

**GSO 2012 Colloquium Series on  
Non-Communicable Diseases  
Lessons Learned from a Collaborative  
Multi-Stakeholder and Multi-Sectoral  
Approach**

**Final Report  
December 2012**



**Global Social Observatory**

Geneva, Switzerland [www.gsogeneva.ch](http://www.gsogeneva.ch)



## **Preface**

The Global Social Observatory is a participatory forum whose success depends on the active participation of all interested parties. The GSO hosted a Roundtable Series of Inter-Active Dialogues on Non-Communicable Diseases in 2011 and an in-depth Colloquium Series of Inter-Active Dialogues on specific challenges involving NCDs in 2012. We are pleased to present this overview report on the continuing interest among participants and the lessons we have all learned from these inter-active dialogues. The format for GSO events typically included plenary sessions with keynote speakers or lead discussants to stimulate thinking, followed by informal and interactive “*café politique*” sessions where all participants had the opportunity to express their views and ideas on specific questions or issues. The impressive turnout of individuals from diverse backgrounds and interests has been the backbone of the successful outcome of the Colloquium Series. As an appendix to this report, we include a list of the organizations from which individual representatives have participated in the Colloquium Series. The list illustrates the diversity of the stakeholder groupings that have engaged in the interactive dialogues. Individuals did not officially represent their organizations in this forum. However, the diversity of their backgrounds and perspectives provided the richness of the inter-active experience.

The GSO benefited from the continued planning efforts of the Working Group on NCDs, which met weekly. We express our deepest thanks to these dedicated volunteers. The Working Group participants included Martin Bernhardt, Linda Carrier-Walker, Ralph Doggett, Julian Fisher, Anne Heughan, Maria-Paolo Lia, Ann Lindsay, Mireille Quirina, Amandine Roux and Julia Seyer. All of them were instrumental not only in planning but also in facilitating the interactive dialogues in the Series.

In addition, the GSO received project grants and in-kind contributions from several sponsors for the Colloquium Series, as well as for the 2011 Roundtable Series on NCDs that preceded it. We wish to express our thanks to the following sponsors in particular: Medtronic, Sanofi, Eli Lilly, Unilever, Novo Nordisk and Pfizer. We also thank Hagen Resources International for extensive in-kind support by making available meeting facilities and providing a variety of office supply, equipment and support staff contributions.

Finally, we benefited from the expertise of a wide variety of lead discussants and keynote speakers at each of the events in the Roundtable and Colloquium Series. We wish to recognize their constructive role in introducing the topics, identifying new perspectives and stimulating the inter-active sessions. We include their names and affiliations in another appendix to this report. They served us well as they stimulated participants to engage in interactive sessions and to share their views and ideas for collaborative multi-stakeholder and multi-sectoral action.



## Final Report for the 2012 GSO Colloquium Series on Non-Communicable Diseases:

# Lessons Learned from a Collaborative Multi-Stakeholder and Multi-Sectoral Approach

The Global Social Observatory hosted a 2012 Colloquium Series on Non-Communicable Diseases to enhance understanding on a collaborative multi-stakeholder and multi-sectoral approach to NCD prevention, treatment and care. The Series consisted of five Colloquium Events throughout the year and culminated in the development of a framework for a plan of action on multi-stakeholder and multi-sectoral collaboration. With slight variations for each event, the Series included plenary sessions for keynote speakers and lead discussants to stimulate thinking, followed by informal and interactive “café politique” sessions where all participants had the opportunity to express their views and ideas on specific questions or issues. We present the outcome of the Colloquium Series in terms of six lessons learned, as described below:

- The multi-stakeholder approach is an umbrella for meaningful dialogue
- Perceptions of conflict of interest must be dealt with through an inclusive approach
- Multi-stakeholder collaboration requires everyone to operate beyond their respective roles
- People-centered care is the starting point for a systemic social and health care approach to NCDs
- A life-course approach integrates healthy lifestyles with prevention, treatment and care and further reinforces the need for a multi-sectoral and multi-stakeholder approach.
- The issue of equitable access to prevention, treatment and care requires a central role for governments.

Each lesson highlights a key area for implementing the multi-stakeholder and multi-sectoral approach to NCDs. This report consists of a commentary on each of the six lessons and a set of recommendations for next steps.

The report does not include an elaboration of why NCDs are so important for global collaboration and action. We urge readers to consult reports prepared and distributed by the World Health Organization for these details. We commend the rationale for mobilizing awareness and action on NCDs in their comprehensive reports.<sup>1</sup> The call to action from the WHO is further reflected in the Political Declaration on the Prevention, Treatment and Control of NCDs adopted by the United Nations General Assembly in September 2011.<sup>2</sup> We all share the concern about the growing incidence of premature mortality and morbidity from cancer, cardiovascular diseases, respiratory diseases and diabetes among people in both



developed and developing countries that has been so well documented in these reports. The GSO has also embraced the importance of including mental health and its linkages to these NCDs in the collaborative approach. We also appreciate the growing costs for the chronic control and care of these diseases and the challenges of ensuring access to treatment and care among people with limited resources, whether in developed, or especially, in developing countries.

The role of the World Health Organization is instrumental in providing the global leadership for the NCD campaign, and the GSO Colloquium Series has been a complementary exercise for enhancing the understanding about multi-stakeholder and multi-sectoral collaboration in support of the WHO's leadership role. To that end, the GSO Colloquium Series has produced four statements in response to the consultative opportunities provided by the WHO on NCD prevention, treatment and control. These statements are included as annexes to this report.

Following the commentary on the six lessons learned from the Colloquium Series, the report concludes with recommendations for taking the next steps. The six lessons are a framework for an action plan on multi-stakeholder and multi-sectoral collaboration for the prevention, treatment, control and care of NCDs. The recommendations in the concluding section are intended to encourage and promote better understanding for multi-stakeholder and multi-sectoral collaboration and action on NCDs.

