WHO GLOBAL CONFERENCE ON NCDs
Noncommunicable Diseases and Sustainable Development –
Promoting Policy Coherence
Leveraging political leadership to reduce premature mortality
from noncommunicable diseases by one third and promote mental health

Thursday, 19 October 2017
16:30-18:30 – Radisson Victoria Plaza Hotel
Workshop 2.2 - Success story on mobilising stakeholder groups – Shaping the NCD narrative for different target audiences: Best practices and lessons learned

Aim:

Workshop 2.2 follows on from the Plenary titled “Multistakeholder dialogue: Noncommunicable diseases through a broader lens”. The focus of the workshop will be on mobilising stakeholder groups – shaping the NCD narrative for different target audiences. Participants (speakers and the audience) in the workshop will review lessons learned and best practices, sharing experiences and, in particular, concrete examples, strategies and innovative ideas for improving outcomes.

Key messages:

● Addressing NCDs in an effective way requires a multisectoral, multistakeholder approach – we need 'all hands on deck' if we are to succeed.

● Implementing a whole of government and whole of society approach to NCDs is not done without speaking the language and touching upon key priorities and values of the sectors of government and society you wish to engage.

● There are opportunities for enhancing the engagement of influential development actors, e.g. in the gender and environment movements. For example, there are substantial co-benefits to combating climate change and the prevention and control of NCDs that could be leveraged as the foundation for common and aligned policy initiatives and synergistic advocacy.

● Frames are context specific. There are moments in history where frames and interests have intersected in ways that provided new momentum, dynamics and political alliances.

● Engaging the private sector on NCDs is possible but requires adaptation of the framing and clear direction in order to avoid any real or perceived conflict of interest.

● The NCD response must meaningfully involve people living with NCDs as powerful agents of
change that can mobilise their communities, advocate for improvements and address stigma and discrimination by breaking down myths and misconceptions.

Questions to be addressed:
1. What lessons learned and good practices can we learn from concrete country-level experiences in terms of framing NCDs in a way that speaks to the values and political priorities of specific stakeholder groups?
2. What are the concrete challenges and strategies experienced in mobilising different sectors on the topic of NCDs, e.g. from the vantage points of government, gender advocates, the environment community, the private sector, patients/people living with NCDs?
3. Which key stakeholder groups do we need to mobilize and what needs to change in the way we frame NCDs, if we are to significantly reduce NCDs?

Key words:
NCD narrative, frames, discourse, best practices, multistakeholder, multisector, partnerships, campaign, patients, gender, environment, innovation, political leadership.

INFORMATION NOTE
Success story on mobilizing stakeholder groups – Shaping the NCD narrative for different target audiences: Innovative solutions, best practices and lessons learned

Context: (epidemiological, political, technical)

Effectively addressing NCDs requires a multisectoral, multistakeholder approach, as many of the risk factors for NCDs originate outside the health sector. For decades we have known that the context in which people are born, grow up, study, work, and age exerts much more influence over their health than their genes and health behavior.\(^1\) Implementing a whole of government and whole of society approach to reducing the burden of NCDs will not be achieved unless the NCD and health community learns to speak the language and touch upon key priorities and values of the sectors of government and society that must be engaged.

The imperative to work across sectors is embedded in the 2030 Agenda for Sustainable Development; the integrated and interlinked nature of the 17 Sustainable Development Goals necessitates a whole of government and whole of society approach. As such, engaging sectors where there is clear crossover, such as gender, environment, and nutrition will result in win-win actions for all. A central component of engaging multiple sectors is ensuring the voices of patients/people living with NCDs are included.

Progress to date:

The NCD community, under WHO leadership, made great strides in the lead up to the UN High Level meeting on NCDs in 2011 in terms of framing NCDs as a development issue (as opposed to only a health sector issue). The meeting resulted in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2), which firmly acknowledged ‘that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals’, and recognized ‘that non-communicable diseases are a threat to the economies of many Member States and may lead to increasing inequalities between countries and populations’.

