World Health Organization

WHO DISCUSSION PAPER 2
(Version dated 19 March 2012)

Lessons-learned from existing multisectoral partnerships that may inform the global response to NCDs

I. Purpose

In September 2011, the United Nations General Assembly held a High Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) and adopted a Political Declaration (United Nations General Assembly resolution A/RES/66/2). The Political Declaration on NCDs commits Member States to take action to, inter alia, engage key stakeholders, in collaborative partnerships between government, civil society and the private sector, as appropriate, in order to promote health and to reduce NCD risk factors (paragraphs 46-56). It also calls on WHO to develop, in a consultative manner, input called for in paragraph 64 concerning options for "strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership" and to submit these to the United Nations Secretary-General by the end of 2012. WHO Executive Board resolution EB130.R7 further stipulated the need to safeguard public health from any potential conflict of interest.

The Political Declaration on NCDs, along with the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs (endorsed by the World Health Assembly in 2008) requires multisectoral action through health-in-all-policies and whole-of-government approaches to address NCDs and deliver effective public health responses and results.[1] Such action, however, can only be realized by the inclusion of all stakeholders and societal actors. Governments have a number of important responsibilities in providing stewardship and coordination. Underpinning all of these efforts are the engagement of various segments of society, addressing the major determinants of NCDs (most of which lie outside the health sector), and building strong and coordinated results-oriented collaborative efforts and alliances. The separate WHO Discussion Paper 1 (Effective approaches for strengthening multisectoral action for NCDs), describes the nature of the intended actions and results.

This WHO Discussion Paper 2 (Lessons learned from existing multisectoral partnerships that may inform the global response on NCDs) has been prepared to catalyse input from Member States by reviewing potentially relevant models of and lessons learned from existing collaborations and partnerships (primarily from the health sector) that might be

applied to support multisectoral and multistakeholder collaborative relationships and partnerships for NCD prevention and control.

II. Background: Advancing multisectoral action for NCDs through partnerships

NCDs are a global health and development challenge of enormous proportions, requiring urgent action

The Political Declaration on NCDs clearly articulates the magnitude and urgency of the threat of NCDs. It describes the health risks, as well as the health, economic, social, and developments that make the prevention and control of NCDs a shared imperative.

Achieving a 25% relative reduction in overall mortality from NCDs by 2025 will lay the foundation for improving the health and well/being of the present generation and will lead to benefits for future generations over the 21st century. NCDs constitute one of the major challenges for development in the 21st century, which undermines socioeconomic development throughout the world, and threatens the achievement of internationally agreed development goals.

The foundation for achieving NCD prevention and control results at country level are the global voluntary NCD targets being developed by WHO, and cost-effective best buy interventions (please refer to WHO Discussion Paper 1). Results are the "ends" to which multisectoral collaboration and related collaboration and partnerships are the "means" in order to reduce the toll of morbidity, disability, and premature mortality related to NCDs.

Effective responses to NCDs require multisectoral and multistakeholder support

As noted in WHO Discussion Paper I, whole-of-government-approaches relying on broad-based multistakeholder collaboration through Member State-led action at national, regional, and global levels will enable the entire response to the scope and scale of the challenge and impact of the global NCD epidemic.

International experience indicates that governments can make substantial achievements in reducing the disease burden, disabilities, and premature mortality caused by NCDs – especially through multisectoral approaches. While experience is still emerging, preliminary evidence shows that strengthening commitment to address NCDs and forging new collaborations and partnerships to do so are critical to making progress. Partnering can occur among and through different stakeholders:

- Individuals, families, and communities.
- Government, communities and NGOs (including religious institutions, civil society, academia, media, voluntary associations).
- Governments, the development partner community (within countries), as well as with civil society and, as appropriate, the private sector.[2]

At the national level, multistakeholder collaborations and partnerships are vital because resources for the prevention and control of NCDs are limited in most national and local budgets. At the global level, the Political Declaration on NCDs recognizes that WHO, as the lead UN specialized agency for health, fosters collaboration between governments, as well as among relevant UN system agencies, international financial institutions, regional and international organizations, as well as academia, research centres, international NGOs, consumer groups and, as appropriate, the private sector, in addressing NCDs and mitigate their impact in a coordinated, focused manner.[3]

At the same time, the Political Declaration on NCDs recognizes the fundamental conflict of interest between the tobacco industry and public.

The Political Declaration on NCDs contains a number of recommendations concerning various sectors, including civil society and, where appropriate, the private sector (see Appendix A included in this WHO Discussion Paper). The private sector is called on to undertake specific activities:

- Implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children.
- Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling.
- Promote and create an enabling environment for healthy behaviours among workers
- Work towards reducing the use of salt in food.
- Contribute to efforts to improve access and affordability for medicines and technologies in the prevention and control of NCDs.
- Promoting health and reducing NCD risk factors, including through community capacity building.

There remain many other opportunities for contributions by the private sector.

Similarly, civil society roles are recognized concerning: promotion of NCDs, providing prevention, treatment, care, and palliative care services for NCDs, building community capacity to respond, and engaging in a wide variety of NCD control measures.

Partnerships have been/are being established to combat NCDs. In 2009-2010, nearly 90% of countries reported the existence of partnerships or collaborations for implementing key NCD activities at the national level.[4] Reducing tobacco use and diabetes were the areas most frequently targeted (84% and 81% respectively). There are relative few documented global partnerships for NCDs to date.

