoral action.
- The international community should fulfill all ODA-related commitments, including providing technical assistance and capacity-building promotion of access to medicines for all, as well as using opportunities for new windows such as a multi-donor trust fund on NCDs.

Proposed actions for intergovernmental organizations and international financial institutions:

- Support traditional and develop innovative financing mechanisms to assist national NCD programmes, including: use of Multi-Donor Trust Funds and participation in Solidarity Tobacco Contribution:
 - Identify new innovative financing mechanisms for NCDs (including in discussion with Leading Group on Innovative Financing partners).
 - Advocate for global and regional multilateral and bilateral aid to support country-led NCD action plans through financing for NCD measures, multisectoral initiatives, and international policy coordination efforts – including through the development of a Multi-Donor Trust Funds or other rapid financing facilities.
 - Support countries with designing and utilizing innovative domestic financing mechanisms and documenting of incentives to foster behaviour change (e.g., results-based financing).
- Develop and disseminate guidelines, share best practices, and conduct advocacy on sustainable health financing for NCDs.

Proposed actions for civil society:

- Advocate for adequate, predictable and sustainable financing for NCDs from national and international sources.

Proposed actions for the private sector:

- Develop supportive financing options using core business expertise such as: employers including appropriate incentives and supports for workers to prevent and care for NCDs; promoting messages to consumers about the benefits of investing in health for yourself and for society; advocating for NCDs to be a governmental budgetary priority to invest in long-term national productivity.

Proposed actions for the WHO Secretariat:

- Develop and disseminate innovative strategies for financing prevention and control of NCDs.
- Provide technical support to countries and communities on designing and implementing financing strategies such as tobacco and alcohol taxation; as well as other means to support multisectoral initiatives.
- Develop specific modules on aspects of financing for WHO Country Offices to engage with and provide leadership for UN Country Teams, Country Cooperation Frameworks, and UN Development Assistance Framework for NCDs.
- Develop models for adequate, sustainable financing for NCDs.
- Collate best practices of taxation models and widely disseminate.

Issue 5 - Sustainable workforce for action against NCDs

Multisectoral action requires partnership requiring several enhanced and new roles for health professionals and the health sector, including:^{14, 15}

- 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.

An unprecedented diversity of disciplines can contribute to the successful integration of NCDs into whole of government policy and programming. Disciplines such as law, economics, management, urban planning, anthropology, business, psychology, advertising, and agriculture all can contribute.

To support these efforts:

Proposed actions for Member States:

- Strengthen the health sector’s capacities to interact with other government sectors to effectively (i) develop national targets and indicators based on national situations, that will contribute to the attainment of voluntary global targets and (ii) implement a core set of best buy interventions for the prevention and control of NCDs.
- Strengthen the capacity within other sectors to incorporate health issues in their activities.
- Engage in South-South, North-South triangular collaboration and training for capacity building.

Proposed actions for intergovernmental organizations and international financial institutions:

- Develop and disseminate an evidence base and advocacy materials designed to appeal to different sectors and disciplines; provide technical assistance to support the incorporation of NCDs by other sectors.

Proposed actions for civil society:

- Expand organizational skill sets to include other key disciplines, as illustrated above including law, economics, and management; Enhance skills to work across sectors and to build collaborations with government and other sectors.

Proposed actions for the private sector:

- Contribute relevant expertise through programmes such as training programmes and processes, secondments, etc.

Proposed actions for the WHO Secretariat:

- Enhance WHO's multisectoral capacity.
- Develop training materials to support Member States' NCD workforce development programmes, including how to incorporate key disciplines in multisectoral teams and provide training as required.

Issue 6 - Promote access to safe, effective, quality medicines and diagnostic and other technologies

A lack of adequate access and high cost of essential medicines and technologies contributes to the increasing NCD burden at the country and global levels and forces people to rely on out-of-pocket payments. Member States have recognized the central role of governments to ensure equitable access to efficacious, safe and quality essential medicines and medical technologies. Irrespective of national income levels, there is a range of effective strategies and approaches to promote access to essential medicines and reduce the NCD burden.

