



# Commonwealth Health Ministers' Update 2010



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# ■ An 'all-of-society' approach involving business in tackling the rise in non-communicable diseases (NCDs)

article by **Kathrin Bauer, Olive Boles and Darian Stibbe**

The incidence of non-communicable diseases (NCDs), in particular, the chronic diseases attributed to lifestyle factors linked to poor diet, lack of physical activity, smoking and alcohol abuse, are rising dramatically throughout the world. Already, chronic diseases are the leading cause of death, and, if this trend continues, they threaten to overwhelm national health provision and cause untold societal and economic damage. And yet most of these diseases – in particular cardiovascular diseases (CVD), cancers, chronic respiratory diseases and type 2 diabetes – are preventable.

The size and complexity of the problem, with most determinants of the major NCDs lying outside the influence of the traditional health sector, requires a broad and deep response, involving many stakeholders in public, private and civil society.

This paper sets out the rationale for an 'all-of-society', multi-sectoral partnership approach to preventing and treating NCDs, focusing in particular on the potential business contribution to the issue. It contains a number of examples of effective partnerships between business, government and civil society, which illustrate how partnerships can achieve win-win outcomes. It also considers the sensitivities that need to be considered when marrying commercial imperatives with the public good.

Bringing together the many diverse interests and finding common ground is a major challenge, but also a major opportunity: to join the many streams of action into a torrent of change and scale them up through multi-sectoral action and partnerships.

## The public health imperative

Non-communicable diseases (NCDs), in particular the chronic conditions of cardiovascular diseases (CVD), cancers, chronic respiratory diseases and diabetes, are the world's biggest killers, causing an estimated 35 million deaths each year – 60 per cent of all deaths globally.<sup>1</sup> The burden of NCDs is rapidly increasing worldwide and is a major cause of poverty, a barrier to economic development and a challenge to healthcare systems. Unless addressed, the WHO predicts that globally NCD deaths will increase by 17 per cent over the next ten years. The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%). The highest absolute number of deaths will occur in the Western Pacific and South-East Asia regions.<sup>2</sup>

Contrary to widely held beliefs the NCD burden is far from being limited to the developed regions of the world. Eighty per cent of deaths due to NCDs occur in low- and middle-income countries (LMCs), almost half of which involve people under the age of 70, compared with only a quarter of such deaths in rich countries.<sup>3</sup> This means that people in developing countries are often hit at the peak of their economic productivity. For the first time in history, poor countries are now facing a dual burden of infectious and non-infectious diseases, with NCD deaths dominating healthcare needs in most LMCs. It is clear that the earlier labelling of the major NCDs as 'diseases of affluence' is increasingly a misnomer, as they emerge in poor and disadvantaged population groups disproportionately and in addition now affect people

in developing countries at younger ages than in developed countries. This shift in the pattern of disease is taking place at an accelerating rate, which, together with the increasing burden of disease, is creating a major public health threat, calling for immediate and effective action.<sup>4</sup>

These largely preventable diseases result in high costs to governments, in productivity losses and associated costs to businesses, as well as in significant economic and social costs to communities and the impoverishment of families. The direct morbidity and mortality burden of NCDs on patients and their families is reflected in diminished productive activity and lower returns to investment in human capital. When aggregated across economies, these household costs have an important impact on the size and productivity of the labour force and on national incomes in general.<sup>5</sup> The Milken Institute estimates that the major NCDs cost the United States more than US\$1.2 trillion every year.<sup>6</sup> CDC researchers estimate that obesity alone accounted for 9.1 per cent of all medical spending in the United States (US\$147 billion) in 2008 and annual economic costs to business for insurance, paid sick leave and other payments reaches US\$12.7 billion.<sup>7</sup> The same pattern will be replicated in workforces in urbanised areas of emerging markets if action is not taken. In the United Kingdom, by 2050, modelling indicates 60 per cent of adult men will be obese, 50 per cent of adult women, and about 25 per cent of all children under 16.<sup>8</sup> NHS costs attributed are projected to double to £10 billion. Costs to the wider society could reach £50 billion per year.

The global increase in type 2 diabetes is closely linked to overweight



Figure 1: Proportion of people with diabetes within the Commonwealth countries – 2010

Country	Proportion of people with diabetes (20-79 years) 2010	Country	Proportion of people with diabetes (20-79 years) 2010
Antigua and Barbuda	7.1	Mozambique	4
Australia	5.7	Namibia	4.3
The Bahamas	10.4	Nauru	30.9
Bangladesh	6.6	New Zealand	5.2
Barbados	7.1	Nigeria	4.7
Belize	9.8	Pakistan	9.1
Botswana	5.4	Papua New Guinea	3
Brunei Darussalam	12.6	Rwanda	1.6
Cameroon	3.9	St Kitts and Nevis	9
Canada	9.2	St Lucia	9.3
Cyprus	9.1	St Vincent and the Grenadines	8.4
Dominica	11.5	Samoa	7.7
Fiji Islands	9.4	Seychelles	14.4
The Gambia	4.3	Sierra Leone	4.4
Ghana	4.3	Singapore	10.2
Grenada	9.5	Solomon Islands	3.3
Guyana	9.5	South Africa	4.5
India	7.8	Sri Lanka	10.9
Jamaica	10.6	Swaziland	4.2
Kenya	3.5	Tonga	13.4
Kiribati	6.6	Trinidad and Tobago	11.7
Lesotho	4	Tuvalu	13.9
Malawi	2.3	Uganda	2.2
Malaysia	11.6	United Kingdom	3.6
Maldives	6.8	United Republic of Tanzania	3.2
Malta	6.8	Vanuatu	3.2
Mauritius	16.2	Zambia	4

