WHO Global Coordination Mechanism
on the Prevention and Control of Noncommunicable Diseases

Background paper

Dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation

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Overview

This background paper provides an overview of considerations pertinent to the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases (NCDs) within the framework of North–South, South–South and triangular cooperation (30 November to 1 December 2015). It begins by describing the dialogue’s mandate, scope and purpose to be addressed. This is followed by an introduction to the concept of international cooperation and its various forms. The paper concludes by proposing a working definition and framework for the discussion about international cooperation on NCDs and focusing on key questions to be discussed at the dialogue. Illustrative cases of international cooperation on NCDs and in other relevant development areas are used throughout to substantiate and exemplify the points made.

About the dialogue

On the 15 September 2014, the Director-General established the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. The terms of reference for the establishment of the WHO GCM/NCD were endorsed by the World Health Assembly in May 2014. The scope and purpose of the GCM/NCD is to enhance the coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Global Action Plan on NCDs). The GCM/NCD is led by Member States, and other participants include United Nations organizations and non-State actors such as nongovernmental organizations (NGOs) in official relationship with WHO, certain business associations and academic institutions. A series of dialogues is being held as part of the GCM/NCD mandate and workplans, bringing together a wide range of stakeholders to discuss key issues on NCDs.

Mandate and scope

The WHO GCM/NCD dialogue on mobilizing international cooperation on NCDs is one of the first global meetings convened by WHO on NCDs following the United Nations Sustainable Development Summit (New York, 25–27 September 2015), and the adoption of the 2030 Agenda for Sustainable Development. It will provide a valuable opportunity to explore how countries can fulfil their NCD commitments in the context of the Sustainable

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2 For details, see Information Note 1: http://who.int/nmh/events/info-note1-who-gcmncd.pdf?ua=1.


Development Goals 2016–2030, which includes a global target to, by 2030, reduce by one third premature mortality from NCDs.\(^5\)

The dialogue will build on the acknowledgement by world leaders that NCDs constitute one of the major challenges for development in the 21st century, and that NCDs worsen poverty, while poverty contributes to rising rates of NCDs. In this context the dialogue will also provide a platform for an interactive, strategic, multistakeholder discussion on how countries can drive to increase resources and fulfil the commitments made by Heads of State and Government in 2011 and 2014 to mobilize international cooperation on NCDs (see next paragraph).

**Member State commitments to international cooperation on NCDs**

Discussions at the dialogue will uphold the commitments made by governments on addressing NCDs at the United Nations General Assembly and the World Health Assembly, including the 2011 United Nations Political Declaration on NCDs,\(^6\) 2014 United Nations Outcome Document on NCDs,\(^7\) WHO Global Action Plan on NCDs 2013–2020,\(^8\) WHO Global Monitoring Framework for NCDs (including its nine global targets), and in the Sustainable Development Goals, as well as from other international forums, such as the Third United Nations International Conference on Financing for Development in Addis Ababa, Ethiopia, in July 2015.

In 2011, the United Nations General Assembly, during the first United Nations High-level Meeting on NCDs, stressed the importance of North–South, South–South and triangular cooperation in the prevention and control of NCDs. There was a particular focus on developmental and other social and economic challenges, especially for developing countries. In particular, paragraph 33 noted the importance of recognizing “that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels”. Among other priorities, the importance of strengthening international cooperation in support of national, regional and global plans for the prevention and control of NCDs was highlighted. It was outlined that this could be achieved through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening; training of health personnel; development of appropriate health care infrastructure and diagnostics; promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms; and the production of affordable, safe, effective and

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7 A/RES/68/300: Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

quality medicines and vaccines, recognizing the leading role of WHO as the primary specialized agency for health in this regard.9

In this meeting, the importance of North–South, South–South and triangular cooperation was highlighted in order to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices. It was further noted that South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation.10

