Working together to tackle noncommunicable diseases

GCM/NCD Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development

Balaclava, Mauritius, 19-21 October 2016

FINAL REPORT

This is an interactive report – for more information please hover over images and text throughout.
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World leaders have long ago acknowledged that they cannot go it alone when it comes to tackling noncommunicable diseases (NCD). The urgency of addressing the NCDs and their shared risk factors constitutes the epitome of an SDG-era challenge that calls for enhanced interdisciplinary and multisectoral collaboration.

The global dialogue on ‘the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development’ provided a unique opportunity for stakeholders to develop a more nuanced understanding of the different roles of non-State actors – nongovernmental organizations (NGOs), philanthropic foundations, the private sector, and academic institutions –; forge consensus in key areas; and explore concrete experiences of how this collaborative approach can be implemented.

By convening multistakeholder and multisectoral global dialogues, the WHO Global Coordination Mechanism for the prevention and control of noncommunicable diseases (WHO GCM/NCD), champions the spirit of Sustainable Development Goal 17 on ‘vitalizing global partnerships for sustainable development’ in support of the achievement of the WHO Global NCD Action Plan for the prevention and control of noncommunicable diseases 2013–2020 and the integrated and indivisible SDGs.

Even if we know what to do, actions need to be dramatically scaled up in order for countries to fulfil the four time-bound commitments made at the UN High-level Review and Assessment on NCDs in 2014: to develop national targets and action plans for NCDs, reduce exposure to NCD risk factors, and strengthen health systems.

The prerogative to promote sustainable development belongs to us all. If our perspective is sufficiently long-term, any investment, whether in business or politics, can be sustainable. Real statesmen and women think about the next generation. Not the next elections. In the same vein, business leaders must think about the future of people and planet. Not the next meeting of shareholders. As alluded to by the WHO Director-General, Dr Margaret Chan, in her video address to the dialogue participants: it is about balancing the need for business to make a reasonable profit against the risk of distortion that comes with greed.

We must all join efforts and use the time between now and the third UN High-level Meeting on NCDs in 2018 to develop, implement and showcase policies, programmes, and partnerships that will help us achieve the global NCD targets, and the SDGs.

Dr Oleg Chestnov
Assistant Director-General
Noncommunicable Diseases and Mental Health
World Health Organization
Foreword by WHO GCM/NCD Secretariat Head, Dr Mikkelsen

The third Global Dialogue of the WHO Global Coordination Mechanism on noncommunicable diseases (WHO GCM/NCD) took place at an important point in time, where, on the one hand, the NCD epidemic only seemed to gain momentum, and, on the other hand, we have the required knowledge, policies, and tools at hand to address it. WHO continues to provide guidance, including through the Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020 and its best buys, as well as guidelines and technical assistance across other NCD areas. The additional ingredients for success are bold national political leadership and support from whole-of-government and whole-of-society approaches.

It seems clear to everyone that no single organization, actor, or sector can address the NCD burden, or meet the Sustainable Development Goals (SDGs), alone. While governments have the primary role and responsibility of combating NCDs and their shared risk factors, they require contributions and support from a wide range of stakeholders to reduce tobacco use, unhealthy diets, physical inactivity, and the harmful use of alcohol.

The adoption of the Agenda for Sustainable Development 2030 only galvanized our impetus to think and act collaboratively, as we know that preventing premature deaths and suffering from NCDs is an undeniable prerequisite to achieving sustainable development by 2030. The WHO GCM/NCD champions this spirit by promoting collaborative actions and innovative partnerships across sectors, stakeholders, and beyond health, in order to end preventable deaths from NCDs and enhance sustainable development.

The global dialogue provided an important opportunity for governments, UN agencies, and non-state actors, such as NGOs, business associations, philanthropic foundations, and academics to discuss the crux of the matter: what are the different roles that non-state actors can play in supporting government leadership, and which comparative advantages can each actor bring to the table? The wealth of concrete experiences shared by participants at the dialogue was an encouraging demonstration of how such a collaborative approach can be implemented.

Understanding how to engage the whole of society on NCD responses, in a sustainable and safe manner, and understanding how to address related barriers, and prevent and manage conflicts of interest, will enable governments to respond more fully to the NCD burden, and provide a basis for non-State actors to better align their capacities and activities.

I am delighted to invite you to read the present Report of the Global Dialogue Meeting and hope that it will help shed light on how we can all contribute to creating and sustaining a world free of the avoidable burden of noncommunicable diseases – for all of us and generations to come.

Dr Bente Mikkelsen
Head, Secretariat of the WHO GCM/NCD
Executive Summary

The Dialogue was held in Mauritius, 19-21 October 2016. It provided a rare and valued opportunity for over 160 representatives of Member States, UN agencies, NGOs, business associations, academia and philanthropic foundations to come together to discuss the role of non-State actors in supporting Member States’ efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development.