## **The multi-stakeholder approach is an umbrella for meaningful dialogue**

The GSO has operated as a magnet to draw people from multiple stakeholder groups returning time and again thereby building on the trust of a shared experience for a continuing conversation in an open forum. The first lesson from this experience is that the very nature of inclusive multi-stakeholder dialogue in a neutral setting creates a unique dynamic. The GSO events have served as a colloquium to stimulate thinking, develop common understandings and articulate opportunities for multi-stakeholder collaboration. The presumption within the GSO setting is that a multi-stakeholder dialogue that includes all different categories of private sector groupings, NGO groupings, governments and international organizations connects people together for the kind of understanding, and opportunities for collaboration or action, that can't be realized by these groupings separately.

We are pleased to report the continuing draw of multiple stakeholder groupings, first to the series of three roundtables on NCDs that were held in 2011 and more recently to the five GSO Colloquium Events in 2012 to focus on specific aspects of the NCD challenge. Participants have wished to emphasize the positive benefits of this unique global forum where all sectors can meet, build trust and achieve a multi-dimensional way of thinking. It is a forum that is conducive to appreciating how inter-dependent the issues involving NCDs actually are.



We have prepared a list (included as an appendix to this report) of the organizations with which GSO Roundtable and Colloquium participants were associated. We have also prepared a list of the sponsors who helped make the GSO events possible. In neither case, be they participants or sponsors, does the association imply any official representation. No one in the series was held to account for any official positions; and all sponsors were treated as any other participant in the discussions. The interpretation of the outcome of the series is entirely that of the GSO. Nonetheless, the first and foremost lesson from the GSO experience is that multi-dimensional engagement among sectors and stakeholders creates the environment for all parties to appreciate the inter-dependent nature of the problem-solving on the issues involving NCDs.

### **Perceptions of conflict of interest must be dealt with through an inclusive approach**

Throughout the Roundtable and Colloquium Series and observed as a dilemma in public policy settings, we have been addressing the issue of perceived conflicts of interest among certain stakeholder groups. Our second lesson is that these perceptions of conflict of interest must be dealt with through an inclusive approach. Mostly there seems to be a difference of opinion about the appropriateness of including private sector stakeholder groupings, particularly those whose commercial expertise and markets are in the food and beverage sector, in any policy-related deliberations regarding public health concerns. Opponents argue that these private sector groupings and the individual food and beverage companies have a commercial interest in selling products that are harmful to people's health and that they should therefore be kept out of any collaborative activity, while defenders of their involvement argue that these are the very groupings with the expertise and knowledge of markets and products that are needed to change people's consumption patterns for the better. What is more, they are the industries that are producing healthy products as well. The GSO has opted to include participants from the food and beverage industry in Colloquium dialogues.

Participants in GSO events have also included individuals associated with pharmaceutical and health technologies companies and associations, as well as health professional associations, all of which are integral to delivering health care products and services. Other private sector participants are associated with other aspects of enhancing wellness and healthy lifestyles, such as the sporting goods, sports and fitness industries. Furthermore, the GSO has welcomed private sector engagement in general for the benefit of the underlying importance of the workplace setting, for occupational safety and health as well as wellness and healthy lifestyles generally. The GSO has been open to all groups, including participants associated with civil society organizations, academia, governments and international organizations. It should be noted, however, that participants in GSO events have not included individuals associated with the tobacco industry.



In public policy settings, we see the debate unfolding with movement towards a distinction for private sector engagement between actual policy deliberations and other non-policy collaborations. For the GSO, on the other hand, we stand by the conviction that all stakeholder groupings (with the exception of the tobacco industry) should be invited to participate in the kind of informal dialogue that the GSO promotes, even where that dialogue is directed to expressions of policy recommendations. It is understood that all participants accept the presence of all others who choose to participate in GSO events.

The conflict of interest issue was raised in the early events of the GSO Roundtable series in April and June 2011 but was especially highlighted in the negotiations leading to the UN Political Declaration on the Prevention and Control of NCDs that was adopted by the UN General Assembly in September 2011. It therefore influenced the deliberations in the third GSO Roundtable Event in November 2011, when participants concluded that a formal GSO statement on conflict of interest was needed. Starting with the Launch Event for the Colloquium Series in January 2012, the participants articulated how they wanted to handle this issue and drafted a guiding statement for multi-stakeholder and multi-sectoral collaboration. They agreed that principles of engagement should be drawn up to manage conflicts and make collaborative partnerships work effectively. Furthermore, the approach for reaching agreement on such principles should be a constructive approach emphasizing shared values and transparency among sectors. The GSO was also encouraged to recognize where stakeholders are already collaborating based on aligned interests and to promote greater awareness of these initiatives.

The GSO Management Committee responded to the recommendations from the Colloquium Series by researching and drafting a statement of principles. The exercise was understood to elaborate on the existing commitments for openness and inclusiveness in the mission and objectives of the GSO statutes. Following preliminary discussions in two earlier meetings in February and May 2012, the GSO Management Committee subsequently approved a Statement of Principles for Membership and Engagement in September 2012. These principles are consistent with and provide more detailed elaboration on the mission and objectives of the GSO. They reaffirm the commitment of the GSO to include all stakeholders and to apply common expectations of transparency to all participating individuals regardless of the stakeholder group with which they are or might be associated.

As participants in the Colloquium Series themselves agreed, there should be no presumption of a conflict of interest for any particular group prior to their inclusion, and the same standards regarding any potential conflict of interest going forward should be applicable to all participating groups. What is more, alignments of interests are important for collaboration, but divergence does not necessarily mean there is a conflict of interest. Building trust is needed among all stakeholders, including among different governmental sectors where the public policy priorities may be inconsistent or even contradictory. The participatory approach requires introducing a process for addressing conflicts if and when they arise but not blocking anyone from participating in advance. This approach was applied throughout the Roundtable and Colloquium Series, and the inclusion of diverse stakeholder groupings has served to reinforce the trust-building nature of this approach.