Source: IBLF 2010, information adopted from the Diabetes Atlas 2010

and obesity and can be used as proxy of the growing disease burden. Estimated global healthcare expenditures to treat and prevent diabetes and its complications are expected to total at least US\$376 billion in 2010. By 2030, this number is projected to exceed some US\$490 billion. An estimated average of US\$703 per person will be spent on diabetes in 2010 globally.<sup>9</sup>

Figure 1 lists the proportion of people with diabetes (20-79 years) within the Commonwealth countries – as of 2010.<sup>10</sup>

If trends continue as they are no country in the world will be able to afford the healthcare burden that NCDs will bring and societies will be gravely damaged by the combination of a growing ageing, unhealthy population with a less productive workforce to support it. *The World Economic Forum's Global Risk 2010 Report*<sup>11</sup> ranks chronic conditions among all social, environmental, economic, geopolitical and technological risks to humankind in third position both in terms of likelihood to occur (above 20%) and severity (nominally measured as over US\$1 trillion).

What seems to be driving the increase in NCDs, especially in LMCs, is the speed with which those in developing countries have adopted

unhealthy habits of the developed, industrialised countries – occurring at a faster rate than it did in the industrialised regions of the world half a century ago.<sup>12</sup> The causes of NCDs are both biological (e.g. dyslipidemia, hypertension, overweight, hypersulinaemia) and behavioural (e.g. unhealthy diets, physical inactivity, tobacco use, and the harmful use of alcohol), but also set within cultural, environmental and social frameworks. While ultimately many solutions may lie in personal responsibility, the reality is that human biology is too often overwhelmed by an increasingly obesogenic environment – an environment that promotes the consumption of foods high in fat, sugar and salt; unsupportive environments in schools, workplaces, communities; a built environment that militates against physical activity; motorised transport; urbanisation and its associated sedentary lifestyle; lack of access to quality health services and essential NCD medicines etc – all factors which affect disadvantaged/vulnerable sections of society most of all.

The following chart (Figure 2) describes the key determinants of the main NCDs along with the risk factors that need to be tackled through primary, secondary and tertiary prevention and treatment interventions.

**Box 1: Definition of multi-sector partnerships**

Multi-sector partnerships (also known as multi-stakeholder initiatives, cross-sector partnerships, or public-private partnerships for development) refer to a collaboration between public agencies/municipalities, businesses and others from civil society, academia, the media, etc:

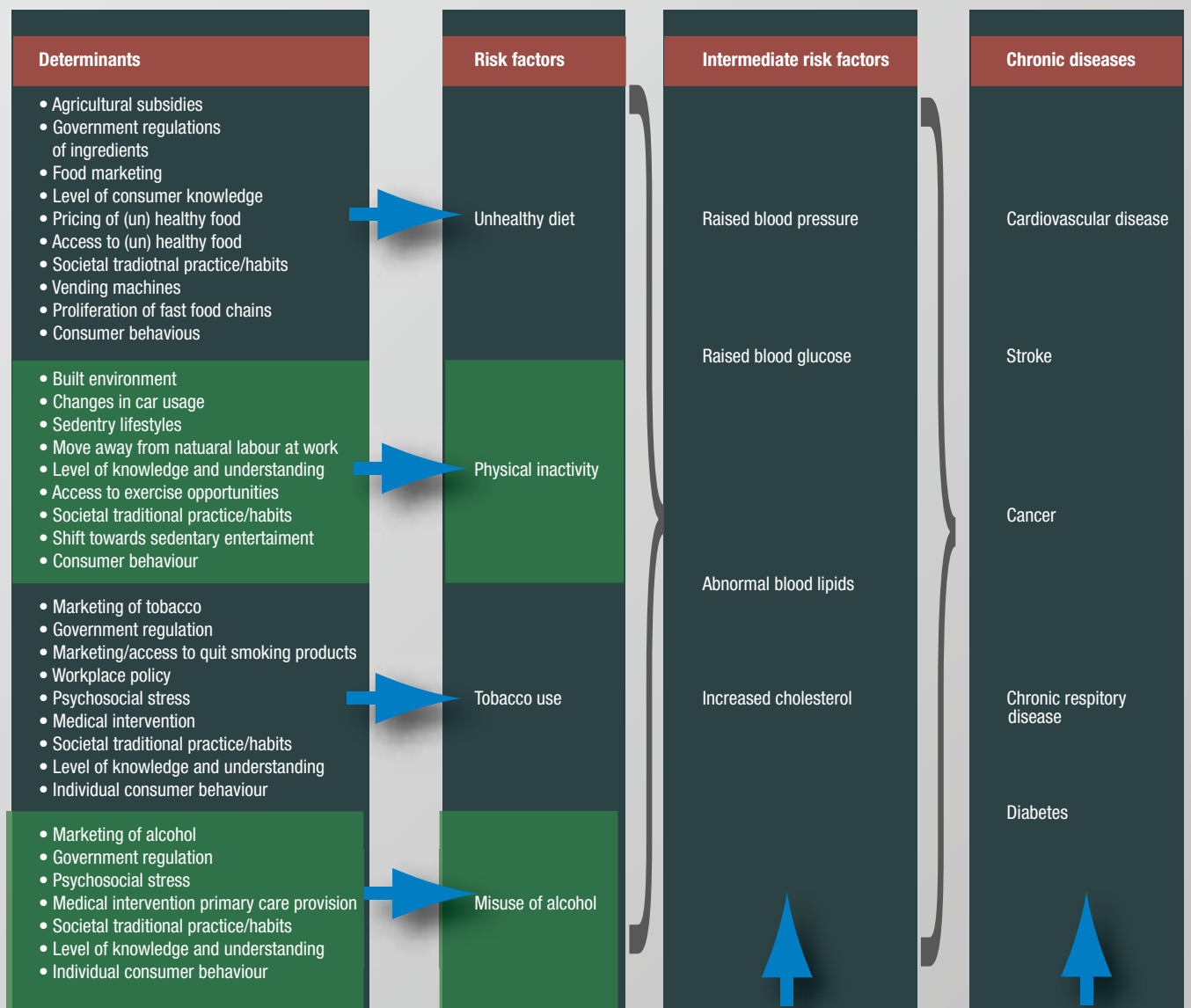
- ♦ to work together on a project or programme which contributes to sustainable development;
- ♦ in which the partners bring complementary resources, contribute to the design of the programme, and share risks and benefits;
- ♦ in order to achieve their own, each other's, and the overall partnership's objectives.