Since 2011, progress on mobilizing a broader set of stakeholders has been made by WHO, Member States, the UN system and Non-State Actors. Some examples include:

- In 2015, Heads of State and Government committed in the 2030 Agenda for Sustainable Development, including SDG target 3.4 to reduce by one third premature deaths from NCDs and promote mental health and wellbeing, as well as to other NCD-related SDG targets².
- Member States’ creation of the WHO Global Coordination Mechanism on NCDs, which, as part of its work, coordinates and facilitates multistakeholder and multisector engagement including through initiatives to frame NCDs to audiences of advocates working on issues related to Youth, Women/Gender, and the Environment/climate change, and Human Rights.
- The WHO Global Communications Campaign (see under Innovations) is also seeking to engage different audiences through different narratives and communication tools.
- The creation of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs and, for example, the development of sectoral briefs that frame/pitches NCDs to different sectors of government and within the UN System.
- Member States that are committed to making fast-track progress in the prevention and control of NCDs: Iran (which recently announced a €450 million (US$ 480 million) increase in its NCDs budget per year over the next five years, demonstrating action on NCDs is critical for its future), Sri Lanka, Bhutan, Oman, amongst others.
- Recognition of the (potential) relevance of human rights to NCDs in the context of UHC, eg. NCD burden and burden of care pushing people into poverty.
- Emphasis on wellbeing beyond health and mortality to look at quality of life
- Exploration of the specific gender dimensions of NCDs, as well as other equity dimensions (wealth, education etc.).
- Linkages made to broader social (and commercial) determinants of NCDs.

² Mainly SDG target 3.5 on reducing the harmful use of alcohol, SDG 3.8 on Universal Health Coverage, SDG 3.a on strengthening the implementation of WHO FCTC, SDG 3.9 on reducing air pollution, SDG 2.1 on ensuring access to nutritious food, and SDG 2.2 on ending all forms of malnutrition.
Challenges:

Though there are the co-benefits of multistakeholder and multisectoral approaches, collaboration is often difficult, owing to a lack of understanding of the interconnected nature of different sectors and sector-specific language.

While engaging relevant private sector actors will be necessary in order to achieve NCD goals, successfully doing so will not be possible without clear strategies and procedures for avoiding real or perceived conflict of interest.

In order to engage gender experts, there is a need to go beyond understanding the sex disaggregated burden of NCDs to understanding how gender is a driver of vulnerability to NCDs and limited access and how that knowledge can be leveraged through a different framing of NCDs.

There is also a need to expand understanding of human rights and to draw from more practical tools and experiences, e.g. from the HIV/AIDS movement, around how a human rights framing can be used in the context of NCDs.

More insights are needed on which communication strategies are effective vis-à-vis different target audiences, e.g. framing of NCDs as a conglomerate of diseases and risk factors OR frames that focus on ‘strands’ thereof, e.g. one disease, or specific risk factors.

Innovative solutions:

Many innovative solutions and initiatives have already been developed. A few examples are:

- The WHO Global Communications Campaign which provides advocates with communications materials and tools, including easy to read two-page Policy Briefs on the Nine Global Targets; human stories from people being affected by NCDs and their risk factors; success stories of countries making progress on NCD prevention and control, etc., available on two websites of the campaign:
  - [http://apps.who.int/ncds-and-me/](http://apps.who.int/ncds-and-me/)
- NCD Alliance’s initiative, ‘Our views, Our Voices’, aimed at mobilizing people living with NCDs as powerful agents of change, and harnessing their lived experience (and stories/narratives) to reach others and help break down stigma and discrimination.
- UN Inter Agency Task Force Sectoral briefs.

Country cases / Success-stories: (The policy coherence and multisectoral engagement aspects of the initiative should be highlighted, as applicable)

Cross-sectoral collaboration is central to WHO’s integrated support to fast-track progress in several countries to achieve global NCD targets. These include reducing premature death from NCDs by 25% by 2025, and by one-third by 2030 in line with the United Nations Agenda for Sustainable Development.

Iran

Iran has scaled up its political commitment to the highest level to tackle NCDs. The Supreme Council of Health and Food Security, led by Iranian President Hassan Rouhani, facilitates multisectoral collaboration
across government, taking a “health in all” approach that considers health as integral to all policies, from agriculture and trade to urban planning.

