Interim report

Fulfilling the promise of world leaders to call on the private sector to concretely contribute to national NCD responses in five specific action areas

WHO Global Coordination Mechanism on NCDs

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

In September 2011, Heads of State and Government acknowledged that noncommunicable diseases (NCDs) constitute one of the major challenges for development in the 21st century – an issue that the Millennium Development Goals did not address. In a political declaration, they called on the private sector to take measures in five specific areas, with a view to strengthening that sector’s contribution to NCD prevention and control. Four years later, world leaders plan to adopt the Sustainable Development Goals (SDGs) in September 2015. The SDGs include targets for 2030; these targets are:

- to reduce by one third premature mortality from NCDs through prevention and treatment, and
- to strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC) in all countries.

At the meeting in September 2015, Heads of State and Government will also commit to developing ambitious national responses to the SDGs and targets as soon as possible. Similar to national responses to the overall implementation of the SDGs, the national responses to the NCD-related targets will need to be financed through domestic and international channels (both public and private) over the next 15 years, as set out in the Addis Ababa Action Agenda, which was adopted by world leaders in July 2015. To unlock the transformative potential of the private sector to support national responses to the SDGs, world leaders also committed in Addis Ababa to strengthen regulatory frameworks, to better align private sector incentives with public goals and to foster long-term quality investment.

This document focuses on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs. However, other non-State actors are also important in generating effective national NCD responses. Such actors include philanthropic foundations, academic institutions and NGOs (e.g. civil society organizations, public interest and consumer associations, charities, professional associations and other community, religious and advocacy groups).

An appendix provides information about the main bottlenecks and challenges that have hindered progress in realizing the commitments of the political declaration.

The document serves as a first reference for a web-based consultation for Member States, United Nations (UN) agencies and other interested stakeholders. It is envisaged that a final report with a set

---

1 At the General Assembly (GA) of the United Nations High-level Meeting on Non-communicable Diseases
2 Paragraph 1 of resolution A/RES/66/2
4 Target 3.4 of the proposal from the Open Working Group on Sustainable Development Goals (OWG); available at [https://sustainabledevelopment.un.org/focussdgs.html](https://sustainabledevelopment.un.org/focussdgs.html)
5 Target 3.a of the proposal from the OWG
7 Paragraph 5 of resolution A/RES/69/313
8 Paragraph 36 of resolution A/RES/69/313
of recommendations for Heads of State and Government will be submitted to the WHO Director-General towards the end of 2015.

2  Context and purpose of the Working Group

2.1  Areas in which commitments have been made

The five specific areas that Heads of State and Government committed, in 2011, to call on the private sector to strengthen their contribution were as follows:9

- Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and nonalcoholic beverages to children, while taking into account existing national legislation and policies.
- Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible, and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content.
- Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans.
- Work towards reducing the use of salt in the food industry in order to lower sodium consumption.
- Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs.

2.2  The need for action

In July 2014, at the UN General Assembly, Ministers acknowledged that limited progress had been made by Heads of State and Government in calling on the private sector to take these measures.10 Although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, it was agreed that such products are not always broadly affordable, accessible and available in all communities within countries.11 The Ministers therefore committed to strengthen the capacity of ministries to exercise a strategic leadership and coordination role in developing policies that engage the private sector.12 They also reaffirmed the primary role and responsibility of governments in responding to the challenge of NCDs, including through engaging nongovernmental organizations (NGOs), the private sector and other sectors of society.13 Business as usual is not an option; transformative change is needed to fulfil the promise made by Heads of State and Government, in 2011, to call upon the private sector to take measures in these five specific action areas. Bolder measures are needed to better align private sector incentives with national NCD responses.

---

11 Paragraph 26 of resolution A/RES/68/300
12 Paragraph 30(a)(viii) of resolution A/RES/68/300
13 Paragraph 28 of resolution A/RES/68/300
2.3 The WHO response

The 67th World Health Assembly agreed to establish a Working Group on how to realize governments’ commitment to call on the private sector to strengthen its contribution to the prevention and control of NCDs. The WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) Working Groups are tasked with providing recommendations to the WHO Director-General on ways and means of encouraging countries to realize the commitments made by Heads of State and Government in 2011. The focus of the Working Groups is on how to more effectively realize the commitments made in 2011. Their terms of reference, membership, meeting papers and background documents are available on the WHO website.¹⁴

Governments are primarily responsible for NCD prevention and control. However, governments also need the contribution and cooperation of private sector entities, which are key players in public health as providers of goods and services that can have important effects on health gains. The private sector includes a wide range of actors, such as the food and beverage industry, media, sports industry, advertising industry, entertainment industries, pharmaceutical industries and industries responsible for the built environment. In addition, all private sector entities employ workers, and as such are responsible for protecting the health and safety of their workforce.

In relation to the prevention and control of NCDs, governments (including all government departments and agencies) need to promote, establish, support and strengthen engagement or collaborative partnerships with the private sector at the national, subnational and local levels. At the same time, governments need to safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest.

3 Recommendations emerging from the Working Group

3.1 Overarching recommendations

This section provides the recommendations that emphasize the leadership role that governments must play in calling on the private sector to strengthen its contribution to NCD prevention and control. These recommendations apply to all five action areas included in paragraph 44 of the UN Political Declaration.

3.1.1 Recommendation 1

Recommendation 1: Heads of State and Government should clarify the role of the private sector in strengthening its contribution to the implementation of national NCD responses.

