WHO global coordination mechanism on the prevention and control of noncommunicable diseases

Working Group on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs

This discussion paper forms part of the 2014–2015 work plan for the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD), approved by the Sixty-seventh World Health Assembly,¹ which includes the establishment of a working group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011.

The discussion paper, and the feedback received on it, will be considered by the working group at its first meeting in February 2015, as an input into its work and to inform the development of recommendations that it will provide to the WHO Director-General during 2015. While the GCM/NCD work plan requests the working group to “recommend ways and means of encouraging Member States and non-State actors…”, in accordance with WHO’s mandate, all recommendations will be for Member States, including any recommendations regarding the role and contribution of non-State actors.²

Feedback on this discussion paper is invited from Member States and other interested parties, including providing examples of engagement by governments with the private sector that have resulted in measurable progress on the five areas identified in the Political Declaration. There are also specific questions in the discussion paper on which feedback is sought. Please email feedback to gcmncd@who.int by 6 February 2015.

² Without prejudice to ongoing discussions on WHO’s engagement with non-State actors, the definition of non-State actors used in this document is that in the proposed framework for engagement with non-State actors, which will be considered by the 137th session of the WHO Executive Board in January 2015 and the Sixty-seventh World Health Assembly in May 2015.
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1. **Background**

1. In the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Political Declaration), adopted as the annex to United Nations General Assembly resolution 66/2, September 2011, Heads of State and Government committed to call on the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs) in five specific areas. The Political Declaration also reaffirmed WHO’s leadership and coordination role in promoting and monitoring global action against NCDs.

2. In July 2014, a United Nations General Assembly high-level meeting undertook a comprehensive review and assessment of the progress achieved in the prevention and control of NCDs, including the commitments made in the Political Declaration. The outcome document of the high-level meeting, adopted by the United Nations General Assembly in resolution 68/300, recognizes that continued and increased efforts are essential in order to realize the commitments included in the Political Declaration.

3. The outcome document acknowledges that limited progress has been made in implementing paragraph 44 of the annex to General Assembly resolution 66/2. It reiterates the need to “continue to encourage policies that support the production and manufacture of and facilitate access to foods that contribute to a healthy diet and provide greater opportunities for the utilization of healthy local agricultural products and foods, thereby contributing to efforts to cope with the challenges and take advantage of opportunities presented by globalization and to achieve food security and adequate nutrition.”

4. The outcome document also reaffirms the “primary role and responsibility of Governments in responding to the challenge of non-communicable diseases, including through engaging non-governmental organizations, the private sector and other sectors of society to generate effective responses for the prevention and control of non-communicable diseases at the global, national and local levels”.

5. To prepare for the first meeting of the Working Group on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs in February 2015, policy briefs have been prepared on each of the five areas identified in paragraph 44 of the Political Declaration. These policy briefs outline in more detail progress made by Member States in realizing the commitment made in paragraph 44.

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3 Paragraph 44 of resolution A/RES/66/2 reads as follows: “With a view to strengthening its contribution to non-communicable disease prevention and control, [Heads of State and Government and representatives of States and Governments commit to] 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 to and affordability of medicines and technologies in the prevention and control of non-communicable diseases.”
of the Political Declaration. The policy briefs set out where we stand today, identify any barriers and challenges to progress, and summarize which approaches have best driven progress. This discussion paper is a companion document to the five policy briefs, all of which are available on the WHO GCM/NCD website.\(^4\) In this paper, product reformulation and salt reduction are considered together.

2. **Rationale for private sector involvement in NCD prevention and control**

6. **Governments are primarily responsible for NCD prevention and control.** However, governments also need the contribution and cooperation of private sector entities, which are key players in global health as providers of goods and services that can have important effects on health. The private sector includes a wide range of actors, including the food and beverage, media, sports, advertising, and entertainment industries and industries responsible for the built environment.\(^5\)

7. **Thus, governments (including government agencies) will need to engage or consult with the private sector in preventing and controlling NCDs, and may indeed be obliged to do so in the development of policies and legislation, even if this is solely related to implementation issues.**

8. **Likewise, WHO engages with this group of key actors in global health both to improve their positive contribution to and limit their negative effects on health, and to leverage their support in the fulfilment of WHO’s mandate.** A number of World Health Assembly resolutions call on WHO to engage with relevant and selected non-State actors, including the private sector, to strengthen their contribution to NCD prevention and control.\(^6\)

9. **At the same time, the need to protect at all levels public health policies for the prevention and control of NCDs from undue influence by any form of real, perceived or potential conflict of interest is also acknowledged in the outcome document of the high-level meeting.** This is especially important with respect to policy and standard setting. At country level, government agencies must manage conflicts of interest appropriately during engagement with the private sector and other non-State actors. The issue of conflict of interest and its management has been identified by all WHO regions as the most important and critical aspect of WHO’s work on a framework of engagement with non-State actors.