NCDs – mainly cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases – are the leading cause of death and disability worldwide, responsible for 38 million deaths per year globally. Driven by four main modifiable behavioural risk factors and compounded at the population level by globalization, population ageing, and urbanization, NCDs threaten health and wellbeing, economic prosperity, and social development at all levels. NCD pose a particular challenge in low- and middle-income countries (LMICs), where the vast majority of premature deaths (under the age of 70) occur.

Background

The Dialogue took place against a troubling backdrop of the continued limited progress countries are making in reaching the commitments made by world leaders to curb the rise of NCDs. According to current WHO estimates, the current rate of decline in premature deaths from NCDs is insufficient to meet the global NCD target to reduce premature deaths by 25% by 2025, and target 3.4 of the Sustainable Development Goals to, by 2030, reduce by one third premature mortality from NCDs. This is particularly ominous for LMICs as they seek to cope with the effects of global trends, weak or uneven health systems, and limited resources for realizing sustainable development.

It is well established that accelerating the reduction in premature deaths from NCDs through improved governance, health system strengthening, limited exposure to risk factors, and improved surveillance requires a whole-of-government and whole-of-society-response. As such, the Dialogue united a diverse cross-section of stakeholders in order to further define the roles and responsibilities each sector and stakeholder can agree on and in order to support countries in their NCD efforts.

The aim of the Dialogue was to establish a nuanced understanding of and, where feasible, explore areas of emerging consensus, or areas where consensus is likely to emerge in the near future, on the role of non-State actors – nongovernmental organizations (NGOs), the private sector, philanthropic foundations, and academic institutions – in support of governments’ efforts to tackle the increasing burden of NCDs.

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1 For more on our use of terms in this document, please consult the Glossary produced for the Global Dialogue.
2 Please see the Political Declaration of the High-level Meeting of General Assembly on the Prevention and Control of Noncommunicable Diseases, 2011 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1) and the 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 noncommunicable diseases, 2014 (http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1).
Areas of Emerging Consensus

In the discussions during the Dialogue numerous areas of sufficient consensus emerged; these could form the basis for recommendations moving forward:

The need to take into account the interdependency of social, economic and environmental determinants of NCDs and the notion that siloed models of public, private and civil society work are ill-suited for responding to these challenges ran as a common theme throughout the Dialogue.

The scale of the problem and urgency of action was another key point reiterated throughout proceedings. As expressed by the Minister of Health and Quality of Life of Mauritius, H.E. Anil Kumarsingh Gayan: “NCDs are fast becoming a disease of mass destruction with a WHO global projection of 52 million deaths in the very near future”.

Combating NCDs requires governments and non-State actors to work together in a multisectoral and multistakeholder fashion. The sharing of concrete experiences of successful non-State actor engagement throughout the Dialogue underlined the feasibility of achieving the NCD targets and illustrated the ways in which different non-State actors can play a supporting role to governments.

While there is sufficient consensus that non-State actors need to be engaged to support governments in tackling NCDs, it was highlighted throughout that there are instances where engagement is not appropriate. For instance, policy development is the government’s prerogative, and the private sector in particular should not be involved. Mechanisms for the management of conflicts of interest need to be put in place as safeguards for such principles.

When engaging the private sector and other non-State actors, national NCDs policies must be protected from undue influence by any form of real, perceived or potential conflicts of interest. The Dialogue provided concrete examples of instances where protection against undue influence is particularly needed, such as in policies related to tobacco, alcohol and nutrition, and how this was done successfully by Member States.

That NGOs are not only important advocates and watchdogs that help hold governments and other stakeholders accountable to their commitments, they are also increasingly supporting governments as service providers in NCD prevention and control. Likewise, under certain circumstances, service provision is possible from the private sector.

The need for joint and coordinated advocacy efforts to raise awareness about the feasibility of achieving the nine global NCD targets; WHO received valuable inputs on the global communications campaign to that effect.
Areas where participants ‘agreed to disagree’

In addition to the above, there were areas where participants ‘agreed to disagree’. This was particularly evident in the case of protecting consumers against NCD risk factors and raising revenues for public health promotion through taxation of tobacco and unhealthy food products high in salt, fat, and sugar. Here, the business associations expressed their disagreement and proposed a different approach that seeks to promote the notion of enlightening consumers, where enhanced nutrition labelling and campaigns to inform consumers supposedly change individuals’ behavior. This approach was opposed by several academics and NGO representatives as having been proven ineffective, as opposed to the measure of taxation of tobacco and unhealthy food products, which is proven to be effective in reducing consumption of said products.

In parallel to the discussions during the Dialogue, the Co-Chairs of the Dialogue produced a ‘Co-Chairs Statement’ (in English and French) reflecting their views on these areas of consensus.