The private sector is diverse, ranging from microenterprises to cooperatives to multinationals. Hence, not all private sector entities will be fully aware of the primary role and responsibility of governments in responding to the challenge of NCDs, the essential need for governments to engage the private sector to contribute to national NCD responses,¹⁵ or the public health goals of the national NCD response itself.

¹⁴ http://who.int/global-coordination-mechanism/working-groups/en/

¹⁵ Paragraph 3 of resolution A/RES/66/2
**Actions**

Heads of State and Government may select and undertake any of the following actions:

- Raise awareness among the private sector about the government’s essential leadership role in implementing national NCD responses based on whole-of-society approaches, as well as the public health goals of the national NCD response itself. This includes ensuring policy coherence between public health objectives, trade objectives and trade agreements.

- Engage the private sector, as part of a whole-of-society approach, to generate an effective national NCD response while safeguarding public health from conflicts of interest.

- Establish constructive, transparent and accountable relationships between government and the private sector, to clarify the role of the private sector in its contribution to the implementation of national NCD responses.

- Establish clear policy objectives and expectations about the role of the private sector in NCD prevention and control and, where possible, pursue ‘win–win’ outcomes.

- Identify approaches, where possible, that align business objectives with health objectives. This has occurred successfully with access to medicines and technologies for communicable diseases, and is feasible (and is already happening) in some workplace health initiatives.

**Facts and arguments**

The following facts and supporting arguments underpin recommendation 1:

- There may be conflicting objectives and drivers – even if commercial operators are engaged in and supportive of NCD prevention and control efforts, national NCD responses may go against the business interests of powerful economic operators.

- There may be a lack of understanding of government-led regulation.

- Some private sector companies have actively resisted regulation and have started to protect themselves using the same tactics as those used by the tobacco industry.\(^\text{16}\)

### 3.1.2 Recommendation 2

Recommendation 2: Significant efforts are required from Heads of State and Government to establish sound national regulatory and statutory frameworks for the shift towards concrete contributions from the private sector to national NCD responses.

Current efforts from the private sector will be insufficient to enable governments to attain the NCD-related targets in the SDGs. Harnessing the potential of concrete contributions from the private sector to national NCD responses requires strong national regulatory frameworks in all areas, both statutory and self-regulatory. Such frameworks need to be aligned with national NCD targets, and will range from basic consumer protection to specific public health regulations.

**Actions**

Heads of State and Government may select and undertake any of the following actions:

- Underline the importance of corporate transparency and accountability of all private sector companies to national NCD responses and the NCD-related targets included in the SDGs.

\(^\text{16}\) See [http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/](http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/)
- Establish a national regulatory framework to better align private sector incentives to national NCD responses and the NCD-related targets included in the SDGs in the five specific action areas (marketing, healthy diet, workplace, salt, and NCD medicines and technologies).
- Enhance policy coherence across public health outcomes for NCDs and trade, to arrive at a stronger, more coherent and more inclusive national architecture for implementing national NCD responses, while respecting the mandates of both the public and private sectors.
- Establish national multistakeholder mechanisms, such as high-level commissions, Working Groups or task forces for engagement with the private sector in the five specific action areas.
- Consider fiscal policies (e.g. taxes), and subsidies and pricing mechanisms (e.g. price incentives) as appropriate policy tools in the five specific action areas.

**Facts and arguments**

The following facts and supporting arguments underpin recommendation 2:

- In contrast to progress in developed countries (which have developed national regulatory and statutory frameworks), there is limited progress in developing countries in the five action areas. Self-regulation or co-regulation via industry-defined targets and outcomes are generally not sufficient to ensure concrete contributions from the private sector to national public health goals for NCDs.
- Governments need to:
  - establish a regulatory framework underpinned by legislation to support the implementation of their policy objectives and targets; and
  - put in place transparent monitoring, with meaningful sanctions for noncompliance, and public recognition for compliance and successful outcomes.
- An increasing number of private sector entities have started to produce and promote more food products consistent with a healthy diet, or to reformulate products to provide healthier options that are affordable and accessible, and that follow relevant nutrition facts and labelling standards, including information on sugars, salts, fats and trans-fat content. However, these food products are not affordable, accessible and available in most developing countries.
- Legislation allows governments to define relevant standards and targets against which it can monitor the private sector and hold it accountable.
- Governments can model their legislation on that already proven to be effective in other countries, as has been done for tobacco control legislation. This is particularly important for regulating the marketing of food and nonalcoholic beverages to children: both statutory and self-regulation may be needed. However, governments should ensure that industry-led self-regulation, including targets and outcomes, is aligned with government policy objectives and targets.
- Experience suggests that an underlying “threat” of legislation, or the potential for legislation, creates a strong incentive for industry action, even when the political and social environment does not support legislation at that time.
- Governments, particularly in developing countries, require capacity strengthening. Their demand for technical assistance must be answered, to enable them to regulate and monitor the private sector effectively.
3.1.3 Recommendation 3

Recommendation 3: Governments should develop a robust national mechanism to review implementation of the contributions from the private sector to national NCD responses; this mechanism will be essential for implementing national NCD responses and attaining the NCD-related targets included in the SDGs.

Governments can place an expectation on the private sector to measure, collect and report data. However, governments also need to develop an approach that the private sector can use to register and publish their own contributions to national NCD responses and the achievement of national NCD targets. This would be part of national efforts to align private sector incentives with public NCD goals, and to create enabling domestic conditions for private sector investment that demonstrably commit to promoting public health, public reporting and accountability frameworks, in ways that are independently verifiable.