As one of the first global meetings convened by WHO on NCDs following the United Nations Sustainable Development Summit, the dialogue provides an opportunity to explore how countries can work together to implement the WHO Global Action Plan on NCDs 2013-2020, specifically in the context of the Sustainable Development Goals, including global target 3.4 to, by 2030, reduce by one third premature mortality from NCDs. A few examples (by no means exhaustive) of Sustainable Development Goals that could be leveraged for NCD prevention are those related to poverty; food security, nutrition and sustainable agriculture; sustainable energy; sustainable cities; and sustainable consumption and production patterns, given the possible negative effects of the globalization of production, marketing and consumption, in the absence of regulatory, statutory and policy frameworks to reduce risk factors for NCDs.

In this context the dialogue provides a platform for an interactive, strategic multistakeholder discussion on how countries can fulfil the commitments made by world leaders and ministers in 2011 and 2014 to strengthen and align international cooperation on NCDs.

Overview of international cooperation

Why international cooperation on NCDs is needed

The commitments described above recognize that NCDs constitute one of the major challenges for economic growth and development in the 21st century. The number of NCD deaths has increased worldwide and in every region since 2000, and is among the leading causes of death in every region except sub-Saharan Africa – though this too is projected to increase. The highest increases in deaths due to NCDs are occurring in the WHO South-East Asia Region, from 6.7 million in 2000 to 8.5 million in 2012, and in the Western Pacific Region, from 8.6 million to 10.9 million.11 Macroeconomic simulations predict that over the period 2011–2025, the cumulative global economic losses due to the four main NCDs will surpass US$ 51 trillion – 5% of the annual global economy in current nominal terms.12 These diseases undermine social and economic development throughout the

9 See http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1.
10 Ibid.
world, threaten the achievement of internationally agreed development goals and may lead to increasing inequalities within and between countries and populations.

Poverty is both a determinant and a consequence of NCDs. Almost three quarters of all annual NCD deaths (28 million) and the majority of premature deaths (82%) occur in low- and middle-income countries. As such, NCD interventions to benefit the poor and contribute to poverty reduction will support productivity and healthy economies within developing countries. Since economic growth is clearly linked to development and the freedoms associated with improvements in general living standards – such as greater opportunities for people to become healthier, eat better and live longer – the need for national and international stakeholders to acknowledge the link between NCDs and poverty is all the more pressing.

International cooperation must be continually refined in light of the dynamic development landscape. The Millennium Development Goals focused on meeting basic needs in developing countries. Responsibility for achieving these goals was primarily domestic, supported by development cooperation and aid. Shifts in wealth and poverty have led to a strong differentiation between and within developing countries. While 90% of the absolute poor lived in relatively stable low-income countries at the beginning of the 1990s, poverty now concentrates in middle-income countries and will increasingly be located in fragile States. Such countries face ageing populations, rapid unplanned urbanization, and the globalization of unhealthy lifestyles. These factors, combined with physical inactivity promoted through technological advances, mean that they will see an increased prevalence of NCDs in coming decades.

The integration of NCDs into the Sustainable Development Goals is a response to such observations. Target 3.4 aims to “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”. The current indicators for the target on NCDs include probability of dying of cardiovascular disease, cancer, diabetes, or chronic respiratory disease between the ages of 30 and 70; and current tobacco use among persons 15 years and over.

In addition to national strategies, the work of development agencies to support national NCD responses is vitally important. The integration of NCDs into development programmes has the potential to markedly elevate their success, for example by addressing social, economic and environmental determinants of health, many of which are implicated in the growth in prevalence of NCDs, and by targeting interventions at high-risk, difficult-to-reach populations. While these relationships are complex, coordinated approaches are necessary to minimize the harmful consequences of development, while maximizing its benefits. NCDs are closely related to inequity and inequality in both rich and poor countries, and the global discussion about international cooperation efforts on NCDs should emphasize the role of broader social and environmental drivers of NCDs.


Guiding principles

At the Second High Level Forum on Aid Effectiveness (2005) it was recognized that aid could – and should – be producing better impacts, and the Paris Declaration on Aid Effectiveness was endorsed in order to base development efforts on first-hand experience of effective mechanisms.