The Statement suggests actions all non-State actors must take to tackle NCDs as part of the 2030 Agenda for Sustainable Development, and gives more specific guidance on what the role of each non-State actor could be moving forward.

Overview of participation

There were 161 participants present in Balaclava, Mauritius. In addition, 58 people followed the meeting via WebEx. Of those present in Mauritius, 48 spoke in the programme, sharing concrete examples of successful non-State actor engagement across at least 16 countries and/or organizations. Co-Chairs from the Governments of Mauritius and France made substantive contributions to the meeting throughout. The Dialogue was moderated by a WHO staff member, Dr Faith McLellan. There were 12 members of the WHO Secretariat present in Mauritius not featured in the programme. In addition, 7 members of the WHO Secretariat supported proceedings from afar.

Out of the 98 audience participants present in Mauritius, there were 19 Member State representatives, 1 representative of the UN aside from WHO representatives and those UN speakers in the programme, 61 nongovernmental modernization (NGO) representatives, 7 business association delegates, 2 philanthropic foundation delegates, 3 participants representing academic institutions, and 5 WHO Collaborating Centre representatives. Representatives from over 50 countries and across all 6 of the WHO Regions participated. Eligibility to attend the Dialogue was defined by Information Note 1 and consistent with the WHO Framework of engagement with non-State actors. For a comprehensive List of Participants, please visit the WHO GCM/NCD website.

Throughout the Dialogue participants were encouraged to tweet using the hashtag #beatNCDs. Between 19 and 21 October there were a total 410 tweets that used this hashtag, a sample of which are included in relevant sections of the text that follows.3

3 These tweets are selected according to the number of retweets they received and their relevance to the meeting.
Thematic Summaries

The Dialogue programme was structured around three governance principles necessary to strengthen NCD prevention and control: multisectoral planning; multisectoral mechanisms; and monitoring, evaluation and accountability. A fourth central session focused on how and when governments can engage the private sector, and when they should not.

National Multisectoral NCD Action Plans

Developing or strengthening national multisectoral NCD action plans by 2015 is one of the four time-bound commitments made by governments in 2014. Encouragingly, the number of countries with at least one operational national multisectoral NCD action plan increased between 2010 and 2015 from 33% to 63%. However, not all of these plans are budgeted, prioritized and operationalized; this raises the question of national capacity to implement them. Visit the WHO NCD Progress Monitor 2015 for more information. The need for convergence and integration into SDG planning is also essential, especially the prioritization of NCDs in SDG plans.

During the Dialogue participants learned about Bahrain’s experience of developing a national multisectoral plan. Through this process they successfully brought together NGOs, a national society for cancer, the chamber for industry and commerce, and a variety of government ministries. The experience of the Norwegian Cancer Society was also shared, highlighting the importance of engaging leaders in collaboration on national multisectoral NCD action plans so as to increase the visibility of the plan and encourage the different stakeholders to take ownership of it. An example of engaging high-level political figures was highlighted in Ethiopia, where the First Lady worked to bring civil society representatives together. The roles and responsibilities of each stakeholder must be clearly and carefully defined on the basis of common goals but with knowledge of each other’s strengths, expertise and weaknesses.

In the multistakeholder workshops, participants heard the lessons learned in Tanzania through the implementation of what was initially a national diabetes programme, which then expanded into a national NCD programme. The endeavor involved collaboration between the government, the Tanzania Diabetes Association and the World Diabetes Foundation. It was deemed successful largely because the non-State actors involved aligned themselves with national policy and the government’s realization of its own limitations and need for support. The importance of aligning objectives was reiterated by the experience in Myanmar of developing a children’s cancer programme. In Thailand the revenues from taxes on alcohol and tobacco were leveraged to engage non-State actors in whole-of-society NCD responses. Accountability and funding transparency in this initiative were critical success factors. Finally, we learned of Indonesia’s attention to due diligence upon initiating a non-traditional partnership between the Ministry of Health, a mining company, and an academic institute to create a salt reduction baseline study. All the PowerPoint presentations are available online.
Representatives of industry highlighted their proactive role in policy implementation. However, participants in this discussion agreed that policy development should be government-led, and that the private sector should only play a role in the implementation, and not the development, of national multisectoral NCD action plans. **WHO** and the **GCM/NCD** are working to support countries in the development and implementation of national multisectoral NCD action plans through all three levels of the organization. This approach has already been initiated in **Sri Lanka**, **Oman** and **Iran** (webpage forthcoming). The GCM/NCD will also setup a Community of Practice in the coming months specifically on the subject of national multisectoral NCD action plans. Visit the GCM/NCD website for more news and announcements.

**National Multisectoral Mechanisms**

Over 60% of countries reported having a national multisectoral commission, agency, or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health. However, only 34% of those countries reported that it was operational. Visit the **WHO NCD Country Capacity Survey 2015** for more information.