IBLF, 2010

Although proven cost-effective strategies and simple ways exist to prevent and control this growing burden, high-level commitment and concrete actions are often missing at the global and national level. NCD prevention and control programmes remain dramatically under-funded and have been left out in the global development agenda. For example, the Millennium Development Goals (MDGs) do not include any NCD targets, although NCDs cause 14 million annual premature deaths in LMCs, impose a heavy burden on socioeconomic development and account for a large enough share of the disease burden of the poor to merit a serious policy response. The omission of NCD indicators in the MDGs has been a central barrier to securing donor funding for NCDs, as many donors exclusively fund the health priorities contained within the MDGs.<sup>13</sup>

On a positive note, NCDs have started to receive increased policy attention, led by both governments and the international health community. During the CHOGM meeting in November 2009 in Trinidad

Figure 2: Key determinants of the main NCDs along with the risk factors



Source: IBLF 2010

Patient education, access to affordable healthcare, healthcare professional education

Table 1: An illustration of what the public and private sectors and civil society in general can bring to collaborative action

**In general, the public sector (government, public health/education institutions, etc) brings:**

- ◆ 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.

**The private sector (involving various industries) brings:**

- ◆ 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.

**Civil society (NGOs, community groups, faith groups, etc) brings:**

- ◆ 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.

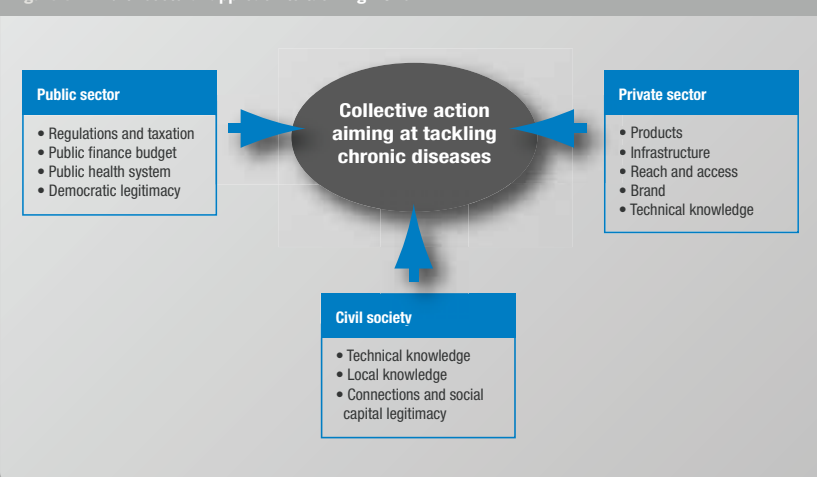
and Tobago, Heads of Government of the Commonwealth affirmed their commitment to addressing the increase of NCDs and to increasing the ability of their countries to respond to this crisis. They called for a United Nations General Assembly Special Session (UNGASS) on NCDs, which will help secure the government action required to reverse the epidemic, as well as for the integration of NCD indicators in the MDG Review Summit taking place at the 65th Session of the UN General Assembly in New York in September 2010.<sup>14</sup>

Also, the International Diabetes Federation (IDF), International Union Against Cancer (UICC) and World Heart Federation (WHF) have mobilised their networks of more than 730 national member associations in over 170 countries to call for a UNGASS on NCDs. This was put forward by this NGO group to UN Ambassadors in New York in February 2010. This group also advocates for the inclusion of NCD indicators in the MDG Review Summit as well as advocates for the availability of essential medicines for people living with NCDs in LMCs.<sup>15</sup> Furthermore, last year, the United States' National Institutes of Health, the United Kingdom's Medical Research Council, the Canadian Institutes of Health Research, Australia's National Health Medical Research Council, and China's Ministry of Health launched the Global Alliance for Chronic Disease to lead and coordinate research into chronic diseases worldwide.<sup>16</sup> Finally, the National Heart, Lung, and Blood Institute (NHLBI), a component of the United States' National

Institutes of Health, has partnered with the UnitedHealth Group, to support centres of excellence in low-income and mid-income countries to strengthen NCD prevention and control efforts.<sup>17</sup>

