



World Health
Organization



WHO GCM/NCD

WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

Engaging with the private sector for the prevention and control of NCDs

**Final report and recommendations from the
Working Group on how to realize governments’
commitments to engage with the private sector for the
prevention and control of NCDs**

This report is the outcome of the Working Group convened by the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD), based on objective 3, action 3.1 of the 2014–2015 GCM/NCD work plan, to “recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases”. The Working Group was tasked with providing recommendations to the WHO Director-General on ways and means of encouraging countries to realize their commitments to call on the private sector to strengthen its contribution to the prevention and control of NCDs in five specific areas.

Contents

Executive summary	4
1. Introduction	5
2. Context and purpose of the Working Group	7
3. Engaging with the private sector and other non-State actors	7
3.1 Understanding the private sector and the roles of other key stakeholders	7
3.2 Engagement beyond the private sector	8
4. Barriers and bottlenecks to progress	9
5. Recommendations	9
5.1 Overarching recommendations.....	9
5.1.1 Recommendation 1	10
5.1.2 Recommendation 2	11
5.1.3 Recommendation 3	12
5.1.4 Recommendation 4	13
5.1.5 Recommendation 5	14
5.1.6 Recommendation 6	15
5.2 Specific recommendations for the five action areas.....	16
5.2.1 Marketing to children.....	16
Recommendation 7.....	16
5.2.2 Promoting more food products consistent with a healthy diet and reducing the use of salt to lower sodium consumption	16
Recommendation 8.....	17
Recommendation 9.....	19
5.2.3 Promoting and creating an enabling environment for healthy behaviours among workers 20	
Recommendation 10.....	20
Recommendation 11.....	21
5.2.4 Improving access to and affordability of medicines and technologies in the prevention and control of NCDs	22
Recommendation 12.....	23
Recommendation 13.....	25
Annexes	26

Executive summary

The following key messages are the result of the rich discussions among the Working Group members, and have formed the basis for the recommendations contained in this report:

- Governments have the primary role and responsibility of responding to the challenge of NCDs and should lead national responses to NCDs.
- There is an urgent need to scale up the multiple contributions from the diverse range of private sector entities for the prevention and control of NCDs at national level.
- There is a need for governments to be much more discerning when considering the varied roles of the diverse range of private sector entities in addressing each of the five areas considered by this Working Group, in order to identify and differentiate the contributions that different entities can make, and therefore the nature of engagement with those different entities.
- Governments need to safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest to effectively prevent and control NCDs.
- When considering the varied roles of the range of private sector entities, many private sector entities may have no direct conflict in being involved in NCD prevention and control, and in fact may have objectives that align closely with those of governments.
- The building blocks of effective government engagement on NCD prevention and control with the diverse range of private sector entities are:
 - strong regulatory frameworks, both statutory and self-regulatory;
 - a multistakeholder platform for implementation, monitoring and evaluation;
 - a robust mechanism to review and ensure effective commitments and contributions;
 - the use of measures, including incentives, to encourage a strong private sector contribution;
 - transparent management of conflict of interest;
 - sharing of knowledge and data to support collective national and global action.
- In order to facilitate countries in considering the implementation of the recommendations contained in this report, there is a need for enhanced and sustained support to countries, including through communities of practice.

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.¹ In the meeting's Political Declaration,² they called on the private sector,³ where appropriate, to take measures in five specific areas, with a view to strengthening that sector's contribution to NCD prevention and control:⁴

1. take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;
2. 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;
3. 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;
4. work towards reducing the use of salt in the food industry in order to lower sodium consumption;
5. contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs.

In July 2014, at the United Nations 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.⁵ Although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, such products are not always broadly affordable, accessible and available in all communities within countries.⁶ The ministers therefore committed to strengthening the capacity of ministries to exercise a strategic leadership and coordination role in developing policies that engage, among others, the private sector.⁷ 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.⁸

¹ At the General Assembly of the United Nations High-level Meeting on Non-communicable Diseases.

² Available at http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1.

³ For the purpose of this report, private sector entities are defined as commercial enterprises, that is to say businesses that are intended to make a profit for their owners. WHO Guidelines on interaction with commercial enterprises to achieve health outcomes; available at <http://apps.who.int/iris/bitstream/10665/78660/1/ee20.pdf?ua=1>.

⁴ Paragraph 44 of resolution A/RES/66/2, available at http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1.

⁵ Paragraph 26 of resolution A/RES/68/300, available at <http://www.who.int/nmh/events/2014/a-res-68-300.pdf>.

⁶ Paragraph 26 of resolution A/RES/68/300.

⁷ Paragraph 30(a)(viii) of resolution A/RES/68/300.

⁸ Paragraph 28 of resolution A/RES/68/300.

Subsequently, world leaders adopted the 2030 Agenda for Sustainable Development, including the Sustainable Development Goals, in September 2015.⁹ The Sustainable Development Goals include many NCD-related targets for 2030, among them:

- by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being (target 3.4);
- strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5);
- achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (target 3.8);
- strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries (target 3.a);
- support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all (target 3.b);

and other relevant targets for NCDs:

- by 2020, halve the number of global deaths and injuries from road traffic accidents (target 3.6);
- by 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round (target 2.1);
- by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons (target 2.2);
- protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment (target 8.8);
- implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable (target 1.3).

Heads of State and Government also committed to developing ambitious national responses to the Sustainable Development Goals and targets as soon as possible. Similar to national responses to the overall implementation of the Sustainable Development Goals, the national responses to the NCD-related targets will need to be financed through the mobilization and effective use of domestic

⁹ Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1, available at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1.

resources and strengthened international cooperation (both public and private) over the next 15 years, as set out in the Addis Ababa Action Agenda adopted by world leaders in July 2015.¹⁰

To unlock the transformative potential of the private sector¹¹ to support national responses to the Sustainable Development Goals, 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.¹² 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 the activities of the wide and diverse range of private sector entities with national NCD responses.

2. Context and purpose of the Working Group

The Sixty-seventh 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 in the specific areas described in the 2011 Political Declaration.¹³ The Working Group is 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 members of the Working Groups are drawn from a roster of experts nominated by the Member States, appointed by the WHO Director-General and co-chaired by representatives from two Member States, one from a developed country and one from a developing country, appointed in consultation with Member States by the WHO Director-General. The Working Group's terms of reference, membership, meeting papers and background documents are available on the WHO website.¹⁴ Much of the experience and evidence that informed the Working Group's deliberations is contained in the background documents, and these form important references for this report's conclusions and recommendations.

3. Engaging with the private sector and other non-State actors

3.1 Understanding the private sector and the roles of other key stakeholders

Governments have the primary role and responsibility of responding to the challenge of NCDs and should lead national responses to NCDs. However, governments also need the contribution and cooperation of private sector entities, which are key players as providers of goods and services that can have important effects on health and health inequities.

It is important that governments are clear about the role and contribution of the large and diverse range of private sector entities in NCD prevention and control. There is an urgent need to scale up the multiple contributions from the diverse range of private sector entities for the prevention and control of NCDs at national level.

¹⁰ Resolution A/RES/69/313, paragraphs 20 and 22; available at <http://www.un.org/esa/ffd/ffd3/wp-content/uploads/sites/2/2015/07/Addis-Ababa-Action-Agenda-Draft-Outcome-Documents-7-July-2015.pdf>.

¹¹ Paragraph 5 of resolution A/RES/69/313.

¹² Paragraph 36 of resolution A/RES/69/313.

¹³ The Working Group is established under the auspices of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) <http://www.who.int/global-coordination-mechanism/en/>.

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

Relevant private sector entities include the food and beverage, media, sports and fitness, insurance, health service, banking, advertising, entertainment, pharmaceutical, service and transport 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 and can contribute directly to promoting and supporting good health.

Importantly, the term “private sector” has limited value on its own when considering effective action to prevent and control NCDs. While there may be reservations about engaging or collaborating with some private sector entities in tackling NCDs, such as some food industry organizations, other private sector entities have no direct conflict in being involved and in fact may have objectives that align closely with those of governments, particularly with regard to national public health goals for NCDs.

The Working Group concluded that there is a need to be much more discerning when considering the roles of private sector entities in addressing each of the five areas to be able to differentiate the contributions that different entities can make, and therefore the nature of engagement with those different entities. At the same time, governments need to carefully safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest. Furthermore, a clear and transparent framework for management of conflict of interest at country level is a prerequisite to be able to engage with the wide range of private entities.