Three main objectives have been recognized for any general essential medicines and medical devices programme: (i) equitable access; (ii) assured quality and safety; (iii) quality use by prescribers and consumers.¹⁶

Equitable access can be achieved through rational selection, affordable prices, sustainable financing, and reliable systems. Control of NCDs can improve through a rational selection of a limited range of essential medicines and technologies, along with independently developed evidence-based clinical guidelines for cost-effective interventions.

Access also requires reliable availability through health systems with sufficiently strong supply chains, including having appropriate information technology for monitoring and health workers for provision or use. Countries can seek opportunities for health systems strengthening for the better provision of NCD prevention and care through the strengthening of existing programmes including: primary health care; reproductive and sexual health including HIV; maternal and child health; etc.

Affordable prices of medicines need a combination of policies, which can include: prioritizing generic medicines, facilitating public procurement, separating the prescribing and dispensing, controlling the wholesale and retail mark-ups through regressive mark-up schemes, exempting essential medicines from import tax and VAT, and using the flexibilities of international trade agreements to introduce generics while a patent is in force.

The quality and safety of medicines and medical devices for NCDs is directly linked to the governance of the health system. National regulatory authorities need to be adequately resourced and staffed and have legal powers to inspect facilities and products and to enforce regulations.

Although individual providers and their patients are the ones make treatment decisions, the public needs to be assured of the quality and appropriate use of medicines and medical devices by health professionals and consumers. This can be done through a dedicated national body to monitor and promote quality medicine

and technology use; national essential technologies and medicines lists; drugs and therapeutic committees in all major hospitals and districts; and financial incentives.

Improving accessibility, affordability, availability, safety and accountability in the use of medicines and technology requires not only awareness and response from multiple sectors with national governments, but also from industry, academic institutions, health professionals, NGOs, financing agencies, patients organizations and the population at large. A range of partners, primarily WHO, can provide support as needed.

To support these efforts:

Proposed actions for Member States:

- Explore options to adapt or strengthen existing health systems to support and deliver NCD goods, services, and care.
- Enhance the affordability of essential medicines and technologies for NCDs
 - Conduct national review of taxes and tariffs applied to NCD medicines and diagnostics and other technologies.
 - Review national regulation and legislation governing the separation of prescribing and dispensing and the control of wholesale and retail pricing.
 - Explore procurement options.
 - Consider TRIPS flexibilities where appropriate for medications or other products for NCD prevention, diagnosis, or care.

Proposed actions for intergovernmental organizations and international financial institutions:

- Develop options for pooled procurement and financing mechanisms, drawing on existing regional and global experience.
- Collect and share best practices in fiscal reform and other policies that enhance access to essential medicines and technologies.

Proposed actions for civil society:

- Generate evidence-based advocacy to promote access to quality essential medicines and technologies building on experiences from other health responses.

Proposed actions for the private sector:

- Develop appropriate goods and services and price them in ways to optimize access, affordability, and availability.
- Support the review of national taxes, tariffs and mark up practices for products relating NCD prevention and care.
- Promote responsible use of quality medicines and technologies.

Proposed actions for the WHO Secretariat:

- Convene key partners to develop efforts to increase access to essential medicines and technologies.

- Assist in the development and dissemination of international norms, standards and guidelines.
- Collect and share best practices in fiscal reform and other policies that enhance access to essential medicines and technologies.
- Convene multi-stakeholders to discuss and facilitate innovation in NCD-related medicines, vaccines, diagnostics, medical devices and related technologies. Identify obstacles and opportunities and support their resolution, including through technology transfer, as appropriate.
- Adapt the WHO Prequalification Programme for NCD-related medicines, vaccines and diagnostics (resource and demand permitting).
- Assist countries in demand forecasting for NCD related products.

Issue 7 - Promote development and use of impact assessment methods to monitor and evaluate multisectoral action

In the context of scarce resources and uncertain effectiveness of some interventions for multisectoral action, especially in a cross-sectoral environment, strong monitoring and evaluation is required. This also allows for equitable allocative decision making and ensuring broader accountability. This requires a small number of indicators and data to ensure accountability. The voluntary global targets for NCDs set the benchmark for such measurement. Bringing them to life, however, will rely on health impact assessment¹⁷. 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 below.