The World Health Organization (WHO) has set a global goal of reducing the death rates for chronic diseases by an additional 2 per cent a year between 2005 and 2015, which would save 36 million lives.<sup>18</sup> In May 2008, WHO developed an action plan to provide member states and the international community with a roadmap to establish and strengthen initiatives for the surveillance, prevention and management

Figure 3: A multi-sectoral approach to tackling NCDs



of NCDs. The plan is based on the Global Strategy for the Prevention and Control of NCDs (2000), which recommends that action should focus on controlling associated lifestyle risk factors in an integrated manner. Guidelines for countries to implement a comprehensive strategy include broad goals to generate an information base for action; establish a national programme; address issues outside the health sector that influence NCD control; and ensure health sector reforms are responsive to the NCD challenge. The Action Plan also builds on the *WHO Framework Convention on Tobacco Control* (2003) and the *WHO Global Strategy on Diet, Physical Activity and Health* (2004)<sup>19</sup>.

The current public health crisis has been some 30 years in the making, with widespread change in societies and behaviours. The implications of NCDs on poverty and healthcare systems highlight the pressing need to invest in NCD prevention as an integral part of sustainable socioeconomic development. As briefly indicated in this chapter, international institutions and related stakeholders have started to realise the urgent need to include NCDs on the development agenda, the importance of high-level commitment and the call for concrete actions. Solutions need to be equally long term and large scale in terms of commitment. While governments have the biggest responsibility in NCD prevention and in setting up global health policies, considerably more gains can be achieved through a coordinated global response, involving all relevant stakeholders. All stakeholders – international organisations, the medical community, NGOs, individuals and the private sector will need to intensify and harmonise their efforts to succeed in fighting the growing burden on NCDs.

The root causes of the major NCDs are determined by a wide array of interconnected social, economic, physical environment and behavioural factors. As shown in Figure 2, most of these factors lie outside the traditional role of public health agencies, and a normal public health response will never achieve the major shifts in society that tackling the causes of NCDs requires. Further the scale of the need for treatment of NCDs so outweighs public health resources that a wholesale shift in the way diseases are managed and treated is necessary.

On the public sector side, a coordinated response is essential across government, including, for example, ministries or agencies for urban planning, agriculture, education, sports as well as health. However, government cannot tackle the problems on its own.

Instead, an ‘all of society’ approach is required in which the public sector, business, and civil society in its various forms join their resources, competences, social capital and constituencies to take action through multi-sector partnerships.

Partnerships can provide:

- ◆ **Innovative approaches** to tackle the complex challenges of the causes and treatment of NCDs in ways that would not be possible by any sector working alone.
- ◆ **Access to more resources** by drawing on the full range of technical, human, knowledge, social capital, physical and financial resources found across all sectors.
- ◆ **Greater sustainability** by drawing in a wider group committed to achieving the objectives, by bringing an economic/business case into delivery, and by creating appropriate, accepted and implementable solutions through stronger engagement with stakeholders.

### Types of partnerships

A whole range of different types of potential collaborations exist, which can be differentiated as follows:

- ◆ **By geographic scope.** Partnerships can range from global networks of governments, multi-national companies, global NGOs and UN agencies; to local initiatives involving, for example, local businesses and the municipality.
- ◆ **By ‘level’ of impact.** Partnerships can operate at a ‘high level’, several steps upstream of on-the-ground impact – e.g. developing/influencing policy or creating frameworks for coordination of activities by a number of parties; at an ‘intermediate level’ directly supporting implementation efforts – e.g. exchanging knowledge and experience, building capacity, facilitating action by others; or at an ‘implementation level’: actual delivery of programmes and activities with direct impact e.g. reformulation of food products, healthy eating/active living education programmes to influence behaviour.
- ◆ **By operational model.** Partnerships can range from a loose network of a large number of organisations (usually with low levels of commitment from each partner, and with less tangible outputs), to the creation of new joint ventures between two or three organisations (with high investment from partners).

In general, partnerships do not tend to fit neatly into just one ‘type’ and may span several elements. PAHO’s Partners Forum<sup>20</sup>, for example, aims to influence policy, to better coordinate the activities of its partners, to build capacity and to facilitate on-the-ground action. Some partnerships have a global-to-local organisation – for example, the Global Fund<sup>21</sup> has a global partnership structure feeding into and being fed by country-level multi-stakeholder partnerships (‘Country Coordinating Mechanisms’). And other partnerships can move from a local initiative to more regional activities – *Cicloviás*<sup>22</sup>, for example, has gone from a single event in one municipality (Bogotá) to being replicated in a number of municipalities all over the Americas.

Later in the chapter there are a range of examples of different forms of partnership, tackling different issues.

### Focus on the private sector contribution to NCD prevention

Within the public and NGO sectors, there may be legitimate reservations about working in partnership with the private sector, particularly in those industries most directly connected with the issues, such as food and beverages, which may in some cases be considered as being ‘part of the problem’.

This section focuses on the potential positive role of companies across multiple industries and the importance of engaging business rather than sidelining it.

Engagement of the private sector is a critical success factor in sustained long-term population behaviour change. Public health bodies need to focus on building a relationship and understanding with the private sector, including the media, to allow it to play a constructive part in NCD prevention. The WHO emphasized in its *Global Strategy on Diet, Physical Activity and Health* that ‘the private sector can be a “significant player” in promoting healthy diets and physical activity’.<sup>23</sup>

Pharmaceutical, health services, food and beverage, and fitness companies, whose products and services are closely linked to health, have more obvious roles to play. Nevertheless there is significant scope for action from a much wider range of industries through their social responsibilities strategies.