3.2 Engagement beyond the private sector

While this report focuses on how to realize governments’ commitments to engage with the diverse range of private sector entities for the prevention and control of NCDs, other non-State actors are also important in generating effective national NCD responses.¹⁵

A clear message from the Working Group is that these other non-State actors also have a key role to play in generating a more significant private sector contribution to NCD prevention and control. 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;
- community mobilization around NCD prevention and control;
- building capacity and providing technical support;
- establishing and supporting partnerships;
- facilitating collaboration between countries and sharing of experience and monitoring, for example to ensure that food products actually contain the sugar, fat or salt content stated;
- monitoring, to hold the private sector and policy-makers to account.

Academic institutions are also important, for example in undertaking research and reviewing evidence to support effective NCD prevention and control, including that relating to the roles of the diverse range of private sector entities. Philanthropic foundations can also be important funders of NCD

¹⁵ Such actors include philanthropic foundations, academic institutions and NGOs, for example civil society organizations, public interest and consumer associations, charities, professional associations and other community, religious and advocacy groups.

prevention and control initiatives and often have a good understanding of and networks with the private sector.

4. Barriers and bottlenecks to progress

In developing its advice, the Working Group considered the main bottlenecks and challenges that have hindered progress in realizing the commitments of the 2011 Political Declaration. These are described more fully in Annex 1:

- lack of public and political awareness of NCDs and the role of the diverse range of private sector entities in combating NCDs;
- competing priorities for national and global health funding;
- Lack of supporting regulations and capacity to enable legislation;
- conflicting public and private sector objectives and drivers;
- weak or lack of use of data to support action, target setting and monitoring;
- constrained infrastructure, capacity and capability to engage with the private sector;
- lack of public and political awareness of the scope of the problem.

5. Recommendations

5.1 Overarching recommendations

The priority given to NCD prevention and control, particularly through a multisectoral and multistakeholder approach, has been clearly and effectively elevated by the recent adoption of the 2030 Agenda for Sustainable Development. The inextricable link between an effective NCD response and sustainable development only highlights the need for streamlining NCD and Sustainable Development Goal policies beyond the health sector and through a whole-of-government approach building on the time-bound commitments made by Heads of State and Governments. The 17 Sustainable Development Goals and 169 targets demonstrate the scale and ambition of this new universal agenda, but they must be considered and addressed as integrated and indivisible.

The recommendations from the Working Group emphasize the key actions that governments can take 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 United Nations Political Declaration.

In line with the World Health Assembly-approved work plan 2016–2017 for the GCM/NCD, which in objective 4, action 4.1, mandates the GCM/NCD to continue supporting communities of practice in 2016 and 2017, Working Group members could be invited to join a community of practice in order to sustain discussion and engagement, and promote and enhance knowledge transfer on these recommendations, particularly at local and national levels.

5.1.1 Recommendation 1

Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.

Governments should be the key stakeholders in the development of policy and provide leadership, through a multistakeholder platform, for implementation, monitoring and evaluation. In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting national public health interests and avoiding conflict of interest.

Considering resources, benefits and burdens of all stakeholders involved, Member States should consider the most effective approach for policy implementation. However, any approach selected should be set within a framework developed to achieve the policy objective.¹⁶

Strong statutory and self-regulatory frameworks are required to underpin action in all five areas and harness more concrete contributions from private sector entities to national NCD responses. This helps to address conflicting objectives and drivers – even if some private sector entities are engaged in and supportive of NCD prevention and control efforts and, in some cases, co-regulatory mechanisms,¹⁷ and national NCD responses may go against the business interests of other powerful economic operators.

There are also different views within government on the role of private sector entities in NCD prevention and control, so it is all the more important that regulatory frameworks are clear from the start.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- establish a regulatory framework underpinned by legislation that supports the implementation of their policy objectives and targets for NCDs, ranging from basic consumer protection to specific public health regulations;
- put in place transparent monitoring, with meaningful sanctions for noncompliance, and public recognition for compliance and successful outcomes;
- model legislation for implementing national NCD responses on that which has already proven to be effective in other countries, as has been done for tobacco control legislation;
- ensure that industry-led self-regulation is underpinned by a clear statutory framework and is fully aligned with government policy objectives and targets;
- consider approaches that may include various co-regulatory mechanisms, comprising statutory, self-regulation or voluntary industry initiatives that, again, must be underpinned by a clear statutory framework and are fully aligned with government policy objectives and targets;

¹⁶ WHO's Set of recommendations on the marketing of foods and non-alcoholic beverages to children, recommendations 6 and 7; available at www.who.int/dietphysicalactivity/publications/recsmarketing/en/.

¹⁷ WHO's Set of recommendations on the marketing of foods and non-alcoholic beverages to children, paragraph 22.

- enhance policy coherence across health and trade to support a stronger and more inclusive regulatory framework for implementing national NCD responses, while respecting the legal mandates of both the public and private sectors.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 1:

- In contrast to progress in developed countries, which generally have national regulatory and statutory frameworks in place, there is limited progress in developing countries in the five action areas; self-regulation or co-regulation alone are not sufficient to ensure concrete contributions from key private sector entities to national public health goals for NCDs.
- Legislation allows governments to define relevant standards and targets against which they can monitor relevant private sector entities and hold them accountable.
- In terms of the enabling environment in which companies operate, cross-industry partnerships with governments and NGOs can lead to more appropriate and implementable voluntary or mandatory regulation, for example around the exclusion of unhealthy ingredients; such regulation can provide a level playing field for companies wishing to act more responsibly without losing out to less responsible competitors.
- 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 engage, regulate and monitor the private sector effectively.
- 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.¹⁸ 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;
 - arguments that place the responsibility for harm to health on individuals, and portray government actions as interference in personal liberties and free choice.

5.1.2 Recommendation 2

Governments should establish a multistakeholder platform for engagement on and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.

Not all relevant private sector entities will be aware of the primary role and responsibility of governments in responding to the challenge of NCDs, the essential need for governments to engage a

¹⁸ See http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/.

wider range of private sector entities to contribute to national NCD responses,¹⁹ or the public health goals of the national NCD response itself. A multistakeholder platform will support engagement with all stakeholders to raise awareness about the underlying issues and the need to address them effectively.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- raise awareness among the relevant private sector entities about the government’s essential leadership role in implementing national NCD responses, as well as the goals of the national NCD response itself;
- establish a range of multistakeholder mechanisms, such as high-level commissions, working groups or task forces for engagement with, among others, the relevant private sector entities in the five specific action areas;
- establish clear policy objectives and expectations about the role of the diverse range of private sector entities in NCD prevention and control and, where possible, pursue “win-win” outcomes;
- identify approaches, where possible, that align business objectives with national public health objectives, as has occurred successfully with access to medicines and technologies for communicable diseases, and is feasible (and is already happening) in some workplace health initiatives;
- where appropriate, allocate defined roles to other stakeholders, including relevant NGOs and civil society groups, to support effective engagement with and action by relevant private sector entities.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 2:

- The key risk factors for NCDs require coordinated multisectoral and multistakeholder engagement and action for effective prevention and control.²⁰
- Food reformulation efforts are more likely to be successful if they are 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.

5.1.3 Recommendation 3

Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.

¹⁹ Paragraph 3 of resolution A/RES/66/2.

²⁰ Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: World Health Organization; 2013. <http://www.who.int/nmh/publications/ncd-action-plan/en/>.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- develop an approach that the relevant private sector entities can use to register and publish their own contributions to national NCD responses and the achievement of national NCD targets;²¹
- create an expectation on the private sector to measure, collect and report data.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 3:

- Action in these five areas has progressed in many countries that have established an effective, transparent, robust and inclusive accountability framework.
- Approaches to engaging with the food industry vary between countries, and the appropriate approach depends on the local context and private sector arrangements. What is important is that any engagement with food industry players, whether local or multinational, elicits meaningful commitments with agreed specific timelines, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest.

5.1.4 Recommendation 4

Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.

Actions

The following action will support Heads of State and Government to deliver on their commitments:

- consider fiscal policies (for example taxes) and subsidies and pricing mechanisms (for example price incentives) as potential policy tools in the five specific action areas.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 4:

- Incentives can work in both directions as both a “stick” and “carrot” to support action by the private sector. Both financial and non-financial incentives – for example, enhanced reputation or reduced compliance costs – may have a role.
- The affordability of essential medicines and technologies is improved if all import duties and tariffs and all taxes, including value-added tax, are removed and price control exists in the supply chain.

²¹ WHO was mandated the task of such a global approach in the outcome document of the High-level Meeting of the General Assembly on the review and progress achieved in the prevention and control of NCDs, 2014, paragraph 37.

