

APPROACHES TO ESTABLISHING COUNTRY-LEVEL, MULTISECTORAL COORDINATION MECHANISMS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

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Printed in India

Design:
Infonauts
www.infonauts.in

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ACKNOWLEDGMENTS

This document was produced by the Department of Noncommunicable Disease and Healthy Environments, WHO Regional Office for South-East Asia with inputs from a number of experts. Ms Shoba John interviewed the experts and prepared the draft.

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ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
HIV	human immunodeficiency virus
ILO	International Labour Organization
KPI	key performance indicator
NACO	National AIDS Control Organization
NCD	noncommunicable disease
NGO	nongovernmental organization
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

The determinants and implications of noncommunicable diseases (NCDs) are spread across diverse sectors within and outside the government. This calls for Member States to set up multisectoral coordination mechanisms (hereafter referred to as “the mechanisms”) that offer a synergistic response to these diseases and their risk factors. The analysis of experiences of countries in addressing various health and similar challenges brings to the fore five key elements that are integral to an effective multisectoral coordination mechanism for NCDs, and five strategies to improve the involvement of relevant sectors in such a mechanism. The 5x5 approach presented in this document can guide governments in their efforts to set up effective coordination mechanisms for NCDs at the national and subnational levels.

Five elements: High-level political leadership that has the authority and resources, monitors progress and ensures adherence to international commitments is the most critical element of an effective multisectoral coordination mechanism for NCDs. Next, the mechanism requires a clear scope and mandate for all the participating sectors. A skilled and well-staffed secretariat is critical to providing the necessary operational support to the mechanism; equally important are sensitized focal persons in all relevant ministries. A costed, joint workplan and earmarked funds are required to ensure its seamless implementation. The mechanism also needs to develop a set of process and outcome indicators against which progress is regularly measured.

Five strategies: A package of five strategies would help mobilize the interest of diverse sectors in the coordination mechanism. The first step is to influence the setting of a political agenda, thereby ensuring high-level political support for action across sectors. Evidence needs to be generated to make the business case for NCDs and showcase the relevance of NCD interventions for the goals of partner ministries. Close monitoring of implementation through process indicators and periodic reporting to the supraministerial authority could also help in galvanizing momentum in the mechanism.

In addition to various ministries within the government, intergovernmental agencies, international development partners and civil society organizations can support the work of the mechanism through specific technical and financial inputs. Governments also need to explore and identify the best means to engage with the private sector in a transparent and accountable manner.

1 INTRODUCTION

1.1 BACKGROUND

The Political Declaration of the High-level Meeting of the United Nations (UN) General Assembly on the Prevention and Control of Noncommunicable Diseases in 2011 recognized the importance of multisectoral collaboration for the prevention and control of noncommunicable diseases (NCDs).¹ This has been underscored by several resolutions from the World Health Organization (WHO) and the South-East Asia Regional Committee. The WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020) specifically calls on its Member States to set up a national multisectoral mechanism “for engagement, policy coherence and mutual accountability of different spheres of policy-making that have a bearing on noncommunicable diseases”.

Further, the participants at the WHO Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region in Bengaluru in August 2014 comprehensively discussed the importance of multisectoral actions and their coordination, and requested WHO to provide support to Member States in operationalizing national multisectoral coordination mechanisms for NCDs.² This guidance document discusses approaches to establishing multisectoral coordination mechanisms at the country level.

BOX 1

THE UN POLITICAL DECLARATION’S CALL FOR MULTISECTORAL ACTION ON NCDs

“Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;” (Para 33)

“Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;” (Para 36)

1.2 RATIONALE

The policies and programmes of some sectors could have a bearing on the four major NCDs (cancers, cardiovascular diseases, diabetes and chronic respiratory diseases) and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity). For instance, trade and investment policies of ministries of trade and finance can potentially increase the availability and consumption of tobacco, alcohol, unhealthy food and private vehicles in communities. Similarly, advertisement policies of the ministries of communication or broadcasting could promote the marketing and reach of these products to consumers. On the other hand, the ministry of agriculture might have programmes that improve the accessibility and affordability of fruits and vegetables in towns and cities. Similarly, urban designs of relevant planning agencies that encourage walking and cycling could create enabling physical environments for physical activity and thus promote a healthy lifestyle; programmes of rural development agencies may present opportunities for health-care delivery to NCD-affected populations in remote areas.

NCDs in turn have implications for the health, economy, productivity and environment of countries. They are the major causes of mortality in the South-East Asia Region, claiming an estimated 8.5 million lives each year. Nearly half of these deaths are premature and occur before the age of 70 years, thus affecting economically productive individuals and therefore national productivity.³ The cost of treating them impoverishes families and drains government exchequers. In India, for example, the share of NCDs in out-of-pocket health expenses incurred by households increased from 31.6% in 1995–96 to 47.3% in 2004.⁴ Evidence shows that the poor are more exposed to the risk factors for NCDs, and bear a greater share of its social and economic implications.⁵

Given that the NCDs, their risk factors and social determinants have roots and implications for sectors beyond health, a multisectoral response is critical to tackle them in a comprehensive manner. The experiences of similar public health concerns suggest that multisectoral coordination mechanisms can go a long way in providing a synergistic response to NCDs in countries.

1.3 METHODOLOGY

This guidance document has been developed on the basis of a review of the literature pertaining to multisectoral coordination mechanisms for a variety of health and social justice issues, and interviews of key informants. The literature review focused on documents pertaining to Asia, given their relevance to the geopolitical context and the burden of NCDs in countries of the South-East Asia Region. The initiatives examined include those addressing tobacco control, HIV/AIDS, maternal and child health (MCH), reproductive health, food safety, water, sanitation and hygiene (WASH), environmental concerns, avian influenza, child labour and gender equality.

The literature review was complemented by interviews of experts and representatives of Member States involved in NCD coordination mechanisms in the WHO South-East Asia Region, experts from intergovernmental agencies familiar with mechanisms for similar issues, and international experts on a multisectoral response to NCD prevention and control.