10. **In addition to the private sector, WHO defines three other types of non-State actor – nongovernmental organizations (NGOs), philanthropic foundations and academic institutions.**\(^7\) NGOs include civil society organizations, public interest and consumer

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\(^6\) For example WHA57.17 (Global strategy on diet, physical activity and health); WHA63.13 (Global strategy to reduce the harmful use of alcohol); WHA63.14 (Marketing of food and non-alcoholic beverages to children).

associations, charities, professional associations and other community, religious and advocacy groups.

11. While this paper focuses on the engagement of governments with the private sector on NCD prevention and control, these other non-State actors are also important players on this agenda. NGOs have an important role to play in influencing individual behaviour and social norms, delivering prevention programmes and health services, representing public health and consumer interests, and monitoring to hold the private sector and policy-makers to account. Aside from their direct contributions to NCD prevention and control, NGOs may also play a role in harnessing the contribution of the private sector at local, regional and global level, for example through partnerships. Academic institutions also play an important role by undertaking research and reviewing evidence to support effective NCD prevention and control, including relating to the role of the private sector. Philanthropic foundations are important funders of NCD prevention and control initiatives.

12. Member States may wish to consider involving NGOs and academia in supporting aspects of the process of engagement with the private sector to contribute to NCD prevention and control, including possible roles for NGOs identified in this paper.

3. Experience to date with calling on the private sector to contribute to NCD prevention and control

3.1 Reducing marketing of unhealthy food and non-alcoholic beverages to children

13. Implementation of the WHO recommendations on the marketing of unhealthy foods and non-alcoholic beverages to children has progressed in many high-income countries, which have well-established mechanisms for regulating and monitoring product advertising and marketing, including for food and non-alcoholic beverages. In general, these have been increasingly strengthened over the last decade, largely through government-approved forms of self-regulation, although statutory measures are increasingly being adopted. Monitoring in some countries is showing a reduction in the exposure of children to such marketing, but the impact to date is limited.

14. In contrast, there is very limited progress in low- and middle-income countries in implementing the recommendations and there is a need for significant support for these countries, including capacity-building.

15. Addressing food marketing to children effectively requires governments to develop clear statements of their policy objectives, identify the indicators that will be monitored to demonstrate progress, and put in place measures that require those responsible to account for progress. Generally, progress has been greatest in countries that have both statutory and self-regulatory components to their regulatory frameworks, regardless of a country’s income level.

3.2 Product reformulation (including salt reduction) and nutrition labelling to support healthier diets

16. Governments have taken different approaches to making progress with food reformulation, including negotiating commitments directly with industry, agreeing voluntary targets for specific product categories, and establishing mandatory limits through legislation.
17. The process of engaging with industry varies between countries, depending on the local context and private sector arrangements. In some countries, engagement occurs through national associations, while in others direct contact with large and progressive food manufacturers or restaurant chains has worked. In a small number of countries, engagement with the private sector on reformulation is NGO-led. This presents an option for countries that have insufficient capability and capacity within government to progress this work, and may also assist with managing institutional conflicts of interest.

18. Product reformulation (including salt reduction) and nutrition labelling need to be part of a comprehensive approach that includes clear targets, product reformulation, public awareness raising, and monitoring and reporting. This should also sit within a wider strategy to improve the food supply chain and promote healthier diets.

19. A review of progress with salt reduction in the WHO Region of the Americas identified approaches that have contributed to successful initiatives there, and which are relevant to wider product reformulation efforts. The Region of the Americas has a standing expert group that has played an important role in raising awareness, providing technical support and leadership, and facilitating collaboration between countries and sharing of experience, an approach that may have merit in other WHO regions. The review concluded that many experiences with industry engagement are transferrable; of particular value is the ability to point to what is happening in other jurisdictions when negotiating targets and timelines.