5.1.5 Recommendation 5

Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- underline the importance of corporate transparency and accountability of all relevant private sector companies to national NCD responses and the NCD-related targets included in the Sustainable Development Goals;
- 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 policies 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;
- consider providing public notice that meetings between public officials and private sector entities are scheduled and making a public record of such meetings.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 5:

- 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.
- 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.
- WHO 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, which includes management of conflict of interest and separate policies on engagement with different groups of non-State actors.²² 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 undertaken by WHO.

²² <http://www.who.int/about/collaborations/non-state-actors/en/>.

5.1.6 Recommendation 6

Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.

There is an emerging body of evidence and experience that can support stronger and more effective engagement with relevant private sector entities for NCD prevention and control. This should be gathered and widely disseminated and used to guide capacity-building and technical assistance to countries requesting it.

WHO has a mandate from the United Nations General Assembly to develop, in consultation with member States, an approach to enable non-State actors, including the private sector, to register and publish their contribution to the global NCD targets.²³ WHO can also play an important role in supporting countries to realize their commitment to engage with the wide range of private sector entities.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- foster linkages between multinational food industry companies and relevant domestic private sector entities to facilitate transfer of knowledge and skills on projects that are aligned with national NCD responses, for example product reformulation, product labelling and product diversification;
- ensure that national pledges from multinational companies made in developing countries in these five specific action areas are at least as strong as those made in developed countries, for example product formulation benchmarked to the “healthiest” formulation internationally;
- 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 implemented 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 the five action areas.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 6:

- There is a lack of capacity in many developing countries to translate these commitments into action;²⁴ North–South and South–South cooperation will help to both support action and build capacity.

²³ See paragraph 37 of resolution A/RES/68/300 <http://www.who.int/nmh/events/2014/a-res-68-300.pdf>.

²⁴ See paragraphs 14 and 15 of resolution A/RES/68/300.

5.2 Specific recommendations for the five action areas

5.2.1 Marketing to children

Recommendation 7

Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.²⁵

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- work regionally or subregionally to support effective restrictions on marketing of unhealthy food and non-alcoholic beverages to children (in general and especially in schools).
- ensure that policies and regulations control both exposure and content, and are supported by effective monitoring and enforcement mechanisms.
- put in place transparent monitoring, with meaningful and clear sanctions for noncompliance, and public recognition for compliance and successful outcomes.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 7:

- Experience shows that this is an area that requires a strong regulatory framework in order to protect children who are vulnerable to marketing of unhealthy foods and non-alcoholic beverages.
- Schools should be “off limits” to marketing of unhealthy foods and non-alcoholic beverages.
- Self-regulation or co-regulation via industry-defined targets and outcomes rather than defined government policies and goals are generally not sufficient to ensure meaningful progress. While self-regulatory approaches may be working in high-income countries, they may not translate to the different policy settings in low- and middle-income countries.
- 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.

5.2.2 Promoting more food products consistent with a healthy diet and reducing the use of salt to lower sodium consumption

Engagement with relevant private sector entities 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:

²⁵ <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/>.

- support the production and manufacture of – and facilitate investment in and access to – foods that contribute to a healthy diet;
- 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, in particular fresh locally grown products, legumes, fruit and vegetables. Governments can create incentives for production and better supply chains (for example, with reduced loss during transport and storage) through more effective purchasing.

Recommendation 8

Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans fat in processed foods, aligned with relevant WHO guidelines and agreements.

An increasing number of private sector entities have started to produce and promote more food products consistent with a healthy diet, in accordance with national guidelines and international standards, 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 fats content. However, these food products are not affordable, accessible and available in most developing countries.

Most experience to date with food reformulation has occurred with salt reduction initiatives. However, the focus should be on reducing sugar, fat and salt in food products concurrently, rather than just reducing one constituent.

The food standards, guidelines and other recommendations of Codex Alimentarius are evidence based and relevant to the health protection of consumers, assuring food quality and safety throughout the food supply chain.²⁶ Food labelling plays an important role, and Codex Alimentarius standards and guidelines on food labelling are intended for use by governments, regulatory authorities, food industries and retailers in order to provide the most appropriate information to consumers.²⁷

In the same light, nutrition and health claims should be consistent with national health policy and provide accurate information to help consumers in selecting healthful diets, supported by specific consumer education.²⁸

The food system should be monitored and enforced based on legal and regulatory requirements of food products from production to consumption, whereby the producer, processor, transporter, vendor, and consumer are all key elements for ensuring food safety and quality. The implementation of such a control system, whereby all decision-making processes are transparent, allows all stakeholders in the

²⁶ Strengthening national food control systems: guidelines to assess capacity building needs. Rome: Food and Agriculture Organization of the United Nations; 2006. <http://www.fao.org/3/a-a0601e.pdf>.

²⁷ Codex guidelines on nutrition labelling CAC/GL 2-1985; available at <http://www.codexalimentarius.org/standards/list-of-standards>.

²⁸ Guideline for use of nutrition and health claims. Rome: Food and Agriculture Organization of the United Nations; 1997. CAC/GL 23-1997. http://www.foedevarestyrelsen.dk/SiteCollectionDocuments/25_PDF_word_filer%20til%20download/07kontor/Maerkning/Codex%20guidelines%20nutrition%20and%20health%20claims.pdf.

food chain to contribute and promotes collaboration between all concerned parties, improving efficiency and compliance.²⁹

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- 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;³⁰
- agree on timelines for monitoring and achieving commitments, aligned with the Global Action Plan on NCDs, with relevant private sector entities;³¹
- consult with the wide range of private sector stakeholders, among others, on policy implementation from the outset to help ensure it is implemented effectively;³²
- include 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 reduce portion sizes;
- 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;
- use a variety of 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;
- consider using product registration or licensing processes to help regulate product formulation and labelling, and consider establishing postmarketing surveillance;
- incentivize the transfer of technology for reformulation between larger and smaller producers;
- align food outlet licensing with national NCD policies and targets and support the provision of education and awareness raising to restaurant owners and staff.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 8:

- Engagement with the food industry may be through national associations, direct contact with large and progressive food manufacturers, or NGO-led processes.³³ 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.

²⁹ Assuring food safety and quality: guidelines for strengthening national food control systems. Rome: World Health Organization and Food and Agriculture Organization of the United Nations; 2003. <http://www.fao.org/3/a-y8705e.pdf>

³⁰ See paragraph 61 of the WHO Global Strategy on Diet, Physical Activity and Health.

³¹ This includes food manufacturers, distributors and retailers, and eating outlets, for example restaurants and food stalls.

³² See paragraph 44 of the WHO Global Strategy on Diet, Physical Activity and Health.

³³ See paragraphs 14, 16, 25, 34, 42(iii), 44, 60 and 65 of the WHO Global Strategy on Diet, Physical Activity and Health.

- Experience to date suggests that government regulation plays an important role in making clear the policy objectives of product reformulation and food labelling, and in setting standards and targets. Government regulations are in place in a number of countries to require producers and retailers to list nutrients on most prepackaged foods, while in most others this is only required for foods that make a health or nutrition claim.
- Salt reduction is arguably the most straightforward reformulation option, and it is supported by good evidence for effectiveness and successful experience in an increasing number of countries. Thus, it may be a good starting point for government engagement with relevant food industry entities.
- Lessons can be learned from successful approaches in other countries or regions: experiences with industry engagement are transferrable, and governments can 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, sugar or fat content products in some jurisdictions to other countries, so that they can also reap the benefits.
- A particular focus is 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.³⁴

There are practical challenges to reformulation. It requires that raw materials are available, new and relevant technologies are accessible, and time is sufficient to allow population tastes to adjust. The availability of new technology may be accessible to large producers but may be too expensive for small and medium-sized ones.

Recommendation 9

Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.³⁵

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- facilitate education of the public sector, private sector and politicians to improve understanding of the harms of salty, high sugar and high fat foods;
- implement accurate, standardized, comprehensible and readable front-of-pack labelling that provides information on the content of food items that is needed for making healthy choices;
- incentivize technology transfer for reformulation between large and smaller producers.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 9:

³⁴ See paragraph 41(i) of the WHO Global Strategy on Diet, Physical Activity and Health.

³⁵ 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.

- Messages need to be consistent, for example with respect to the harms of high salt intake, and the media and eating outlets, such as restaurants, are important channels for informing the public on healthy food options.
- All stakeholders need to be informed of the benefits, including the economic benefits, of reformulation.
- Information for consumers should be sensitive to literacy levels, communication barriers and local culture, and understood by all segments of the population.
- Nutrient or interpretive labelling is occasionally provided voluntarily by manufacturers and retailers, but generally government (statutory) regulation is required.
- Such labelling is being used in an increasing number of countries and this experience can be drawn on to support successful implementation in other countries.
- Level of literacy and knowledge is a key barrier 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.