During discussions at the Dialogue on national multisectoral mechanisms, it was pointed out that although governments have made a political commitment to establish national multisectoral NCD mechanisms, a sufficiently strong evidence base does not yet exist to support this approach. It was argued that academia should be more engaged to make this case so that it’s inexcusable for governments to abrogate their responsibility to NCD response due to the difficulties in establishing such an inclusive model. The work done by the Centre for Chronic Disease Prevention in Canada provided an example of where research to support the arguments that mitigate perceived risks in the context of partnerships can add real value. All actors should know and understand why having a healthy population is a central pillar for economic development and why NCD prevention has such an impact on improving a person’s wellbeing.

Dialogue participants learnt about the **UN Interagency Task Force on NCDS**. The UN, including WHO, has an important role to play in facilitating the creation of national multisectoral NCD mechanisms and driving forward action through UN country teams. Effective governance, clear terms of reference and a robust accountability framework are required. Advice can be given on the most suitable model for multisectoral collaboration, taking national context into account. Mechanisms can either be inter-ministerial or assume the model of a broader, multisectoral and multistakeholder commission.\(^4\) The highest level of political leadership is needed to ensure the success of both forms of mechanism.

Non-State actors have a role to play in making it easier for governments to make the argument for establishing multisectoral NCD mechanisms. Civil society in particular can create enabling environments in which governments can enact the legislation required to drive action on

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NCDs. For example, by publicising and making information readily available on best practices related to setting up these mechanisms, non-State actors can equip governments to make the necessary arguments across government for the inclusion of all sectors in the implementation of national NCD action plans. Lessons can be learned from countries such as Tanzania, where the government expanded the AIDS Commission to include NCDs – a process that was greatly facilitated by the engagement of a national NGO and an international foundation.

**Monitoring, Evaluation and Accountability**

A robust global accountability framework for NCDs, including outcome, process, and progress indicators, is already in place. WHO plays a vital role in monitoring the implementation and achievement of the targets and indicators and the progress of countries towards meeting their national commitments. But these and government efforts to monitor and evaluate county progress must be complemented by an accountability function provided by civil society’s role as a watch dog. The private sector is additionally responsible for transparently monitoring and evaluating their own commitments, as well as how their actions support the achievement of the targets and indicators within the NCD global accountability framework. The need for capacity building in the area of surveillance and the role of digital technologies in standardizing data collection were also discussed during the Dialogue.

WHO tracks progress in countries through the [WHO NCD Country Capacity Survey](https://apps.who.int/ncd_country_capacity_survey/). Through tools such as this, it is clear that countries are not on track to reach their commitments. The way these surveys are conducted has progressed enormously since they were initiated in 2000, including the adoption of new digital technologies for data collection. WHO has recently launched the [Global NCD Document Repository](https://apps.who.int/ncd_country_capacity_survey) which provides access to the latest documents that aren’t necessarily included in the NCD Country Capacity Survey. The repository can be searched by country using an [interactive map](https://apps.who.int/ncd_country_capacity_survey/). Work is also being done to increase access for governments and non-State actors to evidence of the cost effectiveness of NCD interventions. Towards this end [Appendix 3](https://apps.who.int/ncd_country_capacity_survey/) of the [WHO Global NCD Action Plan 2013-2020](https://apps.who.int/ncd_country_capacity_survey/) is being revised to incorporate new scientific evidence. WHO has also developed an approach to [register the contributions of non-State actors](https://apps.who.int/ncd_country_capacity_survey/) to measure their own contribution to the global NCD targets.

CSOs should represent an independent voice for monitoring and evaluating government progress. The World Heart Federation shared its experience of coupling readily available data, such as that provided by countries to WHO, with scorecards tested in countries when baseline data and information are missing. In addition to holding countries to account on progress, CSOs must hold themselves to a high level of accountability and critically analyse why, on whom, of what, how and when they should conduct their surveillance. They also have a role to play in holding industry to account, although the private sector itself must commit to self-reporting if it is ever to build up the trust of other non-State actors and governments. Where governments do not have the capacity, CSOs can provide invaluable support in surveillance and data collection. However, when CSOs are in partnership with governments challenges arise with respect to their ability to independently hold them to account.
These obstacles are best managed when there is a strong legal infrastructure for accountability in place. The best example of this is found within the tobacco control movement. The WHO Framework Convention on Tobacco Control (WHO FCTC) is a legally binding treaty that provides all state and non-State actors with the same structure to conduct monitoring and evaluation on the achievement of its objectives. This type of structure makes shadow reporting by CSOs much more effective since they adopt the same indicators and formula as governments and the resulting reports can therefore be directly compared and any discrepancies addressed. The benefits derived from such a framework can be observed in the work of organizations like the Southeast Asia Tobacco Control Alliance.