1.4 SCOPE OF THE DOCUMENT

This guidance document examines some of the common challenges that governments in the South-East Asia Region have faced while establishing multisectoral coordination mechanisms for NCDs. Part 1 (Section 2.1) identifies five key elements of effective mechanisms for other health and social justice issues that are applicable to NCD coordination mechanisms. Part 2 (Section 2.2) identifies five strategies that have enabled the involvement of various sectors in these mechanisms and showcases their relevance for NCDs. Part 3 (Section 2.3) elaborates the potential role and engagement of intergovernmental and nongovernmental agencies, and the private sector in the mechanisms.

Given the differences in political systems, burden of NCDs, country capacity and size of the population among countries in the Region, a “one-size-fits-all” approach is not advisable for setting up country coordination mechanisms for NCDs. Member States would need to adapt the suggested action points and strategies to suit their context, needs and capacity. While this guidance document is largely based on Asian experiences, the lessons it draws from the experience of other issues and its recommendations are broadly applicable to countries across the world.

1.5 CHALLENGES IN ESTABLISHING AND SUSTAINING EFFECTIVE MULTISECTORAL COORDINATION MECHANISMS

Some of the common challenges to effective functioning of NCD coordination mechanisms that countries in the WHO South-East Asia Region have reported include lack of high-level political commitment, divergent and occasionally conflicting mandates of stakeholder ministries, insufficient involvement of civil society and industry interference. This is accentuated by the fact that most countries in the region face multiple health and developmental challenges. NCDs tend to receive lesser political attention than to issues with visible and immediate ramifications such as epidemic outbreaks.

The often-conflicting mandates of ministries are an obstacle to coordinated action. Thus, while the ministry of health aims to develop policies to reduce the consumption of ultra-processed food, the ministry of industry could be issuing licences to increase the production of such foods. Similarly, while ministries of health and environment may be interested in reducing the number of private vehicles and associated pollution in public places for reasons of health and environment, ministries of finance may offer tax rebates to the automobile industry for greater revenue from expenditure on fuel.

The activities of certain players in the private sector contribute directly to NCDs, through increases in the use of tobacco, alcohol, unhealthy foods and private automobiles. Industry bodies often delay and dilute the policy efforts of coordination committees through political entities or their influence.

2 NCD COORDINATION MECHANISMS

2.1 PART 1 FIVE KEY ELEMENTS OF EFFECTIVE NCD COORDINATION MECHANISMS

2.1.1 Highest political leadership

→ Supraministerial mandate and oversight

The multisectoral coordination mechanism for NCDs in several countries of the WHO South-East Asia Region are currently led by their ministers of health. However, these mechanisms have experienced either scant participation from other ministries or engagement by officers from junior ranks. These affect swift decision-making and coordination within the mechanism.

The experiences with health concerns such as HIV/AIDS, MCH and tobacco control indicate that political leadership at the supraministerial level is critical to drive action within any multisectoral coordination mechanism. The Commission on AIDS in Asia points out that (Box 2) leadership by heads of governments in the coordination mechanisms for HIV/AIDS elicited a strong response in terms of allocation of resources, coordination between stakeholders, flow of resources and prioritization of most-at-risk groups (Box 2).⁶

BOX 2

COMPARISON OF THREE LEADERSHIP SCENARIOS FOR THE NATIONAL AIDS COMMISSION

	Ministry of Health leads planning response	Other ministry (e.g. Ministry of Planning) leads HIV response	National AIDS Commission led by head of government leads response
Leadership and political commitment	Low	Low	High
Allocation of resources	Low	High	High
Coordination	Low	Medium	High
Flow of resources	Low	Medium	High
Most-at-risk groups prioritized	High	Low	High

This gains importance in the case of NCDs where, unlike infectious diseases, leadership at the level of the head of State/head of government is critical to ensure that ministries with often conflicting mandates also work towards agreed goals for the prevention and control of NCDs. This approach often compromises the frequency of meetings of the coordinating body on account of competing demands on the heads of States/governments. It is important for the mechanism to be anchored at a level that can command action across ministries while ensuring its smooth functioning. For instance, meetings of the coordinating body can be facilitated through delegating authority to a supraministerial body or minister of the nodal ministry to ensure their periodicity and efficacy, with periodic reporting to the office of the head of government for regular monitoring. Ministers of health could serve as “first among equals” in the coordinating group of ministers to inspire action and support from other sectors.

It is noteworthy that the HIV/AIDS national coordination mechanisms received the mandate and funding from the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis. In the absence of such external stimuli, it becomes all the more imperative that high-level political leadership mobilizes in-country action and resources to address the burden of NCDs.

In recent times, NCD-related coordination mechanisms in certain WHO South-East Asian Region countries that have initially been led by high-level political leadership have been replaced with those headed by senior government officials. For instance, India’s Prime Ministerial Task Force on Tobacco Control has recently been replaced with a Committee of Secretaries headed by the Cabinet Secretary. Similarly, the Cabinet Chief Secretary heads Nepal’s high-level NCD coordination mechanism. The executive wing of the government plays a significant role in advancing the implementation of NCD strategies and can offer agility and stability, particularly in politically turbulent situations. Nonetheless, high-level political leadership and oversight are critical to forge policy decisions, mobilize broad-based support and resources across sectors for NCDs.

The mechanism can be legislated through parliament, as the National Authority on Tobacco and Alcohol was established under Sri Lanka’s laws on tobacco and alcohol control. It can also be established through a decree by the head of government, as was the case of Sri Lanka’s Presidential Council on Nutrition and India’s former Prime Ministerial Task Force on Tobacco Control. Whereas the legislative route offers sustainability, it often involves protracted parliamentary processes and political negotiations. Thus, an order of the head of government may prove to be a swifter route to establishing the mechanism, provided its sustainability and terms are unaffected by changes in government leadership and priorities. In essence, the mechanism should be set up through the swiftest mode by the highest political office in the country, and enjoy feasibility and long-term viability in the country context. The choice of modality for setting up the mechanism depends on a host of factors, including political readiness, urgency of the epidemic, and the phase of NCD prevention and control in the country.

