

**Advancing Noncommunicable Disease
Policymaking in the Americas:
A Multi-Sectoral Policy Puzzle
for the Pan American Health Organization**

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Introduction

The rising burden of noncommunicable diseases (NCD) is a global health crisis. In fact, a recent World Economic Forum report identifies NCDs as one of the top ten most severe global risks.¹ Furthermore, according to the World Health Organization (WHO), NCDs are the leading causes of death globally. In 2008, for example, an estimated 36 million, or two-thirds of all deaths were due to NCDs and their related risk factors. Notably, the rising burden of these diseases has widespread social and economic impacts, affecting all levels of society, including households, health care systems, and national and global economies.² In recognition of its widespread impact, the United Nations (UN) General Assembly convened a special summit on NCDs in September 2011, bringing this global issue to the forefront of health and non-health sector agendas. Notably, the *Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* (hereon referred to as the UN Political Declaration) called for a multi-sectoral approach to address this crisis, engaging both the health and non-health sectors in the prevention and control of NCDs.³

The region of the Americas is experiencing an early and acute onset of the NCD epidemic. While NCDs are already the leading causes of death within the region, the prevalence of these diseases is expected to rise rapidly within the next few decades.⁴ Given the high-level demands for a multi-sectoral approach to NCD prevention and control, and as the primary international health organization in the Americas, the Pan American Health Organization (PAHO) has a leadership role to play in addressing the regional burden of NCDs. How can PAHO facilitate multi-sectoral dialogue and policymaking for the prevention and control of NCDs?

To begin, the global burden of NCDs is analyzed in order to demonstrate why multi-sectoral action is necessary for NCD prevention and control. Given the NCD burden in the Americas, three policy options for PAHO to facilitate multi-sectoral NCD dialogue and policymaking are identified, analyzed, and evaluated. To conclude, the broader relevance of this analysis is considered in the context of the global fight to prevent and control NCDs.

¹ Global Risk Network of the World Economic Forum. *Global Risks 2010: A Global Risk Network Report*. Rep. no. 201209. Geneva: World Economic Forum, 2010.

² World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 9-10.

³ United Nations General Assembly. *Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. Rep. no. A/66/L.1. United Nations General Assembly.

⁴ Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 3.

Section 1: Noncommunicable Diseases, Multi-Sectoral Action, and the Global NCD Burden

1.1 Defining Noncommunicable Diseases

According to the WHO, four NCDs primarily drive the global NCD burden: cardiovascular diseases, cancers, chronic reparatory diseases, and diabetes. These diseases typically affect an individual over an extended period of time (i.e., throughout his or her life) and progress relatively slowly.⁵ As a result, NCDs are considered a long-term health issue.

1.2 Multi-Sectoral Policymaking and Its Application in Health Governance

A multi-sectoral approach to policymaking refers to engaging sectors within a government, such as trade, agricultural, energy, and financial sectors, and to engaging actors outside of the government, for example, the private sector and civil society.⁶ Generally, multi-sectoral policymaking is also referred to as an inter-sectoral, whole-of-government, or whole-of-society approach to policymaking.

In the context of health governance, considering that major health challenges today are global, complex, and interconnected, society as a whole must be responsible for improving a population's health. A multi-sectoral approach to health governance acknowledges that many factors influencing health and, subsequently, necessary policies for improving health, are outside the health sector. As such, both the health and non-health sectors must engage in health policymaking.⁷

Within the international health community there is support for a multi-sectoral approach to health governance. For instance, international health experts are advocating for Health in All Policies (HIAP), a health governance approach that seeks to influence and change policies, both within and outside of government and health sectors. This approach places socio-economic risk factors, such as education, income level, and the environment, at the forefront of health policymaking, encouraging all relevant sectors to consider the health implications of their actions.^{8,9} Indeed, the international health community acknowledges that

⁵ D.E. Bloom, E.T. Cafiero, et al. *The Global Economic Burden of Noncommunicable Diseases*. Rep. World Economic Forum and the Harvard School of Public Health, 2011: 8.