## **Multi-stakeholder collaboration requires everyone to operate beyond their respective roles**

At the beginning of the Series, the emphasis was on building trust through transparency and openness of different perspectives. Participants continued to see this as a foundation for collaboration but then moved on to identify areas where cross-cutting collaboration should be encouraged. The learning process involved a growing recognition among the participants that collaboration meant more than individual groups joining together. Thus, the third lesson from the Colloquium Series is that multi-stakeholder collaboration requires everyone to operate beyond their respective roles.

By way of background, the Colloquium Series started with a web-based survey that identified five priority areas for multi-stakeholder collaboration:

1. Linkages should be encouraged among governments, the private sector and NGOs to fill the gaps in NCD prevention and control;
2. Issues, challenges and perspectives on managing obesity as a risk factor should be addressed;
3. The role of workplace engagement in NCD prevention and control should be highlighted;
4. Empowering people to better manage their health conditions needs to be better understood and implemented; and
5. Broadening access to prevention, treatment and care is urgently needed.

The merits for linkages among the main stakeholder groupings to address these priority areas stimulated lively proposals throughout the Series. Participants repeatedly emphasized that inclusiveness was crucial since excluding stakeholders simply created significant barriers for collaboration. But this was only the starting point. Taking this from a slightly different perspective, the participants also recognized that the benefits of sharing science and knowledge and especially the linkages that are needed for transforming communities for healthy living require reaching beyond our individual stakeholder roles. Working collaboratively across sectors brings us to appreciate wellness strategies in the schools, in our communities, in our workplaces and in our health care systems. It also requires choosing the right platform for inclusiveness and even to attract sectors that might not otherwise be involved.<sup>3</sup>

Multi-sectoral and multi-stakeholder collaboration to address obesity as well as the other major risk factors associated with NCDs was featured in the Colloquium Series, as was the role of workplace engagement. The focus went beyond the idea of collaboration on each of these risk factors to look at the kinds of settings where multi-stakeholder collaboration could help to change behaviors and create opportunities for healthy lifestyles. By looking at different parts of everyone's life, be it education or workplace or primary health care or community services, there are opportunities for multi-stakeholder collaboration. This is where one can fill the gaps of NCD prevention, treatment and control – through such things as collaboration on integrating a healthy schools strategy, schools as a social hub and integrated health and safety curricula and practices, or through business sitting down with health



professionals and NGOs and extending healthy workplace practices into communities, or primary health care emphasizing wellness with links to families and communities and enhanced information flows about healthy living choices. Early on, we captured these messages in the form of posters portraying the human dimensions of these multi-stakeholder opportunities, and they served to inspire further reflection on the importance of reaching beyond defined stakeholder roles to promote a different paradigm for multi-stakeholder collaboration.

Throughout the Series, we were also grappling with the challenges of how to elevate awareness and action on physical inactivity as a major risk factor contributing to NCDs. Even with our recognition that this was only one of the four major risk factors, we continued to be sensitive to how easily this factor is overlooked. We agreed that we should be especially focused on encouraging collaboration to mobilize multi-stakeholder engagement for increasing or instilling a regular habit of greater physical activity for those of us who are not otherwise physically active in our daily lives. So especially on this matter of the desirability of stimulating physical activity for wellness and NCD prevention we saw the merits of reaching beyond our respective roles. This focus in fact helped the participants to articulate the inter-dependence of multi-stakeholder collaboration and the lesson that this requires us all to reach beyond our specific stakeholder roles.

### **People-centered care is the starting point for a systemic social and health care approach to NCDs**

A fourth lesson from the Colloquium Series was the significance of people-centered care as a starting point for a systemic and integrated social and health care approach to NCDs. We were reminded to think about health care delivery from the bottom up, that is to start by ascertaining what the local community has to offer in terms of solutions, strengths, and sustainability. Communities themselves have a lot to offer and no one should go in with fixed ideas. We should not try to solve their problems with outside expertise without learning what kind of local knowledge they already have. Beyond that, however, participants in the interactive sessions agreed that health systems should be user friendly, community-based and patient-centered.

The discussions led to the endorsement of a central message for the Colloquium Series in favoring an integrated social and health care approach that is patient-centered, as opposed to the existing prevalence in many health care systems of a disease-centered approach to health care delivery. The debate between a disease-centered approach and a patient-centered approach continued to evolve throughout the Series. This led to the endorsement of a systemic social and health care approach where people as individuals are the center of the model but where there is also a systemic approach to the social, environmental and health care circumstances to ensure overall prevention, treatment and care. Participants in the Colloquium Series also embraced the idea of building on existing platforms, while refocusing the health care system towards the establishment of integrated services; both vertically up through more specialized care and horizontally through linkages to community-based and social services.





## **A life-course approach integrates healthy lifestyles with prevention, treatment and care and further reinforces the need for a multi-sectoral and multi-stakeholder approach**

Throughout the discussions, Colloquium participants have emphasized a life-course approach that integrates healthy lifestyles as part of a continuum of prevention, treatment and care. Such a systemic life course approach to care includes an appreciation for healthy lifestyles and wellness strategies, control of risk factors, early interventions, patient-centered treatment and care, and palliative care. The fifth lesson from the Series is that the life-course approach further reinforces the need for a multi-sectoral and multi-stakeholder approach to NCDs.

Within the health care system, participants recognized that the orientation and communications skills of health care providers need to be developed to accommodate this new paradigm for a systemic life-course approach. One idea was that health “coaches” could help manage patient and family empowerment and commitment. Health cards and other monitoring instruments are also consistent with a policy providing incentives for lifestyle changes that many need to learn in this lifelong approach to people-centered care.