Multistakeholder involvement in health – lessons for NCDs

Member States have long observed that many complex health issues –in general and specifically in the achievement of the health-related Millennium Development Goals, primarily HIV, tuberculosis, malaria, maternal and child health – require a range of

actors for an effective response. The same is true for related development fields such as water, sanitation, environment, and urban planning.

Member States have engaged in and are adept at building coalitions, alliances, and partnerships with an increasing number of nongovernmental and other civil society organizations including faith-based organizations, non-state-sector providers of health, philanthropic agencies, and the commercial private sector.[5]Additionally, there are a range of traditional and innovative partnership/collaboration arrangement models at regional and global levels designed to combine the resources and energies of a wide range of actors.

Today in global health, partnerships comprise a large diversity of organizational structures, relationships, and collaborative arrangements. There is no "one size fits all", and as such arrangements need to be built very carefully, drawing on established best practice and existing constraints.[6]

There have been over 100 documented partnerships in global health beyond NCDs. Section IV provides a brief summary of recent reviews in the published literature and in independent evaluations, as well as work undertaken by the WHO Secretariat to draw out lessons learned that could be of potential use for the global response to NCDs. (Note: A listing of more comprehensive reviews can be found as endnotes for further reference, if desired.)

A working definition of partnership

The United Nations General Assembly resolution A/RES/60/215 defines partnerships as voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits. Other authors cite the importance of collective decision making to distinguish partnerships from other global health initiatives.[7] WHO has similarly defined partnerships in its reports to the World Health Assembly.[8]

The spectrum of health partnerships and collaborative arrangements ranges from formal legally-incorporated entities to more informal collaborations without independent governance arrangements. The terminology used for collaborations also varies considerably: "partnership", "alliance", "network", "programme", "project collaboration", "joint (advocacy) campaign" and "taskforce" are just some of the terms used. Similarly, the participating partners are engaged in a particular initiative could include one or more: national and/or local governments, nongovernmental organizations, academic and/or research institutions, the commercial sector, philanthropic organizations, civil society, and intergovernmental organizations.

Models of partnering

WHO Discussion Paper I presents the potential roles of various economic and governmental sectors for multisectoral action for NCDs. At national level, collaborations are varied. At times government is engaged, and in other instances, multisectoral action involves different initiatives by specific sectors alone.

Global health partnerships and collaboration can support achievement of results through one or more possible functions. Given the complexity of NCDs and related required responses, partnerships and collaborations for NCDs need to include many of the functions noted below:

- Advocacy and awareness-raising. Government as well as civil society in particular can support campaigns to increase awareness of and general information for NCD prevention and control.
- Coordination mechanisms: Nationally and subnationally, collaborative mechanisms can support and assemble the relevant sectors and actors to plan, design, implement, and monitor NCD programmes. In low- and middle-income countries, donor coordination is also required. Internationally, WHO is requested to coordinate the various multisectoral stakeholders. Mechanisms to coordinate NCD multisectoral actions, to facilitate dialogue, and to spur action will vary across countries.
- Financing and resource mobilization: Partnerships or collaborations are often used to mobilize and allocate resources, with particular emphasis on public goods or support for development assistance. This includes innovative financing, multilateral financing, bilateral sources, private sector, and/or nongovernmental or general public sources.
- Capacity building: Partnerships/collaborations can have functions to deliver or coordinate technical assistance or capacity building. This includes use of "knowledge hubs".
- Product development/innovation: Public-private partnerships can be used to catalyze new medicines, vaccines, and diagnostics. These types of partnerships provide financial support for product development, often in return for concessional pricing for resource-poor countries
- Product access. Some partnerships support procurement of health commodities or enabling strategies such as patent pools.

Whereas many partnerships and collaborations concentrate on a single or limited number of health risks or diseases, very few tackle the development of health systems comprehensively (e.g. the International Health Partnership+, the H4 collaboration for MDGs 4 and 5, and Harmonization for Health in Africa).[9] A key gap remains collaborations specific to multisectoral action for NCDs.

The functions and objectives of a given partnership or initiative typically influences its structural arrangements. Those with a significant financing role tend to require more formal governance structures, with clear decision making roles and accountability for funding decisions. This is particularly relevant for governments and their legislatures as

well as international initiatives. Those with primarily a coordinating role often function most effectively with less formal governance structures. Task-focused networks (loosely unstructured alliances of organizations working together to exchange information and coordinate activities) are preferred for coordinating functions, as they can be highly effective and efficient in achieving partnering goals, providing flexibility and limiting the transaction costs often associated with formal structures and governance mechanisms.

While some of the partnerships, collaborations, and global health initiatives have a phased approach to their development, others are founded with broad and comprehensive mandates. The number and structures of partnerships should evolve to match changing needs and environmental conditions.

Ensuring integrity, impartiality, and avoidance of conflicts of interest

The Political Declaration on NCDs notes many potential roles for the private sector. In light of multiple agendas and the role of several industries (food, beverage, health care, as well as transport, sports, and many others), identifying and managing potential conflicts of interest requires attention. The Political Declaration on NCDs particularly "Recognize(s) the fundamental conflict of interest between the tobacco industry and public health."[10] Addressing direct and indirect forms of conflict of interest regarding tobacco is necessary, both for publicly- and privately owned tobacco industry entities. This also applies to other private sector entities.