20. Salt reduction is arguably the most straightforward reformulation option, which is supported by good evidence for effectiveness as well as successful experience in an increasing number of countries. Thus, it presents a good starting point for government engagement with the food industry on NCD prevention and control.

3.3 Workplace health

21. The majority of the 3.4 billion workers worldwide are employed in the private sector. There is increasing awareness and concern in the business sector about the impact of NCDs on both worker health and the wider community. The concerns include the direct impact on productivity and sustainability of the workforce, the rising costs of health and life insurance, and the impact of NCDs on its consumer base.

22. A number of countries have implemented workplace health programmes, and there is a range of tools developed by WHO, the International Labour Organization, the International Social Security Association and the World Economic Forum’s Workplace Wellness Alliance that countries can use to support such programmes.

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8 Healthy workplaces: a WHO global model for action: 

9 The new SOLVE training package: Integrating health promotion into workplace OSH policies: 

10 ISSA Guidelines on Workplace Health Promotion: 
http://www.issa.int/excellence/guidelines/workplace-health-promotion.

11 Workplace Wellness Alliance: 
23. Experience and evidence to date shows that a strategic and integrated approach is needed to address workplace health effectively. The approach should include health promotion initiatives, occupational health and access to health insurance (if relevant in the local context). In addition, the overall approach should contain a combination of individual- and organizational-level strategies and interventions. Companies that are taking this more comprehensive and planned approach to workplace health and wellness have seen increases in productivity and reductions in health care costs for workers.12

24. Governments can stimulate the development of comprehensive workplace health programmes by providing regulatory and financial incentives, social marketing, monitoring, dissemination of information and innovations, and facilitating exchange of experience.

3.4 Improved access to essential medicines and technologies

25. The private sector, in conjunction with governments and with international public support, has been instrumental in ensuring wider access to medicines for communicable diseases. However, the impact of private sector contributions to improve access to essential medicines and basic health technologies for NCDs has been limited to date and not well documented, despite the potential for a significant contribution.

26. Barriers to progress identified to date include:

- current prioritization of resources on initiatives addressing the ongoing challenges of communicable diseases and maternal and child health;
- constrained capacity of governments to engage with the private sector;
- inadequate legal and regulatory frameworks; and
- challenges with distribution and equitable provision through health services.

27. Partnerships and collaborations across a range of multisectoral and intersectoral activities have been used by governments to engage the private sector in promoting access to medicines for NCDs. Experience to date shows that progress is likely to be achieved where initiatives are guided by the principles outlined below:

- strong interest of participating stakeholders in improving access to medicines for NCDs;
- clarity of purpose and a clear strategic plan;
- clear planning and allocation of resources and responsibilities between the private and public sector stakeholders involved;
- application of clear and agreed ethical values, open knowledge sharing and efficient management of conflicts of interests;
- use of sustainable innovative business models that explicitly include benefits for the poor; and
- transparent monitoring and evaluation of partnership activities.

28. The private sector has contributed to strengthening medicines supply chains in many settings, but it is not clear if this strategy has been extended to the distribution of medicines for NCDs. Public-private partnerships using private expertise to maintain public cold chains have also been documented. The cold chain transportation of insulin, cancer vaccines and other medicines to primary health care centres could be facilitated through such schemes, provided that local supply chains are integrated with such operations.

29. Governments and public sector stakeholders have an opportunity to build on existing private sector initiatives, including through collaborative partnership programmes or supporting direct contributions in a fair and equitable manner. The establishment of public-private partnerships that provide sustainable access to quality and low-cost medicines and technologies to treat patients with NCDs can help to bridge access gaps and mitigate high costs of medicines and treatment.

| Question 1. Are there other specific examples of engagement with the private sector on the five areas included in the Political Declaration that have led to measurable progress? |
| Question 2. What were the critical success factors for these successful examples? |

4. Challenges and barriers to progress

30. The assessments of progress outlined in the accompanying policy briefs identified certain common barriers and challenges to progress across the five action areas, particularly in low- and middle-income countries:

- lack of public and political awareness of the issue and understanding of the role of the private sector in addressing the issue;
- competing priorities for national and global health funding;
- lack of supporting regulation and capacity to enable legislation;
- conflicting objectives and drivers;
- lack of good data to support action, target setting and monitoring, for example on dietary patterns;
- inadequate infrastructure, capability and capacity to engage with and monitor the activities of the private sector and manage conflicts of interest.