Actions

Heads of State and Government may select and undertake any of the following actions:

- Establish a clear national public accountability framework covering the five areas.
- Reinforce the capacities of national regulatory authorities.
- Ensure that national pledges from multinational companies made in developing countries in these five specific action areas to support national NCD responses are similar to those made in developed countries.
- Foster linkages between multinational companies and the domestic private sector to facilitate transfer of knowledge and skills on how to prioritize projects that are aligned with national NCD responses and have the greatest potential for promoting sustainable patterns of production and consumption, product reformulation, product labelling, product diversification and agriculture in the five specific action areas.
- Engage with NGOs and academia to improve domestic enabling environments in strengthening the contribution of the private sector to the implementation of national NCD responses.

Facts and arguments

The following facts and supporting arguments underpin recommendation 3:

- Action in these five areas has progressed in many countries that have established an effective, transparent, robust and inclusive accountability framework.

3.1.4 Recommendation 4

Recommendation 4: To shift towards concrete contributions from the private sector to national NCD responses, countries need to share knowledge and data. Also, developed countries need to respond to requests from developing countries to provide them with technical assistance to build national capacities.

The resources to engage the private sector for NCD prevention and control are scarce in many developing countries. Often, multinational companies are better resourced than the governments
seeking to oversee them, and many companies might even actively undermine efforts to regulate their activities. At times, the actions taken by multinational companies will vary between countries; thus, a corporation may be working constructively with one government to address issues and contribute to national NCD responses, but at the same time may not be extending this approach to another country.

**Actions**

Heads of State and Government may select and undertake any of the following actions:

- Strengthen capacity-building of the public sector to engage with the private sector.
- Establish repositories and knowledge-sharing mechanisms at national, regional and global levels to learn from national experiences and best practices, in particular from programmes that have been successfully in the five specific action areas.
- Support regulatory convergence with other countries through harmonization and collaborative projects, to increase coherence in regulatory requirements.
- Establish international alliances to enhance international cooperation for capacity-building in these areas.

**Facts and arguments**

The following facts and supporting arguments underpin recommendation 4:

- There is a lack of capacity in many developing countries to translate these commitments into action.  
  
3.1.5 Recommendation 5

Recommendation 5: Heads of State and Government must protect their national public health policies for the prevention and control of NCDs from undue influence by any form of vested interest. Real, perceived or potential conflicts of interest must be acknowledged and managed.

When governments engage with the private sector in pursuit of public health goals, institutional and individual conflicts of interest must be identified and managed.

**Actions**

Heads of State and Government may select and undertake any of the following actions:

- Reaffirm that the formulation of health policies must be protected from distortion by commercial or vested interests.
- Ensure that the need to identify and manage conflicts of interest is well understood and communicated throughout government departments, ranging from public health to trade.
- Establish clear roles on disclosure and managing conflicts of interest for individual officials.
- Put in place high-level organizational oversight of the process to manage conflicts of interest.
- Ensure that interactions with the private sector related to implementing national NCD responses are transparent and are carried out in such a way as to avoid the creation of any

---

17 See paragraphs 14 and 15 of resolution A/RES/68/300
perception of a real or potential conflict of interest. This may include providing public notice that meetings are scheduled and making a public record of such meetings.

**Facts and arguments**

The following facts and supporting arguments underpin recommendation 5:

- Research has documented tactics that are employed by some industries that fear regulation. These tactics include:
  - front groups, lobbies, promises of self-regulation, lawsuits and industry-funded research that confuses the evidence and keeps the public in doubt;
  - gifts, grants and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public; and
  - arguments that place the responsibility for harm to health on individuals, and portray government actions as interference in personal liberties and free choice.

**3.2 Engagement beyond the private sector**

When governments engage with the private sector as part of whole-of-society approaches to generating effective national NCD responses, they should also engage with NGOs and academia for the same purpose. This will enable civil society to play an important role in strengthening the contribution from the private sector contribution to national NCD responses. In particular:

- NGOs can be important in:
  - influencing individual behaviour and social norms;
  - delivering prevention programmes and health services;
  - representing public health and consumer interests;
  - increasing public knowledge and awareness;
  - building capacity and providing technical support;
  - facilitating collaboration between countries and sharing of experience and monitoring (e.g. to ensure that food products actually contain the sugar, fat or salt content stated); and
  - monitoring, to hold the private sector and policy makers to account.

- In addition to their direct contributions to NCD prevention and control, NGOs can help to harness the contribution of the private sector at local, regional and global level, for example through partnerships.

- Academic institutions can also be important; for example, in undertaking research and reviewing evidence to support effective NCD prevention and control, including that relating to the role of the private sector. Philanthropic foundations can also be important funders of NCD prevention and control initiatives.
3.3 Specific recommendations for the five action areas

3.3.1 Marketing to children

Recommendation 6

Recommendation 6: Governments (as the key stakeholders in the development of policy) should provide leadership through establishing a multistakeholder platform for implementation, monitoring and evaluation that involves all relevant stakeholders.\(^\text{18}\)

Governments may choose to allocate defined roles to other stakeholders, while protecting public interest and avoiding conflict of interest. This platform needs to be supported by a dialogue with all stakeholders, to raise awareness about the underlying issues and the need to address them effectively.

To support effective action, governments can establish repositories and knowledge-sharing mechanisms (at national, regional or global levels) to learn from experience and best practices. In particular, they can learn from programmes that have successfully restricted marketing of unhealthy food and nonalcoholic beverages to children nationally, regionally or globally.

Recommendation 7

Recommendation 7: Governments should ensure that multinational industry pledges are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.

One way to ensure that industry pledges are applied consistently worldwide would be by working regionally or subregionally to support:

- effective restrictions on marketing of unhealthy food and nonalcoholic beverages to children; and
- product formulation benchmarked to the “healthiest” formulation internationally.