In addition, the Ministry of Health and Medical Education has established a national NCD committee to coordinate its national NCD action plan. Health authorities have signed agreements with multiple ministries and organizations, like sport and education, to collaborate on beating NCDs, from promoting healthier lifestyles to producing healthier food.

“Physical activity should be enhanced in workplaces and in schools,” says President Rouhani. “People should be trained and encouraged to have a healthy diet and be sufficiently physically active. Intake of salt, sugar and fatty acid should be reduced. All sections of our society, individuals, government, NGOs, charities, have a shared responsibility for health and should collaborate with each other.”

**Bhutan**

In Bhutan, Monks are promoting healthy diets and physical activity. Finance officials are taxing tobacco and alcohol. Protecting people from cardiovascular and lung diseases, cancers, and diabetes is a national priority. Bhutan has put in place a national plan, linking all sectors, from health to finance and education, to prevent and control these noncommunicable diseases (NCDs). The Gross National Happiness Commission (GNHC) is the central government body for coordinating and spearheading policy formulation to ensure cohesion between sectoral policies and alignment with national development objectives and gross national happiness (GNH). GNH principles include: (1) developing a dynamic economy as the foundation for a vibrant democracy; (2) living in harmony with tradition and nature; (3) effective and good governance; and (4) investing in people, the nation’s greatest asset. The GNHC is leading the development of the 12th Five Year Plan (1st July 2018 to 30 June 2023) with the Government Ministries and Commissions. The objective of the 12th Five Year Plan is a "Just, Harmonious and Sustainable Society through enhanced Decentralization”. For the first time, representatives of civil society and the private sector have been consulted in the development of the Plan. In 2010, parliamentarians signed a commitment to NCD prevention and control.

NCD coordination is led by a National Steering Committee comprised of a twelve member multisectoral team chaired by the Health Minister. The broad functions of the Committee are to maintain momentum and national spirit for NCD responses among implementing bodies. It is chaired by the Minister of Health and includes representation across government ministries and other stakeholders. There are significant commitments made from line ministries tackling NCDs as well as the monastery body, which has a strong moral voice in advocating for the need for the whole population to reduce their risk of NCDs

**Oman**

A National Committee on NCDs, which includes representatives of non-health sectors, is led by the Under Secretary of Planning within the Ministry of Health. The Committee has already conducted a situation analysis and developed a national multisectoral action plan for NCD prevention and control. The National NCD Committee has started to develop awareness on NCDs across government with
greater understanding among a number of non-health ministries of their roles and responsibilities in NCD prevention and control.

**Sri Lanka**
The National Multisectoral Action Plan for the Prevention and Control of NCDs, 2016-2020 was approved by Government, and costing of the Plan was undertaken with support from WHO. The National NCD Steering Committee for NCDs meets regularly to coordinate actions across the health ministry and partners. Presidential task forces are in place for tobacco/drugs, nutrition/food production, and chronic kidney diseases of unknown etiology and a Presidential task force is preparing a new multi-sectoral plan on nutrition.

Sri Lanka inaugurated South-East Asia’s first NCD Alliance in September 2016: NCD Alliance Lanka, launched by Dr Rajitha Senaratne, Minister of Health. The Alliance plays an instrumental role in driving the NCD agenda forward in the country and represents a significant collaboration between NCD affiliated organisations, namely the Diabetes Association of Sri Lanka, Sri Lanka Heart Association, Sri Lanka Cancer Society and Ceylon National Association for Prevention of Tuberculosis. The Alliance empowers civil society to stimulate government response to the growing NCD burden and serves as an advocacy tool for people at risk or living with NCDs. The vision of NCD Alliance Lanka is to create a healthy community through health promotion and advocacy aimed at adoption of healthy lifestyle practices to safeguard individuals from the stigma, morbidity and mortality caused by NCDs.

**Relevant resources for further information:**

http://www.who.int/beat-ncds/en/
http://apps.who.int/ncds-and-me/


Tools for Health equity monitoring:
References/Bibliography:

Allen LN. You’re not speaking my language: Re-framing NCDs for politicians and policymakers. The Lancet (in next edition)


Allen L. Why is there no funding for Non-Communicable Diseases? Journal of Global Health Perspectives. 1 October 2016


Allen L. Are we facing a noncommunicable disease pandemic?. Journal of Epidemiology and Global

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