The WHO strategy earmarks the food industry for particular attention, and asks for action on the continued development of healthy and nutritious choices for consumers, limiting the levels of fat, sugar and salt

Figure 5: Framework for business engagement in NCD prevention 2010 – IBLF

### Core business operations and value chain

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

### Workplace (employees and supply chain)

- ▶ Embedding health and wellness in the company's culture and align wellness goals with business strategy.
- ▶ Assessing the health risks of employees.
- ▶ Developing health and wellness programmes for employees 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 of staff and their families.
- ▶ Promoting active leadership of senior management in wellness 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.

**1. Social investments and philanthropic contributions:** Partner with NGOs, governments, donors, social entrepreneurs and community organisations to enhance health and wellness programmes by:

- ▶ Supporting education, training, health, 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 women's participation and empowerment.
- ▶ 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, etc.

**2. 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 mobilise and leverage business leadership, resources and influence.
- ▶ Participate in multi-sectoral action on solutions to nutrition literacy and physical activity, 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.



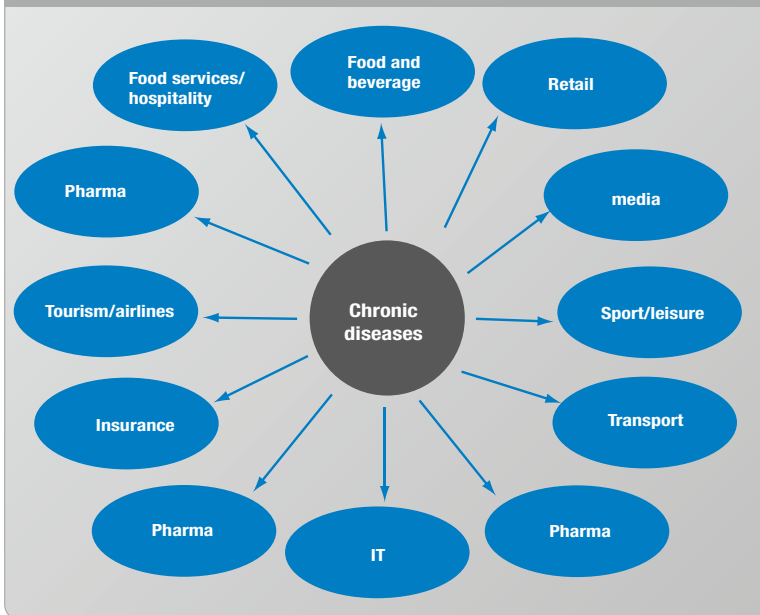
in existing products, and practising responsible marketing. Manufacturers could re-formulate recipes to reduce sugar, fat, salt content and reduce portion sizes as well as improve consumer labelling to facilitate healthy choices, etc. Retailers could encourage clearer nutritional labelling and change their marketing practices by providing sales promotions on healthier product ranges such as on fruit/vegetables, by removing sweets from check-outs; by engaging in customer education programmes and advancing voluntary measures to restrain marketing to children.

Hotels and restaurants could provide healthier options e.g. salads;

provide clearer nutrition information on menus to facilitate healthy choices and reduce portion sizes. The airline industry could provide healthy menu choices for passengers and schools and related institutions could improve school menus; the automotive industry can develop programmes to promote physical activity and reduce air pollution in cities where pollution is a major health threat. The media entertainment and communications industry could address increased concern over sedentary lifestyle contribution and 'aggressive' advertising and partner to implement creative projects in mainstream media content and public service. Pharmaceutical and healthcare companies could



Figure 4: A general framework for actions by companies based on 'spheres of influence'



enhance patient and professional education, promote health education messages; encourage prevention/treatment compliance and increase access to affordable and rationale use of medicines to control the major chronic diseases.

Figure 4 provides a general framework for action by companies based on business's 'spheres of influence' – from their own workplace, through the markets and communities in which they operate to the local, national and international enabling environments in which they function.

In almost all cases, business actions will require, or be greatly enhanced by, working in partnership with communities, with NGOs, with public health agencies and/or with other companies.

### The realities of working in partnership

#### Starting a multi-sector partnership

Multi-sector partnerships can be initiated by any sector or organisation involved. For example, in one particular area there might be large local employer wishing to take the lead; in another it might be a concerned local health NGO. Whoever takes the lead the involvement and 'buy-in' from a range of other key stakeholders from the start. These coalitions may start modestly by focusing on a specific pilot initiative, but wherever possible it is important that issues are addressed in an integrated way, aiming ultimately to make an impact through large-scale implementation. In addition, projects should be designed in a way that their impacts can be monitored and evaluated over both the short and long term.

The partnership needs to clearly define what changes and actions are intended: is the intention of a collective action to change business practices (e.g. changes in products, services and policies by companies); is the aim to provoke institutional changes and innovations (e.g. schools and school curricula, workplaces, community, institutions and other public settings), or are changes addressed to improve local health services – including those aimed at primary, secondary and tertiary prevention, as well as treatment. Finally, changes and actions can also be aimed at changing personal behaviour (e.g. improvements in nutrition, literacy, changes to diet, physical activity levels and other relevant aspects of lifestyle).