3.3.2 Promoting more food products consistent with a healthy diet

Engagement with the private sector to address the objective of promoting more food products consistent with a healthy diet should be undertaken as part of an overall comprehensive approach to improving nutrition. In terms of food production, this comprehensive approach includes the development of policies, standard nutritional criteria and targets (and supporting regulatory frameworks) that:

- support the production and manufacture of – and facilitate investment in and access to – foods that contribute to a healthy diet; and
- provide greater opportunities for the use of healthy local agricultural products and foods.

As part of this approach, governments should take measures to encourage the agriculture sector to increase the availability of healthier dietary options (including lower prices and other measures). In particular, governments should increase the availability of fresh products, legumes, fruit and vegetables, in order to produce a substantial dietary change. Governments can create incentives for production and better supply chains (e.g. with reduced loss during transport and storage) through more effective purchasing.

**Recommendation 8**

Recommendation 8: Governments should ensure:

- the availability of appropriate health promotion and education of the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats;\(^19\) and
- that messages are consistent, coherent, simple and clear (e.g. with respect to the harms of high salt intake).\(^20\)

The media and eating outlets (e.g. restaurants) are important channels for informing the public on healthy food options. Behaviour can be influenced, especially in schools, workplaces, and educational and religious institutions, and by NGOs, community leaders and mass media. All stakeholders need to be informed of the benefits, including the economic benefits, of reformulation.

**Recommendation 9**

Recommendation 9: Governments should reaffirm that the private sector can be a significant player in producing and promoting more food products consistent with a healthy diet, and could partner with governments and NGOs in implementing national NCD responses.\(^21\) Governments are encouraged to consult with stakeholders on policy from the outset.\(^22\)

In consulting with stakeholders, governments could, for example, establish a multistakeholder Working Group that can facilitate the acceptance of the framing of public policy.

- There are varying approaches to working with the food industry including; negotiating commitments directly with industry, agreeing voluntary targets for specific product categories, and establishing mandatory limits through legislation and compliance with labelling standards.
- The focus should be on reducing sugar, fat and salt in food products concurrently, rather than just reducing one constituent.
- The product registration or licensing process can be used to help regulate product formulation and labelling, and to consider establishing post-marketing surveillance.

---

\(^19\) See paragraph 40 of the WHO Global Strategy on Diet, Physical Activity and Health, available at [http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf?ua=1](http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf?ua=1)

\(^20\) See paragraph 40(i) of the WHO Global Strategy on Diet, Physical Activity and Health

\(^21\) See paragraph 61 of the WHO Global Strategy on Diet, Physical Activity and Health

\(^22\) See paragraph 44 of the WHO Global Strategy on Diet, Physical Activity and Health
• Governments can incentivize the transfer of technology for reformulation between larger and smaller producers.
• Government policy or licensing of restaurants needs to be aligned with policy and goals on NCDs, because restaurants make decisions on their menu, what products they buy and use in their dishes, how they make their dishes, and how the dishes are served. Governments should also support these actions with provision of education and awareness raising to restaurant owners and staff.

**Recommendation 10**

Recommendation 10: Governments should consider market incentives (e.g. price incentives), to ensure greater availability and affordability of food products that contribute to a healthy diet, including in important settings for health promotion, such as public institutions.23

**Recommendation 11**

Recommendation 11: Governments should require and incentivize the private sector to implement accurate, standardized, comprehensible and readable front-of-pack labelling that provides information on the content of food items, needed for making healthy choices.24

Such labelling is being used in an increasing number of countries. This experience can be drawn on to support successful implementation in other countries.

3.3.4 Reducing the use of salt to lower sodium consumption

**Recommendation 12**

Recommendation 12: Governments can show leadership by including salt reduction programmes for processed and restaurant foods as part of an overall strategy to promote initiatives by the food industry to reduce the fat, sugar and salt content of processed foods and portion sizes.25 Initiatives could consider additional measures to encourage the reduction of salt content of processed foods by setting clear targets on product reformulation, public awareness raising and education, and monitoring and reporting.26

Lessons can be learnt from successful approaches in other countries or regions; experiences with industry engagement are transferrable, particularly the ability to point to what is happening in other jurisdictions when negotiating targets and timelines. As part of this, governments need to ensure that industry transfers the technologies and approaches that have delivered low or no salt content products in some jurisdictions to other countries, so that the latter can also reap the benefits.

---

23 See paragraph 41(ii) of the WHO Global Strategy on Diet, Physical Activity and Health
24 See paragraph 40(iv) of the WHO Global Strategy on Diet, Physical Activity and Health
25 See paragraph 61 of the WHO Global Strategy on Diet, Physical Activity and Health
26 See paragraph 41(i) of the WHO Global Strategy on Diet, Physical Activity and Health
**Recommendation 13**

Recommendation 13: Governments should engage with the food industry to elicit meaningful commitments aligned with national public health goals to reduce the use of salt in processed foods; specific timelines for such commitments should be agreed.

Engagement with the food industry may be through national associations, direct contact with large and progressive food manufacturers, or NGO-led processes. Targets need to be set for the foods appropriate to each country, because the contribution of processed foods to salt intake varies considerably between countries. Governments should work with food manufacturers to identify a suitable substitute (when appropriate), and employ other technological measures to maintain the integrity of products.