Beyond the health care system, people and patient self-accountability and empowerment are also important for this life-course approach. Information about wellness, about good nutrition, physical activity and the avoidance of tobacco and control of alcohol all require a collaborative approach involving families, communities and other stakeholders. In addition, both schools and workplaces need to support the performance of an effective life-course approach. The multi-stakeholder concept should lead to actual action with different partners working together for better patient and person-centered outcomes. But all stakeholders should actively engage with others and beyond their respective roles to support comprehensive and integrated strategies to connect to the life-course approach.

The merits of a life-course approach were further reinforced as participants came to appreciate the common concerns about NCDs in both developed and developing countries. We had the benefit of presentations from the Health Minister of Jamaica and others with experiences in developing countries (including Aruba, Kenya, Nigeria, Pakistan, Trinidad & Tobago) to bring home the key message that NCDs are a universal challenge, confronting developed and developing countries alike. We learned about the cost-effectiveness of screening as part of prevention, especially for many types of cancer; we learned about integrating different levels of health care for coherence and patient-oriented control; and perhaps most importantly, we learned about the importance of incorporating mental health into integrated health care.

We were reminded that mental health has both serious implications in its own right and in the interplay with the other NCDs. These implications are evident in both developed and developing countries. Among the projections we discussed in the Series was data showing that the growing prevalence of depression has the potential to become the largest NCD by 2030. The GSO has continued to embrace



the importance of multi-stakeholder collaboration through an integrated life-course approach that includes mental health as part of the prevention, treatment and control of NCDs.

In conclusion, the main GSO message here is that engagement at all levels is necessary for this life course approach, with a scale-up of innovative projects and models. It would be useful for governments to establish a multi-sectoral and multi-stakeholder technical working group to help determine current status and what needs to be done in the context of this broad holistic approach to NCDs. This brings us to our sixth lesson from the Colloquium Series, on the central role of governments to ensure the equitable access to prevention, treatment and care.

### **The issue of equitable access to prevention, treatment and care requires a central role for governments**

The Colloquium Series has featured an ongoing discussion about the importance of ensuring equitable access to prevention, treatment and care for NCDs that are becoming so widespread and for which long-term and costly interventions are increasingly required. As participants moved further into the discussions regarding equitable access to the necessities of prevention, treatment and care, to the issue of affordability of medicines and ensuring equitable access to a regular supply of high quality medicines, they came up with the assertion that equitable access to health care is a human right. While this is certainly not a new idea, the line of thinking evolved through the discussions in the Colloquium Series to add an important dimension to the multi-stakeholder and multi-sectoral approach. Participants concluded that to make this happen, to realize or achieve health care as a human right, we need to mobilize a strong political commitment from our governments at all levels in support of multi-sectoral and multi-stakeholder cooperation. We need to ensure resources, including financing and information, a monitoring feedback system, and organization with strong leadership and integrated planning, financing and delivery. While innovative models with information from academia, business, industry and NGOs should be developed, however, the matter of health or health care as a human right is the central role of governments.

In coming around to citing a central role for governments, participants recognized that the purpose of the Colloquium Series is not necessarily to prescribe how governments should be implementing their responsibilities (other than to reaffirm that health care as a human right is a governmental role). Universal coverage has different meanings in different countries and must also be sustainable. Governmental policies and regulations should be part of an integrated framework for action, including systemic mobilization of resources that may include resources from non-governmental and private sources.

We returned at our concluding Colloquium Event to an enriched appreciation for the meaning of our priority task regarding the linkages between governments, the private sector, NGOs and all other stakeholder groups to fill the gaps in NCD prevention and control. Our discussions had led to new thinking about inclusiveness and avenues for different stakeholders including NGOs and the private sector



to join together with governments in multi-stakeholder collaboration on NCDs. We highlighted how important it was for these stakeholders to be engaged in collaborative approaches with governments, even as we also included people associated with governments in our interactive dialogues.

Participants sought to complete the picture by additionally affirming that governments need to deliver a common agenda for all ministers to address the inter-related issues of mobility, food markets, and other aspects of prevention and integrated policies to take into account the broader determinants for health. Health care should be a continuum starting with community-based caregivers who might not be professionals and who link health care with the complementary social approach for health and wellness. Governments also need to ensure that treatment reaches those who need it, including groups that are often excluded, such as migrants.

## **Looking to the Future**

The fight against NCDs is a truly shared commitment to action calling for a mapping of existing mechanisms and structures for multi-stakeholder and multi-sectoral collaboration. Collaborative networks and multi-stakeholder approaches are critical, with governments still playing a central role in spearheading systemic change and coordinating projects in this new paradigm. Similarly, at the global level, the World Health Organization is central to the coordination among national governments and regional and international organizations. Within that context, the GSO Colloquium Series has helped to identify how multi-stakeholder and multi-sectoral collaboration requires the engagement of all parties. The participants in the Colloquium Series have welcomed this opportunity for ongoing discussions and enhanced understanding.

Participants also engaged in a further interactive dialogue about the next steps for the GSO Colloquium Series on NCDs. There was a high degree of enthusiasm for the interactive opportunities in the Colloquium Series, and interest was even expressed for an ongoing interactive dialogue to develop ideas and not just an occasional colloquium event. Continuity was especially needed in the building process, said the participants, in order to achieve increased understanding about how to promote multi-stakeholder and multi-sectoral action on NCDs. The ramifications are evident in the lessons learned from the Colloquium Series, and additional learning would be welcome on how to apply multi-stakeholder and multi-sectoral engagement on person-centered care, on a systemic social and health care approach, on a life-course approach and on ensuring equitable access to prevention, treatment and care.

Participants have also discussed the merits of a “meaningful and cohesive global mechanism” based on a common language to produce a global plan and a common communication strategy among stakeholders. Some have even favored the idea of a new global public health framework that incorporates regulation on NCD prevention, treatment and care. These are among the approaches to multi-stakeholder and multi-sectoral collaboration on NCDs that a continuing exploration of opportunities might consider in further depth. The Colloquium Series has raised our awareness about the importance of such engagement, and



the next steps should be to probe the meaning of this kind of engagement in the specific areas that have been highlighted in this Series.