Overview of the Paris Declaration principles

- **Ownership.** Partner countries exercise effective leadership over their development policies and strategies, and coordinate development actions.
- **Alignment.** Donors base their overall support on partner countries’ national development strategies, institutions, and procedures.
- **Harmonization.** Donors’ actions are more harmonized, transparent, and collectively effective.
- **Managing for results.** Resources are managed and decision-making improved for development results.
- **Mutual accountability.** Donors and partners are accountable for development results.

Following on from this, in 2008 the Third High Level Forum on Aid Effectiveness endorsed the Accra Agenda for Action, which reaffirms commitment to the Paris Declaration and calls for greater partnership between different parties working on aid and development. In particular, the Accra Agenda for Action acknowledges the importance and particularities of South–South cooperation, and encourages the development of triangular cooperation (that is, support from Organisation for Economic Co-operation and Development (OECD) donors for the transfer of knowledge and experience between developing countries). It encourages non-Development Assistance Committee donors to follow the Paris Declaration principles, as well as the principle of non-interference in the internal affairs of other countries.

Types of international cooperation

In general, international cooperation is understood to refer to the interactions among groups that work together towards a common goal or cooperate to solve an issue – here, the burden of NCDs. One definition of cooperation is that it occurs “when actors adjust their behaviour to the actual or anticipated preferences of others”. Accordingly, international cooperation can also be described as interactions to achieve common objectives when actors’ preferences are neither identical nor conflicting. It includes interactions between different types of actors – for example, not only intergovernmental, but also transnational – and on various scales,

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ranging from bilateral to multilateral, and regional to global. The three key types of cooperation to be explored in this dialogue are North–South, South–South and triangular.

**North–South cooperation**

North–South cooperation describes a geographical division whereby the North represents the richer countries of North America, Europe, Japan, Australia and New Zealand, and the South represents the poorer majority of countries in Africa, Asia and Latin America. North–South cooperation is thus the cooperation between the North (the developed countries) and the South (the developing countries); this is the more traditional structure for international cooperation. “North” can refer to more than one Northern country or organization; for example, two Northern countries can provide support for one Southern country. Alternatively, several Northern countries could financially support one organization that cooperates with a Southern country or organization. Within this framework, exchanges between Northern and Southern countries often flow out of international official development assistance (ODA) commitments and are measured by universally recognized benchmarks of ODA.

Such collaborations often address capacity-building. For instance, the Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD) initiative in Japan is a short course in capacity-building for NCD prevention and control, based in Saitama, Japan. LeAd-NCD uses international cooperation to bring together relevant NCD stakeholders and equip them with the necessary information and skills to strategically act to accelerate progress in NCD prevention and control in their own countries. Participants obtain the necessary information and skills to further enhance leadership and advocacy in NCD prevention and control. LeAd-NCD thus works by improving the capacities of national-level, multisectoral stakeholders and managers to respond to the NCD crisis in ways that are cognizant of the technical and financial resources available to them.

North–South cooperation can also be used in the prevention and control of one specific NCD. Over 70% of cancer deaths occur in developing countries; barriers to effective cancer control include lack of adequate local resources for capacity-building, lack of information dissemination, and lack of patient assistance and advocacy. Using six WHO-developed capacity-building modules, the WHO Regional Office for the Western Pacific, in collaboration with the National Cancer Center of Korea, a WHO collaborating centre, developed a five-day Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) to enhance leadership and build capacity for national cancer control programme development in the region. To enhance access to the course, the National Cancer Center of Korea worked with WHO headquarters and the WHO Regional Office for the Western Pacific to convert the modules into an online course on cancer control, or eCanLEAD. These activities have been funded jointly by the Korea National Cancer Center, the Republic of Korea and voluntary contributions by the Government of the Republic of Korea and WHO.
CanLEAD is an example of international collaboration on NCDs where a specific need for capacity-building is being addressed in a sustained manner.\textsuperscript{18}