⁶ George Alleyne. "The Multisectoral Aspects of Non-Communicable Diseases." *Health G20* (2011): 50. Available at <<http://healthg20.com/health-g20-ebook>>.

⁷ *Governance for Health in the 21st Century: A Study Conducted for the WHO Regional Office for Europe*. Rep. no. EUR/RC61/Inf.Doc./6. Copenhagen: World Health Organization Regional Office for Europe, 2011: vi – xiii.

⁸ World Health Organization, and the Government of South Australia. "The Adelaide Statement on Health in All Policies: Moving Towards a Shared Governance for Health and Well-being." *Health Promotion International* 25.2 (2010): 258-60. 2010.

engaging health and non-health sectors, through multi-sectoral collaboration, is a necessary in order to improve the health status of a population.

1.3 Multi-Sectoral Action for the Prevention and Control of NCDs

Various regional and global political declarations support a multi-sectoral approach to the prevention and control of NCDs.¹⁰ For instance, paragraphs 33 through 36 of the UN Political Declaration emphasize the required involvement of all levels of government, the private sector and civil society: “[the rising global burden of NCDs] can be largely prevented and controlled through collective and multi-sectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels.”¹¹ Although there is overwhelming political support for a multi-sectoral approach, why is a multi-sectoral approach necessary for the prevention and control of NCDs?

Notably, appendix 1 depicts the numerous health and non-health variables that drive the prevalence of these diseases and the subsequent impact of NCDs on many of these factors. Three key factors underlie the necessary multi-sectoral approach to addressing NCDs: the primary risk factors that drive the prevalence of NCDs lie beyond the health sector (i.e., behavioural, social, and economic risk factors), the adverse impacts of NCDs on developing countries and the international development agenda, and the widespread economic burden of the diseases.

1.3.1 Behavioural and Environmental Risk Factors

The underlying causes of NCDs are behavioural, social, and economic risk factors that are outside of the health system and health sector. There are four primary behavioral risk factors, which are based on individual lifestyle choices: tobacco use, alcohol consumption, physical inactivity, and unhealthy diets. First, while tobacco use is considered the most avoidable NCD risk factor, it is responsible for one-sixth of NCD deaths globally, with an estimated one billion people consuming tobacco products daily.¹² Excessive alcohol consumption accounts for 2.3 million deaths each year and over half of these deaths relate to cancer and cardiovascular disease.¹³ Unhealthy diets, characterized by consumption of foods high in saturated and trans fats, salt, and sugars, and

⁹ Timo Stahl, Matthias Wismar, Eeva Ollila, Eero Lahtinen, and Kimmo Leppo, eds. “Health in All Policies: Prospects and Potentials.” Finnish Ministry of Social Affairs and Health, 2006: xvii – xxvii.

¹⁰ See the Moscow Declaration of the First Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, and the CARICOM Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic Noncommunicable Diseases.

¹¹ United Nations General Assembly. Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non communicable Diseases. Rep. no. A/66/L.1. United Nations General Assembly. para. 33.

¹² Robert Beaglehole, et al. “Priority Actions for the Non Communicable Disease Crisis.” *The Lancet* 377(2011): 1439-1441.

¹³ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010:19.

patterns of low fruit and vegetable consumption, are responsible for approximately 40% of NCD deaths annually.¹⁴ Finally, physical inactivity accounts for 3.2 million deaths each year.¹⁵ As the primary drivers of NCDs and related mortality, recent evidence suggests that reducing the prevalence of these four behavioral risk factors through targeted interventions will also reduce the burden of NCDs.¹⁶

While behavioural factors explain the high prevalence of NCDs, social and economic factors drive the occurrence of the behavioural risk factors and thus, the prevalence of NCDs as well. Social and economic factors influence an individual's daily decisions regarding tobacco and alcohol consumption, and diet and physical activity, and, once again, these risk factors are primarily outside of the health system. These factors range from the marketing practices of the food industry, such as the promotion of unhealthy products, to unfair trade practices that adversely affect the pricing and availability of healthy foods.¹⁷ Furthermore, rapid and unplanned urbanization has led to increasingly sedentary lifestyles. Changes in policies and programming in transport, education, and urban planning sectors are necessary in order to reverse this trend.^{18,19} Finally, poverty and inequality are both causes and effects of NCD prevalence. Poverty can expose an individual to NCD-related risk factors, while the cost of medical treatment and care can drain household incomes.²⁰ Overall, the fundamental drivers of the rising prevalence of NCDs — behavioural, social, and economic risk factors — are outside of the health system and health sector. Thus, multi-sectoral policymaking is necessary to address these risk factors.

