Governing multisectoral action for health in low- and middle-income countries

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Examining experiences of multisectoral collaboration for health from Cambodia, Chile, Colombia, India, Kenya, Malawi, Pakistan, the Philippines, Thailand, Uganda, the Caribbean, the Pacific and the European region, this study identifies five key considerations and lessons for successful governance of multisectoral action.

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pmed.1002285.pdf [1]

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Summary points:

- The focus of the health sector in most countries remains almost exclusively on health care services, and potential for multisectoral collaboration remains untapped in many low- and middle-income countries.
- Different sectors have different contributions to make towards solving specific health problems. In each case, the profile, interests, incentives and relationships of key individuals and sectors must be mapped and analysed to inform the design of approaches and systems to tackle a shared problem.
- Collaborative and distributed leadership is key for effective governance of multisectoral action, with a need to build leadership capacity across sectors and levels of government, and cultivate champions in different sectors who can agree on common objectives.
- Important ways forward to support countries to take a multisectoral approach for health include ensuring that
 the universal health coverage agenda addresses the capacity of the health sector to work with other sectors learning from multisectoral efforts that do not involve the health sector improving the capacity of global
 institutions to support countries in undertaking multisectoral action, and developing a clear implementation
 research agenda for multisectoral action for health.

Related Resource: Advocacy Docket: Multisectoral action for NCD prevention and control - Why? [2]

Approaches to establishing country-level, multisectoral coordination mechanisms for the prevention and control of NCDs [3]

Author: Kumanan Rasanathan [4]

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