Building Multi-Stakeholder Partnerships for NCDs: Ideas, Steps and Actions


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Introduction

NCDs, or noncommunicable diseases, are challenging the traditional means by which actors engage in global health issues. Now the leading causes of death worldwide, representing 36 million deaths or 63 percent of the total, NCDs are a significant burden on health systems. Moreover, this burden is only projected to worsen, and particularly in low- and middle-income countries, which is already where 80 percent of all NCD-related deaths occur. The current status of NCDs and their future trajectory in many countries is closely tied to their ability to modify four principle risk factors – tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Increasing prevalence and exposure to these risk factors is driven by significant changes in the globalized landscape, including population aging, expansion of markets, alteration of production and consumption patterns, and urbanization.

NCDs are recognized as a significant burden on health systems, economies, and a source of catastrophic expenditure for many individuals. However, the pressing challenges lies in the fact that many of their underlying determinants lie outside the health sector. Ministries of health alone are not able to modify food production and availability; advertising and marketing; the location of safe recreation areas; the workplace environment; and school-based health promotion, to name a few. As such, “action to prevent and control NCDs requires support and collaboration from government, civil society and the private sector” and “must follow successful approaches to engage non-health sectors,” as WHO prioritized in its recent Global status report on noncommunicable diseases, 2010. The need to prevent causative, upstream factors related to NCDs has been continuously stressed by WHO and was also strongly emphasized in the Secretary-General’s report on the prevention and control of NCDs, issued in June in preparation for the High Level Meeting. WHO Director-General Margaret Chan has also attempted to facilitate multi-stakeholder collaboration through convening a diverse group of actors at the Moscow Global Forum and through institutional reforms by WHO to enable a more inclusive deliberation platform. A number of civil society coalitions are also advocating for a strong multi-sectoral and multi-stakeholder approach, including the

Global Health Council’s NCD Roundtable,⁵ the NCD Alliance,⁶ and its supporters group.⁷

Though a multi-stakeholder approach is recognized as an essential means to sustainably prevent and control NCDs over time and a measure to enable a successful UN High Level Meeting on NCDs.⁸ Despite this strong consensus there remains little clarity about how to define multi-stakeholder and multi-sectoral; what specific roles could and should be; and what the specific elements are that would enable success. As such, the Global Health Council, the World Economic Forum and the UN Global Compact convened a dialogue on June 1, 2011 at the United Nations to discuss how a multi-stakeholder approach could catalyze action to address NCDs. The principle objectives of the meeting where three-fold:

(1) To explore and define a common definition and framework for multi-stakeholder collaboration for NCD action;

(2) To share examples of successful partnerships using multi-stakeholder collaboration; and

(3) To highlight and further explore the unique position of the private sector to improve health, specifically related to NCDs.⁹

**Meeting Methodology**
The structure of the meeting consisted of two moderated panel discussions and an interactive breakout session with a facilitator (see Appendix 1 for complete agenda). The first panel explored the underlying rationale for why a multi-stakeholder approach is essential for NCD prevention and control. The second panel continued by offering tangible examples of current multi-stakeholder partnerships around NCDs, and the specific role they can serve. The interactive breakout groups allowed participants to engage more deeply into the meeting’s primary objectives, discussing issues of defining roles; constructing a framework; major barriers; and possible next steps.

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⁹ For the purposes of the meeting and this document, the phrase ‘private sector’ does not include the tobacco industry, and principally includes the following types of industry: pharmaceutical, medical technology, food and beverage, and sport.
The meeting was attended by roughly 100 delegates from Member State UN Missions, NGOs, academia, and the private sector.
The Case for Multi-stakeholder Partnerships

Before discussing the rationale for multi-sectoral and multi-stakeholder action for NCDs, both terms require a sound definition and adequate context. Often used interchangeably, the two terms are quite distinct and offer differing connotations for the arrangement and dynamic of actors. Multi-sectoral, which is also distinct from inter-sectoral, encompasses the numerous public sectors that influence or relate to NCDs, including health, education, trade, agriculture, transportation, energy, urban planning, and sport. Across these multiple sectors, there are a variety of stakeholders with interest and influence, including governments (national, state and local), civil society (including faith-based and community-based organizations), academia and research institutions, and the private sector (Figure 1). These sectors and stakeholders overlap and influence each other in complex ways and ultimately influences the prevalence and susceptibility to NCD risk factors, including tobacco use, alcohol abuse, poor diet, and physical inactivity.