III. Existing NCD partnerships and collaborations

The NCD challenge requires new ways of thinking and responses, and thus enhanced and creative collaboration. In this context, a number of health partnerships, networks, and collaborations exist and are dedicated to NCDs. Annex I to the WHO Discussion Paper 1 illustrates many examples. Appendix C included in this WHO Discussion Paper II demonstrates a number of existing health partnerships and collaborations for NCDs, as well as for health generally.

Within the United Nations, the UN Economic Commissions partnered with WHO in the lead-up to the UN High Level Meeting in September 2011, by convening various regional dialogues on NCDs. Given the breadth of UN agency engagement in development, there are ample opportunities to secure their involvement in and support for NCDs and specific multisectoral action. WHO is leading a process to identify means to better coordinate such efforts. In addition, through its country level leadership in health, WHO is working with UN Country Teams to introduce coherent actions to tackle NCDs including through introducing NCDs into UN Development Assistance Frameworks. Explorations are underway to explore a possible UN Multi-donor Trust Fund for NCDs or to use existing ones for related multisectoral action.

The partnerships underway at the national, regional, and global levels employ a range of models to achieve a diversity of goals. Many offer potential platforms for expanded

activities, or alternatively could be brought into and combined with new, broader efforts.

IV. Lessons learned from partnerships and collaborative arrangements

The majority of lessons learned concerning collaborations and partnerships in the health sector have focused on global entities. Some have undertaken independent evaluations, whereas WHO (as host and manager of many collaborations and formal partnerships) has also reviewed experience. A brief summary of those lessons is provided below. In future, specific approaches will need to be developed to evaluate multisectoral action for NCDs at national, regional and global levels.

Positive contributions of partnerships to global health

The most commonly cited elements of global health partnership activities[11,12,13,14] may be summarized as:

- Raising the profile of their target diseases at the highest levels globally and nationally and hence to increase the resources available.
- Increasing coherence of activities with national development strategies to increase local ownership of those activities.
- Enhancing alignment and harmonization among the partners with national development strategies and with sustainable and predictable financing.
- Demanding results-based management and to strengthen national capacities, along with use of streamlined reporting procedures.
- Ensuring timely and transparent information to countries and partners.
- Attracting new partners, and to increase the profile and participation of non-governmental stakeholders, including NGOs and the private sector.
- Expanding broad stakeholder representation on the governing bodies of partnerships to shape decision making.
- Securing substantial economies of scale, e.g. in drug procurement, and to develop innovative approaches, e.g. in financing and programming.

These features point to the benefits of sharing risks, resources, and decision making to enable activities that go beyond what any single partner could or would undertake alone.

Potential drawbacks of global health partnerships

Partnerships clearly bring their own transaction costs and imply a ceding of a degree of control. They bring other potential challenges: [15,16]

- Skewed national priorities for recipient countries by imposing those of donor partners.
- Inequitable share of voice in decision-making across stakeholders.
- Inadequate governance, reflected in lack of specificity on partner roles and responsibilities and inadequate transparency resulting duplication of mandates and activities, including among partners, as well as a tension between the perceived

urgency of results and the adequate commitment to and investment in capacity of governance mechanisms for effective management.

- The potential for conflicts of interest to influence policy and programme decisions.
- Failing to compare the costs and benefits of public versus private approaches, reflected in 'vilification of the public sector' and a diminished sense of the 'public' nature of global public health initiatives, coupled with a lack of firm evidence of the circumstances under which the GHP approach is preferable to more traditional models.
- Failing to provide sufficient resources to implement activities and pay for the cost of the alliance, in particular the extensive consultation required to build and sustain an effective partnership.
- Wasting resources through inadequate use of country systems and poor harmonization.
- Inadequately empowering the secretariat to develop and sustain partnering approaches, with secretariat members in 'hosted partnerships' caught by the competing expectations of the host institution and those of the partner organizations.

Key success factors for collaborative partnership design and function

With the growing experience from over a decade of global health partnerships, initiatives, and collaborations, several reviews have cited factors that support partnership success including:[17,18]

- Pursuit of the partnership's comparative advantage: for effectiveness and successful resource mobilization, partnerships need clear definitions of the partnership objectives, roles, and responsibilities – convincingly demonstrating that it uniquely addresses a critical gap.
- Adequately resourcing of the partnership secretariat: the size of the secretariat is a critical factor in determining success – in particular, the coordination of partners through openly and efficiently communicating positions and actions is essential but highly people-intensive.
- Practice of good management: professional management structures and practices are critical for optimizing partnership performance, monitoring and accountability. Partners' accountabilities are clearly defined including: work plans, deadlines, deliverables, and sanctions for non-performance.
- Practice of good governance: in cases of formal partnerships (with their own governance) issues such as balanced board representation, transparency and accountability.
- Partners' divergent interests understood and respected: partners have different incentives and pressures, which need to be accommodated so the alliance is mutually beneficial.
- Ensure positive impact on national and local health systems, avoiding the well recognized problems of fragmenting and overburdening .
- Continuous improvement an ongoing priority: the partnership should regard itself more as a learning process than an organizational structure.