## **Key Contacts**

Katherine Hagen, GSO Executive Director and Project Manager for the GSO NCD Series

Telephone (cell): +41 78 866 8485      Email: [khagen@gsogeneva.ch](mailto:khagen@gsogeneva.ch)

Deborah Vorhies, President, Global Social Observatory

Telephone (cell): +41 79 749 3589      Email: [dvorhies@ictsd.ch](mailto:dvorhies@ictsd.ch)

## **Appendices**

1. Keynote Speakers and Lead Discussants
2. Organizational Affiliations of Participants in One or More GSO Roundtable or Colloquium Events
3. The Role of Multi-Stakeholder and Multi-Sectoral Collaboration on the Prevention and Control of Non-Communicable Diseases
4. Commentary in response to the WHO discussion papers on options for multi-sectoral action on NCDs through effective partnership
5. Views from the GSO Colloquium Series on Non-Communicable Diseases: WHO Discussion Paper on the Development of the 2013-2020 Global NCD Action Plan 7 September 2012
6. Views from the GSO Colloquium Series on Non-Communicable Diseases: WHO Zero Draft Action Plan for the Prevention and Control of NCDs, 2013-2020, 31 October 2012

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<sup>1</sup> The WHO issued several documents in relation to the UN Summit on NCD Prevention and Control, including one on “Global status report on NCDs 2010, Description of the global burden of NCDs, their risk factors and determinants”, available at [http://www.who.int/nmh/publications/ncd\\_report2010/en/index.html](http://www.who.int/nmh/publications/ncd_report2010/en/index.html).

<sup>2</sup> UN Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases was adopted on 19 September 2012. An official version is currently available at [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf).

<sup>3</sup> This even goes beyond sectors of government, although it is important to look to governments as playing the central role in policy, integrating a multi-sectoral approach and facilitating all the rest. The central role of governments is addressed in the sixth lesson from the Colloquium Series.



## Appendix 1: Keynote Speakers and Lead Discussants GSO Roundtable and Colloquium Series on NCDs, 2011-2012

With deep appreciation for the services as keynote speakers and/or lead discussants of the following individuals, the GSO would like to emphasize that their participation does not reflect any official endorsement of the outcomes, recommendations or reports of the GSO Roundtable and Colloquium Series by them as individuals or by the organizations with which they were affiliated.

Peter Ajuzie, Mission of Nigeria to the UN in Geneva

Akram Ali Eltom, Global Fund for HIV/AIDS, TB and Malaria

Nick Banatvala, World Health Organization

Martin Bernhardt, Sanofi

Ashley Bloomfield, World Health Organization

Manuel Carballo, International Centre for Health and Migration

Elizabeth Carll, UN NGO Committee on Mental Health and UN Representative, International Society for Traumatic Stress Studies

Linda Carrier-Walker, International Council of Nurses

Téa Collins, NCD Alliance

Robbert de Kock, World Federation of Sporting Goods Industries

Fenton Ferguson, Minister of Health of Jamaica

Paul Gannon, DuPont

Tesfa Ghebrehiwet, International Council of Nurses

Christine Hancock, C3 Collaborating for Health

Anne Heughan, Unilever

Delon Human, Health Diplomats

Gabrielle Jacob, Permanent Mission of Ireland to the UN in Geneva

Irene Klinger, Pan American Health Organization

Manoj Kurian, World Council of Churches

Evan Lee, Eli Lilly & Co.

Ann Lindsay, NGO Forum for Health

Nicolai Lohse, Novo Nordisk

Colin McIlff, Permanent Mission of the US to the UN

Johanna Ralston, World Heart Federation

Cinthya Ramirez, Pfizer

Herb Riband, Medtronic

Gloria Sangiwa, Management Sciences for Health

Robert Sebbag, Sanofi

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NCD Prevention, Treatment and Control – Final Report**

Julia Seyer, World Medical Association

Gaudenz Silberschmidt, Federal Office of Public Health, Switzerland

Dick Toet, Unilever

Miguel Toscano, Permanent Mission of Mexico to the UN in Geneva

Deborah Vorhies, International Center for Trade and Sustainable Development

Judith Watt, NCD Alliance

Susan Wilburn, World Health Organization

Godfrey Carmel Xuereb, World Health Organization

Barbara Zolty, World Health Organization



## Appendix 2: Organizational Affiliations of Participants in One or More GSO Roundtable or Colloquium Events

### **Diplomatic Missions or Governments:**

Angola  
Aruba  
Australia  
Bangladesh  
Barbados  
Brazil  
Canada  
Chile  
Czech Republic  
Denmark  
France  
Germany  
Ireland  
Jamaica  
Kenya  
Latvia  
Mauritania  
Mexico  
Nigeria  
Poland  
Slovakia  
South Africa  
Trinidad & Tobago  
United States  
Zambia  
Zimbabwe

### **International Organizations**

CARICOM  
FAO  
Global Fund on HIV/AIDS, TB and Malaria  
ILO  
[www.gsogeneva.ch](http://www.gsogeneva.ch)

IOM  
PAHO  
PATH  
Standing Committee on Nutrition  
SUN Movement  
UNCTAD  
UNDP  
UN Task Force on the Food Price Crisis  
WHO  
WIPO  
WTO

### **Private Sector & Associations**

IBLF  
IFBA  
IFPMA  
World Economic Forum  
World Federation of Sporting Goods Industries  
CocaCola Hellenic  
DuPont  
Eli Lilly & Co.  
Hagen Resources International  
Medtronic  
Multilateral Consulting  
Nestlé  
Novo Nordisk  
Pfizer  
Sanofi  
Unilever  
World Health Communications Associates