BOX 3**UTILIZE EXISTING, POLITICALLY MANDATED MECHANISMS**

Governments, particularly in developing countries, are confronted with competing health challenges and it might not be feasible to set up independent coordination mechanisms for different health issues. In such instances, it is proposed to include NCDs as part of a multisectoral coordination mechanism for health or development, which reports to the head of government. An example is Bhutan's Gross National Happiness Commission, which has health among its core goals; another being Thailand's National Social and Economic Development Board.

However, the response to HIV/AIDS indicates that focused attention through specialized coordinating bodies in the early days of the emergence of the disease played a critical role in elevating its profile and attracting dedicated human and financial resources. As NCDs are currently emerging as a major public health threat in most countries of the South-East Asia Region, it would be appropriate to provide such focused attention to their prevention and control. When NCDs are merged with broader health or development coordination mechanisms, there should be a provision for periodic meetings with a focus on the goals and targets of NCDs, as well as specific channels for the health ministry to guide the NCD-related agenda and policy decisions and follow up.

→ **Coordination at national and subnational levels**

Most countries in the WHO South-East Asia Region have begun by setting up the mechanism at the national level, eventually expanding it to subnational levels. Nepal has recently established three different coordination bodies at the national level – one for policy-making and aligning the national action plan with the annual workplan and budget of the concerned ministries (High-level National Steering Committee) chaired by Minister of Health, a second one for facilitating planning, implementation and monitoring of the plan (National Steering Committee) and the third one for intra-health coordination (Coordination Committee). The Chief Secretary from the High-level National Steering Committee serves as the Chair of the National Committee and its Member Secretary (Secretary of Ministry of Health and Population) in turn serves as the Chair of the Coordination Committee, thus ensuring smooth functioning between the three coordination bodies. The country intends to further extend the coordination mechanism to regional and district levels as per the National NCD Multisectoral Action Plan, 2014–2020.

Thailand previously had a multi-layered, multisectoral coordination mechanism, consisting of national-, regional- and provincial-level committees for NCD prevention and control. Similarly, Bangladesh has Tobacco Control Task Forces at the national, district and subdistrict levels. Issues such as MCH and NCDs that require last-mile connectivity to provide services in the community call for multilevel coordination mechanisms to be built right up to the last unit of governance and delivery. Nepal's national nutrition mechanism described below is an example.⁷

BOX 4**MULTISECTORAL COORDINATION MECHANISMS FOR MCH CONCERNS IN NEPAL**

Nepal has a National Nutrition and Food Security Steering Committee within its National Planning Commission. The stakeholder ministries have jointly developed the country's Multisectoral Nutrition Plan, which is implemented through steering committees at the district level. The Plan aims to reduce stunting and growth failure in children, and has identified the roles of each ministry.

Thus, the Ministry of Health and Population is responsible for improving maternal and child nutrition; the Ministry of Education is committed to improving the nutritional status of adolescent girls; the Ministry of Agricultural Development is focused on increasing household income from agriculture; the Ministry of Urban Development aims to improve sanitation to reduce related infections; and the Ministry of Federal and Local Development is committed to mobilizing more local resources and improving local coordination among sectors.

External partners including the United Nations Children's Fund (UNICEF), WHO, Food and Agriculture Organization (FAO), and development donors contribute towards capacity building and fund the Plan. Their efforts with the Ministry of Agriculture, for instance, are beginning to expand the sector's focus from increasing agricultural yield to producing healthy food.

Source: UNICEF & World Bank Report, 2013.

Thus, countries could begin with national-level coordination mechanisms, with the scope to build additional layers depending on the needs of their population, geographical spread, governance architecture and phase of the NCD response. In the case of multiple mechanisms at the national and subnational levels, coordination between the layers needs to be ensured either by creating overlapping key positions on committees or through involvement of the secretariats of various layers.

2.1.2 Clear scope and mandate of the mechanism

→ Mandate of the coordination body

The level of the coordination mechanism determines the mandate of the body. At the national level, most coordination bodies have the mandate of developing policies, ensuring coordination between different sectors, allocating resources, reviewing progress in the implementation of the agreed action plan at the national and subnational levels, addressing obstacles to progress and reporting on international commitments. The subnational-level mechanisms are largely concerned with implementation of programmes, enforcement of relevant laws and reporting on activities. Model terms of reference for the coordination mechanism at the national and subnational levels are given in Box 5. Additionally, recent calamities in the Region point to the need for coordination mechanisms to evolve ways of sustaining the momentum of NCD interventions, such as through integration with the emergency response.

BOX 5**MODEL TERMS OF REFERENCE****National multisectoral coordination mechanism for NCDs**

- Provide political leadership and guidance to relevant sectors for the prevention and control of NCDs.
- Enhance the integration of NCD prevention and control in the policies and programmes of relevant ministries and government agencies.
- Provide a dynamic platform for dialogue, stocktaking and agenda-setting, and development of public policies for NCD prevention and control.
- Facilitate development and resourcing of the multisectoral action plan on NCDs.
- Coordinate technical assistance for mainstreaming NCDs in the work of relevant sectors at the national and subnational levels.
- Monitor implementation of the action plan and review progress at the national and subnational levels.
- Report on intergovernmental commitments pertaining to NCDs.

Subnational multisectoral coordination mechanism for NCDs

- Ensure effective implementation of the multisectoral action plan on NCDs.
- Coordinate with relevant sectors to mainstream NCD prevention and control in their programme implementation at subnational levels.
- Identify and access local government resources for implementation of the plan.
- Report on implementation of the plan to the national coordination mechanism.

→ Core and additional sectors in the mechanism

The prevention and control of NCDs involve a host of ministries within any government, and can make the coordination mechanisms unwieldy and difficult to manage. For instance, Thailand's former Steering Committee for Prevention and Control of NCDs consisted of 48 senior functionaries of ministries, and its Executive Committee had 65 Chief Executive Officers and Directors General of implementing agencies. While enabling broad participation, large coordinating bodies raise management and functional challenges. In addition to challenges in organizing regular meetings, such mechanisms could affect consensual decision-making and effective follow up. Thailand has therefore sought to redesign the coordination mechanism to be more functional and effective through strategic and result-based coordination with selective sectors.