V. Consultation issues

This consultation seeks WHO Member States' views on how lessons learned from health, NCD, and non-NCD collaborations and partnerships might be applied to accelerate and increase the effectiveness and scale of the response for NCD prevention and control at the national (and local) level as well as at the international/regional or global level, including by supporting the engagement and commitment from a wide range of stakeholders.

The issues identified for consultation are drawn from the companion WHO Discussion Paper "Effective approaches for strengthening multisectoral action for non-communicable diseases". Specifically, the areas that are urgent to underpin a Member State-led global response to NCDs at the national, regional and global level include:

- Need for sustainable financing mechanisms.
- Whole of government approaches.
- Access to essential medicines and technologies.
- Political leadership.
- Stewardship.
- Sustainable workforce.

Member States, relevant NGOs and selected private sector are invited to respond to the following questions:

QUESTIONS

1. Global response:

   Given the realities of the problems of NCDs, the demands of the NCD pandemic, and lessons learned from other partnerships:

   a) What gaps and challenges should global partnerships target as priorities?
   b) What form should these partnerships take to optimise effectiveness, to overcome the fragmentation that has historically characterized the global response to NCDs, and to manage potential conflicts of interest?
   c) What should be the role of the WHO in convening, coordinating and supporting new global partnerships?

2. National response:

   There are many examples of in country partnerships, coalitions and networks for non-communicable diseases. What success stories from your country could be replicated or adapted for other countries?

The below Annexes and the text in the document should help member states respond to these questions.

Annex 1

Table: Partnership/collaboration options based on identified requirements for a multisectoral response to NCDs

Issue Brief	National partnership/collaboration options	Global and regional partnership/collaboration options
Whole of government responses	• Multisectoral Working Group reporting to Head of Government for national NCD plan with corollary administrative working groups to assist in implementation • Multisectoral fora, and/or working groups, involving civil society member groups around policy and implementation • NGO alliances/fora to share good practices in implementation and develop and disseminate advocacy messaging • Private sector business fora for advocacy, policy development, and sharing best practice for implementation and government partnerships	• Multistakeholder platform(s) for the development of global strategies, advocacy, resource mobilization, best practice sharing, and accountability • WHO-coordinated UN Interagency mechanism(s) (e.g. dedicated task forces or working groups) to develop support for MS and to enhance the UN response. Includes engagement of UN Country Teams. • Intergovernmental advocacy, best practice sharing, accountability via existing fora (e.g. Regional Committees, WHA and UNGA reporting requirements to 2014)
Political leadership	• Implementation planning and accountability mechanism reporting to head of government • NGO alliance or forum for advocacy • Business advocacy groups	• Intergovernmental advocacy, best practice sharing, accountability (e.g. UN GA reporting requirements to 2014) • Intergovernmental/ International Financial Institutions platform for leadership development • NGO advocacy alliance • Business advocacy alliance
Stewardship	• Multisectoral working group for governance oversight • NGO alliances for accountability advocacy • Business alliances to support public-private partnerships	• UN Interagency platform for advocacy, policy development and best practice sharing • Multistakeholder advocacy alliance

Issue Brief	National partnership/collaboration options	Global and regional partnership/collaboration options
Sustainable financing	• Mandated multisectoral working group(s) (WG) for taxation reform, joint budgetary allocation, innovative financing for national use and international solidarity mechanism • Engaging Parliaments in budget allocation dialogue • Business group for advocacy • National NGO forum or alliance	• Intergovernmental/IFI working groups to establish traditional or develop innovative financing mechanisms for global and national responses to NCDs • Multi-country partnering to develop mechanisms for specific innovative financing strategies, e.g. Solidarity Tobacco Contribution • Multistakeholder platform for IGO/IFI, philanthropic organizations, civil society and private sector for advocacy, resource mobilization, best practice sharing for aligning NCD needs with overall health budgets, and development of new financing mechanisms • Rapid Financing Facility
Access to essential medicines and technologies	• Multisectoral working group (led by health, with finance, trade, small business, etc. as required) on national fiscal policies and regulation affecting essential medicines, diagnostics, and devices • Private Sector: interested business group working group to inform government processes • NGO alliance(s) for accountability and advocacy	• UN Interagency and/or intergovernmental platform for the development of pooled procurement and financing mechanisms • Multilateral mechanism for best practice sharing and development of technical assistance (global and to countries) • NGO advocacy alliance • Multistakeholder (private sector, academic, philanthropy, et al) product development partnerships for appropriate technologies (e.g. medicines, diagnostic and therapeutic technologies, food technologies) based on principles of supporting low and middle income countries • Multistakeholder platform for financing technical and programmatic assistance for countries
Sustainable workforce	• Multisectoral working group responsible for NCD-skilled workforce (cross-disciplinary and across ministries)	• Multistakeholder platform to incorporate NCD workforce issues (especially around whole of government ways of working and skills across health, finance, trade, economics, urban planning, law, etc.) into global policy, financing and advocacy (e.g. with WHO, Global Health Workforce Alliance, ILO)

Notes:

- The potential partnerships identified above are for discussion purposes only, based on the actions identified in the WHO Discussion Paper, "Effective approaches for strengthening multisectoral action for non-communicable diseases", that need to be taken. It does **not** necessarily imply that new entities need to be formed; in the majority of cases, existing entities and processes can be adapted or replicated within existing institutions and processes. Similarly, each partnership or collaboration option listed above does not necessarily imply a separate entity, as individual organizations and entities may perform multiple tasks.
- Regional and Global responses have been treated together to emphasise the importance of cascading actions and regional tailoring of responses, not to promote duplication of efforts.
- Fora may be informal meetings or more formal alliances for advocacy, policy development, best practice sharing, etc.
- Working groups may also include task forces. They may be permanent, or more often task-focused and time-limited.

