

## 54 Whole-of-society response for NCD prevention and control

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A whole-of-society approach extends the whole-of-government approach by placing additional emphasis on the roles of the private sector, civil society, political decision-makers such as parliamentarians,<sup>1</sup> academic and research institutions, professional organizations and the media. It promotes institutional cooperation, coordination and coherence across sectors of government and society broadly for the prevention and control of NCDs.

This chapter describes the roles of parliamentarians and legislators, civil society, academic and research institutions and professional organizations in responding to NCDs. It also describes key issues in developing and sustaining partnerships. The roles of government, the private sector and the media in tackling NCDs are covered in other chapters and summarized in Table 54.1.

### **Parliamentarians and legislators**

Parliamentarians and legislators are of critical importance for NCD prevention and control. Many of the WHO best buys (Chapter 34) require legislative and/or regulatory measures, for example: (i) increasing excise taxes and prices on tobacco products, alcohol, vehicles and fuel (Chapter 41); (ii) eliminating second-hand tobacco smoke in indoor workplaces, public places and public transport; (iii) eliminating industrially produced trans-fats from the food chain; and (iv) banning the use of asbestos and other toxicants in new construction and removing them where currently used.

Legislators are well-placed to facilitate a whole-of-government and whole-of-society response to NCDs – and to help ensure that governments and key stakeholders are held accountable for their actions (Box 54.1).

Table 54.1 The roles of government, the private sector and the media for prevention and control of NCDs

<i>Sector</i>	<i>Examples of actions</i>
Government (Chapter 53).	<ul style="list-style-type: none"> <li>• Provide leadership, planning and coordination for effective multisectoral action.</li> <li>• Mainstream NCD prevention and control into the national development agenda and allocate adequate resources efficiently and sustainably.</li> <li>• Provide equitable access to NCD prevention and care through universal health coverage and action to address the determinants of NCDs.</li> <li>• Set and enforce standards for preventive, promotive, curative and rehabilitative health services.</li> <li>• Ensure legal, regulatory and fiscal environments that enable health and well-being for all.</li> <li>• Drive partnerships, ensuring safeguards for effective private-sector collaboration.</li> </ul>
Private sector entities (Chapters 56 and 57).	<ul style="list-style-type: none"> <li>• Work constructively with governments to create environments that reduce population exposure to NCD risk factors and enable access to health services.</li> <li>• Reformulate foods to eliminate trans fats and limit levels of saturated fats, sugar and salt. Increase the availability and affordability of healthy and nutritious foods and beverages.</li> <li>• Ensure responsible marketing practices, particularly for children and youth.</li> <li>• Ensure safe working conditions, including the elimination of second-hand smoke exposure, and implement workplace screening and wellness programmes.</li> <li>• Address environmental processes which cause NCDs and harm the planet.</li> </ul>
Media (Chapter 50 on effective communication).	<ul style="list-style-type: none"> <li>• Raise public awareness of NCDs and ways to reduce risk.</li> <li>• Advocate for legislative and regulatory action on the marketing of tobacco, alcohol and unhealthy foods and beverages, particularly to children and youth.</li> <li>• Consider impacts on NCDs in deciding what the media will/will not advertise/promote.</li> <li>• Keep NCDs on the public agenda through repeated coverage. Help sensitize and engage political leadership/policymakers on NCDs.</li> <li>• Publish high-quality scientific research on NCDs and present data in formats that suit the targeted audiences.</li> <li>• Hold others to account.</li> </ul>

Whole-of-society response to address NCDs—what is the role of various stakeholders in society? WHO South-East Asia Regional Office, 2014.