**Civil Society/NGOs**

American College of Sports Medicine  
C3 Collaborating for Health  
Canadian Federation of University Women  
CoNGO  
Comprehensive Rural Health Project  
Elizabeth Glaser Pediatric AIDS Foundation  
Global Alliance for Improved Nutrition  
GCAMS - Australia  
Geneva Health Forum, University of Geneva  
Global Health Council  
International Alliance of Patients' Organizations  
International Alliance of Women  
International Centre for Migration and Health  
International Council of Nurses  
International Centre for Trade and Sustainable  
Development  
International Diabetes Federation  
International Federation of Red Cross and Red  
Crescent Societies  
International Federation of University Women  
International Food Information Council  
International Hospital Federation  
International Olympic Committee

International Organizations MBA, University of  
Geneva  
Individual Placement and Support (IPS)  
Lance Armstrong Foundation  
Medical Care Development International  
MCAHealth  
National AIDS Centre Poland  
National Heart Forum UK  
NCD Alliance  
NGO Forum for Health  
People's Health Movement  
Strathmor Group  
Union for International Cancer Control  
World Cancer Research Fund  
World Heart Federation  
World Dental Federation  
World Federation for Mental Health  
World Health Communications  
World Medical Association  
Worldwide Organization for Women  
World Stroke Organization  
YWCA

**Media**

The Global Journal





## Appendix 3: The Role of Multi-Stakeholder and Multi-Sectoral Collaboration on the Prevention and Control of Non-Communicable Diseases

The Global Social Observatory welcomes the opportunity to support policymakers at the World Health Organization and throughout the United Nations system in implementing the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases. Through a series of participatory roundtable discussions in 2011 and again on 10 January 2012, participants came from governments, international organizations, health professional associations, NGOs, trade associations and the private sector to identify opportunities for multi-stakeholder and multi-sectoral collaboration on NCDs. The GSO is pleased to transmit the following central messages for consideration by policymakers. These messages serve as the framework for the GSO to continue in its support for the WHO, the UN and other complementary initiatives, through multi-stakeholder and multi-sectoral collaboration.

The Role of Multi-Stakeholder and Multi-Sectoral Collaboration  
on the Prevention and Control of Non-Communicable Diseases  
Geneva, 10 January 2012

1. The NCD Summit and Political Declaration have mobilized increased global recognition of the need for action on the prevention and control of non-communicable diseases.
2. The multi-sectoral nature of the NCD challenge reinforces the idea that “health is in all sectors” but we all need to learn how to be multi-sectoral, and specifically how to engage the diverse “non-health” sectors more effectively.
3. The issues involving multi-sectoral engagement are linked to the issues of multi-stakeholder engagement.
4. Linkages and collaboration between NGOs, the private sector, governments and other stakeholders are essential for successful prevention and control of NCDs.
5. Many stakeholders are already collaborating constructively based on aligned interests, and we must work to promote greater awareness of these initiatives.
6. There is interest in all sectors to align on NCDs, but we need to address any distrust and different perspectives that may make it difficult to find common ground.
7. Principles of engagement can be drawn up to manage conflicts and to make collaborative partnerships work effectively.
8. There is a preference for a constructive approach to reaching agreement on the principles of engagement, shared values and ensuring transparency among sectors.
9. Language and tone are important for defining the contours of the dilemma, with recognition that there is often a lack of common interpretation.
10. There is a continuing need for neutral space to have open and frank discussions on how to engage and combine the capacities of multiple stakeholders and sectors within an ethical framework.



## Appendix 4:

# Commentary in response to the WHO discussion papers on options for multi-sectoral action on NCDs through effective partnership

### Summary

- Multi-sectoral dialogue and collaboration should include not just “the private sector” and “the civil society” but should recognize the variety of sectoral interests in each of these groups.
- Inclusive inter-sectoral dialogue and collaboration must start by building trust among the different participants and groups.
- The purpose of collaboration is to mobilize a broadened array of resources through an alignment of interests, but it should also be understood that there may be a divergence of interests without this operating as an actual conflict of interests.
- The collaborative mapping and data gathering of the different possibilities for action are important for identifying win-win scenarios.
- There is a need to identify the right platform for multi-sectoral and multi-stakeholder collaboration.

### Commentary

The GSO endorses the holistic approach as proposed by the WHO for effective partnerships and appreciates the mapping exercise in the WHO discussion paper. The GSO seeks to build on this mapping exercise of defining what kinds of community or government services should be mobilized to propose ways for actually promoting collaboration among sectors and stakeholders. Much attention has been directed in the WHO discussion papers to identifying the different sectors of government, such as finance, urban planning, transport, tourism, labour, sports or education as well as health. The GSO encourages the WHO and its member states to direct further attention to the diversity of sectors and stakeholder groups in addition to government sectors that can complement the multi-sectoral coordination among governmental sectors. It is the variety of sectoral interests in the different parts of the private sector or civil society that should also be encouraged to participate in collaborative efforts. This should not merely be “the private sector” and “the civil society”, but it should channel as much multi-sectoral variety among the private sector and civil society as there is among sectors of a government.

A second key point is that such inclusive inter-sectoral dialogue and collaboration must start by building trust among the different participants and groups, whether this is among segments of the public sector or



among the diverse combinations of public and private sectors and NGOs that a holistic approach to NCDs requires. This trust, furthermore, should be built on an openness to including all sectors in the effort. Excluding stakeholders creates significant barriers for collaboration. The door should be open for all parties without presuming a conflict of interest for any particular group but with mechanisms in place to address the issue of a potential conflict of interest when and if the specific circumstances of a potential conflict arises. The inclusiveness, to be sure, has to be premised on the acceptance of rules of engagement applicable to all. The GSO has adopted a statement of principles for multi-stakeholder dialogue and collaboration that are illustrative of such a framework. But these principles should apply to all participants, not just those from one sector.