Annex 2

There is a huge gap between the enormity and complexity of the NCD epidemics with their health, economic and social impacts and the current levels of global efforts. Expanded efforts for NCD prevention and care can build on existing mechanisms and initiatives devoted to NCDs, to health, and to non-health efforts. Additionally, new collaborations are required.

The shapes of collaborations and partnerships will be determined by the goals desired of them. The design, structure, and implementation of partnerships and collaborations at country level may be different to those used regionally or globally. While different settings require tailored solutions, experience to date from within the health and development sectors can inform possible cross-cutting recommendations, which are presented for further discussion:

Recommendations for Member States:

- Establish national coordination mechanisms and/or partnering initiatives to develop national NCD targets and advance multisectoral action for NCDs.
- A multisectoral working group reporting to the Head of Government and mandated with the development, implementation and monitoring of a national plan that includes the following and directs required sub-groups:
  - Taxation reform and development of regulatory approaches.
  - Budgetary allocation.
  - Innovative financing.
  - Multistakeholder partnerships and engagement.
  - Multisectoral programming.
  - Access to essential medicines and technologies.
  - Governance oversight.
  - Sustainable workforce.

Recommendations for IGOs/IFIs:

- Establish WHO-coordinated UN agency task force(s) to address priority NCD actions, including:
  - Traditional and innovative financing mechanisms
  - Coordination and harmonization of "whole-of-UN approach"
- UN Country Team inclusion of NCDs in UN Development Assistance Frameworks
- Establish UN Multi donor Trust Fund for NCDs to support UNCT activities
- Establish Rapid Financing Facility
- Engage UN Regional Commissions, intergovernmental organizations, regional economic integration organizations to promote NCD action consistent with the Political Declaration on NCDs and WHO guidance.

Recommendations for civil society:

- NCD fora/alliances at global, regional and national level for advocacy, resource mobilization, accountability and sharing of good practices
  - Topics could include: advocacy, information sharing, coordination of technical assistance (for those active in countries), providing input into WHO and UN guidelines, convening civil society perspectives, and monitoring for contributing to accountability to the Political Declaration. Specific attention to conflicts of interest should be considered. Use of new information and communication technologies can maximize broader participation from smaller NGOs.
- Participation in global, regional and national multistakeholder fora.

- WHO to continue to create opportunities for engaging NGOs. This can include dedicated meetings and consultations, working groups and networks for NGOs that are part of a broader WHO Global NCD Collaboration, as well as encouraging NGOs to be in Official Relations with WHO and to be accredited by the UN General Assembly (through ECOSOC procedures).
- NGOs to consider adopting/crafting a "Code of Conduct" concerning their operations in countries. Such codes exist as part of the International Health Partnership and in relation to the GFTAM.

Recommendations for the private sector:

- Establish business advocacy groups; support with expertise in financing mechanisms.
- Identify roles for umbrella organizations are engaged in the NCD agenda representing business interests and perspectives (e.g. World Economic Forum, International Business Leaders Forum, International Food and Beverage Alliance, Grocery Manufacturer's Association, International Federation of Pharmaceutical Manufacturer's Association, generic drug manufacturers association, Global Business Council on Health).
- Ensure participating private sector entities, associations, and UN-related efforts have strong tobacco exclusion policies.
- UN Global Compact to introduce a Principle on health issues as well as to adopt a stringent tobacco exclusion policy.

Recommendations for the WHO Secretariat:

- Provide leadership on develop and document collaboration models for NCDs; catalyze new platforms and networks
- Create a multistakeholder coordination platform mandated to further:
  - Advocacy
  - Resource mobilization and development of financing mechanisms
  - Technical support and best practice sharing
  - Support for access to essential medicines and technologies, including through pooled procurement, product development and
  - Leadership development
- Revitalize/renew a global NCD collaboration providing the WHO Secretariat with dedicated staff.
- As called upon by the UN Political Declaration, WHO should lead a coordinated international effort to promote NCDs, support countries to achieve NCD prevention and control results. Concrete multisectoral action, relying various parts of government and numerous stakeholders, is required.
- Assist in the establishment of global, regional multistakeholder fora
- Provide technical assistance in the establishment of national multistakeholder fora
- Circulate WHO due diligence procedures and Conflict of Interest policies concerning working with the private sector.