Another approach to the prevention and control of NCDs involves targeting a specific modifiable shared risk factor. North–South cooperation has been mobilized by the Integrating Nutrition Promotion and Rural Development (INPARD) project in Sri Lanka to investigate the feasibility of linking nutrition with rural development. By focusing on improving health, nutrition and food security using various community-led methods – including microfinance schemes, physical and social infrastructure development, and livelihood support – INPARD aims to investigate whether such a multisectoral rural development programme can be utilized to deliver nutrition promotion interventions within rural Sri Lanka and whether it is effective in improving nutrition outcomes. Working with communities where the Re-awakening project – a rural development project funded by the World Bank through the South Asian Food and Nutrition Security Initiative (SAFANSI) – is taking place, the INPARD project has a strong emphasis on multisectoral collaboration and involves coordination between stakeholders from a range of government and NGOs. Government stakeholders, for example, are drawn from the Departments of Health, Agriculture, Education, and Public Administration. This is in keeping with the framework developed by the Commission on Social Determinants of Health, which recommends multisectoral interventions as the most effective way to promote health outcomes.

**South–South cooperation**

South–South cooperation can be defined as “a process whereby two or more developing countries pursue their individual and/or shared national capacity development objectives through exchanges of knowledge, skills, resources and technical know-how, and through regional and interregional collective actions, including partnerships involving Governments, regional organizations, civil society, academia, and the private sector for their individual and/or mutual benefit within and across regions. South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation.”\textsuperscript{19} South–South cooperation is initiated, organized and managed by developing countries themselves. Governments often play a leading role, with active participation from public sector and private sector institutions, NGOs and individuals. Projects may include different sectors and may be bilateral, multilateral, subregional, regional or interregional.

**The rationale, principles and key actors of South–South cooperation**\textsuperscript{20}

\textsuperscript{18} For more information on CanLEAD, see http://www.wpro.who.int/noncommunicable_diseases/MR-CanLEAD-Seoul-June2013.pdf?ua=1 and http://www.ncc-gesp.ac.kr/.

\textsuperscript{19} Framework of operational guidelines on United Nations support to South–South and triangular cooperation, SSC/17/3 (2012). Note by the Secretary-General, High-level Committee on South–South Cooperation, seventeenth session, New York, May 2012. Definitions based on Nairobi outcome document of the High-level United Nations Conference on South–South Cooperation, 64/222.

\textsuperscript{20} Based on the Nairobi outcome document of the High-level United Nations Conference on South–South Cooperation, 64/222, annex, paragraphs 18–19.
South–South initiatives can involve sharing national experiences of good practices with other countries. For instance, Brazil’s National School Feeding Programme, developed as part of the national Zero Hunger Strategy, has been shared with other governments by the World Food Programme’s Centre of Excellence against Hunger, located in Brasilia, as an example of best practice. This programme served 47 million children, with at least 30% of food supplied from local farms. The Zero Hunger Strategy started in 2003 and argued that hunger in Brazil was not caused primarily by lack of food, but rather by lack of income among vulnerable groups to afford it. This diagnosis in Brazil in the early 21st century also suggested that demand for food was insufficient in the country, thereby preventing commercial agriculture and agro-industry from stepping up food production, among other hindrances to market accessibility. Through collaboration between some 20 Brazilian ministries – which exemplifies the multisectoral responses to NCDs advised by the WHO Global Action Plan on NCDs 2013–2020 – and policy development in a number of different sectors, the Zero Hunger Strategy implemented multiple programmes that ranged from rural technical assistance, to social and health care units, to the School Feeding Programme, which was shared by the World Food Programme’s Centre of Excellence with other governments experiencing similar obstacles.