**BOX 54.1 EXAMPLES OF HOW LEGISLATORS CAN FACILITATE A WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY RESPONSE TO NCD PREVENTION AND CONTROL<sup>2</sup>**

- Raise awareness of the need for action, amongst fellow legislators, other branches of government and the general public.
- Promote multisectoral action, including through strong multisectoral coordination mechanisms.
- Ensure horizontal and vertical policy coherence, i.e. across and between government sectors at local, national, regional and global levels.
- Press to incorporate NCDs into national development strategies, policies, programmes and financing frameworks.
- Engage civil society and people living with NCDs in national NCD responses.
- Support legal frameworks for social participation in health decision-making and for enabling civic space.
- In budget allocations and expenditure reviews, consider the economic costs of not adequately addressing NCDs and the return on investment in scaled-up action.
- Encourage the dissemination of accurate and trustworthy information and call out information that is inaccurate or misleading.
- Support government to monitor public health, defend public health policies in litigation and strengthen enforcement, for example by ensuring action against those in violation of the law.
- Ensure transparency and accountability in law-making and oversight processes, for example by supporting the development and dissemination of clear codes of conduct and disclosure mechanisms to safeguard against industry influence in policymaking, and by holding industry accountable for voluntary commitments.

It is important that legislators are aware of potential biases linked to the vested interests of industry and other stakeholders. Strong governance mechanisms must be in place to prevent legislators from being inappropriately influenced, including by ensuring that legislators declare conflicts of interest around the actions to prevent and control NCDs.

**Civil society**

Civil society refers to voluntary, non-governmental, not-for-profit organizations formed by people in the social sphere with commonly held values,

beliefs or causes. It includes civil society coalitions and networks, protest and social movements, voluntary bodies, campaigning organizations, indigenous groups, professional associations, charities, faith-based groups, trade unions and philanthropic foundations. Civil society has been a powerful force in other global health and development responses, such as maternal and child health, HIV/AIDS and climate change. The political declarations of the high-level meetings on NCDs highlight the importance of civil society to an effective response as well as the need to foster partnerships between government and civil society (Chapter 31).

CSOs play a key role in four major areas in the prevention and control of NCDs (Box 54.2)

**BOX 54.2 THE ROLE OF CIVIL SOCIETY IN THE PREVENTION AND CONTROL OF NCDs (FROM NCD ALLIANCE)<sup>3</sup>**

- *Awareness*: Targeting the general public or specific populations with initiatives aimed at increasing knowledge and changing attitudes and behaviours (Chapter 47); raising public demand for improved rights and services (Chapter 52).
- *Advocacy*: Driving system change and influencing legislation, funding or policy for NCD prevention (e.g. Chapter 41) and/or control; mobilizing communities and people living with NCDs as agents of change (including contributing to the development, implementation and evaluation of policy and programmes) (Chapter 55).
- *Access*: Delivering health services, providing legal support, and providing practical assistance for accessing healthcare services (e.g. transportation and patient navigation) (Chapter 55), including in humanitarian situations (Chapter 51).
- *Accountability*: Tracking national progress and actions of the private and public sector against commitments and standards (Chapter 35).

In the NCD space, many CSOs focus on a single condition or risk factor. This can be advantageous since people do not have an ‘NCD’ – they have, for example, cardiovascular disease, cancer, diabetes or chronic respiratory disease, and the agendas for specific conditions or risks can be very different. However, many people have combinations of these diseases, and attention, investment and action for NCDs require bringing together the efforts and voices of NGOs working on disease-specific issues. The NCD Alliance was established to respond to this challenge by developing a network of organizational members, national and regional NCD alliances, over 1,000 member associations of its founding federations, global and national CSOs, scientific and professional associations, and academic and research

institutions.<sup>4</sup> The growing network of over 66 national and regional NCD alliances across the world is evidence that coalition building is an integral part of NCD civil society. Given the linkages between NCDs and broader health and development, NCD alliances are increasingly engaging with other communities, such as those working on HIV and climate, to focus on win-win solutions.

Examples of action to maximize the potential of CSOs and communities to accelerate action towards the global NCD targets have been described.<sup>5</sup> They include:

- Establishing supportive legal, social and policy environments for civil society to thrive. In many countries, opportunities for flourishing civil society are repressed.<sup>7</sup> Governments need to be encouraged to foster and expand civic space for CSOs, and their development partners need to provide support in this process.
- Increasing investment in sustainable finance of CSOs and community systems to support CSOs and building capacity and skills in governance, advocacy, budget tracking, documenting best practices and holding others accountable.
- Encouraging the UN and governments to ‘walk the talk’ on their commitment to meaningful engagement of civil society, i.e. moving beyond tokenism by viewing CSOs and people living with NCDs as equal partners (Chapter 55) and experts in their own right, and creating fully inclusive processes at all levels of policy and programme design, governance, service delivery and accountability mechanisms.
- Emboldening the NCD community to hold governments and other development partners to account. As part of this, governments with the support of the UN and other development partners need to establish inclusive and transparent national accountability mechanisms that include CSOs and people living with NCDs, and to foster independent accountability efforts such as CSO shadow reporting.