Appendix A

Specific sections of Political Declaration on NCDs which refer to partners

References in the UN Political Declaration on NCDs to partners	Ref Para
Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign Nations to determine and establish their taxation policies, other policies, where appropriate, by involving all relevant sectors, civil society and communities as appropriate and by taking the following actions…	43
With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to: (a) Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies; (b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content; (c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans; (d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption; (e) Contribute to efforts to improve access and affordability for medicines and technologies in the prevention and control of non-communicable diseases	44
Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation	53
Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors, including through building community capacity in promoting healthy diets and lifestyles	54
Foster partnerships between Government and civil society, building on the contribution of health-related NGOs and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment, care, including palliative care, of non-communicable diseases	55
Promote the capacity-building of non-communicable disease-related NGOs at the national and regional levels, in order to realize their full potential as partners in the prevention and control of non-communicable diseases	56

Appendix B

WHO Partnership criteria[19]

The following represents guiding criteria that WHO will use to guide its relationship with existing formal partnerships and to assess new formal health partnerships (as adopted in WHA63.10; whether WHO hosts it or when WHO engages with non-hosted formal partnerships and seeks to at a technical level:

”This process applies to all forms of partnership regardless of whether WHO is hosting it, or those not hosted by WHO in which WHO seeks, or is asked, to serve as a partner at a technical level.

The following criteria will be used to assess future partnerships and will guide the relationship with the existing formal partnerships.

(a) The partnership demonstrates a clear added value for public health in terms of mobilizing partners, knowledge and resources, and creating synergy, in order to achieve a public-health goal that would otherwise not be met to the same extent.

(b) The partnership has a clear goal that concerns a priority area of work for WHO reflected in WHO’s strategic objectives, and for which realistic time frames are provided. Participation would represent an extension of WHO’s core functions, policies, and relative strengths to other organizations, and would reinforce the quality and integrity of WHO’s programmes and work.

(c) Partnerships are guided by the technical norms and standards established by WHO.

(d) The partnership supports national development objectives. In cases where a partnership is active at country level and seeks to help to build capacity in-country, WHO’s engagement would help to harmonize efforts and thus reduce the overall management burden on countries.

(e) The partnership ensures appropriate and adequate participation of stakeholders. The agreed goals of the partnership shall be ensured through the active participation of all relevant stakeholders (including, as relevant, beneficiaries, civil society and the private sector)and the respect of their individual mandates. Partnerships may benefit from the contribution of organizations and agencies outside the traditional public-health sector as relevant.

(f) The roles of partners are clear. In order for WHO to participate in a partnership, the latter must clearly articulate the strengths of the partners, avoid duplication of WHO’s and partners’ activities, and the introduction of parallel systems.

(g) Transaction costs related to a partnership must be evaluated, along with the potential benefits and risks. Expected additional workloads for WHO (at all levels) shall be assessed and quantified.

(h) Pursuit of the public-health goal takes precedence over the special interests of participants. Risks and responsibilities arising from public–private partnerships need to be identified and

managed through development and implementation of safeguards that incorporate considerations of conflicts of interest. The partnership shall have mechanisms to identify and manage conflicts of interest. Whenever commercial, for-profit companies are considered as potential partners, potential conflicts of interest shall be taken into consideration as part of the design and structure of the partnership.

(i) The structure of the partnership corresponds to the proposed functions. The design of the structure of the partnership should correspond to its function. For example, those with a significant financing element may require a more formal governance structure, with clear accountability for funding decisions. Those whose role is primarily a coordinating one could most effectively operate without a formal governance structure. Task-focused networks can be highly effective and efficient in achieving partnership goals with maximum flexibility, and can limit the transaction costs often associated with formal structures and governance mechanisms.

(j) The partnership has an independent external evaluation and/or self-monitoring mechanism. The time frame, purpose, objectives, structure and functioning of a partnership shall be regularly reviewed and modified as appropriate. Criteria for modifying or ending a partnership shall be clearly presented, along with consideration for transition plans."

Appendix C

Examples of existing partnerships on NCDs at the national, regional, and global levels

Partnership/Collaboration	Characteristics	Relevance to NCDs
COUNTRY		
Many countries	• National and local multistakeholder efforts to increase awareness, involvement of patient groups and self-help, delivery of NCD prevention and treatment, a well as to address underlying risk factors exist. • Formal public-private partnerships, joint ventures, pro bono efforts and in-kind contributions, contracting, dialogue and awareness building • In particular, efforts surrounding cancers and diabetes have demonstrated the value of multisectoral action. • Many initiatives government led. • International aid agencies/funds have instituted national coordinating mechanisms. • Resource mobilization and allocation • National AIDS Control Programmes, the GFATM Country Coordinating Mechanism, World Bank Project Management Units, UN Country Teams, and smaller coordinating mechanism such as for the Water and Sanitation Collaboration Council or for the Global Environment Facility	• Multiple models support NCDs • Focus on mobilizing action and resources • Scope for national and local multisectoral responses • Focus on business cases for non-health sectors' involvement in NCDs (and why NCDs supports their results) and on integration of NCDs into primary health care
REGIONAL		
Conjunto de Accionespara la Reducción Multifactorial de Enfermedades No Transmisibles (CARMEN)	• Launched in 1997 by PAHO • Promote an integrated approach to the prevention of NCDs in the Americas. • 24 member countries	• Regional coordination • Advocacy, programme design and implementation • Resource mobilization
Pan American Forum for Action Against Chronic Diseases (managed by PAHO/AMRO)	• Catalyst for multi-sector partnerships and social, environmental, and policy action to promote health and prevent chronic diseases; promote healthy lifestyles • Collective actions against NCD risk factors, communication, and monitor effectiveness and impact. • Working groups on individual risk factors and NCDs, increasing access to health services and training and research. • Involves PAHO/WHO, International Business Leaders Forum (IBLF), the Pan American Health and Education Foundation (PAHEF), the World Economic Forum, CARMEN network, international NGOs working in heart disease, diabetes, and cancer, and Consumers International.	• Regional coordination • Advocacy, programme design and implementation • Resource mobilization