South–South cooperation can also involve sharing between Southern countries information that was originally implemented at a national level as part of international efforts to tackle NCDs. For example, the International Cooperation Centre on Tobacco Control (ICCTC) of Uruguay was created by the Government of Uruguay to promote international cooperation for the implementation of the WHO Framework Convention on Tobacco Control (FCTC) through the exchange of information on legal, medical, communications and management matters related to tobacco control. In May 2014 the Government of Uruguay signed a memorandum of understanding with the Secretariat of the FCTC for the ICCTC to act as


knowledge hub to promote the sharing of information and knowledge on the implementation of the Convention internationally. The ICCTC’s mission is to pursue implementation of the WHO FCTC globally, with the objective of reducing tobacco consumption prevalence and tobacco smoke exposure and its consequences; promoting capacity development, creating knowledge and resources, and integrating public policies to reach the objectives of the FCTC and its protocols; and promoting FCTC improvement as an instrument to combat the tobacco epidemic. Some of the actions taken include providing technical support in tobacco cessation to Costa Rica and hosting a meeting on South–South and triangular cooperation to strengthen the implementation of the FCTC. As well as directly corresponding to a decline in tobacco use, increases in tobacco taxation – one of the measures under the FCTC – can also serve to strengthen public health systems. For example, in Panama 50% of the tobacco tax revenue was allocated to public health purposes.

Additionally, the United Nations Organization for South–South Cooperation holds a regular Global South–South Development Expo. This is the only expo solely from the South and for the South, and showcases successful Southern-grown development solutions.  

**Triangular cooperation**

The United Nations defines triangular cooperation as “Southern-driven partnerships between two or more developing countries, supported by a developed country(ies) or multilateral organization(s), to implement development cooperation programmes and projects”. This type of collaboration involves the facilitation of South–South initiatives by traditional donor countries and multilateral organizations through the provision of funding, training, and management and technological systems. It can bring together the resources of different actors – providers of development cooperation, partners in South–South cooperation and international organizations – to share knowledge and implement projects that support a common goal.

One such goal being pursued through the framework of triangular cooperation is to mainstream a strategy, led by FHI 360, to use the link between cardiovascular disease (CVD) and people living with HIV to leverage HIV health infrastructure in order to treat other chronic diseases. This strategy acknowledges that CVD is a leading cause of morbidity and mortality globally and accounts for nearly 30% of deaths in low- and middle-income countries; that the burden of chronic conditions has grown and will continue to place an increasing burden on the health care system and individuals, families and communities affected; and that HIV-positive individuals are at increased risk of CVD due to the effect of both the virus itself and antiretroviral therapy drugs. By exploiting this link the CVD integration models in Kenya, Nigeria and Zambia – three of FHI 360’s key initiatives – collaborate at national and subnational levels.

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22 See more at http://ssc.undp.org/content/ssc/services/expo/main.html.

23 Framework of operational guidelines on United Nations support to South–South and triangular cooperation, SSC/17/3. Note by the Secretary-General, High-level Committee on South–South Cooperation, seventeenth session, New York, May 2012.
In Kenya the CVD/HIV pilot operates through a partnership between the Ministry of Health, the Kenya Cardiac Society and the United States Agency for International Development (USAID). Findings from the pilot show that health care providers and clients valued the addition of CVD and diabetes services, which patients receive at the same time as HIV screening. In Nigeria the CVD/HIV programme began as a small pilot project within the USAID-funded Global HIV/AIDS Initiative Nigeria. Due to the success of CVD integration within the context of a HIV chronic care model, the programme has been scaled up in all health services in the country supported by the Strengthening Integrated Delivery of HIV/AIDS Services project. In Zambia, integrated chronic care screening operates in collaboration with the government, the Ministry of Health, and the Ministry of Community Development, Mother and Child Health through the USAID-funded Zambia Care and Treatment Partnership project. Screening is provided in HIV counselling and testing, prevention of mother-to-child transmission and antiretroviral therapy. Collaboration between these three countries is even stronger at the subnational level, where implementation takes place. The FHI 360-led strategy has been so successful at the facility and community level that the ultimate goal has become mainstreaming it to all facilities providing care for people living with HIV.