### ***Professional associations***

Professional bodies are responsible for setting professional standards, accrediting professionals and providing ongoing training and professional development, including ensuring their members are fit to continue their duties. Professional bodies also have an important role in generating data, advocating for NCD prevention and control, providing technical support for the development of norms and standards and supporting their implementation. Professional bodies can influence policies around task-sharing or task-shifting (which can be particularly helpful for NCDs that require long-term treatment and care). While it is important for professional bodies to uphold standards for ensuring quality of care, they should also be open to supporting new and innovative ways of working effectively.

To support whole-of-society approaches, the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) was established in 2014. GCM/NCD facilitates multistakeholder engagement and cross-sectoral collaboration and action across over 450 WHO Member States, UN organizations and non-State actors to support the delivery of the WHO Global NCD Action Plan. Examples of GCM/NCD activities are shown in Box 54.3.

### **BOX 54.3 EXAMPLES OF WHO GCM/NCD ACTIVITIES<sup>6</sup>**

*Working groups:* (i) how to realize governments' commitments to engage with the private sector; (ii) how to realize governments' commitment to providing financing for NCDs; (iii) the inclusion of NCDs in other programmatic areas; (iv) alignment of international cooperation with national NCD plans; (v) health education; and (vi) health literacy for NCDs.

*Communities of practice:* including (i) meaningful involvement of people living with NCDs; (ii) NCDs, poverty and development; (iii) NCDs and health literacy; (iv) NCDs, health and law; and (v) women and NCDs.

*Communication campaigns:* e.g. Beat NCDs, NCDs & Me.

*Knowledge Action Portal (KAP):* an interactive online platform to enhance the understanding, interaction and engagement of its members on the prevention and control of NCDs.

*Accountability:* tracking commitments and contributions from civil society, philanthropic foundations and academic institutions on addressing NCDs.

### ***Trade unions***

Trade unions have an important role in promoting health, including the prevention of NCDs, in the work setting, working in partnership with employers and the workforce in the development, delivery and evaluation of a healthy workplace. The workplace can be an environment that protects workers' health and enables them to make healthy choices, without stigmatizing. Examples of workplace initiatives include cessation support for individuals who want to quit smoking, providing access to affordable, healthy food and beverage options for employees and implementing regular workplace screening for NCDs and their risk factors.<sup>7</sup>

### **Academic and research institutions**

Although affordable, cost-effective interventions for NCDs exist, implementation is inadequate worldwide. Comparative, applied and operational research, integrating both social and biomedical sciences, is required to scale up and

maximize the impact of existing interventions. Research and academic institutions, working in partnership with policymakers and funders, are key to:

- Assess, analyze and report on determinants of NCDs in various populations and subgroups.
- Assess, analyze and report on factors influencing the multisectoral, macroeconomic and social determinants of NCDs and risk factors in different settings.
- Develop and evaluate existing and new interventions, including practices and protocols, and the efficiency, availability, accessibility and cost-effectiveness of interventions within healthcare and other sectors, in different settings.
- Collate and disseminate epidemiological and socioeconomic data (e.g. surveys) to monitor progress and the impact of interventions (possibly in collaboration with local government).
- Develop monitoring frameworks (e.g. disease registries, databases of policies and practices, etc.) that can contribute to or be part of accountability mechanisms.
- Collaborate with government in the design, implementation and/or evaluation of policies and programmes.
- Ensure that knowledge and skills (including around NCDs) are continuously evaluated, strengthened, shared and taught at pre- and post-graduate levels.

More broadly, academic and research institutions are important for strengthening the scientific basis for decision-making and getting research into practice, providing technical advice to policymakers and practitioners working in government and other agencies (development of guidance and other tools), and contributing to building capacity through undergraduate and postgraduate training and professional development.

