Healthy Lives and Non-Communicable Disease Prevention
Summary of Two Caucus Meetings Hosted by the World Economic Forum

Context

The WHO Global Coordination Mechanism on non-communicable diseases (NCDs) hosted a global dialogue meeting on 19-21 October 2016 on the role of non-state actors in supporting member states in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development. This global dialogue was preceded by multiple pre-dialogue caucus meetings in the period between March and September aiming to convene stakeholders independently and to provide a platform where the Dialogue’s topics could be discussed before feeding these inputs to the global sessions. The World Economic Forum hosted two of these caucus meetings:

- “Healthy lives and NCD Prevention: Pathways to Strengthen Public Private Cooperation” on 15 June, 2016 in Medellin, Colombia
- “Healthy Lives and Tackling NCDs in the Context of the 4th Industrial Revolution” on 26 June, 2016 in Tianjin, China.

This document summarizes the key messages discussed during the World Economic Forum’s caucuses.

Socioeconomic Burden of NCDs

NCDs are the leading causes of morbidity and mortality: 38 million of the 56 million global deaths in 2012 were attributed to NCDs. Thirty-five percent of these deaths were premature, meaning they occurred between 30 and 70 years of age.

NCDs also impose a tremendous human, social and economic burden. According to the Forum’s estimates, NCDs will cost $47 trillion globally between 2012 and 2030 if nothing is done to prevent them. Recent estimates on regional and country impact indicate the following:

- India stands to lose $4.58 trillion to cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental disorders between 2012 and 2030. There is near-universal concern among Indian business executives (94% in 2013 and 97% in 2010) on the five-year business impact of one or more NCDs.
- In China, diabetes, cardiovascular diseases, cancer and chronic respiratory diseases are estimated to cost $18.5 trillion between 2012-2030. Adding mental health disorders will mount to a $23.03 trillion lost during the same period. Around 80% of business leaders in China mentioned that they perceived NCDs as a serious impact on their business.
- Indonesia faces a potential total loss of $4.47 trillion from 2012 to 2030 due to NCDs and mental health disorders.
- Cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental disorders are expected to cost Costa Rica, Jamaica and Peru $52.89 billion, $17.22 billion, and $381.70 billion, respectively. This translate to a 4.4%, 3.9%, and 6.8% reduction in GDP annually for each respective country between 2015 and 2030.

Multistakeholder Action is Key to Curb the NCD Epidemic

The roots of healthy living are multilayered, influenced by social, economic and environmental determinants and specific behaviours – especially tobacco use, unhealthy diets, harmful use of alcohol and physical inactivity.

Given the complexity and the interdependency of its elements, enabling healthy lives and preventing NCDs is not just a health agenda – it is an imperative for society. For sustained impact, all stakeholders should work together to build environments in which healthy choices are the easiest choices.

Such complexity challenges traditional models of work for public, private and civil society stakeholders and puts pressure on all of them to work collaboratively. It requires complementary responses: a short-term response to treat acute sicknesses such as strokes and a long-term approach to change the environment, culture, value of health and the behaviours of individuals, families and communities. This cannot be achieved by working solely within the traditional boundaries of healthcare systems. It highlights the urgent need to involve stakeholders across a variety of sectors, including health, education, food production and distribution, urban planning, technology, development and poverty alleviation.

Working together will likely maximize impact. Stakeholders often work in silos, unaware of the ambition and activities of other relevant stakeholders and sometimes working at cross purposes. Collaboration – aligning goals, resources, metrics and coordination – can multiply the impact of individual stakeholders. Moreover, exploring mutually beneficial linkages across stakeholders and programmes can contribute to building organizational capacity, particularly in low- and middle-income countries.

Examples of Multistakeholder Actions

The list below is not intend to be exhaustive but is a reflection of examples discussed at the Forum meetings:

- Framework Convention on Tobacco Control
- Global self-regulatory work conducted by the International Food and Beverage Alliance to:
  - Reformulate products and develop new products that support the goals of improving diets;
  - Provide clear and fact-based nutrition information to all consumers;
  - Extend responsible advertising initiatives and marketing to children globally;
  - Raise awareness on balanced diets and increased levels of physical activity; and
- Actively support public-private partnerships that support the WHO’s 2004 Global Strategy on Diet, Physical Activity and Health.
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- ANDI (Business Association of Colombia) highlighted work with local governments where workshops have been established with teachers in seven primary schools in low income areas. The focus was to promote healthy choices and incorporate health into the curriculum.
- The Global Wellness Day was cited as an awareness campaign in 85 countries, in which one free activity is offered as an incentive. Public sector and private sector (global and local business owners) and civil society organizations have engaged in the iniatitive.
- Free educational webinars and trials regarding the use of telemedicine have been conducted by the Discovery Channel.
- Nutrition and nutrition-sensitive interventions were an opportunity for institutionalizing Health in All Policies: The Multisectoral Nutrition Programme in Nepal.
- Designed to move is a multi-stakeholder programme focused on promotion of physical activity.
- M-Health activities lead by PAHO and by the WHO/ITU Be healthy, Be Mobile Initiative.