Table 4: Health Impact Assessment (HIA) steps

HIA Steps	Description
Screening	Determine whether an HIA is appropriate for a given policy proposal and whether necessary resources (e.g. staff, data) available to conduct the HIA?
Scoping	Establish a plan for conducting the HIA including the pathways through which this proposal is likely to affect health, how the policy will affect specific population groups etc.
Assessment	Describe the baseline health and social conditions of the groups likely to be affected by the proposal and assess how the proposal may affect those baseline conditions.
Recommendations	Develop practical recommendations, based on the assessment, to improve the health consequences of the proposed actions, including measures to mitigate adverse effects.
Reporting	Engage decision-makers, community members and other stakeholders in discussing HIA findings and recommendations.
Monitoring and evaluation	Evaluate HIA process according to practice standards and initial plan, impact on decision-making, and actual versus HIA

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 intersectoral 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.

To support these efforts:

Proposed actions for Member States:

- Convene government-wide (national or local) working group to identify approaches across sectors for impact assessment for NCD multisectoral action.
- Ensure due diligence to avoid undue influence of private sector in such assessment (e.g. tobacco companies).
- Link impact assessment to broader health and national information systems.
- Develop urban and national "observatories" to convene sectors to collect data and develop data bases, as appropriate.

Proposed actions for intergovernmental organizations and international financial institutions:

- Working collectively with WHO, identify best practice for impact assessment for application to NCD and multisectoral action.
- Apply impact assessment to development assistance and lending projects across sectors (for NCDs and health).
- Ensure due diligence to avoid undue influence of private sector in such assessment (e.g. tobacco companies).

Proposed actions for civil society:

- Use impact assessment methods and data to generate evidence-based advocacy to promote NCD and multisectoral, and to refine service delivery interventions.

Proposed action for the private sector:

- Use impact assessment methods and data to craft interventions, supply chains, and products.
- Provide access to data for monitoring commitments to the Political Declaration on NCDs.

Proposed actions for the WHO Secretariat:

- Convene experts to develop guidance and methodological approaches for Impact Assessment.
- Disseminate and provide assistance to countries.
- Coordinate with intergovernmental organizations, International Financial Institutions, and regional economic integration organizations, and bilateral aid organizations in harmonizing approaches to Impact Assessment.
- Collect data for synthesis across countries.

- Ensure due diligence to avoid undue influence of private sector in such assessment (e.g. tobacco companies) and make recommendations on ways to ensure effective due diligence decisions.

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Endnotes

¹ WHO Global Status Report on NCDs, 2010

http://www.who.int/nmh/publications/ncd_report_full_en.pdf

² http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf

³ Key international initiatives and instruments include: The WHO Framework Convention on Tobacco Control; the WHO Global Strategy on Diet Physical Activity and Health; and the WHO Global Strategy to Reduce the Harmful Use of Alcohol. <http://www.who.int/fctc/en/>
http://www.who.int/fctc/text_download/en/index.html;
http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf;
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⁴ Adapted from Effective responses to NCDs: Embracing Action Beyond the Health Sector, World Bank 2011. <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/EffectiveResponsestoNCDs.pdf>

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⁶ UNAIDS proposed the Three Ones principles to coordinate partner actions in country. They included: One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority, with a broad based multi-sector mandate; and One agreed country level Monitoring and Evaluation System. More information is available from: http://data.unaids.org/una-docs/three-ones_keyprinciples_en.pdf

⁷ http://www.who.int/nmh/events/un_ncd_summit2011/ncds_stc.pdf

⁸ <http://www.rbm.who.int/docs/constituencies/RBMcoiPolicy.pdf>

⁹ The Global Economic Burden of Non-communicable diseases. September 2011, World Economic Forum and Harvard University. <http://www.weforum.org/reports/global-economic-burden-non-communicable-diseases>

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¹⁴ 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

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¹⁶

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¹⁷ World Health Organization. "Intersectoral action on health: A path for policy makers to implement effective and sustainable action on health". WHO Centre for Health Development (Kobe), 2011 http://www.who.int/kobe_centre/publications/intersectoral_action_health2011/en/index.html; Robert Wood Johnson Foundation. "Exploring the Social Determinants of Health: Health Impact Assessment", Issue Brief Series, May 2011. <http://www.rwjf.org/files/research/sdohseries2011hia.pdf>