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

Workplace health programmes should bring together the relevant State and non-State actors to ensure coherence of actions and consistent and comprehensive messages, and to avoid fragmentation.

Recommendation 10

Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion, and health coverage, in both the public and private sectors.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- build a business case with different approaches for engaging with multinationals and large national companies, medium-sized and small employers, and the informal sector;
- seek clear health 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;
- 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;
- ensure that, as large employers, governments set an example to the private sector by implementing workplace health programmes in governmental workplaces and government-controlled settings (for example schools), and that governments also disseminate their experience;

- call on multinational companies to ensure consistency between their operations in countries in terms of workplace health and safety expectations and outcomes, as well as through responsible supply chain management;³⁶
- evaluate and monitor the progress of workplace health initiatives, including through:
 - requiring the inclusion of workers' health metrics in corporate reporting;
 - supporting operational research to strengthen the evidence base.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 10:

- Companies that invest in a healthy workforce and well-designed workplaces benefit from increased productivity and morale, as well as lower absenteeism and health care costs, which pose a serious threat to company competitiveness.
- Experience and evidence to date show that a strategic and integrated approach is needed to effectively address workers' health. The World Economic Forum and WHO have identified key features of effective workplace health programmes:
 - bringing together occupational health and safety, workplace health promotion and wellness programmes and ensuring their synergies;
 - clear goals and objectives that link to business objectives, processes and sustainability;
 - strategic vision and commitment from senior management;
 - involvement of employees at all levels in programme development and implementation;
 - a range of activities covering individuals and their environment, both in the workplace and beyond;
 - robust analytics, monitoring of the effectiveness of interventions and continual improvement;
 - aligning programmes with local cultural norms and legal and ethical frameworks, and building wider social support.
- Governments (individually and collectively) can use existing platforms for dialogue; these include tripartite agreements with employers' associations and trade unions.
- A workplace health programme can address not just health at the workplace but the health of workers (and their families) per se.
- The measurement of outcomes from workplace health programmes is improving and there is increasing awareness of the strategic value of these programmes, which are becoming more sophisticated and effective.

Recommendation 11

Governments should implement a strong regulatory framework to achieve greater coherence for national workplace health initiatives in both the public and private sectors, taking into account

³⁶ Action for Fair Production. Ministerial Declaration, Meeting of the G7, Berlin, 13 October 2015

http://www.bmz.de/g7/includes/Downloadarchiv/G7_Ministerial_Declaration_Action_for_Fair_Production.pdf.

existing international obligations to protect workers' health in workplaces.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- work with the wide range of private sector entities to implement, as a minimum, tobacco-free indoor workplaces universally in accordance with the WHO Framework Convention on Tobacco Control (FCTC) Article 8 guidelines, with the ultimate goal to ban smoking at workplaces;³⁷
- link the development of workplace health programmes to the overall national policy and planning on occupational health and safety and NCD prevention and control;
- promote the adoption and implementation of the international labour standards for occupational safety and health.³⁸

Evidence and experience to date

The following evidence and experience to date underpin recommendation 11:

- Workplace safety remains the top challenge in low- and middle-income countries. However, other risks factors for NCDs are widespread at the workplace – carcinogenic agents and air pollution causing cancer and respiratory diseases, psychosocial stress, insufficient physical activity and unhealthy diet. These are all important NCD risk factors.
- The vast majority of countries have ratified the FCTC and committed to implementing tobacco-free workplaces.
- Most countries have regulatory instruments for workers' health and safety and a number of countries have ratified the ILO Conventions setting the fundamental principles of occupational safety and health³⁹ and those related to the prevention and control of NCDs.⁴⁰

5.2.4 Improving access to and affordability of medicines and technologies in the prevention and control of NCDs

The basic technologies for NCD prevention, early detection and management are simple and cheap, but currently a lot of money goes into the very expensive technologies required to treat people with complications of NCDs. The higher cost of some of these technologies for managing NCDs and their maintenance is a barrier to progress in low- and middle-income countries. There are significant equity issues in most countries, with poorer people having limited access to quality essential medicines and technologies, in part due to inability to pay or to weak procurement and supply systems.

Access to affordable essential medicines and technologies for NCD prevention and control needs to be considered alongside other key health system building blocks necessary to provide universal health

³⁷ See <http://apps.who.int/fctc/implementation/database/article/protection-indoor-workplaces/reports>.

³⁸ See ILO Conventions on occupational safety and health at <http://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm>.

³⁹ Occupational Safety and Health Convention, 1981 (No. 155); Occupational Health Services Convention, 1985 (No. 161); Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

⁴⁰ Occupational Cancer Convention, 1974 (No. 139); Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148); Asbestos Convention, 1986 (No. 162).

coverage. The focus should be on improving access to essential medicines and technologies for NCDs at primary health care level as recommended in the package of essential noncommunicable disease interventions for primary health care in low-resources settings (PEN).⁴¹

Recommendation 12

Governments should recognize that a wide range of private sector entities are important stakeholders for the supply of essential medicines and technologies in public and private sectors, and should engage with them to ensure that safe, effective, affordable and quality-assured products are available on a sustainable basis, and that data on market share to support planning and service delivery are also available.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- map out the relevant private sector entities and their roles in increasing access to quality and affordable essential medicines and other technologies, and develop a framework for working with these actors, with the aim of clarifying roles and responsibilities and improving coordination of action;
- provide the necessary funding to ensure a sustainable supply of essential NCD medicines and technologies according to the national list of essential medicines;
- ensure that procurement procedures are transparent and allow fair competition among suppliers offering quality products;
- give the necessary resources to their national regulatory authority to ensure that safe, effective and quality-assured products are available at country level;
- ensure that the benefit packages developed under their national health insurance schemes (or equivalent) include essential medicines and health technologies for NCDs;
- ensure affordability of essential medicines and technologies by:
 - carrying out surveys and regular monitoring of prices;
 - removing taxes and duties on essential medicines and health technologies for NCDs and regulating margins and markups within the supply chain with appropriate enforcement;
 - providing incentives for quality-assured local production;
- engage with the wide range of private sector entities through academic institutions and think tanks to provide the necessary scientific evidence and technical assistance to support collaborative or public–private partnership initiatives;
- use mobile telephone and Internet service providers to support the monitoring of supply chain performance, and use such tools to help to provide the independent information that is

⁴¹WHO package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings; essential technologies and medicines; risk prediction tools, page 35
http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf.

necessary to support rational use of NCD essential medicines and to promote treatment adherence;⁴²

- work with the research-based private sector to ensure that scientific advances continue to be made in the development and availability of new cost-effective medicines and other technologies for NCD prevention and management, keeping in mind the public health perspective;
- for products for which no competition is yet possible, explore potential mechanisms, including with private sector institutions, for obtaining access to some specific NCD products at an acceptable price for patients and systems;
- manage potential conflicts of interest when selecting essential medicines and technologies to be used to prevent and control NCDs through national selection committees, the decisions of which should be based on scientific evidence and consideration of measures to stimulate and support local manufacturing.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 12:

- There is successful experience with engaging a wide range of private sector entities (and NGOs and faith-based organizations) as partners in low- and middle-income countries, for example to support provision of medicines, including at district and community level.
- Relevant private sector entities can also contribute to government initiatives to increase adherence to NCD medicines.
- Governments can learn from existing successful regional and global activities and mechanisms (for example 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 safe, effective, affordable and quality-assured 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 (for example nebulizers, syringes and spacers), human resources, capacity-building and patient management.
- National lists of essential medicines should be:
 - developed based on scientific evidence;
 - aligned with standardized treatment guidelines;
 - used as a basis for procurement, reimbursement and training of staff.

⁴² For example, the mDiabetes programme (WHO/ITU Be He@thy Be Mobile) has been test-run successfully in Senegal and other countries: <http://www.who.int/features/2014/mobile-phones-diabetes-ramadan/en/>.

Recommendation 13

Governments should actively explore opportunities through public–private partnerships to increase access to safe, effective, affordable and quality-assured essential NCD medicines and health technologies to support achievement of the targets of the Global Action Plan on NCDs and contribute to universal health coverage.

Actions

The following actions will support Heads of State and Government to deliver on their commitments:

- actively explore sources of funding from other Member States and philanthropists to increase access to quality and affordable essential NCD medicines and health technologies in addition to increasing governmental funding;
- 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;
 - 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);
- encourage countries to consider utilizing joint purchasing power to support value for money, such as the agreement among Gulf Cooperation Council countries or the revolving fund put in place by the Pan American Health Organization (PAHO) for countries in the region.