3.3.5 Promoting and creating an enabling environment for healthy behaviours among workers

**Recommendation 14**

Recommendation 14: Governments should recognize and deliver on existing international obligations to protect workers’ health in workplaces, and implement a strong regulatory framework to support this. Governments should also consider establishing an international alliance to synergize global workplace health efforts, and support greater coherence for national workplace health initiatives.

**Recommendation 15**

Recommendation 15: Governments should stimulate the development of comprehensive workplace health programmes in the private sector by providing regulatory and financial incentives, to give people the opportunity to make healthy choices in the workplace. This will help to reduce employees’ exposure to risk, and help to facilitate social marketing, monitoring, dissemination of information and innovations, and exchange of experience.

A national initiative on workplace health programmes should bring together the relevant state and non-State actors, to ensure coherence of actions and consistent messages, and to avoid fragmentation. In this context, it is particularly important to link the development of workplace health programmes to the overall national policy and planning on occupational health and safety, and NCD prevention and control. Different approaches will be needed for engaging with multinationals and large national companies, medium-sized and small employers, and the informal sector.

- A workplace health programme can address not just health at the workplace but the health of workers (and their families) per se. The latter relates to support for workers to protect and

---

27 See paragraphs 14, 16, 25, 34, 42(iii), 44, 60 and 65 of the WHO Global Strategy on Diet, Physical Activity and Health
improve their own health, and opportunities or incentives provided by employers to maintain a healthy lifestyle (both during and outside of working hours).

- It is important to build the capacity of occupational health and safety experts, workplace health promotion, wellness, and employers and workers’ representatives for the design, implementation and monitoring of comprehensive workplace health programmes.
- Workplace health initiatives should be evaluated, and progress monitored; governments should consider:
  - requiring the inclusion of workplace health metrics in corporate reporting; and
  - supporting operational research to strengthen the evidence base.
- Governments should seek clear outcomes from private sector social responsibility schemes designed to influence the broader determinants of NCDs in the community, and actively explore opportunities for public–private partnerships (PPPs).
- Governments should call on multinational companies to ensure consistency between countries in workplace health and safety expectations and outcomes.
- Governments (individually and collectively) can use existing platforms for dialogue; these include tripartite agreements with employers’ associations and trade unions.

**Recommendation 16**

Recommendation 16: As a large employer, governments should set an example to the private sector by implementing workplace health programmes in governmental workplaces and government-controlled settings (e.g. schools); governments can also disseminate their experience.

**Recommendation 17**

Recommendation 17: Governments should work directly with the private sector to support the implementation of smoke free workplaces in line with FCTC commitments, making use of specific guidelines and considerable experience from countries around the world.

### 3.3.6 Improving access to pharmaceuticals and other health technologies for NCD prevention and control

Access to essential medicines and technologies for NCD prevention and control needs to be considered alongside other key health system building blocks. The focus should be on improving access to essential medicines and technologies for NCDs in primary care, because this is the key setting for most low-cost essential NCD medicines and technologies.

**Recommendation 18**

Recommendation 18: Governments should assess the situation regarding access to essential NCD pharmaceuticals and technologies in their country, and implement specific initiatives to improve access within the context of an overall NCD approach.
This recommendation requires the development and implementation of policies and best practices for improving access to affordable and safe medicines, and can include the support of WHO’s technical expertise. To ensure affordability of medicines and technologies, governments should:

- carry out assessments and regular monitoring of prices;
- regulate margins, taxes and duties, with appropriate enforcement;
- put in place pricing mechanisms; and
- consider measures to stimulate and support local manufacturing.

Governments should ensure that:

- the benefit packages developed under their national health insurance scheme (or equivalent) include essential medicines and health technologies for NCDs;
- their national essential medicines list:
  - is developed based on scientific evidence;
  - is aligned with standardized treatment guidelines; and
  - serves as a basis for procurement, reimbursement and training of staff.

Governments can learn from existing successful regional and global activities and mechanisms (e.g. pooled procurement for reducing prices of NCD medicines and technologies), and participate in further such initiatives. Purchasing within countries should be consolidated as much as possible, to leverage buying power with good tendering processes.

The focus should be on funding essential medicines and technologies identified in evidence-based guidelines. In determining the cost of medicines, it is also important to take into account related technologies required to deliver those medicines (e.g. nebulizers, syringes and spacers).

Governments should considering cooperating in establishing pooled procurement mechanisms, including with private sector institutions, for some specific NCD products that exhibit market failures or are relatively costly on the open market.

**Recommendation 19**

Recommendation 19: Governments should reinforce the capacities of national regulatory authorities, and support regulatory convergence with other countries through harmonization and collaborative projects, to increase coherence in regulatory requirements and allow efficient registration in countries.
Recommendation 20

Recommendation 20: Governments should recognize the private sector as an important actor in the national supply system, and engage with the private sector to ensure that high-quality affordable products are supplied, and data on market share are made available.

- It is useful to map out the relevant private sector actors and their roles in increasing access to pharmaceuticals and other technologies, and develop a framework for working with these actors, with the aim of improving coordination of actions by private sector actors.
- There is successful experience with engaging the private sector (and NGOs) as partners in low- to middle-income countries; for example, to support national supply systems and provision of medicines, including at district and community level.
- Governments can also engage with the private sector through academic institutions and think-tanks to provide the necessary scientific evidence and technical assistance to support collaborative or PPP initiatives.
- The private sector can also contribute to government initiatives to increase adherence to NCD medicines.
- Mobile telephone and Internet service providers can be engaged to support the monitoring of supply chain performance. They can also provide the independent information that is necessary to support rational use of NCD medicines and to promote treatment adherence; for example, the mDiabetes programme (WHO/ITU Be He@thy Be Mobile) has been test-run successfully in Senegal and other countries.
- Governments can work with the research-based private sector to ensure that scientific advances continue to be made in the development of new cost-effective medicines and other technologies for NCD prevention and management.