Figure 1. The interplay of sectors impacting on NCD risk factors

There are three theoretical challenges to implementing a multi-stakeholder approach to addressing NCDs. First, relevant government ministries or departments need to coordinate their efforts. A so-called “whole-of-government” approach is often constrained by the

size and complexity of ministries that influence NCD outcomes. In theory, such complexity across the government could be managed through a cabinet-level coordinator, however there are few successful case studies to reference. Nonetheless, Sir George Alleyne has articulated a set of three principles to effectively coordinate within government, including (a) mutuality of interest; (b) specificity of purpose; and (c) clear allocation of resources. Second, to capitalize on the pluralistic nature of society and the rise of diverse actors, a broader “whole-of-society” approach must enable collaboration and coordination to take place across these actors. However, the inherent challenge remains that no one actor can or should lead alone. Coordination must take place on a variety of fronts, all contributing to a broader aim. Third, the UN system is challenged to adequately coordinate the many UN specialized agencies and programs with mandates related to NCDs, including WHO, UNICEF, WFP, FAO, ILO, UNWomen, and others. Further, a “whole-of-UN” approach is necessary to clearly define roles and contributions to the Global NCD Action Plan, a strategy that puts WHO in a leadership role.

**The business case for NCDs**

Businesses and employers more broadly have a strong self-interest to invest in NCDs. First, as employers, businesses have a heavy investment in its human capital and this includes employee’s health (both physical and mental) and wellbeing. Nearly 60 percent of all individuals globally are employed, which provides the catalyst for economic growth. However, when employees suffer from NCD-related health conditions, productivity decreases, absenteeism increases, and business loses the original investment in its workforce. Turning this around, when employers invest in the health and wellbeing of its workforce, including limiting exposure to NCD-related risk factors, the returns are significant. By some indications, this return on investment can be as high as $5 for every $1 invested. When 50 of the largest 100 economies are actually business entities, combating NCDs and ensuring a healthy workforce and environment, business can spur health populations and healthy economies.

**Leveraging Private Sector Comparative Advantages**

The private sector is uniquely positioned to catalyze and enhance multi-stakeholder efforts to address NCDs at the global, national and local level. A variety of individual and collective private sector actors have a significant history engaging on global health issues, from pharmaceutical drug donation programs to treat neglected tropical diseases to innovating for new vaccines and medical technologies. The challenge is to create the enabling environment and incentive structure that allows business to leverage its fully innovative and resource capacity.
Recently, private sector has begun to mobilize as a collective unit, to explore common ground, and forge partnerships that cut across sectors. A grouping of 11 private sector companies, representing a variety of sectors, including BD, Edelman, Humana, Johnson & Johnson, Medtronic, Merck, Novo Nordisk, Nike, Pfizer, PepsiCo and Sanofi, came together to produce a common framework by which to engage in multi-stakeholder partnerships. These companies have committed to taking action in four ways, including (1) to promote a healthy workforce and families; (2) to work with stakeholders to ensure access to effective diagnostics, treatments and health consumer products; (3) to create healthy environments, both within and outside the workplace; and (4) to ensure a strong education, training and research capacity (*see Appendix B for full framework*).
Innovative Partnerships for NCD Prevention and Control

Many successful models of multi-stakeholder partnerships for NCD prevention and control are already being implemented. This section provides a series of examples of such models, highlighting current successes, constraints and the private sector contributions.

Workplace Wellness Alliance
Recently, the World Economic Forum Convened by the World Economic Forum, the Workplace Wellness Alliance is comprised of 45 members – most of which are private sector, but also includes several government agencies – committed to adapting the workplace environment to incentivize healthier choices and promote a healthier environment.¹¹ The workplace represents an ideal entry point for health promotion interventions based on the total time employees spend in the workplace and the relatively large proportion of the population who are currently employed. As employers, companies have an economic incentive to maximize the productivity of workers by sustaining or improving health and wellness, including through wellness programs, food and beverage choices, and smoke-free environments.¹² For example, by targeting three modifiable NCD risk factors, U.S. companies can save roughly US$700 per year per employee. However, the next major step for workplace wellness is to systematically transition pilot initiatives into a new discipline, applying the same standards of monitoring and evaluation seen in other public health and scientific fields.¹³

International Food and Beverage Alliance
Established in May 2008, the International Food and Beverage Alliance (IFBA) is a group of ten multinational companies, including Ferrero, General Mills, Grupo Bimbo, Kellogg’s, Kraft Foods, Mars, Nestle, PepsiCo, The Coca Cola Company, and Unilever, that have signed a series of five voluntary commitments responding to the World Health Organization’s Global Strategy on Diet, Physical Activity & Health.¹⁴ These five commitments include:

1. Reformulate products and develop new products that support the goals of improving diets;

¹¹ For a full list of Workplace Wellness Alliance members, see http://www3.weforum.org/docs/WEF_HE_WorkplaceWellnessAlliance_Members_2011.pdf.
¹⁴ For more information about the International Food and Beverage Alliance, see https://www.ifballiance.org/.
(2) Provide easily-understandable nutrition information to all consumers;
(3) Extend responsible advertising and marketing to children initiatives globally;
(4) Raise awareness on balanced diets and increased levels of physical activity; and
(5) Actively support public-private partnerships that support the WHO’s *Global Strategy*.