Evidence and experience to date

The following evidence and experience to date underpin recommendation 13:

- Private sector entities can make a range of contributions to improving access to safe, effective, quality-assured and affordable NCD essential medicines and health technologies.
- There is evidence of inconsistency of pricing and value for money criteria between countries.
- Some private sector entities are willing to engage in this area and there are opportunities for firm commitments and pledges. However, the potential for engagement in this area is underdeveloped and sensitive due to potential conflicts of interest. Longer-term, sustainable agreements with appropriate private sector entities may be considered to support investment. It is imperative that government have proper systems in place to manage conflicts of interest and to ensure procurement is done transparently and on a sustainable basis.

Annexes

WHO GCM/NCD Working Group 3.1 has provided five annexes in support of the consideration of the report and the 13 recommendations. These annexes are presented in a separate document and address the following issues:

Annex 1: Bottlenecks and challenges to faster progress.

Annex 2: Prerequisites and considerations for government engagement on NCD prevention and control with the diverse range of private sector entities.

Annex 3: Alignment of country cases on engagement with the private sector with multiple recommendations from WHO GCM/NCD Working Group 3.1.

Annex 4: The diverse range of private sector entities and their potential contributions to NCD prevention and control.

Annex 5: Resolutions adopted by the United Nations General Assembly and the World Health Assembly that are relevant to the work of the GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs



WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

Engaging with the private sector for the prevention and control of NCDs

Final report and recommendations from the Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs

Annexes

Contents

Introduction.....	29
Annex 1. Bottlenecks and challenges to faster progress	30
Annex 2. Prerequisites and considerations for government engagement on NCD prevention and control with the diverse range of private sector entities	36
Annex 3. Alignment of country cases on engagement with the private sector with multiple recommendations from WHO GCM/NCD Working Group 3.1	38
Annex 4. The diverse range of private sector entities and their potential contributions to NCD prevention and control	56
Annex 5. Resolutions adopted by the World Health Assembly and the United Nations General Assembly that are relevant to the work of the WHO GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs	58

Introduction

This document is a compilation of annexes with a view to supporting the consideration of the final report of the WHO GCM/NCD Working Group based on objective 3, action 3.1 of the 2014–2015 GCM/NCD work plan, to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. The Working Group was tasked with providing recommendations to the WHO Director-General on ways and means of encouraging countries to realize the commitments to call on the private sector to strengthen its contribution to the prevention and control of NCDs in five specific areas.

These annexes should be read in conjunction with the report and can provide guidance and support on the implementation of the 13 Working Group recommendations.

WHO GCM/NCD Working Group 3.1 has provided five annexes that address the following issues:

Annex 1: Bottlenecks and challenges to faster progress.

Annex 2: Prerequisites and considerations for government engagement on NCD prevention and control with the diverse range of private sector entities.

Annex 3: Alignment of country cases on engagement with the private sector with multiple recommendations from WHO GCM/NCD Working Group 3.1.

Annex 4: The diverse range of private sector entities and their potential contributions to NCD prevention and control.

Annex 5: Resolutions adopted by the United Nations General Assembly and the World Health Assembly that are relevant to the work of the GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs.

Annex 1. Bottlenecks and challenges to faster progress

This annex summarizes findings from earlier material prepared for the Working Group:⁴³

a discussion paper that describes the main bottlenecks and challenges that have hindered progress in realizing the commitments of the United Nations Political Declaration on NCDs (section A1.1);

five policy briefs that provide detailed information on the current situation, bottlenecks and challenges for governments in calling on the wide range of private sector entities to strengthen their 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

Lack of supporting regulation and capacity to enable legislation

All five areas for action identified in the Political Declaration on NCDs 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 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, transnational 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.

Conflicting objectives and drivers

Even if some private sector entities 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.

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 relevant private sector to measure, collect and report data, experience shows that some form of independent monitoring is also necessary.

⁴³ http://www.who.int/global-coordination-mechanism/working_group1_cover/en/.

Constrained infrastructure, capacity and capability to engage with the wide range of private sector entities

The knowledge, capacity, and financial and human resources necessary to engage the wide range of relevant private sector entities are scarce in many countries. Governments often struggle to provide the right platforms to progress the agenda, for example the infrastructure to enhance local manufacturing of safe, quality, affordable 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. Low- and middle-income countries may also lack the capability and capacity in the public sector to monitor and enforce targets, whether voluntary or mandatory.

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 on NCDs, and the need to engage with the wide range of private sector entities to address these issues. Thus, further advocacy and awareness raising are required, as identified in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.

Competing priorities for national and global health funding

To date, the global public 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. The explicit incorporation of NCDs in the Sustainable Development Goals of the 2030 Agenda for Sustainable Development will help to address this.

A1.2 Reducing the impact of marketing of unhealthy foods and non-alcoholic beverages to children

Implementation of the WHO recommendations on the marketing of unhealthy foods and non-alcoholic 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 non-alcoholic beverages. In contrast, in low- and middle-income countries, progress in implementing the recommendations has been slow, and there is a need for significant support for these countries, including for capacity-building in such areas as 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 non-alcoholic 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) is 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 may be doing little to reduce actual 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.

Reformulation efforts are more likely to be successful if they are 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 low- and middle-income countries.

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 low- and middle-income countries. 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, coherent and comprehensive 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 learned 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 low- and middle-income countries. 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 low- and middle-income countries, 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 NCDs. However, many of the initiatives to protect and promote health at the workplace and healthy workers are not expensive or have no additional cost. These include using standing desks and holding active meetings, 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 low- and middle-income countries. 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 there is a need for greater 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 under way 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.⁴⁴ 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. Low- and middle-income countries 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.⁴⁵

A1.6 Strengthening efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs

The relevant private sector, in conjunction with governments and with international public support, has the potential to be instrumental in ensuring wider access to safe, effective, affordable and quality 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 safe, effective, affordable and quality 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;

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.

⁴⁴ Webster J, Trieu K, Dunford E, Hawkes C. Target salt 2025: a global overview of national programs to encourage the food industry to reduce salt in foods. *Nutrients*. 2014;6(8):3274–87 (<http://www.ncbi.nlm.nih.gov/pubmed/25195640>).

⁴⁵ <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. The main problems derive from the fact that scarce funding is often diverted into expensive technologies required to treat people with complications of NCDs, innovations are often focused on profit and there is inadequate promotion, production and availability of generic medicines. 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 low- and middle-income countries.

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 (for example 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, which in many cases can be perceived as undue influence on health professionals to, among others, prescribe 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 safe, effective and affordable essential medicines and technology for NCD prevention and control.

Annex 2. Prerequisites and considerations for government engagement on NCD prevention and control with the diverse range of private sector entities

In calling on the private sector to contribute to NCD prevention and control, governments need to:⁴⁶

Have clear policy goals for the issue or problem. If these are not already clear a process should be undertaken to determine policy, such as:

- a. clearly define the issue or problem – be specific and detailed in describing the current state;
- b. describe desired outcomes and mutual benefits – clearly articulate the desired future state;
- c. consider and assess potential options to address the problem and achieve the desired outcome, taking a system wide approach, including determining the appropriate type of regulatory approach, and whether incentives for investment or taxation approach may be required. For each option analyse costs, benefits, risks and impacts.

Take a whole-of-government approach to ensure policy coherence, involving all the relevant sectors.

Identify all key stakeholders and potential partners⁴⁷ that have a role to play in the prevention and control of NCDs, such as:

- d. public sector partners (health, education and research);
- e. the wide range of private sector entities (for example industry, industry associations, insurance companies, media, business, supply chain participants);
- f. NGOs, including civil society organizations such as community groups, faith groups;
- g. organizations of trade unions and employers;
- h. philanthropic organizations;
- i. academia.

Assess potential partners, considering the following:

- j. scope of relationship – clarity of purpose, boundaries for private sector involvement;
- k. ethical considerations, including history and behaviour of private sector business (internal policies and practices);
- l. commercial or profit-making interests.

Manage real, perceived or potential conflicts of interest and maintain transparency of interactions with the private sector. Some countries have developed tools to help manage conflict of interest; these may be useful to other countries. Certain actions will support effective management of conflicts of interest, including:

⁴⁶ Without prejudice to ongoing discussions on WHO's engagement with non-State actors, which is still being formulated.

⁴⁷ Noting that the tobacco and arms industries (and front groups for those industries) are excluded by WHO from being partners.