Recommendation 21

Recommendation 21: Governments should ensure transparency and appropriate management of conflicts of interest, including in the following areas.

- procurement processes and contractual agreements to deliver medicines through the health system;
- registration of medicines and technologies for NCDs by national regulatory authorities;
- regulation of promotional and educational activities, and promotion of ethical practices;
- ensuring that independent information on pharmaceuticals is available to prescribers; and
- proactively leading the development of alternative business models rather than leaving it to the private sector to set the agenda (thus strengthening demand for new models).

Recommendation 22

Recommendation 22: Governments should actively explore sources of funds from Member States and philanthropists to increase access to essential NCD medicines and health technologies.
3.3.7 Management of conflicts of interest

Government agencies and officials are required to engage with the private sector in the course of their work; this can be part of the policy-setting process, which may carry obligations to consult with all relevant stakeholders. The management of individual and institutional conflicts of interest is crucial in any engagement on NCD prevention and control with private sector entities. A conflict of interest arises in circumstances where a secondary interest unduly influences, or may reasonably be perceived to unduly influence, the independence and objectivity of professional judgement or actions regarding a primary interest.

WHO is currently improving its own management of conflicts of interests, and has recently strengthened its declaration of interest policy for experts. In addition, as part of its organizational reform process, WHO is currently developing a framework of engagement with non-State actors that includes separate policies on engagement with different groups of non-State actors. Both the revised WHO declaration of interest policy for experts and (when approved) the framework for engagement with non-State actors apply to any work by WHO.

Institutional and individual conflicts of interest must also be managed at a national level when governments (including government departments and officials) engage with the private sector in pursuit of public health goals, which includes goals for NCD prevention and control. The risks of engagement, in particular conflicts of interest, need to be identified and managed appropriately. Examples of actions that will support effective management of conflicts of interest are:

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

http://www.who.int/about/collaborations/non-State-actors/en/
DISCLAIMER

This draft report was prepared in response to action 3.1 in the 2014–2015 workplan for the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD).¹ The workplan, approved by the Sixty-seventh World Health Assembly, requests the Director-General of WHO to establish a Working Group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment in paragraph 44 of the 2011 Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs.²

This draft report does not represent an official position of the World Health Organization. It does not constitute technical guidance nor does it override or replace existing guidance. It is a tool to explore the views of interested parties on the subject matter. Feedback on this draft report will help the Working Group to finalize the recommendations that it will provide to the WHO Director-General towards the end of 2015. The WHO GCM/NCD workplan requests the Working Group to “recommend ways and means of encouraging Member States and non-State actors …”, in accordance with WHO’s mandate; however, all recommendations will be for Member States, including any recommendations regarding the role and contribution of non-State actors.³

Feedback on this draft report is invited from Member States and other interested parties, including provision of further examples of engagement by governments with the private sector that have resulted in measurable progress on the five areas identified in the political declaration. Please email feedback to gcmncd@who.int by 31 August 2015.

² UN Global Assembly, Political declaration 2011, Paragraph 44 of resolution A/RES/66/2
³ Without prejudice to ongoing discussions on WHO’s engagement with non-State actors, the definition of non-State actors used in this document is that in the proposed framework for engagement with non-State actors, which is still being formulated.
Appendix 1: Bottlenecks and challenges

This appendix provides materials prepared by the Working Group based on:¹

- a discussion paper that describes the main bottlenecks and challenges that have hindered progress in realizing the commitments of the political declaration (Section A1.1); and
- five policy briefs that provide detailed information on the current situation, bottlenecks and challenges for governments in calling on the private sector to strengthen its contribution to the prevention and control of NCDs in each of the five areas (Sections A1.2 to A1.6).

A1.1 Overview of bottlenecks and challenges

A1.1.1 Lack of supporting regulation and capacity to enable legislation

All five areas for action identified in the political declaration require supporting regulation to a greater or lesser extent. Thus, it is no coincidence that progress has been greatest in high-income countries that have strong regulatory frameworks – both statutory and self-regulatory. In contrast, many low- and middle-income countries (LMICs) do not have the basic consumer protection and public health regulations that have been in place in most high-income countries for decades. In many countries, multinational corporations may be better resourced than the governments seeking to oversee them, and may even actively undermine efforts to regulate their activities. This can be happening in one country, while in another the same corporation is working constructively with government to address similar issues and contribute to NCD prevention and control.

A1.1.2 Conflicting objectives and drivers

Even if commercial operators are engaged in and supportive of NCD prevention and control, they are still bound to respond to their key drivers. Commercial companies need to provide a return on investment to shareholders, and are usually legally responsible for managing their business to do this, and to protect the occupational health and safety of their employees. This explains why companies seek to generate increased consumer demand for their products, respond to competitors’ behaviour, market their products and reputation, and lobby for a favourable regulatory environment.

A1.1.3 Inadequate use of data to support action, target setting and monitoring

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

A1.1.4 Constrained infrastructure, capacity and capability to engage with the private sector

The knowledge, capacity, and financial and human resources necessary to engage the private sector are scarce in many countries. Governments often struggle to provide the right platforms to progress the agenda (e.g. the infrastructure to enhance local manufacturing of safe, quality and cost-effective essential NCD medicines). Thus, existing public health infrastructure may not be able to cope with the pace and scale of change in consumer markets and emerging risk factors. LMICs may also lack

¹ http://www.who.int/global-coordination-mechanism/working_group1_cover/en/
the capability and capacity in the public sector to monitor and enforce targets, whether voluntary or mandatory.