**Conflicts of Interest and the Role of the Private Sector**

Participants at the Dialogue strongly engaged in the discussions on the role of the private sector in supporting governments’ efforts to tackle NCDs.

Government must retain ultimate authority in setting national policy. Participants in the Dialogue resolutely agreed that the private sector has no role in policy formulation. For example, participants heard from Iran of how regulatory body and industry consultations were only about the how and when of implementing government policies, and not about whether the policies themselves were appropriate.

A structured approach to private sector involvement in policy implementation, centred on specific terms of engagement, principles of transparency, protection from undue influence, measurable goals and shared interests is possible and can result in real public health wins. CSOs have a role to play as brokers in this relationship. The private sector must also be prepared to set aside commercial branding in certain circumstances to facilitate collaboration if it is to demonstrate a genuine interest in and commitment to improving access to and the availability of healthy options and solutions for everyone. It was noted that lack of national capacity to judge the benefits and risks of engagement with non-State actors with a view to strengthen their contribution to national NCD responses sometimes represented an obstacle to such engagement.

Discussions reflected the notion that governments need to be discerning about the private sector – engagement isn’t always possible, and should sometimes be avoided in order to protect public health from any undue influence by those with vested interests. But equally, it can be possible and beneficial when the appropriate stakeholder mapping, due diligence and risk assessments have been conducted. This process of review must be ongoing throughout the collaboration since conflicts of interest can occur at any time; conflicts of interest cannot just be a box that is ticked. When considering conflicts of interest, the focus should be less on ideology and more on facilitating a discussion on the concrete situation, and the draw-backs as well as benefits of engaging. Only through discussions, specific commitments, and transparent, independent reporting can the best ways of engaging the private sector, whilst safeguarding public health from any real, perceived or potential conflicts of interest, be made clear.
Identifying mutual interests is important in this type of collaboration. But collaboration cannot be pursued at the cost of government’s ability to deploy the tools known to be effective in reducing exposure to risk factors and improving access to care for those who suffer from NCDs. In particular, legislation to control unhealthy products such as taxation, restrictions on marketing and the availability of products, and laws on drug production and pricing should be pursued. One of the bottlenecks identified at the national level was the often insufficient legal capacity to increase national taxes on health-harming products in order to generate increased national revenue. This is frequently coupled with unmet demands for technical assistance provided through bilateral and multilateral channels to strengthen such national capacity. Another obstacle is industry interference aimed at preventing the development and implementation of certain measures.

Participants in the Global Dialogue emphasized the importance of stimulating demand for healthy foods and beverages. Food and beverage business associations should be aware of the growing public demand for their member industries to align core business practices with public health and sustainable development goals and that they need to make the arguments that will encourage their shareholders to invest in health. It was suggested that workplace wellness could be a good place to start since it is an area where mutual interests can be found. But in taking up this commitment, companies must also commit to global reformulation, transparency, co-regulation and self-regulation. It was also noted that to-date the evidence on the effectiveness of self-regulation is inconclusive, and that the private sector should seek to implement WHO policies and standards, rather that developing their own parallel set of standards.

The notion that NCDs are ‘industrial epidemics’ lead to discussions on the importance of the private sector and other non-State actors understanding one another – not only each other’s motives and different interests, but also methods of work. This would foster constructive collaboration based on knowledge of the gaps between their commonalities. All non-State actors have to earn trust from governments every day and the best way to achieve this is to hold themselves and each other to account for their actions, or the absence of action.

The question of the heavy price tag of the NCD epidemic to governments and their public health systems, and who should pay, was discussed. The ‘best buy’ policy option of governments to tax unhealthy products as a way of compensating for those costs was opposed by several industry representatives, but largely favored by most other participants due to the proven effectiveness of such measures. There were several calls for bolder action by the private sector in term of significant global reformulation of products to help curb the NCD epidemic.

Agreement on the appropriate terms of engagement for each non-State actor in government-led NCD responses will require a case by case and ongoing review by respective governments. The objectives for such engagement should always be to create an environment in which tough policy decisions by governments are made easier by the work done by non-State actors to create a climate of public demand for the option and ability to live healthily.
Global Communications Campaign

Discussions at the Dialogue reflected agreement that the WHO Global Communications Campaign on NCDs was a valuable new initiative. The campaign aims to engage all stakeholders in demonstrating the feasibility of meeting the nine voluntary targets by 2025 and the SDGs by 2030 through national NCD campaigns. Its most innovative component is to mobilize public engagement through sharing NCD stories. By combining compelling, personal accounts of people’s daily struggles with NCDs with the facts that show the feasibility of meeting the targets governments have committed to in a country context, the campaign hopes to compel policy action.