4.1 Lack of public and political awareness of the issue

31. There is still an underlying need for greater awareness of the importance of NCD prevention and control, the specific issues identified in the Political Declaration and the need to engage with the private sector to address these issues. For example, there is a lack of awareness of the need to reduce salt intake among the general public and policy-makers in some countries. Likewise, the role of the private sector in reducing salt in processed food may not be widely understood or accepted. Thus, there is still a significant need for
advocacy and awareness-raising, as identified in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.\(^\text{13}\)

**4.2 Competing priorities for national and global health funding**

32. To date, the global health agenda (including funding) has been dominated by communicable diseases and maternal and child health in the context of the health-related Millennium Development Goals. NCDs are a relative newcomer to the agenda and, at a time when many donors have constrained development funding, have not been able to compete with these existing priorities. This is in spite of robust work demonstrating the cost-effectiveness and feasibility of delivering key NCD prevention and treatment interventions in low-resource settings and the cost of inaction.

33. Clearly a different approach is required to identify sustainable ways to fund NCD prevention and control as part of a broader health systems strengthening approach. These issues are being considered by the concurrent GCM/NCD Working Group on how to realize governments’ commitment to provide financing for NCDs.

**4.3 Lack of supporting regulation and capacity to enable legislation**

34. All five areas for action identified in the Political Declaration require supporting regulation to a greater or lesser extent, and it is no coincidence that progress has been greatest in high-income countries that have strong regulatory frameworks – both statutory and self-regulatory. In contrast, many low- and middle-income countries do not have basic consumer protection and public health regulations that have been in place in most high-income countries for decades \(^1\).

35. In many countries, multinational corporations may be better resourced than the governments seeking to oversee them and may even actively undermine efforts to regulate their activities \(^2\). This can be happening in one country, while in another the same corporation is working constructively with government to address similar issues and contribute to NCD prevention and control.

36. In the case of medicines and technologies, the lack of comprehensive medicines legislation has been identified as a particular issue in many African countries, leading to the development of the African Medicines Regulatory Harmonization Programme.\(^\text{14}\) Effective medicines regulation will promote and protect public health by ensuring that drugs are of the required quality and safety and that they are properly manufactured, stored, distributed and dispensed. Better regulation will also ensure that health professionals and patients have the necessary information to enable them to use medicines rationally and to detect illegal manufacturing and trade of drugs. These measures all help to improve access to safe and effective medicines for NCDs.

**4.4 Conflicting objectives and drivers**

37. Even if commercial operators are engaged in and supportive of NCD prevention and control, they are still bound to respond to their key drivers. Commercial companies need to provide a return on investment to shareholders, and are usually legally responsible for

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managing their business to do so. This explains why they seek to generate increased consumer demand for their products, respond to competitors’ behaviour, market their products and reputation, and lobby for a favourable regulatory environment (3). Where possible, approaches must be found that align business objectives with health objectives: this has occurred successfully with access to medicines and technologies for communicable diseases, and is feasible (and already happening) in some workplace health initiatives.

4.5 Lack of good data to support action, target setting and monitoring

38. Good data are essential for justifying action, establishing targets, informing appropriate interventions and monitoring progress. This is a major challenge in many countries and hampers efforts in all five areas, and needs to be a focus for capacity-building. While the expectation can be placed on the private sector to measure, collect and report data, experience shows that some form of independent monitoring is also necessary.

39. In the case of workplace health programmes, it is difficult to develop a convincing business case in the absence of good metrics. The need for a stronger evidence base and greater standardization of programmes with agreed quality standards has been identified as a key area for improvement.

40. WHO is developing an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for non-communicable diseases, as requested in the July 2014 outcome document.15 This will assist Member States in monitoring the impact of their engagement with the private sector.

4.6 Constrained infrastructure, capacity and capability to engage with the private sector

41. The knowledge, capacity, and financial and human resources necessary to engage the private sector are scarce in many countries. Governments often struggle to provide the right platforms to progress the agenda, for example infrastructure to enhance local manufacturing of safe, quality and cost-effective essential NCD medicines.