When joining a cross-sector partnership, it is important that potential conflicts of interest are addressed early on. Partnerships in sensitive areas such as health, education and marketing will often give rise to conflicts of interest between all parties, particularly between public aims and commercial objectives; not least with children and in educational settings. While it is reasonable to expect that all partners 'get something out of it' and that partnerships built on a 'win-win' formula will have more impact, attract more resources and be more sustainable – a balance has to be found to ensure that individual partner or commercial interests do not undermine public health and education goals.

It is important to appreciate that entering a partnership does not mean a complete endorsement of the other partners, nor giving up their rights to be publically critical of others in areas outside the partnership. For example, while Greenpeace was in a partnership with the energy company Npower to promote a new renewable energy tariff, Greenpeace shutdown one of Npower's power stations by scaling a tower in order to protest at the use of coal to generate power.

### Risks of partnering

Before seeking to enter partnerships, all parties involved need to consider the risks involved in partnering, many of which can be mitigated through careful planning, and open communication:

- ♦ Loss of autonomy – partners can no longer make decisions and act autonomously and must abide by whatever decision has been agreed within the partnership.
- ♦ Conflicts of interest – a private sector partner which puts

#### Box 2: The Business Case

Companies that invest in a healthy workforce, as well as workplaces, benefit from increased productivity and morale, as well as lower absenteeism and healthcare costs, all of which pose a serious threat to company competitiveness. By engaging in community initiatives in the field of NCD prevention and treatment – through partnership with schools, institutions, community groups, sport and leisure facilities etc – companies retain the trust of their consumers, can convince influential stakeholders (such as NGOs, campaigners, governments, etc) of their intentions to be responsible corporate citizens and can also improve a company's reputation and retain a better position on the recruitment market. Companies, investing in activities in the marketplace – developing new products and services, finding new business opportunities and exploring the potential for new markets – can increase their sources of income, protect their market share and financial returns as well as retain the confidence of shareholders and gain a competitive advantage. Finally, 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.

considerable resources into a cross-sector partnership might also be, or wish to become, a commercial supplier to a partner organisation.

- ◆ Time investment in partnership-building – a major transaction cost to working in partnership is the very significant time it takes to develop and set up a well-functioning partnership and the need to continuously review and maintain the relationship.
- ◆ Implementation difficulties – partnerships require a non-traditional way of working, with an unfamiliar shared leadership and shared implementation which may cause challenges, particularly where roles and responsibilities are not sufficiently well defined.
- ◆ Confused accountability – partners must remain fully accountable to their own stakeholders, while also being accountable to the partnership itself.
- ◆ Negative reputation impact – by publically associating with others through a partnership, there is the potential for reputational damage based on the actions of partners.

### The challenge of partnering

Bringing together different sectors with their different motivations, interests, cultures and even vocabularies to agree on shared objectives and work successfully together is challenging. It requires all parties to have an understanding of partnership, a partnering mindset and a particular skill set. It also needs a well-managed partnership-building process.

Each partner needs the ability to listen to and understand the real interests, needs and constraints of the others and in turn be transparent about and ensure that other partners understand theirs. Partners need to be flexible, open to new ideas and be prepared to compromise where they can (while being clear where they cannot). By being willing to work outside 'business as usual', by opening themselves up to the wider space their collective resources define, and by thinking as a partnership not as individual organisations, partners can achieve real innovation in design and implementation.

### Role of the partnership 'broker'

Partnerships of any degree of complexity do not simply fall into place, but go through a process of development. In many cases there is an individual who takes on a major role making it happen. The role of a partnership 'broker' is a vital one, to build the relationship, ensure that the partners understand each other, and to lead them through the different stage. Brokers may be 'internal' – i.e. they are from one of the partners – or they may be third-party 'external' brokers. Having an independent broker can be particularly valuable where, for whatever reason, partnering is likely to be difficult due to a lack of trust or where significant interest-based negotiation is required to bring partners' diverging positions closer together.

### Success factors

Experience of running partnerships has led to the identification of a number of common success factors for effective partnerships, including:

- ◆ Core partnering principles: equity, transparency and mutual benefit.
- ◆ Co-creation, with all partners contributing to the design of the programme, thereby building buy-in and the potential for greater innovation.
- ◆ 'Smart' objectives – Specific, measurable, attainable, relevant and time-bound.
- ◆ Solid institutional commitment from the partners, embedding the partnership beyond the individuals tasked with representing the

partner.

- ◆ Strong relationship management, including allocating adequate resource to the process of building the partnership.
- ◆ Strong project management, to ensure a focus on the delivery of objectives.
- ◆ Good internal and external communication plans – agreed by all the partners.
- ◆ Clear roles and responsibilities to ensure nothing falls through gaps between partners.
- ◆ Built-in review processes to ensure both the project and the relationship remain on track.

### Systematically fostering partnerships

Despite their significant potential, there are to-date relatively few examples of cross-sector partnerships working on issues around NCDs. There are a number of steps that need to be taken to increase their number and effectiveness.

Although not a new concept, cross-sector partnerships are still far from entering many organisations' consciousness as a way to help them achieve their goals. In part this could be down to a lack of exposure to the concepts and to sufficient examples of partnerships demonstrating success in areas of direct relevance to organisations. There may also be attitudinal issues preventing organisations reaching out and partnering with other sectors.

- ◆ **Step 1: Raise awareness** and make the case for partnership more widely through case studies, newspaper articles, speaking opportunities, networking, partnership 'road shows'.

Good partnering takes a particular mindset and a particular skill set. For an organisation to be an effective partner, it also needs to have the systems in place and flexibility of institutional arrangements that can support collaborative working.