Some countries may have opportunities to expand an existing coordination body on a related issue to address NCDs. For example, Indonesia may have the opportunity to adapt its existing coordination mechanism for Scaling Up Nutrition (SUN) to also

address NCDs. Experience of HIV/AIDS suggests that coordination mechanisms can start between departments and agencies within the health ministry and work outwards to first include those non-health sectors that are most relevant to meet its goals and priorities, and progressively involve other sectors.⁸ In the case of NCDs, the core sectors would normally include the ministries of finance, trade, industry, food processing, urban development, agriculture, education, youth and sports, and women and child welfare, in addition to relevant departments within the ministry of health. Experience from Member States of the South-East Asia Region indicates that thematic working groups that address specific NCD issues such as tobacco control, unhealthy food or health systems strengthening, which involve four or five core ministries and civil society, could be stepping stones to a comprehensive coordination mechanism for NCDs.

2.1.3 Strong secretariat and sectoral focal points

Expertise, tasks and location of the secretariat

A key factor that determines the efficiency of a multisectoral coordination mechanism is the strength of its secretariat. The secretariat for NCD-related coordination mechanisms in countries of the South-East Asia Region is generally limited to part-time commitment of a middle-level officer in the ministry of health with several competing responsibilities. This leads to fragmented initiatives, irregular meetings, sparse follow up and limited accountability among the partners in the mechanism.

A secretariat with technically qualified staff and ample administrative support is central to the work of any coordination mechanism. The location of the secretariat needs to be decided on the basis of the level of existing and anticipated political support, ownership of the hosting ministry and ease of involvement for other sectors. There are evident benefits to housing the secretariat within the nodal ministry of health in terms of sectoral and political support, and long-term sustenance of the unit. In such cases, ownership and interactions with the secretariat can be enhanced by drawing staff from other sectors to join and contribute to the work of the secretariat.

Successful coordination mechanisms such as for HIV/AIDS and child labour concerns indicate the need for dedicated technical and administrative staff and resources to run the secretariat. Institutionalizing them in existing systems often helps to ensure political support and long-term sustainability.

BOX 6**MODEL TASKS OF THE SECRETARIAT**

- Sensitize key stakeholder ministries on NCD concerns.
- Organize meetings of the multisectoral coordination mechanism for NCDs.
- Develop the agenda for the meeting in consultation with the Chair and other sectors.
- Facilitate the development of the multisectoral, costed action plan for NCDs.
- Request reports on progress of work from stakeholder ministries and subnational coordination bodies.
- Follow up on decisions taken by the coordination body.
- Arrange technical assistance to line ministries such as for environmental scans for policy initiatives, health impact assessments of policies and capacity assessments of sectors.
- Identify knowledge gaps and advance research priorities to inform policy decisions.
- Support stakeholder ministries in accessing resources for implementing their commitments.
- Facilitate bilateral/multilateral meetings to advance work on thematic issues and agreed goals.
- Prepare consolidated reports on the implementation of the multisectoral action plan for NCDs.
- Facilitate monitoring and evaluation of the work of the mechanism against agreed national and global NCD targets.

→ Focal persons for NCDs in partner ministries

It is important to recognize that sectoral activities are the priority for any ministry or agency that is part of an NCD coordination mechanism. Therefore, it is important to assign responsibility and require accountability from the participating sectors in a consultative manner. A common approach seen in the South-East Asia Region is to assign focal points in each of the participating ministries and agencies in the coordination mechanism. In most countries of the Region, the focal points for NCDs and related issues also manage several other portfolios. This often makes it challenging for them to devote attention to NCD issues in a timely manner. Thailand's coordination mechanism for child labour required accountability from the focal points by integrating the programme's goals into their key performance indicators (KPIs).

Coordination mechanisms for child nutrition and HIV/AIDS in some countries have evolved over the years to develop technical capacity within participating non-health sectors to enable mainstreaming of the issues.

BOX 7

CONTRIBUTION OF FOCAL POINTS TO THE COORDINATION MECHANISMS

Focal points:

- Bring the perspectives of diverse ministries on policy matters.
- Coordinate actions within the concerned agency towards shared goals.
- Present updates and report on the actions taken and challenges faced.
- Seek and offer solutions to advance work on the agreed goals.
- Ensure ongoing communication with the secretariat and other sectors.
- Contribute to reporting of the mechanism.

Intergovernmental partners such as UNICEF and the United Nations Development Programme (UNDP) have played a critical role in stimulating and supporting such efforts.

For instance, UNDP along with the National AIDS Control Organization (NACO) in India placed a technical expert in HIV/AIDS across relevant ministries in a time-bound manner to develop a critical mass of officers who would support the AIDS control programme in their respective ministries in the long term. The technical experts identified and convinced officials in the concerned ministries about the potential entry points for HIV/AIDS interventions in the latter's programmes.

Thus, the schemes under the National Rural Employment Guarantee Act of the Indian Ministry of Rural Development began to include HIV prevention and mitigation strategies in the programme with its self-help groups. Similarly, the ministry's housing programme (Indira Awaas Yojana) issued directives to district collectors to reach out to HIV-affected families for housing. Once the goal was achieved in about a year, the consultants were withdrawn. NACO continued to provide technical assistance to the critical mass of officers who were by then sensitized about the issue.

In the early days of establishing a mechanism, it is critical to have specific focal points with accountability indicators in the stakeholder ministries as one-stop points of reference for communication and action. Subject to the availability of human, technical and financial resources and the NCD-related needs of the country, individual countries could aim to build capacity for NCDs within key partner ministries with a view to mainstream it, as in the case of HIV/AIDS.