42. Thus, existing public health infrastructure may not be able to cope with the pace and scale of change in consumer markets and emerging risk factors. Low- and middle-income countries may also lack the capability and capacity in the public sector to monitor and enforce targets, whether voluntary or mandatory. One option is for NGOs or academic institutions with the necessary capability to take on this role on behalf of government.

4.7 Other challenges and constraints

43. In addition to these common challenges, there are particular challenges and barriers to increasing the scale and pace of product reformulation, including reducing salt content in processed food. These include:

- the complexity of the food supply chain, with the involvement of a range of sectors and many different private sector entities;

• the cost and availability of alternative “healthier” ingredients, which may have supply limitations, for example monounsaturated and polyunsaturated fats (as alternatives to saturated fats);
• consumer acceptability of alternatives, for example artificial sweeteners, that may be perceived to carry their own health risks;
• the need for new technologies to make the changes, which may be accessible to large producers but not small and medium enterprises;
• resistance of affected suppliers, for example of salt or sugar, to changes in product formulation at the manufacturing stage.

Question 3. Are there other challenges or bottlenecks to making further process with calling on the private sector to contribute meaningfully to NCD prevention and control that are not addressed in this section?

5. Cross-cutting themes and emerging learnings

44. The following themes and issues will be the focus for the working group’s initial discussions in developing advice to support Member States to deliver on the commitments in paragraph 44 of the Political Declaration.

5.1 A comprehensive approach with clear overall policy goals is needed

45. Governments have committed in the Political Declaration to addressing the burden of NCDs, including through calling on the private sector to act. Thus, engagement with the private sector should be part of a comprehensive approach to NCD prevention and control at country level.

46. It is important for governments to establish clear policy goals and objectives, which should be made explicit to the private sector and other players to ensure that all action to address NCDs is appropriate and effective. Governments should also take the lead in establishing targets in each of the key areas: for reductions in salt, sugar and fat; in exposure of children to marketing; in access to NCD medicines and technologies; and in availability of worker health programmes.

5.2 Regulation has a fundamental role

47. Voluntary or negotiated agreements with the private sector are an option if there is a lack of capacity and insufficient popular support to implement tax and regulatory measures, for example for product reformulation. There is evidence that these can deliver results in some circumstances but they are unlikely to succeed without strong government leadership and pressure from both government and NGOs. Voluntary agreements appear to work best where there are hard end-points that can be measured, and where governments are able to take the lead in defining targets and timelines. This approach has worked well in a number of jurisdictions for reducing salt content in processed food.

48. However, fully voluntary or self-regulatory approaches have been much less effective in reducing marketing of unhealthy food and non-alcoholic beverages to children.
Statutory regulation has a number of advantages: it allows the government to clearly state its policy goals and set standards and targets, and provides a level playing field. While implementing effective legislation takes time and resources and is often actively opposed by industry, even pending legislation has been shown to expedite action by industry. With this in mind, WHO has begun working with the International Development Law Organization with the aim of delivering national capacity-building workshops on healthy diet, physical activity and the law.

49. Nutrient and interpretive labelling is occasionally provided voluntarily by manufacturers and retailers, but generally government (statutory) regulation is required. A key benefit of statutory regulation in this area is that it allows governments to set out their goals and expectations, which the food industry is then required to deliver on. In the case of food labelling, it has the further advantage of laying out clear standards for labelling that cover placement and content of labels, as well as nutrition profiles for foods making health or nutrient claims.

50. As already noted, comprehensive medicines legislation is essential for ensuring the quality and safety of medicines and that they are properly manufactured, stored, distributed and dispensed. Initiatives under way to improve medicines legislation will be important for ensuring improved access to essential medicines for NCD prevention and control.

5.3 A health systems strengthening approach is essential

51. A health systems strengthening approach is particularly relevant to scaling up access to essential medicines and technologies for NCD prevention and control. Resources are currently prioritized on initiatives addressing the ongoing challenges of communicable diseases and maternal and child health as part of delivering on the health-related Millennium Development Goals. Rather than NCDs potentially competing with these and other important global health issues, a health systems strengthening approach is essential to ensure integrated delivery of care to patients. The health sector also has an important role as part of wider prevention initiatives that support private sector actions.