Partnership/Collaboration	Characteristics	Relevance to NCDs
	• Building off of existing mechanisms and initiatives is seen as essential. • Steering committee	
EU Platform for Action on Diet, Physical Activity and Health	• Started in March 2005 • Platform involves 33 member EU organisations ranging from food industry to consumer protection NGOs • The spirit of the Platform is to work under the leadership of the European Commission and to provide an example, which others will choose to follow across Europe, of coordinated but autonomous actions by different parts of society to deal with the many aspects of the diet and physical activity problem. It is not designed to pre-empt, but rather to stimulate, other initiatives at national, regional or local level.	• Members have worked on more than 200 commitments covering a very wide range of activities, including actions in key fields such as consumer information, including labelling; education; physical activity promotion; Marketing, advertising targeting children, labelling and product reformulation
Countrywide Integrated Non-communicable Disease Interventions (CINDI) network (managed by WHO EURO)	• 29 participating countries (28 Member States of the WHO European Region and Canada) • Share information and work cooperatively to promote healthier lifestyles and to tackle noncommunicable diseases (NCD) risk factors • Coordinated, comprehensive health promotion and disease prevention measures • Policy and programme development, evaluation and monitoring, and capacity building in integrated chronic disease prevention • Council of CINDI Programme Directors, and the CINDI Programme Management Committee.	• Information sharing • Coordination • Monitoring and evaluation
GLOBAL NCD-RELATED		
Global Non-communicable Disease Network (NCDnet) (managed by WHO)	• Launched in 2009 • A voluntary collaborative arrangement comprising UN Agencies, intergovernmental organizations, academia, research centres, NGOs and the private sector. • Coordinate the activities of all stakeholders to support the implementation of the Action Plan for the Global Strategy for the Prevention and Control of NCDs • Raise the priority accorded to NCDs in development work at the global level through: • Coordinated advocacy (as part of the preparatory process leading to the High-level Meeting on NCDs), • Providing strategic input to the development of innovative funding mechanisms for sustainable health financing (in particular the Solidarity Tobacco Contribution which was discussed at the Cannes G-20 Summit) • Strengthen coordination and joint work at country-level in support of national efforts to address NCDs.	• Convening and coordination • Rapid financing facility • Innovative finance design • Advocacy
UN Road Safety Collaboration,	• Created in 2004 following UN GA resolution A/RES58/289 on “Improving global road safety”	• Rapid Financing Facility for NCDs

Partnership/Collaboration	Characteristics	Relevance to NCDs
(UNRSC) (WHO Secretariat)	• WHO requested to be secretariat • Informal consultative mechanism; coordinate road safety issues across the United Nations system and others • Support country programmes. • United Nations regional commissions, World Bank, NGOs, private sector • Biannual meetings. • Coordinate production of a series of "good practice" manuals by partners, website, and coordinated major activities in order to increase awareness • Established rapid financing facility	• Multi-stakeholder, multisectoral membership • Build on road safety network for NCDs (e.g. physical activity risk factor)
UN SCN	• UN Standing Committee on Nutrition created in 1977 • Promote cooperation among UN agencies and partner nongovernmental organizations in support of community, national, regional, and international efforts to end malnutrition	• Nutrition focus
UN System	• UN Country Team (UNCT) • UN Development Assistance Frameworks • Multidonor Trust Funds • WHO lead UN specialized agency for health	• MDTF for NCDs • Integrate NCDs into UNDAFs • WHO leadership at country level with UN CTs
Private sector	• A number of umbrella associations represent business interests • Examples: World Economic Forum, the Global Business Coalition on Health, International Business Leaders Federation, International Federation of Pharmaceutical Manufacturers Association, generic drug manufacturer associations, International Food and Beverage Alliance, Grocery Manufacturers Association.	• Coordinate business interest and initiatives for NCDs • Provide analysis, perspectives, and serve to increase awareness and advocacy for NCDs. • Best practice sharing, e.g. wellness and occupational health programmes
NGOs	• Several NGO platforms • Dedicated to NCD: NCD Alliance (thus far, a collaboration of four large international NGOs devoted to specific NCDs). • More general platforms for NGOs, such as the World Council of Churches, and specific international federations of NGOs (e.g. Framework Convention Alliance, International Association of Patient Organizations, etc) • Some have national chapters	• Advocacy and awareness • Service delivery • Accountability
Philanthropy	• Bloomberg Foundation grants on tobacco control and road safety • Gates Foundation support for tobacco knowledge hubs in Africa • Support for product development partnerships	• Support for NCDs directly and integrated with other programmes • Expand Product Development Partnerships