The Campaign has three elements. Firstly, it provides clear messages and easy access to information on the diseases, risk factors, environmental factors, and health system interventions related to NCD prevention and control, coupled with information on the cost-effective solutions governments can implement to reduce premature deaths and improve health and wellbeing in their countries and communities. Please visit www.who.int/beat-ncds for more information.

The second element aims to showcase progress and good practice at the national level. The first country to be profiled through this exercise is Sri Lanka. During the Dialogue Dr Palitha Mahipala shared Sri Lanka’s experience of setting up a Presidential Task Force to focus on the alignment of different stakeholders on the prevention and control of NCDs, including mental health. Sri Lanka has also developed a national communications strategy to identify and publicise the activities of different stakeholders. Dr Mahipala emphasized the importance of government ministries viewing health as a human right, applicable to all sectors and not just the health sector.

The final element focuses on promoting the human face of NCDs using the new website www.who.int/ncds-and-me/. The website seeks to show that no one can claim immunity from NCDs. At the Dialogue, Dr Mellany Murgor shared her experience as a young medical practitioner working in Kenya. Through working with NCD Child and the Young Professionals Chronic Disease Network she has focused on involving and training more young people in health, advocacy and leadership. Mr Magnifique Irakoze also spoke from a youth perspective as a representative of the International Federation of Medical Students in Rwanda, where, during times of conflict, NCDs are neglected and not recognized as part of and symptomatic of other problems in society and for national healthcare.

Dr Rodrigo Rodriguez-Fernandez (@cardioroyrdz)

We need more real stories like the one from Veronica! Viva Mexico! #beatNCDs @MikkelsenGCM @NCDFREE @jackefisher https://youtu.be/Li4-aj1ilps

International Federation of Medical Students’ Associations (IFMSA) (@ifmsa)

The role of youth is vital in tackling the global burden of #NCDs - IFMSA takes leadership locally, nationally and globally #beatNCDs
The importance of leadership was echoed by Dr Rob Beaglehole, whose work campaigning in New Zealand on sugary drink reduction strategies succeeded in stopping all hospitals in the country from selling sugary drinks in 2015. His work as a dentist has exposed him to the problems of tooth decay, especially amongst children, and also the shared risk factors associated with sugary drinks – obesity and type two diabetes. The WHO has recently published a report on Fiscal Policies for Diet and Prevention of Noncommunicable Diseases which shows that taxing sugary drinks can lower consumption and reduce obesity. At WHO Headquarters in Geneva, staff members are ‘walking the talk’ by removing from sale and service as of October 2016 all sugary drinks (all types of beverages containing free sugars).

Ms Veronica Patricia Ruiz Vera shared her story of growing up in Mexico, which has one of the highest obesity levels in the world. She explained how she suffers from obesity in large part due to the environment in which she was raised. Lack of information about the damaging effects of drinking sugary beverages, lack of opportunities to make healthy choices, spaces to take regular exercise, along with the shame and stigma that perpetuates unhealthy habits all contributed to her condition. The issue, she argues, is that many people are living in poverty and starving but still eating the junk food readily available to them. It is not just the individual’s responsibility – it’s a social problem which the government has a responsibility to rectify through education and regulation.

通过这些三个元素的活动，世界卫生组织希望与利益相关者合作，提高人们对慢性病的意识，并改变对慢性病的叙述，以及在2018年第三次联合国高级别会议之前加速各国行动。
Outcomes – Exploring Areas of Sufficient Consensus

In the discussions during the Dialogue numerous areas of sufficient consensus emerged; these could form the basis for recommendations moving forward related to the role of different non-State actors in support of government-led efforts to tackle NCDs:

The diverse and cross-cutting nature of the burden of NCDs requires a multisectoral and multistakeholder response; this is particularly important in the context of the SDGs and the urgency of action to curb the negative social and economic impact these diseases have on populations worldwide, with the most vulnerable populations worst affected.

Sufficient consensus on the role of State actors – NGOs and CSOs, the private sector and their representative business associations, philanthropic foundations, and academic institutions – in supporting government-led NCD responses was reached during the Dialogue in the following areas:

The private sector has no role to play in policymaking and the development of national multisectoral NCD action plans. NGOs, CSOs and academic institutions, however, can play an important role in strengthening government capacity to develop these plans when required.

NGOs and CSOs have an important role to play as service providers in the implementation of national policies, as does the private sector when the appropriate safeguards are in place. In such cases, a clear governance structure, terms of reference and accountability framework is essential to protect national NCD responses against undue influence from any sources of real, perceived or potential conflicts of interest.

National multisectoral NCD mechanisms should define and coordinate the activities of key stakeholders, regardless of whether the mechanism is inter-ministerial or assumes the structure of a broader, multistakeholder commission. NGOs and CSOs have a key role to play in building capacity for these structures and academic institutions should be engaged more in order to build up an evidence base for their effectiveness.