5.4 Individual and institutional conflicts of interest need to managed

52. Government agencies and officials will need to engage with the private sector in the course of their work, including as part of the policy-setting process, which may carry obligations to consult with all relevant stakeholders. The management of individual and institutional conflicts of interest is crucial in any engagement with private sector entities on NCD prevention and control. Given the significant interests at stake, conflicting interests must be actively managed. A conflict of interest arises in circumstances where a secondary interest unduly influences, or may reasonably be perceived to unduly influence, the independence and objectivity of professional judgment or actions regarding a primary interest.

53. WHO is currently strengthening its own management of conflicts of interests and has recently strengthened its Declaration of Interest Policy for Experts. In addition, as part of its organizational reform process, WHO is currently developing a framework of engagement with non-State actors and separate policies on engagement with different groups of non-
State actors. The revised version of this framework, to be discussed by the WHO Executive Board in January 2015, contains a section on management of institutional conflicts of interest and other risks of engagement. Both the revised WHO Declaration of Interest Policy for Experts and, when approved, the framework of engagement with non-State actors apply to any work by WHO.

54. Just as WHO has to manage institutional and individual conflicts of interest, these conflicts must also be managed at a national level when governments (including government departments and officials) engage with the private sector in pursuit of public health goals, including for NCD prevention and control. Engagement with the private sector by governments is more complex than it is for WHO. For example, while WHO has a policy of non-engagement with the tobacco industry, governments need to engage with the tobacco industry, even if this is focused purely on the industry’s role in implementing (rather than influencing) government policy. To this end, the Parties to the WHO Framework Convention on Tobacco Control have elaborated guidelines for implementation of article 5.3 of the convention on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. These guidelines provide some useful pointers for governments in engaging with other industries on NCD prevention and control.

55. The risks of engagement, in particular conflicts of interest, need to be identified and managed appropriately. Certain actions will support effective management of conflicts of interest, including:

- ensuring the need to identify and manage conflicts of interest is well understood and communicated throughout the relevant institutions;
- having clear rules on disclosure and managing conflicts of interest for individual officials, particularly those working in the relevant policy area, for example related to payments, gifts and services, and research funding;
- putting in place high-level organizational oversight of the process;
- ensuring interactions with the private sector related to achieving the government’s public health goals and objectives are transparent and carried out in such a way as to avoid the creation of any perception of a real or potential conflict of interest; this may include providing public notice that meetings are happening and making public a record of such meetings.

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17 See document EB136/5, pages 14–18, paragraphs 22–41.

18 Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control: [http://www.who.int/fctc/guidelines/article_5_3.pdf?ua=1](http://www.who.int/fctc/guidelines/article_5_3.pdf?ua=1).
Question 4. What other actions or approaches will assist governments in managing institutional conflicts of interest when engaging with the private sector on NCD prevention and control?

5.5 Different private sector actors require different approaches

56. The activities of many different private sector entities, both within and beyond the health care sector, impact on health. The five areas covered in the Political Declaration all require different types of engagement. This is particularly relevant to the three commitments relating to salt reduction, marketing to children and product reformulation. The involvement of non-health sectors in the food supply chain impacts on the nature and feasibility of policy responses to make healthier food more available. Likewise, the nature of the engagement with private sector entities – producers, manufacturers, distributors, retailers, marketing agencies – will vary, depending on where they sit in the supply chain. In addition, engagement will also differ if it relates to workplace health programmes as opposed to the specific business of an entity.

57. Additionally, the actions of one part of the supply chain may be influencing another part, for example retailers can drive the behaviour of manufacturers in response to their own drivers, including real or perceived consumer demand. Given this interrelationship, a clear understanding of the supply chain, the key players and their drivers, and the points of intervention is required. However, this is a very resource-intensive process and governments should look to draw on the experience of other countries and, potentially, work with them to address similar issues.

5.6 The private sector can do more even without pressure to act

58. While the Political Declaration is a commitment by governments, inter alia, to call on the private sector to contribute, there is much that the private sector can do to progress all five issues. Indeed, some private sector entities have committed to action on NCD prevention and control and are taking a lead in implementing programmes and initiatives.