1.3.2 Development Impact

Recent evidence suggests that, although once deemed primarily a problem for high-income countries, NCDs are a large burden for low- and middle-income countries. Indeed, 80% of global NCD-related deaths occur in developing countries.²¹ In most developing countries, except in several sub-Saharan African countries, NCDs deaths are expected to outpace infectious disease deaths over the next decade. This finding represents a fundamental shift in the health

¹⁴ Robert Beaglehole, et al. "Priority Actions for the Non Communicable Disease Crisis." *The Lancet* 377(2011): 1439.

¹⁵ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010:18.

¹⁶ Helen Ann Halphin, Maria M. Morales-Suarez-Varela, and Jose M. Martin Moreno. "Chronic Disease Prevention and the New Public Health." *Public Health Review* 32.1 (2010): 125.

¹⁷ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 33.

¹⁸ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 50.

¹⁹ Global Risk Network of the World Economic Forum. *Global Risks 2010: A Global Risk Network Report*. Rep. no. 201209. Geneva: World Economic Forum, 2010: 25.

²⁰ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 34-35.

²¹ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 33.

characteristics of developing country populations.²² Moreover, the rising prevalence of NCDs and their risk factors impedes progress toward global development goals. In particular, the WHO suggests that NCDs adversely impact Millennium Development Goals (MDGs) 2, 4, and 5, which relate to education, and maternal and child health. For instance, excessive tobacco and alcohol consumption displaces household resources for primary education. Furthermore, risk factor prevalence among pregnant women can complicate pregnancy and negatively affect the long-term health of a child.²³ Given the significant impact of NCDs in developing countries and the adverse impacts on several MDGs, the non-health sector, particularly development-related sectors, must participate in NCD policymaking.

1.3.3 Economic Implications

The economic impact of rising burden of NCDs is widespread, affecting governments, national economies, businesses, and individuals. At the national level, the rising cost of NCD treatment and care threatens to consume national health care budgets. For example, the cost of treatment and care for diabetes alone accounts for 9% and 14% of all health expenditures in South and Central America and North America, respectively.²⁴ NCDs also have indirect costs including decreased workforce participation and increased job turnover, which negatively affect economies and businesses.²⁵ Approximately 50% of NCD related deaths occur among individuals within their productive years of life (i.e., under age 60), resulting in considerable losses in productivity.²⁶ Moreover, it is estimated that NCDs will cause a cumulative global economic output loss of US\$47 trillion between 2011 and 2030. Even on a national level, a 10% rise in NCD prevalence is estimated to cause a 0.5% reduction in economic growth.^{27,28} Evidently, NCDs have widespread cost for both health and non-health sectors.

While the primary risk factors and the development and economic impact of NCDs justify the necessary multi-sectoral approach to the prevention and control of these diseases, this analysis also highlights the multiplicity of stakeholders that should be involved in NCD policymaking. As depicted in appendix 2, relevant stakeholders fall into three broad categories: civil society, the private sector, and government. However, even within these categories specific stakeholders can

²² Global Risk Network of the World Economic Forum. *Global Risks 2010: A Global Risk Network Report*. Rep. no. 201209. Geneva: World Economic Forum, 2010: 25.

²³ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 37.

²⁴ Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 8.

²⁵ Olusoji Adeyi, Owen Smith, and Sylvia Robles. *Public Policy and the Challenge of Chronic Noncommunicable Diseases*. Washington, D.C.: World Bank, 2007: 18.