2.1.4 A costed, joint action plan and earmarked funds

As several contributing factors to NCDs originate from the non-health sectors, the response to prevent and control them calls for action from ministries other than health, which participate in the coordination mechanism. The work of the mechanism therefore needs to be guided by an action plan that is developed jointly between the participating ministries. As elaborated later (under the first two strategies), it is important to showcase the benefits of the action plans to the stakeholder ministries. The Ministry of Health can initiate and convene a multisectoral consultation process, but the action plan needs to be agreed upon across sectors for its subsequent ownership. The plan needs to identify the role of each ministry in meeting the objectives and targets.

While each ministry has the prerogative to determine the priorities for their sector, the supraministerial authority needs to enable them to work towards common national priorities for NCDs. This could include actions that would require ministries to initiate new policies and programmes, build on existing ones or retract those that contribute to NCDs. A shared action plan, jointly developed between the partners in the coordination mechanism, will help to identify such measures, while nurturing a sense of ownership.

Once the joint action plan is developed, the cost of the plan needs to be ascertained. The budget needs to cover both the activities under the plan and the human resources required to undertake them. The budget also needs to include expenses incurred to run the coordination mechanisms at the national and subnational levels, and the respective secretariats. It is also important to determine the cost-sharing mechanism between sectors for specific components of the plan. The Ministry of Health and the secretariat of the coordination body can then help the stakeholder ministries in making the case for accessing resources to undertake the agreed tasks. In the case of NCD prevention, there are several in-built resourcing opportunities such as taxing tobacco, alcohol and unhealthy foods, which could support the multisectoral plan and the coordination mechanisms.

Further, the multisectoral NCD action plan needs to be prioritized in the national development plan both to help mainstream it in the development priorities of the country as well as to attract development resources. The plan also needs to be included in the United Nations Development Assistance Framework for the country, so as to access the expertise and support of the intergovernmental agencies in its implementation.

While several countries in the South-East Asia Region have developed and funded national programmes on NCDs or their risk factors, few with the exception of Thailand have sufficient budget provisions for managing the coordination mechanism at the national and subnational levels.

For example, Bangladesh has a funded National Tobacco Control Programme that runs up to the subdistrict level. However, the current resources for the coordination mechanism are limited to supporting a full-time position and capacity-building activities at the national level. The district and subdistrict mechanisms do not have full-time staff and are expected to find resources for their activities from the local government's health budgets. Some districts have been successful in accessing local government funds for activities such as providing "smoke-free" signages and have managed to get other sectors such as the police to provide their vehicles for enforcement duties. However, this

depends on the priorities of the local government and often requires tobacco control to compete with other health issues for limited resources.

Thailand has a sustainable funding mechanism for NCD prevention and control, which comes from two complementary streams. The Thai Health Promotion Foundation, which is resourced by a 2% surcharge on tobacco and alcohol excise tax, provides strategic funding for prevention and health promotion. The Foundation's resources are targeted at addressing the gaps in government funding, with a particular focus on NCD risk factors. The country's budget for universal health coverage, in addition to covering prevention and treatment for NCDs, requires a part to be compulsorily dedicated to health promotion and prevention by the local government. This provides funds for NCD activities right up to the level of the local government.

2.1.5 Robust accountability indicators

The progress of work of the coordination mechanism needs to be monitored through an accountability framework consisting of both process indicators as well as outcome indicators. While the process indicators would help monitor the progress in the mid term, the outcome indicators would reflect if the coordination mechanism has helped to meet the goals of its joint action plan in the long term.

BOX 8

ACCOUNTABILITY INDICATORS FOR MULTISECTORAL NCD COORDINATION

Process indicators for accountability include:

- presence of coordination bodies at the national and subnational levels, as appropriate;
- number of staff in the secretariat team;
- number of meetings convened in a year;
- number of agencies attending the meetings;
- level of officials participating in the meetings;
- availability of a joint action plan for the national and subnational levels;
- availability of sector-wise process indicators for the plan;
- number of completed actions in the joint action plan;
- amount of resources allocated and utilized for NCDs by relevant sectors;
- amount of international technical and financial resources mobilized and spent;
- number of decisions taken by the coordination body;
- number and nature of assistance requests received and processed by the secretariat;
- number of reports received from participating ministries and reports to the national authority and international bodies; and
- presence of results-based monitoring mechanisms.

Output and outcome indicators for determining long-term progress of the mechanism include:

- number of planned outputs achieved against the action plan, by sector/agency;
- number of new policies developed/existing policies amended; and
- number of goals and targets of the multisectoral NCD action plan met.

2.2 PART 2

FIVE STRATEGIES TO ENHANCE ENGAGEMENT WITH RELEVANT SECTORS IN NCD COORDINATION MECHANISMS

2.2.1 Set the political agenda

The political agenda plays a decisive role in shaping the priorities of various sectors within and outside the government. It is therefore important to showcase to both the head of government as well as to the relevant sectors the political preparedness of the country in addressing the issue, and thus influence the setting of the political agenda.⁹ The nation's mood to tackle NCDs in turn would be reflected in the readiness of elected representatives to enact NCD-related policies and the preparedness of the citizens to receive them. For instance, an increase in the number of schools promoting healthy food in children's lunch boxes could indicate the community's preparedness for policy regulations on unhealthy food, while monitoring the parliamentary questions on healthy eating could indicate the support or otherwise of parliamentarians for the policy. Political preparedness can be captured through tools such as political mapping of parliamentarians and political parties, and public opinion polls in the community.

A key lesson from the global HIV/AIDS mechanisms is the role played by affected persons in catapulting the issue to political platforms. Those affected by NCDs (such as survivors of cancers, heart attack and stroke) could play a similar role in raising the profile of the issue and advocating for a coordinated response across sectors. They are also best placed to improve the community's interest and political support; thus creating an enabling environment for political decision-making on NCDs.

Some countries in the South-East Asia Region have witnessed charismatic champions who have been able to influence both the community and policy-makers. In Sri Lanka, its President (former Health Minister) led the charge for progressive NCD prevention policies and programmes, and some medical professionals led NCD advocacy in Thailand.