Contributing to the specific IFBA commitments, some multinational food and beverage companies have outlined specific global goals and commitments. Many of these are in the areas of product reformulation, modifications in marketing practices and strategies to improve product affordability and accessibility in underserved communities.\(^{15}\)

**NCD Prevention for Improved Maternal Health**

Every year almost 15 percent of all pregnant women – or, 10 million women - develop gestational diabetes complicating pregnancies and compromising health outcomes for both the mother and fetus. In fact, some studies indicated that children born to mothers with gestational diabetes are four to eight times more likely to develop diabetes. Outcomes for mothers are also compromised. Pregnant women with gestational diabetes are roughly seven times more likely to develop type 2 diabetes later in life. Therefore, many have identified the critical role that diabetes screening and management must play during antenatal care. In fact, a recent *Lancet* article recommended the screening and management of diabetes mellitus during pregnancy as part of a package of interventions to reduce the prevalence of stillbirths.\(^{16}\)

To help address this growing challenge, Novo Nordisk A/S established the Changing Diabetes in Pregnancy Program in collaboration with the World Diabetes Foundation, the International Diabetes Federation and WHO to improve existing antenatal care services and address the cycle of diabetes among women and children.\(^{17}\) Building on this program, Novo Nordisk has launched the Early Origins of Health initiative, to engage the broader global health community to design interventions that reduce risk early in


\(^{17}\) For more information on the Novo Nordisk Changing Diabetes in Pregnancy Program, see http://www.changingdiabetesaccess.com/Changing_diabetes_in_pregnancy.asp.
the life course. The initiative is engaging partners such as Johnson & Johnson, PepsiCo, Steno Diabetes Center, the World Diabetes Federation and the United Nations Foundation through a multi-stakeholder platform to address the critical links between NCDs, maternal and child health, and achieving the Millennium Development Goals (MDGs).

**Preventing Cervical Cancer through Public-Private Partnerships**

Cervical cancer is the second leading cause of death among women living in developing countries. More than 500,000 women develop cervical cancer each year, caused, in part, by chronic infection of certain types of *human papillomavirus*. Causing roughly 275,000 deaths each year, the burden of cervical cancer is expected to almost double by 2030, with over 95% of these deaths expected to occur in low- and middle-income countries.

However, the uniqueness of cervical cancer’s etiology requires an equally innovative partnership. With infectious origins, cervical cancer can be prevented through early detection, principally through pap smear testing, or through vaccination. However, with health system constraints and the relatively expensive unit cost of HPV vaccine, cervical cancer has become one of the leading cancers among women in developing countries.

Through an innovative partnership between EngenderHealth, the International Atomic Energy Agency, the International Agency for Research on Cancer, Jhpiego, the Pan American Health Organization, Partners in Health, PATH, and the Union for International Cancer Control, the Alliance for Cervical Cancer Prevention is working to “clarify, promote, and implement strategies for preventing cervical cancer in developing countries.” The Alliance is developing innovative approaches on several fronts, including models for appropriate, affordable, and efficacious screening and treatment, service delivery, engagement with communities, and to garner broad-based policy and programmatic commitment to addressing cervical cancer.

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21 For more information about the Alliance for Cervical Cancer Prevention, see http://www.alliance-cxca.org/index.html.
Lessons Learned

This meeting on multi-stakeholder engagement to address NCDs built on a number of other dialogues addressing the same fundamental questions: what do multi-stakeholder partnerships look like; what are the specific roles various actors can play; what type of an environment do these types of partnerships require; and how can these partnerships leverage partner resources and expertise to move initiatives to a larger scale? The following are major points of consensus to build from as stakeholder begin or continue to develop multi-stakeholder partnerships.

A variety of stakeholders, including the private sector, have unique resources to leverage and contribute to forming strategic partnerships. With a clear understanding of roles, responsibilities, interests and incentives, partnerships that are inclusive of private sector actors have the opportunity to use many of their comparative advantages in global supply chain, training and research capacity, and information dissemination to create effective partnerships for NCDs. The High-Level Meeting on NCDs presents an opportunity to make this case and continue shaping an enabling environment for private sector to engage in partnerships.

Many companies have already taken steps to coordinate efforts and state commitments; however engagement across the various dimensions of individual companies and the private sector at large can be increased. Before partnering externally, larger, multinational companies often face the first challenge of understanding the scope of work and points of contact internally. A company may be engaging on several fronts for any given issue, and developing a complete understanding of the points of interactions is often complex. Thus, an internal mapping of a company’s external points of engagement related to NCDs could be useful.