- ◆ **Step 2: Develop capacity** of individuals and organisations to partner effectively, through training, provision of support and advice, access to tools and guides.

Partnerships often come about quite haphazardly based on chance meetings. A more systematic approach is necessary to create real opportunities.

- ◆ **Step 3: Build opportunity** for partnership through marketplace events, regular multi-stakeholder dialogues, provision of grants.

PAHO's new Partners Forum for Action on Chronic Diseases is an example of an initiative which is attempting to put into place such systematic fostering of partnerships.

### Partnerships including the business community aimed at preventing and tackling NCDs: some examples

- ◆ Plaza Sesame promotes healthy habits for life.<sup>24</sup> **Sesame Workshop**, the non-profit organisation behind Sesame Street, and Tetra Pak, a global food processing, packaging and distribution company created a unique partnership in order to deliver fundamental health messages to children in Mexico. As part of overall Healthy Habits outreach programme, *Plaza Sésamo*<sup>25</sup> characters and key health messages appear on milk containers provided by Tetra Pak and are distributed via DIF's (Integral Family Development) School Meal Plan, a nutrition programme for undernourished children. The objective of the partnership is to increase awareness by leveraging Tetra Pak's distribution network and popularity of Plaza Sésamo. The partnership was launched in 2007 and has now expanded to several Mexican states reaching close to 1.5 million children. A

recent impact study from Yucatan demonstrates the great success of PPP: 68 per cent of parents and 71 per cent of teachers in experimental group perceived positive changes in children's nutrition and hygiene habits and all participating teachers stated that it is very important to permanently include the programme in schools.

- ◆ **PAHO's Partners' Forum for Action on Chronic Disease** was officially launched on December, 2009, as a catalyst for multi-sector partnerships that drive direct social, environmental and policy action to promote health and prevent chronic diseases. The Forum brings together a range of talents and perspectives from across all the sectors to help raise awareness about chronic diseases, advocate for changes in public policy, and expand existing and develop new partnership initiatives aimed at reducing risk factors and improving treatment of chronic diseases. The Partners' Forum is being created by PAHO in collaboration with the International Business Leaders Forum (IBLF), the Pan American Health and Education Foundation (PAHEF), the World Economic Forum (WEF), and in consultation with the CARMEN network, the WHO/WHO Collaborating Centres; international NGOs and Consumers International.

*Further information:* <http://PartnersForum.org>

- ◆ **The Drinkaware Trust** was established in the United Kingdom to improve public awareness and understanding of responsible drinking and change the nation's drinking behaviour for the better. The Trust is a unique partnership involving industry and the health, education and voluntary sectors. It was established in 2006 with the signing of a Memorandum of Understanding (MoU) between the Government and the Portman Group – an industry association of eight major alcohol manufacturers that was set up to encourage responsible drinking. Under the MoU, the Portman Group agreed to transfer its existing educational resources to the Trust, including its flagship initiative, the website [www.drinkaware.co.uk](http://www.drinkaware.co.uk).

*Further information:* [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

- ◆ **The Trans Fat Free Americas Initiative** was an initiative started by the Pan American Health Organisation-led taskforce to eliminate industrially produced unhealthy trans fatty acids from foods in the Americas. A number of companies had already been voluntarily reducing their use in their products and in some countries there were already regulations banning their use. In Rio de Janeiro, June 2008, PAHO convened a group of public health authorities, representatives of the food industry and cooking oil companies who signed a Trans Fat Free Americas Declaration to eliminate the use of trans fat through a combination of both public and private actions.

- ◆ **Change4Life** is a United Kingdom society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. It is the marketing component of the Government's response to the rise in obesity. The campaign aims to inspire a societal movement in which everyone who has an interest in preventing obesity, be they Government, business, healthcare professionals, charities, schools, families or individuals, can play their part. The Change4Life advertising campaign began in January 2009 and in the initial stage targeted young families with children aged 5–11 years. Since its launch the movement has grown to targeting parents of 1–4 year-olds and babies. Commercial organisations are involved as they can best reach the target audience. By working in partnership with them, government can tap into the power of brand loyalties and make changes in food manufacturing and shopping habits, supporting new activity schemes and spreading the word in the media. Before any

commercial company can work with us on the Change4Life movement, they must sign up to agreed Terms of Engagement. These require companies to commit to working with us on both healthy diet and physical activity initiatives.

*Further information:* <http://www.nhs.uk/change4life/Pages/Default.aspx>

- ◆ **Caribbean Wellness Day**, which is celebrated on the second Saturday in September, evolved out of the Declaration of Port-of-Spain, agreed on by CARICOM Heads of Government during a meeting in Trinidad in 2007. The Declaration outlines the framework guiding a broad scale united effort by member countries to combat the spread of chronic diseases.
- ◆ **EPODE – (Together Let's Prevent Childhood Obesity)** is a methodology designed to involve all relevant stakeholders in an integrated and concrete prevention programme aimed at facilitating the adoption of healthier lifestyles in everyday life. The first EPODE programme started in France in 2003 and now extends to nearly 1.8 million inhabitants in 167 French cities, 20 cities in Spain and 8 cities in Belgium. The programmes were developed on the basis of being long term, aiming at changing the environment and ultimately unhealthy behaviour. The approach is a 'positive, concrete and stepwise' learning process with no stigmatisation of any culture, food habits, overweight and obesity. Success to date is measured by a large field mobilisation in the pilot cities and by the encouraging evolution of the BMI of children in France within the pilot cities. The EPODE programme is partly funded by stakeholders from the industry – according to the programme coordinators this being one of the strengths and key components of the programme, as corporate partners keep the public costs down – an ethical charter makes sure that economic interests are not affecting the programme. EPODE is about to be implemented in Greece, Québec (Canada) and in Australia.