2.2.2 Generate evidence to make the business case

More often than not, economic evidence that captures the impact of NCDs on productivity, economy and investments provides the most compelling arguments that determine the policy and programme decisions of various ministries. This could particularly inform the ministries of finance to make greater budget allocations to relevant sectors to address the epidemic.

Economic studies that estimate the cost of action, cost of inaction and current investments are the tools that the health sector can engage in its sensitization efforts.¹⁰ It is also important to showcase the potential return on investment to stakeholder ministries. For instance, cash transfers in sexual health interventions for adolescent girls in sub-Saharan Africa led to a reduction in the prevalence of HIV/AIDS, fewer

teenage pregnancies and marriages, better school attendance and resultant reduction in poverty.¹¹ The benefits accrued from the intervention to the ministries of education and poverty alleviation in terms of per capita returns against investment in the programme could enlist increased commitment from these ministries to the sexual health programme. Equity and systems analysis are two other tools that can help make the case for action on NCDs by all relevant ministries.

BOX 9**MAKING THE CASE FOR ENVIRONMENTAL INVESTMENTS**

UNDP partners with the ministries of finance and environment in select countries to undertake public expenditure reviews that estimate the current level of expenditure to address climate change. The reviews show that investments are far below the required levels, prompting ministries of finance to increase budget allocations to this segment.

2.2.3 Showcase benefits and share responsibilities

It is equally important to showcase the relevance of NCD interventions to the existing programmes of non-health sectors. The organization of work in any government is geared towards prioritizing sectoral programmes. Therefore, the Ministry of Health needs to showcase the co-benefits of NCD interventions for the existing programmes of non-health sectors and how integration of NCD components can maximize their outcomes.¹² For instance, the Sri Lankan Ministry of Health successfully convinced their counterparts in the Ministry of Agriculture to promote healthy diets and physical activity as part of their regular programming at the subdistrict level.¹³ Similarly, the HIV/AIDS programme in India worked successfully with the Ministries of Railways and Shipping to provide HIV prevention and treatment services through the latter's health infrastructure.

BOX 10**BUILDING ON SECTORAL STRENGTHS IN SRI LANKA**

The partnership of the Ministry of Health with the Ministry of Education has led to three periods of physical activity every week for children in schools and the recognition of physical fitness as part of assessment from Grade 6.

Similarly, a memorandum of understanding has been signed with the Ministry of Youth Affairs to mobilize youth at subdistrict levels towards healthier lifestyles. The country's youth and sports policies now include NCD prevention components.

Officers from the Ministry of Agriculture promote home gardens and create awareness about the need for a healthy diet and physical activity in their communities.

BOX 11**WASH: A VARIETY OF COORDINATION APPROACHES IN COUNTRIES OF THE SOUTH-EAST ASIA REGION**

Bhutan: The Ministry of Health piggybacked on the water and sanitation targets in the Millennium Development Goals as a public health initiative rather than an infrastructure project. They work closely with health workers and engineers of the district administration to ensure knowledge, behaviour change and infrastructure to sustain the system.

Sri Lanka: The Water Board coordinates with public health inspectors at the district level to educate the community, even as its engineers build water and sanitation facilities. The Water Quality Surveillance Committee consists of health and other sectors, and advises on water quality and safety.

Indonesia and Timor-Leste: The Department of Environmental Health in the Ministry of Health liaises with the Department of Water and Sanitation on safety and quality issues.

Thailand: The Ministries of Infrastructure and Health coordinate their activities on water quality.

A practical way to improve the involvement of non-health ministries in the coordination mechanism is by encouraging them to convene meetings on issues related to their respective mandate or in hosting thematic working groups. For instance, the Ministry of Agriculture could convene a meeting of the coordination mechanism that focuses on policies pertaining to unhealthy food or alternatives to tobacco farming. Similarly, the Ministry of Urban Development could host a working group to improve physical activity or the Ministry of Transport could hold a meeting about NCD-related mobile health services. In such cases, the Ministry of Health could be responsible for proposing the agenda, whereas the secretariat can provide technical assistance and follow-up support to the convening ministry.

2.2.4 Ensure joint accountability through process indicators

The WHO Global Action Plan for the Prevention and Control of NCDs lays down nine targets and 25 indicators that monitor its public health outcomes. This could be misconstrued and reinforce the perception that action on NCDs is the sole responsibility of the Ministry of Health. Nonetheless, several of the key interventions to reach the public health targets pertaining to NCDs need to stem from the non-health sectors. However, the non-health sectors need not relate to the public health targets that are outside the realm of their direct mandate. The sense of shared accountability for the NCD response can be instilled among diverse ministries by developing process indicators for each of the public health targets as fitting the mandate and existing policy framework of the stakeholder ministries.

Let us take the case of the target for reducing raised blood pressure of the population by 25% by 2025. This target does not relate directly to the priorities of the Ministry of Urban Development or the Departments of Town Planning, Transport and Infrastructure. However, process indicators that determine the number of footpaths, bicycle ways and open spaces created, which facilitate physical activity and thus help reduce raised blood pressure, fall within the mandate of these agencies and are their direct concern

and responsibility. The public health targets therefore need to be broken down into measurable process indicators that can be monitored across the ministries that are part of the coordination mechanism. The process indicators for each public health target need to be developed through a consultative process with the lead implementing ministry/ministries, facilitated by the Ministry of Health and the secretariat, and agreed upon at the level of the coordination mechanism.

BOX 12**CORE PRINCIPLES OF AN EFFECTIVE MULTISECTORAL COORDINATION MECHANISM**

- Involvement of key sectors
- Agreement on common goals
- Consensual decision-making
- Ownership of action plan
- Accommodation of diverse interests
- Accountability on agreed actions
- Disclosure of conflicts of interest

2.2.5 Require periodic reporting to supraministerial authority

In addition to providing the political mandate for multisectoral coordination for NCD prevention and control, the head of State/government needs to have the coordination mechanism report at predetermined intervals to its office, identifying the actions taken on the agreed goals and contributions of specific ministries. This would serve as an accountability mechanism that motivates and holds the stakeholder ministries accountable to the supraministerial authority for their accepted responsibilities. Further, the government as a whole, having reviewed the evidence of progress (or otherwise), needs to discharge its responsibility and accountability to the public by publishing what it has done to fulfil its commitments to them.