**A1.1.5 Lack of public and political awareness of the issue**

There is still an underlying need for greater awareness of the importance of NCD prevention and control, the specific issues identified in the political declaration, and the need to engage with the private sector to address these issues. Thus, there is still a significant need for advocacy and awareness raising, as identified in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.

**A1.1.6 Competing priorities for national and global health funding**

To date, the global health agenda (including funding) has been largely focused on communicable diseases and maternal and child health in the context of the health-related Millennium Development Goals. NCDs are a relative newcomer to the agenda and, at a time when many donors have constrained development funding, have not been afforded the necessary attention. This is in spite of robust work demonstrating the cost–effectiveness and feasibility of delivering key NCD prevention and treatment interventions in low-resource settings, and the cost of inaction.

**A1.2 Reducing the impact of marketing of unhealthy foods and nonalcoholic beverages to children**

Implementation of the WHO recommendations on the marketing of unhealthy foods and nonalcoholic beverages to children has progressed in many high-income countries that have well-established mechanisms for regulating and monitoring product advertising and marketing, including for food and nonalcoholic beverages. In contrast, in LMIC, progress in implementing the recommendations has been slow, and there is a need for significant support for these countries, including for capacity-building. This includes capacity-building on policy and regulatory development and implementation, as well as evaluation and monitoring of progress. Generally, progress has been greatest in countries that have both statutory and self-regulatory components to their regulatory frameworks, regardless of the country’s income level.

There is also still a great need for education and awareness raising of the private sector and the wider community about the benefits of restricting marketing of foods high in salt, sugar and fats to children. Additionally, many governments lack awareness of the need to reduce marketing of unhealthy food and beverages to children; therefore, policy objectives in this area remain poorly articulated or non-existent.

Most countries lack strong advocacy to reduce the marketing of unhealthy food and nonalcoholic beverages to children, due to a strong commercial advertising sector and opposition to government-led media regulation, which may be seen as constraining the private sector. In many countries, there is limited regulation of advertising in general, not just advertising to children or advertising of food and beverages.

Self-regulation or co-regulation via industry-defined targets and outcomes (rather than defined governments policies and goals) are generally not sufficient to ensure meaningful progress. Self-regulatory approaches have tended to “set the bar low”, so that they achieve high success rates but actually are doing little to reduce exposure to marketing.

Cross-border marketing and rapidly evolving “new media” present particular challenges. The range of information channels is broad, and developing standards to capture regional or global actions that go beyond individual Member States is particularly difficult.
A1.3 Producing and promoting more food products consistent with a healthy diet

Food product reformulation and labelling are essential elements of an overall approach to providing a healthier food supply, and preventing and controlling NCDs. Product reformulation initiatives are increasing, with many initiatives to date focused on salt reduction, but their reach is still limited.

Food reformulation and the introduction of new healthier products are best considered within the context of the overall food supply chain, which involves a wide range of sectors and private entities. Food reformulation needs to be accompanied by measures to improve the affordability and accessibility of healthy foods, particularly fruit, vegetables and other fresh products.

Reformulation efforts are more likely to be successful if carried out as part of a wider strategic effort across the food supply chain, and aim to add value in some way across that chain. Acting across the entire food supply chain and the range of sectors that influence it – the “food system” – is essential to support healthy eating. This requires a sophisticated approach that may be beyond the current capability and capacity of many LMICs.

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

The use of nutrient labelling and, to a lesser extent, interpretive labelling is increasing, but there is still considerable scope for their wider use, particularly in LMICs. Nutrient profiling may be valuable, but it is a resource intensive and often contested process that could distract from the objective of actually reducing salt, fat, trans fat and sugar in food products. Additionally, level of literacy and knowledge are key barriers to the effectiveness of many food labels. Poorer people are less likely to understand labels and be able to afford a healthy diet, and are more likely to have higher rates of obesity. Manufacturers and retailers occasionally provide nutrient or interpretive labelling voluntarily, but generally government (statutory) regulation is required to support effective labelling. There are inconsistencies in food labelling worldwide and, as yet, no best practice instrument for labelling that the majority of the population can understand. There is also a need for systematic collation of lessons learnt to help drive best practice worldwide.

It is known that some food industry actors have actively resisted product reformation and labelling in some countries, while they have been working with governments in other countries to reformulate and include such labelling on similar products. There is evidence of different formulations of the same product by the same food company in different countries. These differences are often to the disadvantage of LMICs. This issue may also be fuelled by a lack of coherence between trade agreements and the provision of healthy food.

A1.4 Promoting and creating an enabling environment for healthy behaviours among workers

NCDs have a significant impact on productivity, absenteeism and the wider economy. There is a strong rationale and incentive for businesses to implement workplace health programmes targeting primary prevention of risk factors and early detection and management of NCDs.
Governments can stimulate the development of comprehensive workplace health programmes by providing regulatory and financial incentives, social marketing, monitoring, disseminating information and innovations, and facilitating exchange of experience.

Many countries have implemented workplace health programmes, and experience and evidence to date shows that a strategic and integrated approach is needed to address workplace health effectively. Companies that are taking this more comprehensive and planned approach to workplace health, safety and wellness have seen increases in productivity and reductions in health-care costs for workers.

In LMICs, workplace safety is frequently the main challenge, and there are difficulties in allocating financial and human resources to support the implementation of comprehensive workplace health policies and programmes. Furthermore, in such countries, a large part of the workforce is engaged in the informal sector without any access to public health programmes and to interventions essential for protection and promotion of workers’ health.