Sustained multi-stakeholder partnerships require an appropriate mix of resources, leadership, learning and adaptation to “counter the natural tendency to entropy.” Partnerships are dynamic entities in need of critical thinking and strategic direction. Commitment by all partners is key, which includes clear and sustained contributions to the partnership. At the same time, through appropriate feedback channels, partners can

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23 Global Social Observatory. Mobilizing multi-stakeholder action to address non-communicable diseases. GSO Roundtable Report. 8 April 2011.
evaluate progress and relevance, and when necessary, a completion timetable.

**Health systems will increasingly require a chronic care model to address NCDs and chronic infectious diseases, such as HIV/AIDS, with a role for multi-stakeholder collaboration through all components of the system (i.e. governance, supply chain, workforce, service delivery, financing, and information systems).**

**Communities should remain the central stakeholder in any partnership.** Any global, national or local strategy ultimately depends on the extent to which communities are included in the process. Communities provide the context, access points, and feedback mechanism that appropriately tailor and sustain public health interventions, including those for NCDs. Policies and programs related to NCDs should be inclusive of communities, including those affected by NCDs, to identify the most efficient, effective and cultural appropriate prevention, treatment, care and rehabilitation interventions.
Appendix A. Meeting Agenda

1:30 – 2:00pm: Welcome Remarks

Dr. Jeffrey L. Sturchio, President & CEO, Global Health Council  
H.E. Sylvie Lucas, Ambassador of Luxembourg to the United Nations  
H.E. Raymond Wolfe, Ambassador of Jamaica to the United Nations

2:00 – 3:00pm: The Critical Role of Multi-sectoral Engagement

Sir George Alleyne, Director Emeritus, Pan American Health Organization  
Ms. Sarita Nayyar, Sr. Director, Health of Consumer Industries, World Economic Forum USA  
Mr. Herb Riband, Vice President, External Affairs, International, Medtronic Inc.  
Dr. Jacqueline Sherris, Vice President for Global Programs, PATH

Moderator: Dr. Jeffrey L. Sturchio

3:00 – 4:00pm: Innovative Partnerships and the Role of the Private Sector

Dr. Derek Yach, Sr. Vice President, Global Health and Agriculture Policy, PepsiCo  
Ms. Charlotte Ersbol, Corporate Vice President, Corporate Branding & Responsibility, Novo Nordisk A/S  
Mr. Christopher Gray, Sr. Director, International Public Affairs, Pfizer  
Dr. Jonathan Quick, President and CEO, Management Sciences for Health  
Dr. Laurette Dube, James McGill Professor of Consumer Psychology and Services, Marketing and Management, McGill University

Moderator: Dr. Jeffrey L. Sturchio

4:00 – 4:30pm: Coffee Break

4:30 – 5:30pm: Interactive Breakout Discussions

Group Facilitators: Loyce Pace Bass, LIVESTRONG & Jorge Casimiro, The Coca Cola Company

5:30 – 6:00pm: Summary and Closing Remarks

Dr. Jeffrey L. Sturchio, President and CEO, Global Health Council
Appendix B. Private Sector Perspective on the Global Non-Communicable Disease Challenge

**Healthy workforces and families**
- Implement smoke-free workplaces and smoking cessation support within our companies and seek to extend them across our networks of suppliers;
- Provide opportunities for physical activity within our workplaces; and
- Ensure that employees have access to effective age appropriate screening and referral for major NCDs.

**Access to effective diagnostics, treatments and health consumer products**
- Support efforts to expand and improve access to essential quality care by working in partnership with governments, international organizations and local partners to combat barriers exacerbated by weak health systems;
- Advance the goals of the WHO Global Strategy on Diet, Physical Activity, and Health;
- Invest in programs that contribute to the creation of well functioning health systems, thereby creating the conditions required for equitable access to medical products, vaccines and technologies of appropriate quality, safety, and efficacy; and
- Continue to invest in research and development to launch new and innovative technologies to address public health needs in both developed and developing countries.

**Health environments**
- Actively work with city and town planners to increase mobility as an easy daily option for communities where they live, play and recreate;
- Invest in model community-based activity programs that link to environmental conservation and urban renewal; and
- Partner with academics, civil society, and the public sector to design and deliver innovative approaches to physical activity that effectively enable levels of exercise necessary for risk reduction.

**Strong education, training and research capacity**
- Work together with major public and private funders to strengthen human and institutional capacity aimed at building the future cadre of NCD leaders; and
- Collaborate with each sector to achieve a shared goal of NCD reduction, but to also improve the overall health, vitality and wellness of worldwide populations through community education, outreach and program and policy initiation.