Additionally, country reporting to intergovernmental mechanisms for NCDs under the UN and WHO could spur action and reporting across ministries. In the case of HIV/AIDS, the annual reporting to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) provides an international accountability mechanism to assess the progress made. It also facilitates the nodal ministry to reach out to other ministries and sectors for information on their work towards the agreed targets.

BOX 13**ACCOUNTABILITY MEASURES IN THE COORDINATION MECHANISM FOR COMBATING CHILD LABOUR IN THE GREATER MEKONG SUBREGION**

The Greater Mekong Subregion, consisting of Thailand, Myanmar, Lao People's Democratic Republic, Cambodia and Vietnam, experiences significant child labour trafficking. The intercountry coordination mechanism to address the challenge started in Thailand with a One-Stop Crisis Centre and evolved to include other countries in the region. In Thailand, the coordination mechanism consisted of a steering committee headed by the Prime Minister, with the Ministers of Social Welfare, Health, Education, Industry, Foreign Affairs, Home Affairs and Defence, and intergovernmental agencies such as the International Labour Organization (ILO) and representatives of relevant international treaties as members.

The steering committee monitored the implementation of the operational plan, resourced the plan, reviewed reports, assessed progress of work by individual ministries and helped to resolve bottlenecks between ministries.

Reporting on domestic laws and international obligations such as under the ILO Conventions, Convention on the Rights of the Child, Convention Against Discrimination in Education provided an accountability framework for the mechanism. In Thailand, the ministries also included the agreed tasks in the KPIs of the staff concerned, thus soliciting greater responsibility from implementing officers. Nongovernmental organizations (NGOs) also monitored and evaluated implementation of the workplan and regularly reported incidences of child labour and trafficking of children for forced labour directly to the steering committee.

2.3 PART 3

ROLE OF INTERGOVERNMENTAL, CIVIL SOCIETY AND PRIVATE SECTORS VIS-A-VIS NCD COORDINATION MECHANISMS

2.3.1 Role of intergovernmental and international development agencies

Intergovernmental organizations and development partners can bring specialized expertise and tools for health impact assessments, economic studies, project management and multisectoral coordination, in addition to financial resources. They also bring the reach and experience of working with their respective line ministries, which are crucial to national NCD coordination mechanisms. Thus, UNICEF may bring the experience of working with the ministries of Women and Child Welfare, UNDP with ministries of Urban Development and the World Bank with ministries of Finance.

BOX 14

POTENTIAL ROLE OF WHO IN SUPPORTING MULTISECTORAL NCD COORDINATION MECHANISMS IN COUNTRIES

- Help generate evidence to make the business case for multisectoral action on NCDs and their risk factors.
- Provide technical assistance to Member States for establishing or strengthening multisectoral NCD coordination mechanisms.
- Support Member States in sensitizing and recruiting relevant sectors within the government to actively contribute to the mechanism.
- Facilitate coordination and collaboration between Member States and other sectors that can support the work of the mechanism in countries.
- Document best practices of effective coordination mechanisms and facilitate information exchange among Member States.

BOX 15

THE “THREE ONES” PRINCIPLES OF HIV/ AIDS COORDINATION

- 1 One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
- 2 One national AIDS coordinating authority, with a broad-based multisector mandate; and
- 3 One agreed country-level monitoring and evaluation system.

For example, UNICEF, WHO and the World Bank jointly supported ministries of health in Nepal and Sri Lanka to initiate dialogue with other ministries, adopt an evidence-based approach, and undertake equity and systems analysis on issues concerning WASH. They provided seed funding and technical assistance to establish and staff a multisectoral coordination mechanism for WASH, organize initial meetings of the coordination mechanism to develop an action plan and hosted workshops at the district level to support implementation of the plan. Similarly, UNDP in India has supported the Government of India initially through placing subject experts to help mainstream HIV/AIDS in the programmes of different ministries and it continues to provide technical assistance for programme coordination at the national and subnational levels.

Coordination among intergovernmental and international organizations operating in the country can in turn ensure coherence in the actions of their respective line ministries, avoid fragmentation and duplication of efforts, and ensure optimal use of resources. The “Three Ones” principles adopted by governments and donors regarding an agreed HIV/AIDS action framework, coordination authority, and monitoring and evaluation in 2004 has greatly organized the response to the disease.¹⁴ Similarly, the Joint UN Team on AIDS and the Country Coordination Mechanisms set up by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria brings convergence in the support that international agencies provide to national and subnational AIDS control programmes. The MCH initiatives in several countries therefore see a unified mechanism by UN agencies as UNICEF, WHO, FAO and World Food Programme, along with World Bank and other development agencies and NGOs. The recently constituted UN Interagency Task Force on NCDs has set the tone for similar unified action on NCDs among UN agencies at the global level. This needs to be replicated in their activities at the national level. Inclusion of NCDs in the UN Development Assistance Framework at the country level would help channelize such assistance in a coordinated manner.

2.3.2 Role of civil society

Several countries of the South-East Asia Region have a history of including civil society in their coordination mechanisms for NCD-related issues. For instance, Bangladesh has nine civil society representatives in their 31-member National Tobacco Control Task Force and eight at the subnational level. The National Alcohol and Tobacco Authority, Sri Lanka’s multisectoral coordination mechanism for tobacco and alcohol issues, has provision for up to five subject experts, who are normally drawn from civil society. Nepal’s Coordination Committee for NCDs has civil society representation. India’s Prime Minister’s Task Force for Tobacco Control has civil society representatives.

The UN Political Declaration on NCDs highlights the critical role civil society plays in the prevention and control of NCDs. They play a range of roles from generating evidence to advocating policies, providing technical support, partnering in implementation to monitoring commitments. In the 1990s, civil society led the advocacy for HIV/AIDS globally. Since then, NGOs have become an integral part of the coordination mechanisms for this issue in several countries. MCH committees routinely engage civil society experts to inform their decisions.