²⁶ Olusoji Adeyi, Owen Smith, and Sylvia Robles. *Public Policy and the Challenge of Chronic Noncommunicable Diseases*. Washington, D.C.: World Bank, 2007: xi.

²⁷ D.E. Bloom, E.T. Cafiero, et al. *The Global Economic Burden of Noncommunicable Diseases*. Rep. World Economic Forum and the Harvard School of Public Health, 2011: 29.

²⁸ Robert Beaglehole, Ruth Bonita, George Alleyne, et al. "UN High-Level Meeting on Non-communicable Diseases: Addressing Four Questions." *Lancet* 378 (2011): 451.

affect the prevalence of the primary risk factors and NCDs.²⁹ To this extent, coordinating and facilitating cross-sector dialogue for NCD policymaking will be necessary to engage this wide range of stakeholders.

Section 2: Noncommunicable Diseases in the Americas and the Role of the Pan American Health Organization

2.1 The Case for a Regional Focus: The Burden of NCDs in the Americas

Over the last 50 years, the Americas has experienced significant population health improvements, particularly in internationally recognized health indicators; for instance, increased life expectancy and reduced infant mortality.³⁰ However, similar to the global trend, the regional prevalence of NCDs is rising and considering that the region continues to struggle with infectious diseases, such as HIV, tuberculosis, and malaria, the combined impact of these diseases threatens to undermine or reverse the regional health gains.³¹ The acute prevalence of NCDs and related risk factors, the regional economic burden of NCDs, regional inequalities, and current political leadership for NCD prevention and control justify a hemispheric focus to addressing this issue.

Relative to global trends, the Americas region faces both an early onset of the NCD epidemic and rapid increase in the prevalence of these diseases. Similar to the global burden, NCDs are the leading causes of death in the region (appendix 3 provides a breakdown of NCD deaths in the region for 2007). However, the prevalence of these diseases is expected to rise by over 40% by 2030.³² Furthermore, there is an acute, regional prevalence of diabetes and obesity: 35 million people are currently affected by diabetes and this number is predicted to rise to 65 million by 2025; and 50%-60% of adults are also overweight or obese.³³ Primary behavioural, social, and economic risk factors are also pervasive in the region; for instance, 30%-60% of the population does not achieve minimum levels of weekly physical activity.³⁴ Moreover, the rapid rise in urban populations over the last 40 years and the globalization of media and consumption trends adversely affect regional diet and physical activity patterns.³⁵

²⁹ George Alleyne. "The Multisectoral Aspects of Non-Communicable Diseases." *Health G20* (2011): 51. Available at <<http://healthg20.com/health-g20-ebook>>.

³⁰ This region includes North America, Central America, the Caribbean and South America.

³¹ Fernando De Maio. "Understanding Chronic Non-Communicable Diseases in Latin America: Towards an Equity-Based Research Agenda." *Globalization and Health* 7 (2011): 1-2.

³² Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 30.

³³ Cristina Escobar. "The CARMEN Initiative — Latin America's Response to the Chronic Disease Burden." *Diabetes Voice* 53 (2008): 30-32.

³⁴ Cristina Escobar. "The CARMEN Initiative — Latin America's Response to the Chronic Disease Burden." *Diabetes Voice* 53 (2008): 30-32.

³⁵ Pablo Perel, Juan P. Casas, Zulma Ortiz, and J. Jaime Miranda. "Noncommunicable Diseases and Injuries in Latin America and the Caribbean: Time for Action." *PLoS Medicine* E344 3.9 (2006): 1448-451. *PLoS Medicine*. Sept. 2006: 1449.

Considering the extensive and early onset of the epidemic, and the prevalence of key risk factors, the prevention and control of NCDs and their related risk factors are necessary in order to manage this health crisis.