*Further information:* <http://www.epode-european-network.com>

- ◆ **The EU Platform for Action on Diet, Physical Activity and Health** was created in March 2005, as part of an overall EC strategy on nutrition and physical activity to respond to the rising obesity epidemic in Europe. A cross-sector group of stakeholders agreed that promoting healthier diets and more physical activity among Europeans is the key to tackling this problem. All platform members have agreed to devote an increasing level of resources and effort either to extend existing initiatives or launching new actions designed to reverse the obesity trend, to pool Europe's knowledge on what works/what does not and to disseminate best practice across the European Union. The EU Platform also acts as a forum where good practice from one country can rapidly be disseminated and replicated across the continent.

*Further information:* [http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)

- ◆ Launched in November 2002, **Media Smart** is a non-profit media literacy programme for school children aged 6–11 years old, focused on advertising. It develops and provides, free of charge and on request, educational materials to primary schools that teach children to think critically about advertising in the context of their daily lives. Media Smart is funded by the advertising business in the United Kingdom and is supported by the United Kingdom and European Union governments. An expert group ensures the quality of the programme by writing, reviewing and approving the teaching materials. Media Smart is now recognised by many as a world-class

media literacy programme. It is the only programme in Europe that brings together the resources of the industry, expertise of leading academics and the advice of the government into one comprehensive national programme.

Further information: <http://www.mediasmart.org.uk>

◆ **Pfizer and the Pfizer Foundation** has provided more than US\$47 million over four years (2007–2010) to address emerging challenges in cancer and tobacco control in 46 countries across five continents. This partnerships programme helps cancer and tobacco control organisations with training and technical assistance, national cancer control plans and improvement of patient services. The programme collaborates with local experts to improve the diagnosis and treatment of cancer and reduce its incidence and burden. Technical assistance and evaluation support is provided by the Bloomberg School of Public Health at Johns Hopkins University. This partnership aims to support cancer and tobacco control programmes that offer cancer screening, quit-lines and counselling services; work with local partners to raise awareness of the need for cancer screening and consequences of tobacco use; provides technical assistance and evaluation support to cancer and tobacco control organisations and shares effective public health models and supporting patient advocacy.

Further information: [www.pfizerglobalhealth.com](http://www.pfizerglobalhealth.com) ◆

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## References

- <sup>1</sup> *Financial Times* (2009) – 'Lifestyle' diseases saddle poor countries, Hannah Kuper and Simon Kuper
- <sup>2</sup> WHO. 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. 2008
- <sup>3</sup> *Financial Times* (2009) – 'Lifestyle' diseases saddle poor countries, Hannah Kuper and Simon Kuper
- <sup>4</sup> Ibid
- <sup>5</sup> The World Bank: Public Policy and the Challenge of Non-Communicable Diseases, 2007
- <sup>6</sup> Milken Institute: <http://www.milkeninstitute.org/publications/publications.taf?function=detail&ID=38801018&cat=ResRep>
- <sup>7</sup> *Health Affairs Journal* (2009) - CDC online: <http://www.cdc.gov/media/pressrel/2009/r090727.htm>
- <sup>8</sup> UK FORESIGHT Report 2009: Tackling obesities - future choices.
- <sup>9</sup> <http://www.diabetesatlas.org/content/economic-impacts-diabetes>
- <sup>10</sup> <http://www.diabetesatlas.org>
- <sup>11</sup> World Economic Forum 2010: <http://www.weforum.org/pdf/globalrisk/globalrisks2010.pdf>
- <sup>12</sup> Burslem, Chris, IFPRI. (2004) Obesity in Developing Countries: People are Overweight but Still Not Well Nourished. Available online as of 5/7/2008 at: <http://www.worldhunger.org/articles/04/global/burslem.htm>
- <sup>13</sup> Advocacy Update IDF: <http://www.idf.org/node/1491>
- <sup>14</sup> CHOGM 27-29 November 2009, Trinidad & Tobago, Statement on Commonwealth Action to combat Non-Communicable Diseases
- <sup>15</sup> IDF: <http://www.idf.org/node/1491>; NHF: <http://www.worldheart.org/what-we-do/advocacy/global-health-agenda/>
- <sup>16</sup> Global Alliance for Chronic Disease: <http://www.ga-cd.org/about.php>
- <sup>17</sup> *The Lancet*. 2009. Combating chronic disease in developing countries. *The Lancet* June 13, 2009, p.2004.
- <sup>18</sup> *Financial Times*. 2009. 'Lifestyle' diseases saddle poor countries, Hannah Kuper and Simon Kuper
- <sup>19</sup> WHO. 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. 2008
- <sup>20</sup> <http://PartnersForum.org>
- <sup>21</sup> <http://GlobalFund.org>
- <sup>22</sup> A Ciclovías event involves the closing off of large parts of the city from cars for a period of time to encourage walking, running, cycling, and skating, bringing both physical and community benefits. <http://cicloviasunidas.org>.
- <sup>23</sup> Global Strategy on diet, physical activity and health. WHO, 17 April 2004, p 20/21
- <sup>24</sup> Information has been provided by Sesame Workshop
- <sup>25</sup> Mexico's localised Sesame Street adaptation