Partnership/Collaboration	Characteristics	Relevance to NCDs
		interest into NCD related commodities
GLOBAL –general Health partnerships and collaborations of interest to NCDs (some examples only)		
UNITAID (hosted by WHO)	• Global pooled procurement mechanism for HIV, TB, Malaria drugs, diagnostics • Support for independent Medicines Patent Pool Foundation	• Expand into purchasing NCD-related commodities • Market impact assessment of new products (eg. price, access)
Stop TB Partnership (hosted by WHO)	• Coordination • Advocacy • Global Drug Facility	• TB-tobacco linkages • Advocacy and funding
GAVI	• Swiss foundation • Immunizations and technical support to countries	• Funding of vaccines, e.g. HPV
GFATM	• Swiss foundation • Multistakeholder board (including countries, NGOs, private sector, philanthropy) • Funding HIV, TB, malaria and supporting health systems country programmes	• Opportunities for joint NCD programming with HIV, TB, and malaria (e.g., HIV and cervical cancer, TB and tobacco, etc) • Country Coordination Mechanisms can be useful to support NCDs
Global Environment Facility and Partnership (hosted by World Bank)	• Established in 1991; 182 member governments — in partnership with international institutions, civil society organizations (CSOs), and the private sector • Independent financial organization, provides grants to low- and middle-income countries and countries with economies in transition for projects related to biodiversity, climate change, international waters, land degradation, the ozone layer, and persistent organic pollutants. • Large grants to countries (allocated $10 billion, supplemented by more than $47 billion in cofinancing); Small Grants Programme (SGP), the GEF has also made more than 13,000 small grants directly to civil society and community based organizations, totalling $634 million. • Includes 10 agencies: UNDP; UNEP; the World Bank; FAO; UNIDO; the African Development Bank; the Asian Development Bank; the European Bank for Reconstruction and Development; the Inter-American Development Bank; and the International Fund for Agricultural Development. • The Scientific and Technical Advisory Panel provides technical and scientific advice on policies and projects.	• Identification of environmental risk factors for NCDs • Funding of country programmes to address such risk factors
Product development partnerships	• Foundation for Innovative Diagnostics (FIND); WHO Special Programmes TDR and HRP, etc • Existing entities that have expertise in matching public sector financing, private sector and public good mission to develop and market new products.	• Encourage expansion into diagnostics related to NCDs • Expand or replicate models for innovations

Partnership/Collaboration	Characteristics	Relevance to NCDs
	• WIPO-WHO collaboration with private sector, national agencies, and universities: WIPO Research for neglected tropical diseases	in NCD-related health commodities, and technologies

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Endnotes

[1]A/66/L.1, paragraphs 33-42
[2]A/66/L.1 Paragraph 37.
[3]A/66/L.1 Paragraoh 51
[4]More information is available in the WHO Global Status Report on NCDs (2010). About 88% of Member States (167 countries) completed the survey.
[55]World Health Organization.Partnerships. Report by the Secretariat. WHO Executive Board 122nd Session.Document EB122/19. Geneva: World Health Organization 20 December 2007. http://apps.who.int/gb/ebwha/pdf_files/EB122/B122_19-en.pdf Accessed 13 October 2011.
[6]Rein M, Stott L. Working Together: A Critical Analysis of Cross-Sector Partnerships in Southern Africa.Chapter 8 Conclusions and Recommendations. London: International Business Leaders Forum 2009;pp. 135-8.
[7]Buse K, Tanaka S. Global public-private health partnerships: lessons learned from ten years of experience and evaluation. *Int Dental J* 2011;61(Suppl 2):2-10.
[8] World Health Organization. Partnerships. Report by the Secretariat. Sixty-third World Health Assembly. Document A63/44. Geneva: WHO 22 April 2010.
[9] http://www.internationalhealthpartnership.net/en/home; http://www.who.int/pmnch/about/steering_committee/091207_item1c_h4workplan_rev.pdf; http://www.afro.who.int/en/clusters-a-programmes/hss/cluster/hha.html
[10]A/66/L.1 Paragraph 38
[11]Buse K, Tanaka S. Global public-private health partnerships: lessons learned from ten years of experience and evaluation. *Int Dental J* 2011;61(Suppl 2):2-10.
[12]Bill and Melinda Gates Foundation.Developing successful global health alliances.A study by McKinsey & Company at the request of the Bill & Melinda Gates Foundation. Seattle: Bill and Melinda Gates Foundation 2002. https://members.weforum.org/pdf/Initiatives/GHI_2003_GlobalHealthAlliances.pdfAccessed 10 October 2011
[13]Buse K, Harmer A. Seven habits of highly effective global public-private health partnerships: practice and potential. *SocSci Med* 2007;64:259-71.
[14]Caines K et al. Assessing the Impact of Global Health Partnerships. Synthesis of findings from the 2004 DFID Studies: Global Health Partnerships: Assessing the Impact. London: DFID Health Resources Centre 2004. http://www2.ohchr.org/english/issues/development/docs/WHO_synthesis.pdf Accessed 10 October 2011.
[15]Buse K, Harmer A. Seven habits of highly effective global public-private health partnerships: practice and potential. *SocSci Med* 2007;64:259-71.
[16]Buse K, Tanaka S. Global public-private health partnerships: lessons learned from ten years of experience and evaluation. *Int Dental J* 2011;61(Suppl 2):2-10.
[17]Buse K, Tanaka S. Global public-private health partnerships: lessons learned from ten years of experience and evaluation. *Int Dental J* 2011;61(Suppl 2):2-10.
[18]Buse K, Harmer A. Seven habits of highly effective global public-private health partnerships: practice and potential. *SocSci Med* 2007;64:259-71.
[19]World Health Assembly Resolution WHA63.10 Partnerships, and its Annex "Policy on WHO engagement with global health partnerships and hosting arrangements". May 2010. http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf