Strengthening WHO’s capacity to engage effectively with the private sector to promote its contribution towards national NCD responses
In addition to the measures taken by governments to put in place evidence-based interventions on the prevention and control for NCDs, such as policy, legislative and regulatory measures, the private sector can and should play an important role for its meaningful and effective contribution to the implementation of national responses to NCDs in order to reach SDG target 3.4. A call in this regard has been made multiple times at global level starting with the Political Declaration on NCDs in 2011.

Working Group 3 seeks to create a novel vehicle/safe space, recognizing that there is a need for trust building, along with information gathering and analysis, to ultimately increase the capability of governments and private sector actors to cooperate, drive collective action, and execute on partnerships that contribute to the prevention and control of NCDs. Success in this area will also have also impact on other health-related sustainable development goals, notably goal 3.8 on universal health coverage.

The WHO Framework of Engagement with Non-State Actors defines private sector entities as commercial enterprises, that is to say businesses that are intended to make a profit for their owners. The term also refers to entities that represent or are governed or controlled by private sector entities. This group includes, but is not limited to, business associations representing commercial enterprises, entities not at arm’s length from their commercial sponsor and partially or fully state-owned commercial enterprises acting like private sector entities.1

The private sector is diverse and different approaches for engagement are needed. Engagement between public and private sector can take different forms, from dialogue and consultation to participation and contractual arrangements, such as public-private partnerships or as we will seek to frame them in our recommendations, partnerships for the public good. Governments may seek from such engagement the strengthening of their available tools, including NCDs prevention and care delivery capacities, regulation, fiscal measures, education and information. Multi-stakeholder dialogue can generate innovative ideas and allow for the development of new or alternative approaches that create value for all.

Private sector entities can support effective interventions by aligning their action to government policy in order to promote public health outcomes through, for example, changing the way they produce and sell their products, such as reformulation to reduce salt, sugar, saturated fats and eliminate industrially produced trans-fats in foods, and the way they influence behaviour through the marketing of unhealthy foods and beverages. The private sector can also take effective measures to mitigate the impact of social determinants of NCDs, such as in the field of energy and transport, including reducing air pollution. In addition, the influence of the private sector in promoting healthy work places. In addition, when it comes to controlling NCDs in the field of access to medicine and medical technologies, the private sector can play a significant role in the strengthening systems for delivering healthcare in line with government policy, including through their knowledge and experience of supply chains.

Since 2011, when the first Political Declaration on the prevention and control of NCDs was adopted2, Member States have advanced in the implementation of policy, legislative and regulatory measures for the prevention and control of NCDs. Nevertheless, progress remains insufficient to meet global NCD goals and targets. An important barrier to progress is the low adherence of the private sector to countries’ national NCD objectives. Many Member States lack the necessary capacity to engage effectively with the private sector.3

The 2018 Political Declaration adopted at the third high-level meeting of the UN General Assembly on the prevention and control of NCDs4 has provided new momentum. It has renewed and scaled up its call for the private sector to contribute to national NCDs objectives by:

- Acknowledging “that other stakeholders also share responsibility and can contribute in creating an environment conducive to preventing and controlling noncommunicable diseases, and recognize the need to bring together civil society and the private sector to mobilize all their available resources, as appropriate, for the implementation of national responses for the prevention and control of noncommunicable diseases” (paragraph 16);

- Recognizing the need to: “Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions, through, inter alia, the promotion of public-private partnership to accelerate ambitious

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1 See WHO Framework for Engagement with non-State actors (FENSA)
2 Resolution A/RES/66/2 available at https://undocs.org/A/RES/66/2
3 The 2030 Agenda for Sustainable Development Goals, including SDG 3.4 and SDG 17 encourages working through partnerships for sustainable development
4 Resolution A/RES/73/2 available at https://undocs.org/A/RES/73/2
action towards the prevention and control of non-communicable diseases” (paragraph 30);

• Calling Member States to: “Engage with the private sector, taking into account national health priorities and objectives for its meaningful and effective contribution to the implementation of national responses to non-communicable diseases in order to reach Sustainable Development Goal target 3.4 on non-communicable diseases, while giving due regard to managing conflicts of interest” (paragraph 43);

And through specific requests to the private sector (paragraph 44):

• “Inviting the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat non-communicable diseases to reach health and development objectives by:

(a) Promoting and creating safe and healthy working environments, by implementing occupational health measures, including by establishing tobacco-free workplaces, and through good corporate practices, workplace wellness programmes and health insurance plans, as appropriate;

(b) Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national religious and cultural contexts;

(c) Taking concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors;

(d) Further producing and promoting food products consistent with a healthy diet, making further efforts to reformulate them in order to provide healthy and nutritious options, reducing the excessive use of salt, sugars and fats, in particular saturated fats and trans-fats, as well as providing appropriate content information of those nutrients, bearing in mind international guidelines on nutrition labelling;

(e) Committing to further reduce the exposure of children to and impact on them of the marketing of foods and beverages high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable;

(f) Contributing to further improving access to and the affordability of safe, effective and quality medicines and technologies in the prevention and control of noncommunicable diseases”.

While recognizing current engagement of WHO with the private sector and other stakeholders, the Commission suggests WHO scales this up in a systematic and coherent way in the fulfilment of WHO’s role as the directing and coordinating authority in global health per its constitutional mandate, and in recognition of the significant gap in global action as described above.

Due to its significant role for the advancement of public health, WHO is in a unique position to influence the private sector to enhance its impact on global public health or to influence the social determinants of health, as well as to disseminate and promote adherence by non-state actors of WHO’s policies, norms and standards as well as analysing evidence. With its global network of country offices, WHO can also provide direct support to Member States, based on their request, toward meaningful and effective engagement with the private sector, helping to create an enabling environment and build technical capabilities to foster contributions to the implementation of national NCD responses in order to reach SDG target 3.4, and, when appropriate, foster partnership with the private sector.

According to FENSA, “WHO will exercise particular caution, especially while conducting due diligence, risk assessment and risk management, when engaging with private sector entities and other non-State actors whose policies or activities are negatively affecting human health and are not in line with WHO’s policies, norms and standards, in particular those related to non-communicable disease and their determinants”. Furthermore, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry.

Creating an evidence-based platform for NCDs in WHO, where non-State actors, including the private sector, Member States and other international organizations could improve their mutual understanding through dialogue, exchange of experiences and lessons learned, gather information on best practices and evidence-based effective

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5 Such as dialogues with the food and beverage, alcohol and sport industries on specific “asks” set by WHO, available at: https://www.who.int/ncds/governance/private-sector/en/, the approach to publish and track the contributions from the food industry (see Annex 3 of http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_19-en.pdf), as well as a report of the WHO Global Coordination Mechanism for the prevention and control of NCDs (GCM/NCDs), available at: https://www.who.int/global-coordination-mechanism/working-groups/final_3_1report_with_annexes_Gmay16.pdf?ua=1
approaches, including forms of engagement and best-in-class techniques to partner, with a view of aligning action towards improving NCDs health outcomes in order to reach SDG target 3.4, would also be beneficial towards advancing implementation of other health-related SDGs, including SDG target 3.8 on UHC, to which all stakeholders bear a responsibility. The knowledge developed under the platform could serve to accelerate and broaden future WHO technical assistance to Member States wishing to engage with the private sector, according to their national priorities. WHO’s active engagement with the private sector at the global level could also serve to leverage national efforts – including through the establishment of national multi-sectoral and multi-stakeholder mechanisms responding to context-specific situations. As an inherently multi-stakeholder approach, the proposed platform will need clear boundaries in place to protect integrity and independence of WHO in its core functions, as well as the core governmental functions such as regulatory systems and medical product procurement, depending on national context.

The Commission recommends that the WHO Director-General considers undertaking further work to implement the following:

**RECOMMENDATION 1: ESTABLISH A WHO NCD PLATFORM**

Establishing a WHO NCD Platform with the main aim of facilitating effective dialogue with the private sector based on specific “asks” from WHO, in order to promote their appropriate contribution and support to Member States’ national responses to preventing and controlling NCDs. Engagement can take many forms and may include partnerships that harness the strengths of all participants toward agreed public health outcomes.

The platform should be an integral part of WHO and complement its leadership and coordination role in promoting and monitoring global action on the prevention and control of NCDs and in supporting Member States to strengthen their national NCD responses towards SDG target 3.4. WHO rules will therefore apply accordingly.

The platform should be open for the participation of non-State actors, including in particular, the private sector, Member States and other international organizations, including those participating in the WHO-led UN Inter-Agency Task-Force on NCDs. The tobacco industry and organizations associated with the tobacco industry will not participate.

Within the broad category of NCDs, there are parts of the response that are more ready for increased engagement in the short term. Therefore, the initial scope of the platform should cover NCDs main risk factors and determinants, including unhealthy diets, harmful use of alcohol, lack of physical activity, as well as air pollution and mental health conditions related to NCDs. This approach to scope should not exclude other critical opportunities in the area of determinants of health or in-service delivery/access to care if such engagements can yield results on the ground and are in line with participating countries’ NCD priorities.

Suggested functions of the platform, to be developed by WHO, could be:

**DIALOGUE**

- Promotion of dialogue for a better understanding among stakeholders on how the private sector can contribute to SDG target 3.4.
- Exchange of experiences and lessons learnt at national, regional and global levels in engaging with the private sector for meaningful and effective commitments and contributions towards SDG target 3.4

**COMMITMENT**

- Promotion of voluntary commitments of the private sector in response to specific “asks” from WHO, taking into account WHO recommendations and guidance, to be recorded, made publicly accessible, monitored, evaluated and followed up.

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6 See paragraphs 15 and 16 of the 2018 Political Declaration on NCDs.
7 In May 2019, the International Food and Beverage Alliance (IFBA) members committed to ensure that the amount of industrial trans fat in their products does not exceed 2 g of iTFA per 100 g fat/oil globally by 2023, in line with the WHO’s REPLACE action package launched in 2018.
INFORMATION, KNOWLEDGE CAPACITY AND EVIDENCE

» Creation of a repository of best practices, approaches, accountability mechanisms and evidence on effective models of appropriate engagement with the private sector, including case studies, on how the private sector have supported governments in the implementation of national responses to prevent and control NCDs.

» Gathering a compendium of existing public health frameworks and tools in support of appropriate engagement of Member States with the private sector in implementing government-led policies in the prevention and control of NCDs.

» Providing Members States with the core capabilities to convene, negotiate and implement Public-Private-Partnerships when such partnership options are qualified by governments under their sole discretion based on their potential contribution to national health priorities.

» Follow up and evaluation on the implementation of commitments.

MODALITIES FOR TECHNICAL ASSISTANCE

» Identifying modalities for the kind of technical assistance WHO can provide to Member States to strengthen national capacities to fulfil the commitments of paragraph 43 of the 2018 Political Declaration on NCDs.

» Identifying mechanisms and legal frameworks for Member States to guarantee safe and effective engagement with the private sector, with adequate tools for assessment, management and communication of risks of conflict of interest.

COORDINATION WITHIN UN

» Coordinating technical assistance with other UN organizations, including through the UN Interagency Task Force on NCDs to be provided to Member States for the implementation of the political commitments and national NCDs priorities, including by effectively engaging with the private sector as well as ensuring there is consistent messaging across the UN system.

ACCOUNTABILITY

» WHO should continuously review progress and learn together with Member States to enhance join and mutual accountability.

RECOMMENDATION 3: MAXIMISING THE POTENTIAL OF THE CATALYTIC MULTI-DONOR TRUST FUND

Explore if and how the Multi-Donor Trust Fund (MDTF) that is also being proposed by Working Group 3 can support implementation of the two recommendations above.

The MDTF concept note developed by five UN system agencies9 highlighted that as ‘countries engage and prioritize action against NCDs, the MDTF should respond to country demand for international assistance to increase the available fiscal space, engage the private sector at national and international levels, mobilize multilateral funding, reinforce policy coherence, build technical capacity for a multisectoral response to NCDs and build consensus around politically difficult issues within the context of broader sustainable development efforts.’

9 https://www.who.int/ncds/un-task-force/catalytic-flyer.pdf?ua=1
As such, pro-health partnerships with the private sector, community and other stakeholders, combined with improved policy coherence across government and better management of conflicts of interest and industry interference in relation to prevention and control of NCDs was identified as one of five possible thematic areas for the MDTF in the concept note.

The Health Finance Institute report, Outline Business Plan for a Catalytic MDTF for the Prevention and Control of NCDs and Mental Health, commissioned by Working Group 3 indicated that on the basis of the stakeholder interviews carried out, that pro-health partnerships and policy coherence should be an area of focus for the MDTF. (See Health Finance Institute’s full report for further details).