Thirdly, it is understood that the purpose of collaboration is to mobilize a broadened array of resources through an alignment of interests, but it should also be understood that there may be a divergence of interests without this operating as an actual conflict of interests. This is even true of governments where public policy priorities may be inconsistent or even contradictory among different sectors and where political leadership is needed to bring about the desired alignments and build the trust that is needed among all stakeholders. The building of trust for inclusive dialogue should therefore include the anticipation of conflicts and divergences, not just of interests but also of differences in other respects, by having a process in place for addressing these conflicts or divergences of interests if and when they arise.

A fourth message regarding multi-sectoral and multi-stakeholder collaboration is that the collaborative mapping and data gathering of the different possibilities for action are important for identifying win-win scenarios. The food and beverage industry, for example, has extensive evidence-based knowledge on nutrition and consumer behavior, and collaboration should facilitate the sharing of this knowledge with others. This can also help with scaling up the success stories to create broader win-win scenarios. Not only does this sharing of science and knowledge bring together insights that would otherwise not be in the overall picture, but it also helps to build an integrated and holistic approach to finding solutions together.

A final message is the need to identify the right platform for multi-sectoral and multi-stakeholder collaboration. The desirability of combining different expertise and viewpoints for the “greater than health” dilemma of the risk factors associated with NCDs suggests that the platform for collaboration also needs to be something other than a purely health-related platform. The social determinants of health should also influence the choice of platform. At the global level, this may require mobilizing for prevention and control of NCDs at the UN level rather than the WHO level, but the inclusiveness issue goes beyond sectors of governments or sector-specific intergovernmental organizations. Advocacy groups have built strong networks of health-related interest groups but grapple with the dilemma of how to diversify their networks. The business community is mobilized in some sectors but not others. Inclusiveness for multi-sectoral action does mean finding the right platform for attracting the sectors that might not otherwise be involved but also finding the right definitions for representation of the diverse interests.



## Appendix 5: Views from the GSO Colloquium Series on Non-Communicable Diseases: WHO Discussion Paper on the Development of the 2013-2020 Global NCD Action Plan 7 September 2012

The Global Social Observatory welcomes the new thinking on multi-sectoral action in the WHO Discussion Paper for the revised global action plan on NCDs. Most importantly, the Discussion Paper includes ideas for multi-sectoral collaboration with NGOs and the private sector. The paper also talks about the need to reposition the action plan on NCDs from a health-related concern to their being part of a wider socio-economic challenge to development.

The GSO has convened a 2012 Colloquium Series on Non-Communicable Diseases with the objective of identifying the opportunities for multi-sectoral and multi-stakeholder collaboration and action through effective partnership on NCD-related issues. We would like to submit for your consideration two documents. First is the GSO Statement of Principles for the Role of Multi-Stakeholder and Multi-Sectoral Collaboration on the Prevention and Control of Non-Communicable Diseases (available in this report as Appendix 3). This statement was adopted at our Launch Event for the Colloquium Series on 10 January 2012.

Second is a description of three operating principles for multi-sectoral and multi-stakeholder collaboration that have emerged from a series of Colloquium Events on 30 March, 20 May and 3 July 2012. (These are included with this document.) These principles define the contours of collaboration based on interactive, multi-stakeholder dialogues on the risk factors associated with NCDs, good practice experiences in addressing these risk factors, and equitable access to prevention, treatment and control of NCDs. The three principles describe a person-centered model of health care, equitable access to health care as a human right, and all stakeholders going beyond their respective roles.

The GSO encourages the WHO to embrace the multi-sectoral approach that it has introduced in its Discussion Paper. In so doing, the GSO would like to raise two points about further developing this approach. First, the GSO experience suggests that principles of engagement should be developed to manage all potential conflicts, regardless of which entity or individual is involved. The emphasis on potential conflict of interest only as it applies to the private sector misses the point that all kinds of groups and individuals may, as the discussion paper states with regard to the private sector, remain “unregulated in many areas when it comes to NCDs”. The discussion elsewhere in the paper notes that conflicts of interest can arise “when personal, professional, financial or business interests are not aligned with agreed public health goals”. The GSO follows this more all-encompassing approach in understanding the



potential for conflicts of interest to arise. In addition, the distinction should be made regarding these kinds of interests, between activities that are directly related to public health and the actions of diverse stakeholders in support of a common campaign against the causes and conditions related to NCDs.

This leads to the second point that the GSO would like to emphasize. All sectors, including the wide array of diverse NGOs and associations and private sector entities, should be mobilized to collaborate in efforts to prevent and control NCDs. The questions that were raised in the Discussion Paper regarding the recommended actions for NGOs and civil society and for the private sector, should be the same question, first and foremost, for all groups. Where there are specific issues of concern regarding marketing to children, reduction of salt, elimination of trans-fatty acids, and improving access to essential medicines and technologies, these should be raised for all groups. Where they are targeted to recommended actions for the private sector, they should be seen as distinct from mobilizing the private sector generally. Furthermore, there are other parts of the private sector (as well as NGOs and civil society) with particularly useful roles to play – such as the sports and fitness industries and associations and the information and communications technology industries and associations.

As noted above, the GSO Colloquium Series has proposed three principles for multi-stakeholder and multi-sectoral collaboration. The GSO is hosting a concluding Colloquium Event in October 2012 to propose next steps for how to effectively implement multi-stakeholder and multi-sectoral collaboration on these three principles. The GSO is pleased to contribute its services as a neutral space on how to engage and combine the capacities of multiple stakeholders and sectors within an ethical framework, as expressed in its January Statement of Principles. The GSO looks forward to the development by the WHO of its revised global action plan on NCDs and to supporting a multi-sectoral approach that includes NGOs, civil society and the private sector.