What Worked and What Didn’t Work When Designing and Implementing These Actions

Implementing collaborative actions does not come without risks and challenges. All stakeholders need to consider both before engaging in the collaborative process. Stakeholders need to work continuously to identify solutions for potential problems to deliver results that impact health outcomes. Participants listed a series of enablers and disablers of public-private collaboration for the prevention of NCDs.

Disablers
- Mistrust – Relationships among public sector, businesses and civil society have been marked by events that lead to poor trust and reinforced suspicion regarding the motivations for collaboration.
- Conflict of interest – A conflict of interest may arise when a party’s judgement is influenced by a secondary set of undisclosed interests (financial, ideological or organizational) leading to the benefit of one or more collaborating entities and to the detriment of the collective goal. Diverse interests can and should be transparently managed as part of effective collaborations.
- Organizational differences – Each organization has its own identity, culture, work process, language and legal and internal procedures. Being transparent about these differences and acknowledging them upfront in a constructive manner is critical to build trust, shape a collaborative process and move forward with mutual actions.
- Poor governance – Lack of existing clear governance, transparency and accountability can be a major bottleneck for effective collaboration. Opaque and unaccountable governance mechanisms lead to increased suspicion across stakeholders, with resources more likely going astray and activities increasingly hijacked for secondary purposes.
- Lack of leadership and resources for collaborative work – Without clear and strong leadership or commitment to the mutually defined goals and dedicated resources, it is unlikely the collaboration will succeed.
- Difficulty scaling up - It can be difficult scaling up across various ecosystems.

Enablers
- Trust and transparency - Building trust and transparency must be an explicit goal for any successful collaboration. Overcoming conflicts of interest requires open, consistent and continuous communication. To avoid suspicion it is recommended that every partner state what their interests are in the collaboration and share what they believe they will gain from the collaboration upfront. Throughout the process, this open, consistent and continuous dialogue must be maintained as collaborations are dynamic processes in which conflicting interests may arise and must be managed throughout the lifespan of the project.
- Technology – To enhance connections and minimize friction between stakeholders and individuals.
- Vision - A common, unambiguous vision about what success will look like for the collaboration should build on a credible mechanism for monitoring and evaluation.
- Governance - At the core of any successful multistakeholder collaboration is an effective and comprehensive governance structure. This should be a priority to establish at the very beginning of a partnership. The governance structure must be defined through the involvement and agreement of all parties and should ensure a fair representation of the different stakeholders involved in the collaboration.
- Acknowledging and leveraging stakeholders strengths more effectively.
- Differences in environment and behaviour - Rural vs.urban, developed vs. developing, etc.
- Data, evidence and research – Data sharing and data usage can be a source of dispute in the partnering process. It is crucial that all partners agree on a consistent process to use the best available evidence for decision making.

Not all health initiatives require direct management by ministries of health, the mHealth initiative demonstrates that the skill and experience lies within ministry of technology in combination with private sector.
- Private sector capabilities are underutilised in areas such as distribution, supply chain management, funding, research and development and marketing (influencing behaviours on a mass scale).
- Establish consistent E-health strategies and measures of economic gain
- It is often necessary for one or more partners to bridge different organizational cultures and languages to find the space where collaboration will bring benefits to the stakeholders and to the target populations.
- Each stakeholder uses different indicators and ways to monitor and evaluate their actions within collaborative efforts. Pulling these together to have consistent monitoring and evaluation frameworks will help overcome some of these bottlenecks and build more effective partnerships.
Conclusion

Each stakeholder and sector has a unique set of competencies and core capabilities that can enable and promote healthy lives. There are clear ways that all stakeholders can work across organizations to advance an action agenda for the prevention of NCDs which is aligned with national and global priorities as well as maximise healthy life years by changing policies, reformulating products and services, shaping a health enabling built environment or helping employees live a healthier life. Much has already been done; however, more is needed.

Building a global environment that facilitates and promotes multistakeholder collaborations will likely deliver higher results at a population level. Participants highlighted the need for a “partnering mind-set” including:

• Wide sharing of data and disseminating information, tools and evidence;
• Increasing capacity of all stakeholders to work collaboratively;
• Building and disseminating a common language for partnerships;
• Fostering solution-oriented dialogues across borders
• Increasing guidance on process to build trust and manage interests and
• Broadening international support to secure resources for joint work.

References