A robust global accountability framework exists for NCDs. NGOs and CSOs play a vital role in holding governments and other non-State actors to account in meeting their commitments. Members of the private sector have a particular responsibility to transparently monitor and evaluate their own commitments and should seek to implement WHO policies and standards, rather than develop parallel approaches and benchmarks.

When engagement with the private sector has been judged inadvisable, this engagement should be avoided; this is especially the case when private sector involvement could subvert the use of tools known to be effective in NCD prevention and control, notably taxation of unhealthy products. The ultimate aim for non-State actor engagement in national NCD responses should be to support and create an environment in which tough policy decisions by government are possible in order to provide their populations with healthy options and the option to live a life free from the avoidable burden of NCDs.

Finally, the need for a strong, cohesive narrative promoting the arguments for action on NCDs and the feasibility of governments implementing such action was raised during the Dialogue.
Towards this end the GCM/NCD has initiated a WHO Global Communications Campaign on NCDs, engaging a wide array of stakeholders, from public, to private and including civil society.

The ‘Co-Chairs Statement’ and summaries provided in this report reinforce the following attestation for the feasibility of collective and collaborative action on NCDs, to which the GCM/NCD urges every reader to pledge and act on:

**Government** leadership is unchallengeable and essential to successful NCD responses. But governments cannot fulfil their commitments in a vacuum.

**Nongovernmental Organizations** must continue to pursue their role as advocates and watchdogs to hold governments and other stakeholders accountable for their commitments and actions. NGO involvement in the development and implementation of multisectoral NCD action plans is essential. Their role as potential, and in several countries actual service-providers and conveners for collaboration must not be ignored.

Towards this end, **international development donors** should increase sustainable investments in enhancing the capacity of relevant national NGOs, thereby enabling them to support Governments in their efforts to implement health-in-all-policies, whole-of-government, and whole-of-society approaches to NCD prevention and control.

**The private sector** must align its core business practices with public health and sustainable development objectives. It must follow-through on its words and gestures of good intent, support the realization of WHO global strategies, norms, standards, and guidelines, rather than establishing their own, and report back on its progress. In particular, it should encourage impact investing to balance profit-making with public health gains.

**Philanthropic foundations** should work to accelerate philanthropic giving, financial and in-kind contributions for NCD prevention and control. Innovative options for mobilizing additional funds should be explored, including increased cooperation between philanthropic actors.

**Academic institutions** should produce independent, credible and accessible data and research, particularly for those in low- and middle-income countries, on policies, medicines, vaccines, diagnostics and technologies for NCDs. They also have a role to play as advocates for the inclusion of adequate education on NCDs as part of a balanced curriculum at medical schools and in teaching institutions.

Operating within the parameters set for them by Governments, **non-State actors** must take collective ownership of the commitments made and work together to bring them to fruition.

**The GCM/NCD** is the platform for continuing these types of discussions going forward, while also accelerating this work through brokering the partnerships need for action on the above areas of consensus and in order to create a world free from the avoidable burden of NCDs.
Annex: Pre-Discussion Caucus Meetings

Four pre-Discussion caucus meetings were held between June and September 2016 within the overall scope of the Dialogue topic. The role of pre-Discussion caucus meetings is to convene multiple stakeholders in the run-up to the Global Dialogue Meeting and focus the participants’ attention on a specific theme or stakeholder group related to the role of non-State actors in supporting government-led NCD responses. Please view the full reports from each caucus meeting by hovering over their titles below.

Healthy Lives and NCD Prevention

The World Economic Forum (WEF) held two caucus meetings; the first on 15 June 2016 in Medellin, Colombia on ‘Pathways to Strengthen Public Private Cooperation’, and the second on 26 June 2016 in Tianjin, China, on ‘Tackling NCDs in the Context of the 4th Industrial Revolution’. Participants represented a wide variety of stakeholders including the private sector, philanthropic foundations and nongovernmental organizations.

Report available at http://www.who.int/global-coordination-mechanism/dialogues/pre-caucus-wef-healthy-lives.pdf?ua=1
According to WEF’s estimates, NCDs will cost US$47 trillion globally between 2012 and 2030 if immediate action is not taken. Governments cannot afford to fail. Participants in the meeting acknowledged the interdependency of the social, economic and environmental determinants of NCDs and that traditional models of public, private and civil society work are ill-suited for responding to these challenges. In order to maximize each stakeholder’s impact, they must work together.

Examples of successful collaboration cited at the meeting included the projects to implement article 5.3 of the Framework Convention on Tobacco Control (FCTC); South Africa’s Vitality programme, incentivizing healthy living through insurance discounts; and the mHealth activities initiated in many countries, particularly in the American Region.