Most governments and businesses lack awareness and recognition of the link between occupational hazards and behavioural health risks among workers and NCD. However, many of the initiatives to support healthy workplaces and healthy workers are not expensive or have no additional cost. These include holding active meetings (e.g. meetings at which people stand up when they want to speak, or go through an exercise routine during breaks), substituting carcinogenic chemicals used in the work environment with less harmful options, and implementing complete bans on tobacco smoking in all indoor workplaces.

Most governments lack programmes to engage businesses in protecting and promoting health at the workplace in an integrated way, despite experience and evidence to date showing that comprehensive workplace health programmes are effective and provide a good return on investment. For example, in most countries, multisectoral national action plans for NCDs do not include actions at the workplace, and existing occupational health services are not linked to primary health care and the rest of the health system.

Existing international obligations and national regulations to protect the health and safety of workers are not sufficiently implemented, and are a particular challenge for LMICs. Additionally, there is a lack of structured collaboration and coordination of workers’ health initiatives internationally. There are a number of organization-specific initiatives from WHO, the World Economic Forum, the International Labour Organization and the International Social Security Association, but little coordination between these organizations.

**A1.5 Reducing the use of salt in the food industry in order to lower sodium consumption**

National efforts to reduce population salt consumption are underway in many countries, in some cases as part of an overall strategy to support healthy diets. A recent review of national programmes to encourage the food industry to reduce salt or sodium content in food identified 59 countries with initiatives in place to work with the industry to reduce salt or sodium content in foods, while a
further 12 reported future plans to do so.\footnote{Webster J, Trieu K, Dunford E, Hawkes C (2014). Target salt 2025: a global overview of national programs to encourage the food industry to reduce salt in foods. Nutrients 6(8):3274–87 (http://www.ncbi.nlm.nih.gov/pubmed/25195640, accessed 2 August 2015).} This is more than double the number of countries reporting initiatives with the food industry since an earlier review in 2010.

To date, different approaches to engagement with industry have been taken; most countries use voluntary agreements, a small number have mandatory targets, and others are based on negotiated commitments. All three approaches have demonstrated an impact, at least in the countries that have reported on progress.

There may be a lack of awareness and knowledge of the link of salt consumption to disease and death and the need to reduce salt intake among the general public or policy makers in some countries. Likewise, the role of the private sector in reducing salt in processed foods may not be widely understood or accepted. Salt reduction also needs to be balanced with ensuring that iodine consumption through iodized salt is not compromised.

Many countries lack good data on dietary patterns, including the main sources of salt in the diet, to inform appropriate action and provide a baseline for measuring progress. LMICs may also lack the capability and capacity in the public sector to monitor and enforce targets, whether voluntary or mandatory.

Overall, the scope of both existing and new programmes needs to be expanded to include a wider range of products to ensure both sustained changes in consumer preferences and achievement of the voluntary global NCD target of a 30% relative reduction in mean population intake of salt or sodium.\footnote{http://www.who.int/entity/mediacentre/news/releases/2015/noncommunicable-diseases/en/}

\section*{A1.6 Strengthening efforts to improve access to and affordability of medicines and technologies in the prevention and control of noncommunicable diseases}

The private sector, in conjunction with governments and with international public support, has the potential to be instrumental in ensuring wider access to medicines for NCDs. Private sector efforts should be encouraged and sustained within the framework of universal health coverage, and aligned with local health systems orientation, particularly in low-resource settings. However, the impact of private sector contributions to improving access to essential medicines and basic health technologies for NCDs has been limited to date, and not well documented, despite the potential for a significant contribution. They are currently insufficient to achieve the two relevant voluntary global targets:

- at least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes; and
- an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

In most countries there is a lack of an integrated approach to NCD prevention and control, resulting in poor coordination between initiatives and a reduction in the effectiveness of efforts to address individual diseases. More value could be gained from existing discrete initiatives to improve access to NCD medicines and technologies if they were better coordinated via an overarching NCD approach.

---


\textsuperscript{3} http://www.who.int/entity/mediacentre/news/releases/2015/noncommunicable-diseases/en/
In many countries, expenditure on medicines continues to grow faster than other health-care related expenditures, making affordability a real issue for many. However, the basic technologies for NCD prevention, early detection and management are simple and cheap. One problem is that scarce funding is often diverted into expensive technologies required to treat people with complications of NCDs. The high cost of some technologies for managing NCDs and their complications, and for servicing and maintaining these technologies, is a barrier to progress in LMICs.

Many countries have poor procurement practices, logistics and information management systems, along with limited local manufacturing capacity. There are also supply chain irregularities, in particular related to the transportation and storage of medicines. The logistics capability of private health-care providers could be used more effectively in ensuring access to medicines (e.g. via pharmacies), and in assisting with distribution of vaccines and medicines for chronic diseases to remote rural areas.

In many countries there is poor implementation of standard treatment guidelines, and poor adherence to medicines. Additionally, pharmaceutical companies still play a significant role in many countries in providing education to doctors, often to influence prescribing of more expensive drugs. Hence, there is a need to monitor the quality of professional practice and participation in continuing medical education, to help ensure that practice (including prescribing) is appropriate, as well as appropriate regulation of promotion.

A further challenge is that many countries lack data and research capacity to fully understand the benefits and implications of collaborative partnerships. This includes research partnerships, and there is relatively poor research innovation for NCD medicines and diagnostics.

At an international level, governments could create greater demand for global decision-makers to engage in improving access to essential medicines and technology for NCD prevention and control.