59. As documented in the policy briefs and this discussion paper, much of the progress to date is in high-income countries, in part because they have well-established regulatory and monitoring regimes in place. This is not the case in most low- and middle-income countries, and may not be for the foreseeable future. However, this should not prevent the private sector from taking the initiative.

60. Multinationals have a particular opportunity to show leadership by committing to act consistently across jurisdictions, for example in reducing marketing to children or reformulating products to promote a healthy diet, unless there are legal barriers to doing so. Unfortunately, currently some multinationals are complying with statutory regulation in one country, or even implementing effective self-regulation, but behaving quite differently in other countries. In some cases, this goes beyond passive inaction to active opposition to proposed measures to address public health issues. The tobacco industry has a long track record of behaving in this manner, and continues to do so; other industries have the opportunity to behave more ethically.

61. For their part, governments should look to multinationals to implement effective measures in their own country that are being implemented elsewhere. For example,
government can create an expectation that industry will transfer the technologies that have delivered reformulated products in high-income countries to subsidiaries in their own country.

5.7 Partnerships have a place

62. Partnerships and collaborations between governments and the private sector have delivered some impressive results in the areas of communicable diseases and child and maternal health. Some smaller-scale initiatives have improved access to medicines for NCDs, but there is considerable further potential.

63. Partnerships with other industries may also add value; for example, some countries have implemented a partnership arrangement to address food reformulation or workplace health initiatives. Global partnerships may also provide opportunities at a country level, for example the Be He@lthy Be Mobile partnership between WHO, the International Telecommunications Union, the private sector and civil society organizations to support the use of mobile technology for NCD prevention and control through a range of m-health initiatives.19

64. However, governments should always be clear about their health policy objectives behind these initiatives. Partnerships are not an alternative for regulation, and in fact are more likely to be successful if the policy goals and objectives and any relevant standards are codified in regulation, if appropriate.

5.8 Monitoring and evaluation of progress and outcomes are essential

65. It is important to monitor and evaluate both specific initiatives and the wider contribution of the private sector to NCD prevention and control. To this end, the United Nations General Assembly has asked WHO to develop an approach that can be used to register and publish contributions of non-State actors, including the private sector, philanthropic entities and civil society, to the achievement of the nine voluntary global targets for the prevention and control of noncommunicable diseases.20 This will support increased transparency of the contribution of these important players and assist with overall accountability for delivering on the targets.

66. Self-regulatory bodies report high levels of compliance with voluntary standards, and monitoring in a number of high-income countries has shown an apparent reduction in exposure of children to marketing of unhealthy food and non-alcoholic beverages. However, more in-depth, independent studies suggest that self-regulation may not be as effective as the self-reported data suggest in reducing exposure of children and youth to unhealthy food and non-alcoholic beverages (4). This supports independent monitoring of self-regulatory approaches, and NGOs and academic institutions can play an important independent monitoring role, especially where public sector capacity and capability are limited.

67. There are now a number of monitoring frameworks aimed at monitoring and benchmarking government policies and actions to improve the healthiness of food environments as well as private sector actions to support healthy food environments.

19 Be He@lthy, Be Mobile: http://www.itu.int/en/ITU-D/ICT-Applications/eHEALTH/Be_healthy/Pages/Be_Healthy.aspx.

Systematic monitoring of private sector actions around the world has the potential to drive improvements by increasing accountability and highlighting both good and poor practices. The approach being developed by WHO to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary global NCD targets for will support this.

Question 5. Are there other themes or issues that the working group should consider in developing advice for Member States on ways and means of realizing the commitment to call on the private sector, as outlined in the Political Declaration?

6. Conclusions and next steps

There is considerable opportunity for countries to step up their action on the commitment to call on the private sector to contribute to NCD prevention and control. Fortunately, there are clear learnings from experience to date, albeit that much of the progress so far has occurred in high-income countries. Many experiences of engaging with industry and the outcomes of such engagement are transferable between countries, and countries can support each other in a range of ways to make greater progress.

Feedback on this discussion paper is invited from Member States and other interested parties, including providing examples of engagement by governments with the private sector that has resulted in progress on the five areas identified in the 2011 Political Declaration. Feedback should be received by 6 February 2015.

References


About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives; under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see http://www.who.int/nmh/ncd-coordination-mechanism/en/

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