It is important to make provisions for civil society to inform the work of multisectoral coordination mechanisms for NCDs. This can be achieved either by making them an integral part of the coordination mechanism, or by creating specific opportunities for them to provide inputs into developing and informing the agenda of its meetings and partnering in follow-up actions. Separate modalities of engagement need to be developed for civil society entities with potential conflicts of interest.

2.3.3 Interactions with the private sector

Given the role certain private sector industries play in contributing to the burden of NCDs, interactions between governments and the private sector need to be guided by public interest and transparency. In the case of the tobacco industry, Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) and its guidelines require governments to protect tobacco control policies from commercial and other vested interests of the tobacco industry. Therefore, Parties to the FCTC need to keep the tobacco industry out of NCD coordination mechanisms that also address tobacco-related policies.

Government interactions with the private sector entities with potential conflicts of interest need to be limited to those required to effectively regulate them and receive updates on their initiatives to comply with government requirements. Inputs from entities such as private health-care providers could often enhance implementation of the national multisectoral coordination plan. Mechanisms to channel their strengths need to be created. However, these mechanisms need to be operated in the most transparent manner and to the extent required for public welfare. For instance, Thailand has a National Health Assembly that acts as a public avenue and discussion platform, channelling the inputs of community-based groups, NGOs, broader civil society and the private sector in policy-making. The private sector, while informing government decisions, should not be allowed to influence policy-making such as through their presence on NCD multisectoral coordination mechanisms.

3 CONCLUSION

The multifaceted causes and implications of the NCD epidemic call for a robust response from the health and non-health sectors of the government. There is a need to set the political agenda and convince the heads of government and other ministries that coordinated action is necessary. A high-level, multisectoral, coordination mechanism of core sectors – ably managed by a strong secretariat – is critical to advance the prevention and control of NCDs. The mechanism needs to have a clear mandate, joint costed action plan, sufficient resources, periodic reporting on national and international commitments, and well-defined accountability indicators to meet its goals.

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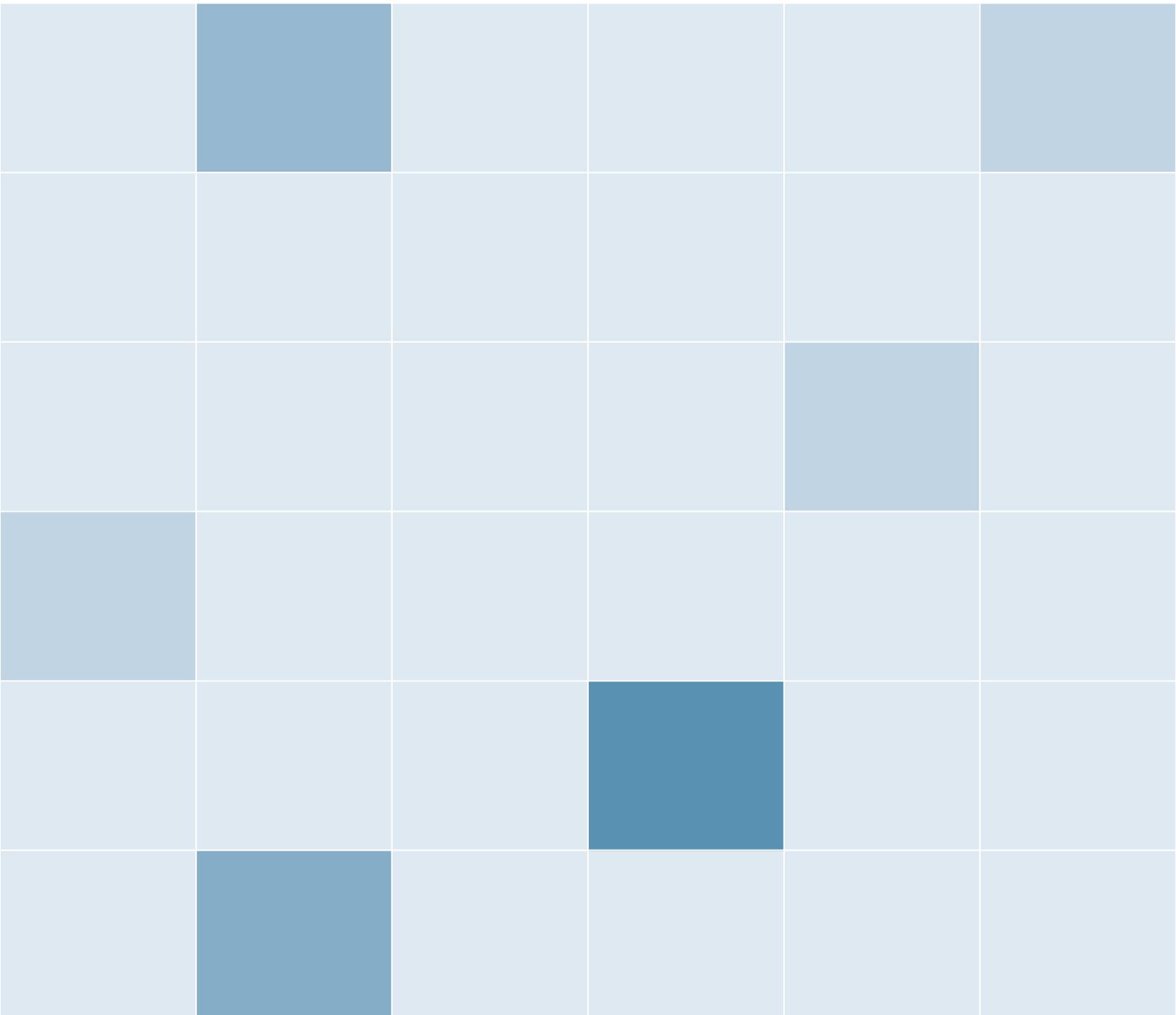
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