- m. ensuring the need to identify and manage conflicts of interest is well understood and communicated throughout the relevant institutions;
- n. having clear rules on disclosure and managing conflicts of interest for individual officials, particularly those working in the relevant policy area, for example related to payments, gifts and services, and research funding;
- o. putting in place high-level organizational oversight of the process;
- p. ensuring that interactions with the wide range of private sector entities related to achieving the government's public health goals and objectives are transparent and 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.

Develop appropriate arrangements between parties:

- q. consider if formal or informal arrangements and agreements should be developed and implemented, for example legal contracts, memoranda of understanding.

Monitor and evaluate to ensure accountability:

- r. consider how the performance of the relationship and outcomes will be monitored, measured and assessed;
- s. consider if independent agencies such as NGOs and academia could play a role in monitoring and evaluation;
- t. consider tracking inputs, including costs, and processes, outputs, outcomes, and benefits, where these fall.

Annex 3. Alignment of country cases on engagement with the private sector with multiple recommendations from WHO GCM/NCD Working Group

3.1

Note: relevant studies and other source information are provided in footnotes.

Policy area⁴⁸ 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 fats content.

6. Country	7. Who	8. What	9. WG 3.1 recommendations
10. India ⁴⁹	11. Food Safety and Standards Authority of India	12. Regulating intake of trans fats by identifying supply chain solutions to the trans fats intake 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24.	25. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets. 26. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities. 27. R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. 28. R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements. 29. R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.

⁴⁸ 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. In the meeting's Political Declaration, they called on the private sector, where appropriate, to take measures in these five specific policy areas, with a view to strengthening that sector's contribution to NCD prevention and control. Available at http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1.

⁴⁹ Hawkes et al., in UNSCN News, 2013, p. 41–44:
http://www.unscn.org/files/Publications/SCN_News/SCNNEWS40_final_standard_res.pdf.

6. Country	7. Who	8. What	9. WG 3.1 recommendations
30. Norway ⁵⁰	31. Interaction between government, industry and academia	32. Regulation for the reduction of trans fatty acids 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49.	50. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets. 51. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities. 52. R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. 53. R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements. 54. R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.
55. Norway	56. Norwegian Minister of Health and Care Services	57. Reduction in salt content: the Norwegian Salt Partnership and the establishment of a high-level group for healthier choices for consumers, constituted by leaders from the private sector from the major parts of the food supply chain, the Institute of Public Health, in addition to the Norwegian Food Safety Authority, the Directorate of Health	58. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets. 59. R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets. 60. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities. 61. R7: Governments should set a strong regulatory

⁵⁰ Development in the Norwegian diet, 2014 (Norwegian version): <https://helsedirektoratet.no/publikasjoner/utviklingen-i-norsk-kosthol>.

6. Country	7. Who	8. What	9. WG 3.1 recommendations
		and the Norwegian NCD Alliance	<p>framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>62. R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements.</p> <p>63. R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>
64. Costa Rica ⁵¹	65. Ministries of Health and Education	<p>66. Mandatory standards for food available in schools, including restrictions on unhealthy food</p> <p>67.</p> <p>68.</p> <p>69.</p> <p>70.</p> <p>71.</p> <p>72.</p> <p>73.</p> <p>74.</p> <p>75.</p> <p>76.</p> <p>77.</p> <p>78.</p> <p>79.</p> <p>80.</p>	<p>81. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>82. R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>83. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>84. R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>85. R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic</p>

⁵¹ World Research Cancer Fund International: <http://www.wcrf.org/int/policy/nourishing-framework/offer-healthy-foods>.

6. Country	7. Who	8. What	9. WG 3.1 recommendations
			<p>beverages to children.</p> <p>86. R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements.</p> <p>87. R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>
88. Norway ⁵²	89. A cooperation of the Norwegian Directorate of Health and Norwegian Food Safety Authority	<p>90. The Nordic Keyhole labelling scheme, part of a common Nordic labelling regulation for healthier food products in Denmark, Sweden and Norway</p> <p>91.</p> <p>92.</p> <p>93.</p> <p>94.</p> <p>95.</p> <p>96.</p> <p>97.</p> <p>98.</p> <p>99.</p>	<p>100.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>101.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>102.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>103.R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>104.R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements.</p> <p>105.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the</p>

⁵² http://www.nokkelhullsmerket.no/frontpage_en/article418.ece.

6. Country	7. Who	8. What	9. WG 3.1 recommendations
			harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.

106.

Policy area Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies

107. Country	108. Who	109. What	110. WG 3.1 recommendations
111. Norway ⁵³	112. Food and drink industry organizations in collaboration with government sectors: Food and Drink Industry Professional Practices Committee	113. Industry self-regulation on marketing of unhealthy foods towards children 114. 115. 116. 117. 118. 119. 120. 121.	122. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets. 123. R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities. 124. R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets. 125. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities. 126. R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed. 127. R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance. 128. R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of

⁵³ MFU, Food and Drink Industry Professional Practices Committee: <http://www.mfu.as/37532-English>.

107. Country	108. Who	109. What	110. WG 3.1 recommendations
			<p>relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>129.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>
<p>130. Thailand⁵⁴</p>	<p>131. Ministry of Health</p>	<p>132. Self-regulatory codes from the advertising industry</p> <p>133.</p> <p>134.</p> <p>135.</p>	<p>136.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>137.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>138.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>139.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>140.R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>141.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public,</p>

⁵⁴ The PolMark Project, p. 267–70:

http://www.worldobesity.org/site_media/uploads/The_PolMark_Project_Final_Report_Annex_1_FINAL.pdf.

107. Country	108. Who	109. What	110. WG 3.1 recommendations
			<p>private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p> <p>142.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>
<p>143. United States of America⁵⁵</p>	<p>144. Food and beverage companies, coordinated by the Children’s Food and Beverage Advertising Initiative (CFBAI)</p>	<p>145. CFBAI self-regulation</p> <p>146.</p> <p>147.</p> <p>148.</p> <p>149.</p>	<p>150.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>151.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>152.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>153.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>154.R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>155.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>156.R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of</p>

⁵⁵ Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obesity Reviews*. 2013; 14 (12):960–74. doi:10.1111/obr.12060. Epub 2013 Jul 12.

107. Country	108. Who	109. What	110. WG 3.1 recommendations
			<p>relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>157.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>
158. United Kingdom ⁵⁶	159. Media and communications regulator Ofcom	160. Statutory agency regulation 161. 162.	<p>163.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>164.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>165.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>166.R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>167.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>168.R7: Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so</p>

⁵⁶ <https://www.gov.uk/government/publications/the-nutrient-profiling-model>; Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obesity Reviews*. 2013;14(12):960–74. doi:10.1111/obr.12060. Epub 2013 Jul 12.

107. Country	108. Who	109. What	110. WG 3.1 recommendations
			<p>as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.</p> <p>169.R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements.</p> <p>170.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>

171.

Policy area Work towards reducing the use of salt in the food industry in order to lower sodium consumption

172. Country	173. Who	174. What	175. WG 3.1 recommendations
176. Republic of Korea ⁵⁷	177. Korea Center for Less Sodium Campaign	<p>178. Campaign in collaboration with the relevant industry, consumer advocacy groups, medical community, academic community and media</p> <p>179.</p> <p>180.</p>	<p>181.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>182.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>183.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>184.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p>

⁵⁷ <http://www.worldactiononsalt.com/worldaction/asia/>.

172. Country	173. Who	174. What	175. WG 3.1 recommendations
			<p>185.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p> <p>186.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>
187. Finland ⁵⁸	188. Government	<p>189. Comprehensive community-based intervention involving health services, NGOs, industry, media and public policy</p> <p>190.</p> <p>191.</p> <p>192.</p>	<p>193.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>194.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>195.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>196.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>197.R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements</p> <p>198.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the</p>

⁵⁸ http://www.who.int/chp/about/integrated_cd/index2.html.

172. Country	173. Who	174. What	175. WG 3.1 recommendations
			<p>harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p> <p>199.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>
200. Brazil ⁵⁹	201. Brazilian Association of Food Industries (ABIA)	<p>202. The food industry association engaged in setting sodium targets and providing the government with country-specific data to monitor progress</p> <p>203.</p> <p>204.</p> <p>205.</p> <p>206.</p>	<p>207.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>208.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>209.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>210.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>211.R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO guidelines and agreements.</p> <p>212.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p>

⁵⁹ <http://www.abia.org.br/vs/inicio.aspx>.