### **Developing and sustaining partnerships**

An effective whole-of-society response is achieved both through individual actions of stakeholder groups and partnership across groups. Key to success is an appreciation of what each group brings to the table and an understanding of the power, influence and interest of each partner in moving the agenda forward. This is particularly important when developing multi-stakeholder plans and specific policies or programmes that require action beyond the health sector (e.g. taxes on tobacco products).

Institutional and context analysis (ICA) is a tool that analyzes the political and institutional factors in a given country or locality, and how these factors may impact NCD prevention and control positively or negatively. ICAs can uncover barriers to service access and delivery as well as to the implementation and enforcement of laws and policies for NCDs. They also inform how these

barriers can be overcome, including through stronger leadership and alliances. The methodology for undertaking an ICA for NCDs is described elsewhere<sup>8</sup> along with examples of it in practice.<sup>9,10</sup>

An NCD stakeholder analysis in Bangladesh for example determined that: (i) policymakers, development partners, service providers, industry, research and academia, the media and civil societies are the main stakeholder categories; (ii) government, development partners and civil society had the highest levels of power and support for NCDs; (iii) tobacco and food industries had powerful positions in opposition of key NCD interventions; and (iv) non-health ministries had the lowest levels of interest.<sup>11</sup>

Examples of partnerships include those between the public and private sector (Chapter 57), and between governments and NGOs for health promotion and service delivery. A third example is a partnership between a range of civil society and development partners (academia, NGOs, international organizations and the media) to monitor progress and hold governments to account.<sup>12</sup> Guidance for developing and sustaining partnerships across sectors is widely available, including tools to: (i) identify organizations and individuals to engage or consider in a potential project; (ii) define elements of the partnership to be agreed upon by partners; (iii) assess the value, risks and implications of a partnership opportunity and inform a go/no-go decision; (iv) systematically assess what value might be created through partnership and at what cost.<sup>13</sup>

Strong and inclusive national and local governance mechanisms are essential for well-coordinated whole-of-society action on NCDs, including for planning, guiding, monitoring and evaluating the enactment of national policy with the effective involvement of sectors outside health. Effective governance mechanisms and structures ensure clear leadership, ongoing stakeholder engagement and effective implementation of a national multisectoral NCD strategy or action plan.<sup>14</sup>

## Notes

- 1 Governance snapshot: whole-of-society approach: the coalition of partners for strengthening public health services in the European region. WHO, 2019.
- 2 What legislators need to know: noncommunicable diseases. WHO and UNDP, 2018.
- 3 Shoba J et al. Practical guide on how to build effective national and regional NCD alliances. NCD Alliance, 2016.
- 4 NCD Alliance. NCD Alliance Network. <https://ncdalliance.org/who-we-are/ncd-alliance-network>.
- 5 Dain K.A “whole of society” approach to non-communicable diseases must include civil society organisations. *BMJ Opinion*. December 6, 2019.
- 6 2014–2019: 5 Years of the global coordination mechanism on NCDs. WHO, 2020.
- 7 *Work and well-being: a trade union resource*. London: Trade Union Congress, 2015.
- 8 Non-communicable disease prevention and control: a guidance note for investment cases. WHO and UNDP, 2019.
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  - 11 Elfarrar RM. A stakeholder analysis of noncommunicable diseases' multisectoral action plan in Bangladesh. *WHO South-East Asia J Public Health* 2021;10:37–46.
  - 12 NCD Countdown 2030 Collaborators. NCD countdown 2030: efficient pathways and strategic investments to accelerate progress towards the sustainable development goal target 3.4 in low-income and middle-income countries. *Lancet* 2022;399:1266–78.
  - 13 Stibbe D et al. THE SDG PARTNERSHIP GUIDEBOOK: a practical guide to building high-impact multi-stakeholder partnerships for the sustainable development goals. The Partnership Initiative and UN DESA, 2020.
  - 14 Toolkit for developing a multisectoral action plan for noncommunicable diseases. Module 2. Establishing stakeholder engagement and governance mechanisms. WHO, 2022.