

**GSO Colloquium Series on**

**Non-Communicable Diseases  
Prevention, Treatment and Control**

**Summary Final Report  
1 January 2013**



**Global Social Observatory**

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



## **Preface**

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

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

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

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



## Summary Final Report The 2012 GSO Colloquium Series on Non-Communicable Diseases

### Lessons Learned from a Collaborative Multi-Stakeholder and Multi-Sectoral Approach for Non-Communicable Diseases

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

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

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

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



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

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

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

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

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

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

We have prepared a list (included as an appendix to this report) of the organizations with which GSO Roundtable and Colloquium participants were associated. We have also prepared a list of the sponsors



who helped make the GSO events possible. In neither case, be they participants or sponsors, does the association imply any official representation. No one in the series was held to account for any official positions; and all sponsors were treated as any other participant in the discussions. The interpretation of the outcome of the series is entirely that of the GSO. Nonetheless, the first and foremost lesson from the GSO experience is that multi-dimensional engagement among sectors and stakeholders creates the environment for all parties to appreciate the inter-dependent nature of the problem-solving on the issues involving NCDs.

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

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

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

In public policy settings, we see the debate unfolding with movement towards a distinction for private sector engagement between actual policy deliberations and other non-policy collaborations. For the GSO,



on the other hand, we stand by the conviction that all stakeholder groupings (with the exception of the tobacco industry) should be invited to participate in the kind of informal dialogue that the GSO promotes, even where that dialogue is directed to expressions of policy recommendations. It is understood that all participants accept the presence of all others who choose to participate in GSO events.

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

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

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



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

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

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

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

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

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



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

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

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

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

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





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

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

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

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

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

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



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

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

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

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

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

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



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

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

## **Looking to the Future**

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

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

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



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

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## **Appendices**

### **Participating Organizations**

### **4 GSO Statements**

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<sup>1</sup> WHO documents to be included here.

<sup>2</sup> UN Political Declaration

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