172. Country	173. Who	174. What	175. WG 3.1 recommendations
			<p>213.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>
<p>214. Australia and New Zealand⁶⁰</p>	<p>215. Unilever, as a member of AWASH (Australian Division of World Action on Salt and Health), working with both governments</p>	<p>216. Unilever’s Global Sodium Reduction Strategy</p> <p>217.</p> <p>218.</p> <p>219.</p> <p>220.</p> <p>221.</p> <p>222.</p> <p>223.</p> <p>224.</p> <p>225.</p> <p>226.</p>	<p>227.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>228.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>229.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>230.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>231.R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>232.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>233.R8: Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans-fat in processed foods, aligned with relevant WHO</p>

⁶⁰ <http://www.heartfoundation.org.nz/programmes-resources/food-industry-and-hospitality/heartsafe/case-studies-resources/case-study-3-unilever>.

172. Country	173. Who	174. What	175. WG 3.1 recommendations
			<p>guidelines and agreements.</p> <p>234.R9: Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.</p> <p>235.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>

236.

237.

Policy area 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

238. Country	239. Who	240. What	241. WG 3.1 recommendations
242. Several countries, mostly high-income ⁶¹	243. Review of 26 studies of effectiveness and economic impact of worksite interventions to promote physical activity and healthy diet	244. Effectiveness of worksite health promotion programmes addressing physical activity and diet 245. 246. 247.	<p>248.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>249.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>250.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>251.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and</p>

⁶¹ Proper K, van Mechelen W. Effectiveness and economic impact of worksite interventions to promote physical activity and healthy diet. Geneva: World Health Organization; 2007. http://www.who.int/dietphysicalactivity/Proper_K.pdf.

238. Country	239. Who	240. What	241. WG 3.1 recommendations
			<p>control from the diverse range of private sector entities.</p> <p>252.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>253.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p> <p>254.R11: Governments should implement a strong regulatory framework to achieve greater coherence for national workplace health initiatives in both the public and private sectors, taking into account existing international obligations to protect workers' health in workplaces.</p>
255. Thailand ⁶²	256. Thai Health Promotion Foundation	<p>257. Health promotion in organizations. The programme combines health promotion, occupational health and human resource management aspects of healthy workplaces</p> <p>258.</p> <p>259.</p>	<p>260.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>261.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>262.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>263.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>264.R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector.</p>

⁶² <http://en.thaihealth.or.th/book/1/10%20Year%20Review%20of%20Thai%20Health%20Promotion%20Foundation/>.

238. Country	239. Who	240. What	241. WG 3.1 recommendations
			265. R11: Governments should implement a strong regulatory framework to achieve greater coherence for national workplace health initiatives in both the public and private sectors, taking into account existing international obligations to protect workers' health in workplaces.
266. United States of America ⁶³	267. National Institute for Occupational Safety and Health (NIOSH) (a part of CDC)	268. Total Worker Health integrates occupational safety and health protection with workplace policies 269. 270. 271.	272. R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities. 273. R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets. 274. R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities. 275. R10: Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health coverage, in both the public and private sector. 276. R11: Governments should implement a strong regulatory framework to achieve greater coherence for national workplace health initiatives in both the public and private sectors, taking into account existing international obligations to protect workers' health in workplaces.

277.

278. **Policy area** Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs

279. Country	280. Who	281. What	282. WG 3.1 Recommendations
283. Forty-six developing countries ⁶⁴	284. International Diabetes Federation	285. Life for a Child in support of children with diabetes 286.	289. R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.

⁶³ <http://www.cdc.gov/niosh/twh/totalhealth.html>.

⁶⁴ Policy brief 3.5; and <http://www.idf.org/lifeforachild/the-programme>.

279. Country	280. Who	281. What	282. WG 3.1 Recommendations
		<p>287.</p> <p>288.</p>	<p>290.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>291.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>292.R5: Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>293.R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>294.R12: Governments should recognize that a wide range of private sector entities are important stakeholders for the supply of essential medicines and technologies in public and private sectors, and should engage with them to ensure that safe, effective and affordable products are available on a sustainable basis as well as availability of data on market share to support planning and service delivery.</p> <p>295.R13: Governments should actively explore opportunities through public-private partnerships to increase access to safe, effective and affordable essential NCD medicines and health technologies to support achievement of the targets of the NCD Global Action Plan and contribute to universal health coverage.</p>
296. India ⁶⁵	297. Sawai Man Singh Hospital in Rajasthan	<p>298. Public-private partnership: build, install and run a linear accelerator treatment centre</p> <p>299.</p> <p>300.</p>	<p>301.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>302.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector</p>

⁶⁵ Policy brief 3.5; and <http://healthmarketinnovations.org/program/linear-accelerator-centre-radiation-oncology-treatment>.

279. Country	280. Who	281. What	282. WG 3.1 Recommendations
			<p>entities.</p> <p>303.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>304.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>305.R12: Governments should recognize that a wide range of private sector entities are important stakeholders for the supply of essential medicines and technologies in public and private sectors, and should engage with them to ensure that safe, effective and affordable products are available on a sustainable basis as well as availability of data on market share to support planning and service delivery.</p> <p>306.R13: Governments should actively explore opportunities through public-private partnerships to increase access to safe, effective and affordable essential NCD medicines and health technologies to support achievement of the targets of the NCD Global Action Plan and contribute to universal health coverage.</p>
<p>307. Various African countries⁶⁶</p>	<p>308. African Medicines Regulatory Harmonization Programme (AMRH)</p>	<p>309. Harmonization of medicines regulations, improving access to safe, quality and affordable medical products and technologies</p> <p>310.</p> <p>311.</p> <p>312.</p> <p>313.</p> <p>314.</p> <p>315.</p> <p>316.</p>	<p>317.R1: Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.</p> <p>318.R2: Governments should establish a multistakeholder platform for engagement on, and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.</p> <p>319.R3: Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.</p> <p>320.R4: Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.</p> <p>321.R5: Heads of State and Government must protect their</p>

⁶⁶ <http://amrh.org/classifieds/strategic-plan>.

279. Country	280. Who	281. What	282. WG 3.1 Recommendations
			<p>national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.</p> <p>322. R6: Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.</p> <p>323. R12: Governments should recognize that a wide range of private sector entities are important stakeholders for the supply of essential medicines and technologies in public and private sectors, and should engage with them to ensure that safe, effective and affordable products are available on a sustainable basis as well as availability of data on market share to support planning and service delivery.</p> <p>324. R13: Governments should actively explore opportunities through public-private partnerships to increase access to safe, effective and affordable essential NCD medicines and health technologies to support achievement of the targets of the NCD Global Action Plan and contribute to universal health coverage.</p>

325.

326.

Country case study with a cross-cutting approach

Policy area Multistakeholder platform for engagement on, and implementation, monitoring and evaluation of, NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities

327. Country	328. Who	329. What	330. WG 3.1 recommendations
331. Caribbean Community (CARICOM) countries⁶⁷	<p>332. Healthy Caribbean Coalition (HCC)</p> <p>333. The Caribbean private sector response to NCDs: a situational analysis and framework for action</p>	334. A regional NCD network of civil society organizations engaged in the prevention and control of NCDs: advocacy, communication, capacity-building, health education and health literacy (over 60 CARICOM health NGOs and 65 not-for-profit organizations)	335. Alignment with all Working Group 3.1 recommendations

⁶⁷ <http://www.healthycaribbean.org/>.

Annex 4. The diverse range of private sector entities and their potential contributions to NCD prevention and control

The material in this annex is drawn from: Bauer K, Boles O, Stibbe D. An “all of society” approach involving business to tackle the rise in non-communicable diseases (NCDs). In: Commonwealth Health Ministers’ Update 2010, pp. 137–48. London: Commonwealth Secretariat; 2010. <http://archives.enap.ca/bibliotheques/2010/06/030110842.pdf>.