*The 2012 GSO Colloquium Series has included a Launch Event on 10 January for the adoption of a Statement of Principles, and three Colloquium Events on 30 March, 20 May and 5 July for a better understanding of specific issues related to NCDs. Colloquium participants have developed the following basic message and three main principles. They have also proposed illustrative elements for their implementation. The task ahead is to fill the gaps and propose next steps.*

***The Basic Message: We have to integrate NCDs and communicable diseases in “solution-finding” processes. The solution lies with individuals, the private sector, NGOs and governments working together. A multi-sectoral and multi-stakeholder approach is essential because NCDs’ roots lie with non-medical causes. Everybody is concerned: NCDs confront all countries and communities, developed and developing equally.***



## The Three Main Principles

### **A. From a disease-centered to a person-centered model**

*We believe in an integrated social and healthcare approach where people as individuals are the center of the model. We should leverage Existing Platforms (such as HIV/AIDs, Primary Care, Maternal Health), and refocus the health care system towards the establishment of integrated services, both vertically within health care and horizontally with other social concerns.*

### **B. Equitable access to health care is a human right**

*We believe that access to health care is a human right. A “second class” health care system is not acceptable. To make this possible we need to mobilize a strong political commitment from our governments at all levels in support of multi-sectoral and multi-stakeholder cooperation. We seek social and political acceptance of health care in all sectors, working together with healthcare professionals and all stakeholders to promote wellness as well as the prevention, treatment and care of NCDs.*

### **C. All stakeholders -going beyond their respective roles**

*We believe that all stakeholders should go beyond their respective roles in a collaborative framework oriented to equitable access. These stakeholders should include governments, NGOs, the private sector, academia and communities. The multi-stakeholder concept should lead to concrete action with different partners working collaboratively towards improved patient outcomes, healthy lifestyles and overall wellbeing.*



## Appendix 6: Views from the GSO Colloquium Series on Non-Communicable Diseases: WHO Zero Draft Action Plan for the Prevention and Control of NCDs, 2013-2020, 31 October 2012

The Global Social Observatory welcomes the Zero Draft Action Plan from the WHO for the Prevention and Control of NCDs, 2013-2020. The draft lays out five overarching principles that are consistent with the principles that have been identified in the GSO Colloquium Series for Multi-Sectoral and Multi-Stakeholder Collaboration on NCDs. The GSO has convened this Colloquium Series with the objective of identifying the opportunities for multi-sectoral and multi-stakeholder collaboration and action through effective partnership on NCD-related issues. The format for the GSO Series is an open space for multi-stakeholder dialogue including civil society, health professionals, businesses, governments and international organizations. In the initial consultation on the discussion paper for revising the Global Action Plan on NCDs, the GSO has already submitted the GSO Statement of Principles for the Role of Multi-Stakeholder and Multi-Sectoral Collaboration on the Prevention and Control of Non-Communicable Diseases (available in Appendix 3 of this report), as well as description of the three operating principles for multi-sectoral and multi-stakeholder collaboration that have emerged from the GSO Colloquium Series (available in Appendix 5 of this report).

Participants in the GSO Colloquium Series have just concluded a final Colloquium Event on how to create a call to action for multi-sectoral and multi-stakeholder action reflecting these operating principles. The event took place on 30 October 2012. The recommendations from this event relate to many of the objectives identified in the new Zero Draft from the WHO. While a full report on the outcomes of the Colloquium Series is forthcoming, here are the highlights of the call to action:

1. The human right to health should be distinguished from the human right to health care, but in both cases the NCD challenge calls for a comprehensive paradigm shift to embrace the whole of life and healthy lifestyles approach to realizing the human right to both health and health care.
2. This should stimulate a shared commitment to action where all stakeholders embrace the principles of “health in all sectors” and where all stakeholders reframe how people think of their roles in a holistic way.
3. Education and communication are especially important to integrate into the new paradigm. A multi-sectoral and multi-stakeholder approach should use language that resonates across sectors. Participants heard how simple language can make a difference in a presentation on “Designed to Move” to stimulate more physical activity, from the World Federation of the Sporting Goods Industry.



4. A multi-sectoral and multi-stakeholder coordinating platform to create a shared space for dialogue and to build a shared consensus for action should be encouraged both at the global level and to support governments at the regional, national and community levels.
5. Even where multiple stakeholders have roles to play, the role of governments is crucial to create and maintain the policy framework for systemic change and the holistic approach to health and health care.
6. Governments have the responsibility to protect the human right to health and to deliver a social protection floor for everyone.
7. Participants continue to have lively debates on the interaction between public health policy-making and patient-centered individual responsibility.
8. Participants also felt that the WHO needs to do more to define what is meant by universal health care and healthy life expectancy.
9. Primary health care needs to be transformed to take on a response strategy for NCDs and advisory services, while the social determinants of health require adaptation to cultural variations.
10. Health workers should encompass community and family care-givers, support staff in health care systems as well as traditional health care professions, with all acquiring the awareness and communications skills to support the paradigm shift in health care.
11. There are vested interests in all sectors that can conflict with the interests of health and health care. There should not be a presumption of conflict of interest that requires any particular sector to prove the absence of a conflict of interest, but there should be an overriding policy that lays out the procedures for handling potential conflicts of interest for all sectors and stakeholders if and when they arise.
12. The systematic and sustainable mobilization of resources for NCDs can benefit from all stakeholders pooling their resources and working together on innovative solutions.
13. Working together on common standards will help achieve the product reformulations, increases in physical activity and overall lifestyle changes that provide the foundation for the highest achievable levels of health and productivity.
14. Participants also reaffirmed the need to pay special attention to mental health, to emphasizing the value of physical activity and to neglected populations, especially migrants.

These highlights are primarily applicable to the first objective on advocacy and the third objective on multi-sectoral action and partnerships in the Zero Draft, but they can also contribute to the second objective on accelerating country response and the fifth objective on strengthening and reorienting health systems. Please find more details from the Series at [www.gsogeneva.ch](http://www.gsogeneva.ch).