The most critical barrier highlighted at the caucus meeting to such forms of collaboration is the fundamental mistrust between certain actors, especially between the private sector and civil society. Even though ideological differences cannot always be reconciled, each group must learn to understand the other’s language and culture. Public-private governance mechanisms and additional models to aggregate and share data should be built and promoted. A global environment is needed in which this dialogue is possible and where each stakeholder’s competencies and capabilities are acknowledged and put to best use to enable people to live healthy and productive lives free from NCDs, with particular attention to safeguarding public health from any real, perceived or potential conflicts of interest.

The Contribution of Civil Society

Held in the context of the WHO Eastern Mediterranean Region and NCD Alliance Capacity Development Workshop in Amman, Jordan, a third pre-Discussion caucus meeting was held on 15 August 2016. The meeting was titled ‘Addressing NCDs as part of the 2030 Agenda for Sustainable Development – the contribution of civil society’. Participants of this workshop represented the various components of civil society. The meeting focused on four main areas in which civil society organizations (CSOs) play a particular role: awareness, access, advocacy, and accountability.

With respects to awareness-raising, the ability of CSOs to generate knowledge and disseminate it amongst, as well as tailoring it to, a variety or audiences, including target populations such as patients and nurses, is of real value in NCD responses. Advocacy to drive system change is also a primary role for CSOs, especially when these organizations come together in coalitions to campaign more effectively.

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through strong multisectoral partnerships. The role of CSOs in service delivery should not be forgotten or left untapped. Their role in ensuring access to equitable NCD treatment and care that expands the reach of health services provides indispensable support to many governments. Finally, CSOs play a vital role in holding each other, governments and the private sector to account through monitoring, review and remedial action. They can expose areas of slow progress, challenge policy-makers and call for greater transparency and accountability.

These roles are not without barriers to their implementation. The meeting highlighted the following specific challenges CSOs face: inadequate technical and financial resources; problematic and inconsistent relationships with government which creates an unsupportive environment for their work; and industry interference. However, the resounding conclusion of the meeting was that when empowered and engaged, CSOs can serve as the bridge between global commitments and national and local action.

Engaging Multiple Stakeholders and Sustainable Environments

The final pre-Dialogue caucus meeting was a WHO-organised workshop held on 28 September 2016 at the 19th European Health Forum in Gastein (EHFG), Austria. The meeting focused on ‘Urban environments and NCDs: engaging multiple stakeholders and sustainable environments to nurture a life free from NCDs’. Participants in the EHFG, spanning a range of stakeholders, were present in the workshop and actively participated in audience discussions.

The meeting focused on the role of healthy cities in tackling NCDs and their risk factors. Through multisectoral approaches to urban planning and transport, for example, and by engaging the community, concrete opportunities can be created for NCD prevention and control. National experiences of implementing multisectoral and multistakeholder approaches to NCDs at a municipal level were heard from Austria, Wales and from countries in the Baltic Region. That NCDs are the business of all sectors, at every level of government, was a message reiterated throughout the meeting.

In addition to the role of healthy cities in fostering an environment for a multistakeholder response to NCDs, the following themes emerged: the persistent challenge of health inequalities; the necessity of adopting a multisectoral, Health in All Policies approach; the lack of investment in Health Promotion; and the need to strengthen evidence-based policy-making. The support that the United Nations Interagency Taskforce (UNIATF) provides to government ministries to help them realise their shared interest in the prevention and control of NCDs was discussed. In particular, the set of Sectoral and Local Government Briefs outlining the arguments that should be used to convey the importance of tackling NCDs to ministries outside of the health sector were highlighted.

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Resources

For background information and documents surrounding the Dialogue please visit the meeting’s webpage [here](#). Here you will find:

- Scope and Purpose Paper ([English](#) and [French](#))
- Final Provisional Programme ([English](#) and [French](#))
- Final List of Participants
- Director General’s message to the Global Dialogue Meeting ([English](#) and [French](#))
- Pre-Discussion Caucus reports ([WEF](#), [NCAD-WHO EMRO](#), [WHO Gastein](#))
- PowerPoint presentations used in the multistakeholder workshops

Other relevant documents produced by the GCM/NCD include:

- GCM/NCD Working Groups
  - Dialogue on development cooperation Final Report
  - Dialogue on international cooperation Final Report
  - Virtual Discussion Forum on international cooperation Final Report

Other relevant documents and sites produced by WHO include:

- WHO Global Communications Campaign on NCDs page and the NCDs&me engagement page
- Global Status Report on NCDs 2014
- Country Capacity Survey 2015
- NCD Progress Monitor 2015
- Earmarked Tobacco Taxes: lessons learnt from nine countries 2016
- Technical Resource for country implementation of the WHO FCTC Article 5.3 2012
- Tobacco Industry Interference: A Global Brief 2012

For a selection of photos from the Dialogue please visit the Google Drive Folder [here](#).