Table 1: An illustration of what the public and private sectors and civil society in general can bring to collaborative action
<p><u>In general, the public sector (government, public health/education institutions, etc) brings:</u></p> <ul style="list-style-type: none">◆ Power of the individual ministries. Government can build plans for action against NCDs into its strategic planning across its ministries including urban planning, agriculture, education, sports.◆ Regulation and taxation. Government can use regulation and taxation to mandate, encourage or reward changes in markets and in individuals’ health/lifestyle choices.◆ Public finance budget. Government can allocate funding towards partnership initiatives.◆ Public health system. Government brings its public health system with its technical expertise and its infrastructure for healthcare provision.◆ Democratic legitimacy. Government involvement/endorsement provides democratic legitimacy to policies and decision-making processes that impact on public health. <p><u>The private sector (involving various industries) brings:</u></p> <ul style="list-style-type: none">◆ Products. Companies are ultimately responsible for the formulation of the food products they produce and can adjust or develop new products.◆ Supply infrastructure. In all but a handful of countries, business controls the entire supply chain infrastructure from farmers’ fields to supermarkets.◆ Reach and access. Companies have tremendous reach through their marketing, through the process of shopping and through the products themselves into every household in the country. Such reach can be used, e.g. in education campaigns.◆ Brand. Companies can use the social capital of their ‘cool’ brands to influence people’s behaviour.◆ Technical knowledge and capacity. Companies bring technical knowledge/capacity in a range of relevant areas from the formulation of food products to marketing know-how.◆ Market-based approach. Companies are in the best position to create long-term economically sustainable action by building new products, new markets and new viable businesses around healthy food and physical activity and in the provision of care to chronically ill people. <p><u>Civil society (NGOs, community groups, faith groups, etc) brings:</u></p> <ul style="list-style-type: none">◆ Technical knowledge, experience and capacity. Medical NGOs bring specific technical medical knowledge, their experiences in educating people on medical issues and their capacity in providing healthcare. Other civil society organisations may bring specific relevant experiences such as running sports events.◆ Local knowledge. Community-based organisations can bring a real understanding of local needs, behaviours and traditions in order to adapt programmes to the local context.◆ Connections and social capital. Civil society organisations of all kinds have their own constituencies of influence and considerable social capital (for example within the communities in which they operate), which can be used to help effect behavioural change.◆ Legitimacy. In some countries, civil society organisations are considerably more trusted than either government or business and can help to bring legitimacy to a partnership.

Core business operations and value chain

Creating positive shared value by mobilizing the innovative technologies, processes, products and skills of the private sector to help achieve international goals. At a minimum, companies should aim to minimize any negative impacts by internalizing international principles, codes and industry standards into core business activities. Through partnership, companies can go much further.

Workplace (employers, employees and supply chain)

- ▶ Embedding occupational health, safety and wellness in the company's culture and align the goals of workplace health with business strategy.
- ▶ Assessing the health risks of employees.
- ▶ Developing workplace health programmes to create a favourable environment for protection of occupational health (risk assessment and mitigation, engineering controls, safety measures, healthy work practices and work organization, stress management) and to reinforce personal behaviour change (e.g. implementing workplace exercise facilities, incentives for behaviour change, no smoking workplace, healthy food in canteens, lifestyle education, screening to identify high risk employees for intervention etc.).
- ▶ Demonstrating ways employers can help improve the health and safety of staff and their families.
- ▶ Promoting commitment and active leadership of senior management in workplace health initiatives.
- ▶ Establishing evaluation and monitoring programmes to measure change, outcomes, and financial impact.



Market place

- ▶ Investing in process, product and service innovation.
- ▶ Implement measures for responsible marketing to children.
- ▶ Undertaking health and nutrition-related marketing, advertising and consumer education.
- ▶ Reinforcing positive health messages.
- ▶ Improved consumer information.
- ▶ Undertaking health and nutrition education and public campaigns.
- ▶ Developing and transferring technology to improve food productivity and quality.
- ▶ Building physical and institutional infrastructure.
- ▶ Improving food and agricultural trade policy.

Social investments and philanthropic contributions: Partner with NGOs, governments, donors, employers, trade unions, social entrepreneurs and community organizations to enhance health and wellness programmes by:

- ▶ Supporting education, training, occupational health and safety, nutrition, water, energy, environmental (e.g. to limit air pollution/traffic) and enterprise development projects.
- ▶ Building the managerial and technical capacity of community leaders and civil society groups.
- ▶ Encouraging participation and empowerment of women, workers etc..
- ▶ Training local health specialists.
- ▶ Developing awareness raising programmes; driving local public health initiatives.
- ▶ Developing a social investment fund for research and innovation/investing in universities and research institutes to support multi-disciplinary research in the related areas of nutrition, health, safety, etc.

Public advocacy policy dialogue and institution strengthening: Engagement in advocacy, public policy dialogue, joint regulation, and efforts to build or strengthen public institutions and administrative. Examples include:

- ▶ Build industry-wide alliances – to mobilize and leverage business leadership, resources and influence.
- ▶ Participate in multi-sectoral action on solutions to nutrition literacy, physical activity and occupational health, to influence the enabling environment and support systemic change at a local, national and international level.
- ▶ Strengthen public institutions and health systems through capacity building and educational campaigns.
- ▶ Promote voluntary initiatives to promote transparency of regulations.
- ▶ Engage in policy dialogue to advocate for greater commitment to the production, distribution and consumption of nutritious food.
- ▶ Partner with government to develop educational curricula around health issues

Annex 5. Resolutions adopted by the World Health Assembly and the United Nations General Assembly that are relevant to the work of the WHO GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs

World Health Assembly

2004 WHO Global Strategy on Diet, Physical Activity and Health (DPAS)

The WHO Global Strategy on Diet, Physical Activity and Health was endorsed in 2004 by the World Health Assembly. It includes many recommendations on how governments should engage with the private sector to promote healthy diets, physical activity and health. Available at http://apps.who.int/gb/archive/pdf_files/WHA57/A57_9-en.pdf, starts on page 7 of document A57/9.

Resolution WHA57.17, which endorsed the WHO Global Strategy on Diet, Physical Activity and Health, urged Member States to take eight specific actions. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R1-en-res.pdf, starts on page 38.

2007 WHO Workers' health: draft global plan of action

WHA Resolution 60/20: Workers' health: global plan of action. The resolution urges Member States to “ensure collaboration and concerted action by all national health programmes relevant to workers' health, such as those dealing with prevention of occupational diseases and injuries, communicable and chronic diseases, health promotion, mental health, environmental health, and health systems development”, and to “encourage development of comprehensive health and non-health strategies to ensure reintegration of sick and injured workers into the mainstream of society, in coordination with different government and nongovernmental organizations”. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_20-en.pdf and at http://www.who.int/occupational_health/publications/global_plan/en/. See especially paragraph 11, elimination of second-hand tobacco smoke from all indoor workplaces; paragraph 13, healthy work practice and work culture; paragraph 14, health promotion and NCDs.

2010 WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children

The set of recommendations was adopted by the World Health Assembly in 2010. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_12-en.pdf, on page 9 of document A63/12.

Resolution WHA63.14 endorsed the set of recommendations and urged Member States to take five specific actions. Available on page 24 of http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf.

2010 WHO Global Strategy to Reduce the Harmful Use of Alcohol

The WHO Global Strategy to Reduce the Harmful Use of Alcohol includes actions for governments to engage economic operators in efforts to reduce the harmful use of alcohol. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_13-en.pdf.

Resolution WHA63.13, which endorsed the Global Strategy to Reduce the Harmful Use of Alcohol, urged Member States to take four specific actions. Available on page 23 of http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf.

2013 WHO Global NCD Action Plan 2013–2020

The WHO Global NCD Action Plan 2013–2020 was adopted by the World Health Assembly and includes recommended actions for the private sector. Available at http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf.

Resolution WHA66.10 endorsed the Global Action Plan and urged Member States to take action in 10 areas. Available on page 16 of http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC1/A66_REC1-en.pdf#page=25.

United Nations General Assembly

2011 United Nations Political Declaration on NCDs and 2014 United Nations Outcome Document on NCDs

The 2011 United Nations Political Declaration on NCDs includes a roadmap of commitments from governments, including a commitment to engage with the private sector (paragraph 44). Available at http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1.

In 2013, WHO submitted a progress report to the United Nations General Assembly on NCDs, which includes results achieved by the private sector. Available at http://www.un.org/ga/search/view_doc.asp?symbol=a%2F68%2F650&Submit=Search&Lang=E.

The 2014 United Nations Outcome Document includes four time-bound commitments that governments will implement in 2015 and 2016. Available at <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>.

An overview of the commitments made by governments in 2011 and 2014 is available in the table starting on page 8 of <http://www.who.int/nmh/events/2015/technical-note-appendix-en.pdf?ua=1>.

2015 Addis Ababa Action Agenda

The Addis Ababa Action Agenda (United Nations General Assembly resolution A/RES/69/313) sets the parameters for financing the 2030 Agenda for Sustainable Development. It includes actions for the private sector, and actions for governments to engage with the private sector. It is available at http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf.

2030 Agenda for Sustainable Development

The United Nations Sustainable Development Summit, 25–27 September 2015, adopted the 2030 Agenda for Sustainable Development, which includes NCD-related targets as part of the Sustainable Development Goals. Available at

<https://sustainabledevelopment.un.org/content/documents/7891Transforming%20Our%20World.pdf>.