There are a number of benefits gained from mobilizing South–South and triangular cooperation on NCDs. First, these forms of collaboration allow the voice and bargaining power of developing countries to be strengthened in multilateral negotiations. They also draw on experience and capacity that already exists while at the same time allowing for the development of new capacities in developing countries. Both South–South and triangular cooperation open additional channels of communication on NCD prevention and treatment between developing countries: this enhances the multiplier effect of technical cooperation, facilitates economic, scientific and technological self-reliance, increases knowledge of and confidence in the capacities available in developing countries, and assists in the coordination of policies on development issues. An additional benefit of South–South cooperation is that developing countries share similar problems with respect to NCD prevention and treatment, which are different from those experienced by high-income countries.

South–South and triangular cooperation complement North–South cooperation. All forms of collaboration have been integral in working towards the Millennium Development Goals and will be key to achieving the Sustainable Development Goals. By providing a variety of development practices and policy solutions, building common agendas, taking collective action, and increasing opportunities for development assistance these forms of collaboration also serve to expand the resources available to combat NCDs. Given the need for applied research on health and development in relation to NCDs in developing countries, building on existing research in both high-income and developing countries through such collaboration

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24 See United Nations Office for South–South Cooperation at http://ssc.undp.org/content/ssc/about/what_is_ssc.html.

can have particularly positive results, for example through the avoidance of duplicated findings; discovery of new causes of NCDs; developing studies showing the impact on health of rare or ubiquitous exposures in high-income countries; and exploring links between infectious diseases and NCDs.26

**Conclusions and key questions**

This paper has covered definitions and examples of North–South, South–South and triangular cooperation. It has also explored the ways in which various stakeholders participate in international cooperation on NCDs – these include State and non-State actors and span governments, the private sector and civil society. Common and emerging practice within international cooperation suggests that all of these groups are key stakeholders.

Additionally, there are a number of WHO GCM/NCD mechanisms that will provide further resources on these issues. First, a new web portal is available at http://www.who.int/global-coordination-mechanism/en/. Additionally, three new GCM/NCD working groups will be established in 2016–2017:

- **Working Group for action 3.1:** “To recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of NCDs within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis, including as part of wider efforts to strengthen and orient health systems to address the prevention and control of NCDs through people-centred primary health care and universal health coverage.”

- **Working Group for action 3.2:** “To recommend ways and means of encouraging Member States and non-State actors to align international cooperation on NCDs with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases.”

- **Working Group for action 3.3:** “To recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for NCDs, with a particular focus on populations with low health awareness and/or literacy, and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.”

From this it is clear that international cooperation is not the exclusive remit of government agencies, but that governments – and in particular, cooperation between governments – are vital in creating an enabling environment and facilitating such forms of collaboration to tackle NCDs. Therefore the question of how to integrate multisectoral approaches into

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existing national programmes for NCD prevention and control deserves the attention of the dialogue.

Key questions to be addressed at the dialogue include:

- Where do we stand in raising the priority accorded to NCDs within international cooperation?

- How can international cooperation provided within the framework of goal 3 (health) of the Sustainable Development Goals support countries in their national NCD efforts?

- How can international cooperation, within the framework of the Sustainable Development Goals, support sectors such as poverty eradication, climate change, urban planning, gender, education, taxation, and food and pharmaceutical production to strengthen national efforts to address NCDs?

- How can the United Nations system, academic institutions, parliamentarians, NGOs, youth organizations, philanthropic foundations and private sector entities ensure that the priority given to the prevention and control of NCDs on the international cooperation agenda is strengthened?

- How can international cooperation support efforts to promote trade as an engine of economic growth and development, while safeguarding areas critical for public health, including NCD prevention?

A high-level segment will take stock of the international cooperation architecture’s “fitness” in the sustainable development era to support countries in addressing NCDs by asking: what needs to change in order to align it with national plans?

A report summarizing the outcomes of the discussions at the dialogue will be developed as an outcome of the meeting.
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