In addition to the health burden, the regional, national, and individual economic impact of NCDs is far-reaching. Regionally, the over 40% predicted increase in NCDs by 2030 is expected to result in a 2.5% decrease in economic growth rates.³⁶ At the national level, large portions of national health care budgets are already allocated to the treatment and care of these diseases. For instance, diabetes costs the Americas US\$65 billion annually, which accounts for 2%-4% of gross domestic product (GDP), and 8%-15% of national health care budgets.³⁷ Some countries are already experiencing the widespread national economic impacts of these diseases; for example, between 2005 and 2010 Brazil incurred a 10% loss in GDP due to NCDs, including US\$71.5 billion in productivity losses and US\$34 billion in treatment costs.³⁸ Finally, since individuals in the region pay almost 40% of health care costs out of pocket, the rising prevalence of these diseases and subsequent cost of treatment and care are predicted to consume household budgets.³⁹

Beyond the prevalence and cost of NCDs, the Americas also have a high level of social inequality. Because of the wide range of income levels, from high-income countries such as Canada to low-income countries such as Haiti, the capacity of individual countries to respond to the NCD burden also varies significantly.⁴⁰ Consequently, coordinating regional dialogue may facilitate knowledge sharing and capacity building, particularly for low-income countries.⁴¹

Finally, there has been significant political leadership within the region to advance global NCD dialogue. For example, in 2007 a Caribbean Community (CARICOM) Heads of Government Summit on NCDs was held in Trinidad and Tobago — the first of its kind for NCDs. This summit was a catalyst for raising the priority accorded to NCDs within the international community, recognizing the issue as one that requires both health and non-health sector input and solidifying high-level government commitment for action.⁴² Given the early regional, high-level support and political leadership for the prevention and control of NCDs, this

³⁶ Robert Beaglehole, Ruth Bonita, George Alleyne, et al. "UN High-Level Meeting on Non-communicable Diseases: Addressing Four Questions." *Lancet* 378 (2011): 451.

³⁷ World Health Organization. *Global Status Report on Noncommunicable Disease 2010*. Rep. Geneva: World Health Organization, 2010: 36

³⁸ Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 8.

³⁹ Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 8.

⁴⁰ Pablo Perel, Juan P. Casas, Zulma Ortiz, and J. Jaime Miranda. "Noncommunicable Diseases and Injuries in Latin America and the Caribbean: Time for Action." *PLoS Medicine* E344 3.9 (2006): 1448-451. *PLoS Medicine*. Sept. 2006: 1449.

⁴¹ Pan American Health Organization. *The Economic Burden of Non Communicable Diseases in the Americas*. Issue brief. Washington, D.C.: Pan American Health Organization, 2011: 3.

⁴² John Kirton, Jenilee Guebert, and T. Alafia Samuels. "Controlling NCDs through Summitry: The CARICOM Case." *Global Health Diplomacy Program*. Pan American Health Organization, 2011: 1-4.

momentum can be leveraged to advance regional NCD policymaking and set a global precedent for addressing NCDs through multi-sectoral collaboration.

2.2 A Leadership Role for the Pan American Health Organization

Although NCDs are a major regional health issue requiring multi-sectoral collaboration, the health sector does have a leadership role to play in responding to this burden.⁴³ In particular, the Pan American Health Organization is well placed to facilitate multi-sectoral dialogue and policymaking for the prevention and control of NCDs in the Americas. Operating under the umbrella of the WHO and within the UN System, PAHO has legitimacy and technical health experience working to improve health and living standards in the Americas.⁴⁴ Furthermore, PAHO membership includes 35 countries in the region, operating country-specific offices within most of these countries.⁴⁵ To this end, its potential for impact when facilitating multi-sectoral collaboration for NCDs is far-reaching. Lastly, NCDs are already a priority issue on PAHO's agenda. In fact, in 2007, it released the *Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases* to guide regional NCD interventions. This plan also prioritizes multi-sectoral collaboration; one of its six strategic approaches to addressing NCDs is to "create multi-sectoral partnerships and networks for chronic disease."⁴⁶ PAHO is in a unique position to facilitate multi-sectoral collaboration and policymaking for the prevention and control of NCDs in the Americas.

Section 3: Policies for Facilitating Multi-Sectoral Dialogue and Policymaking for the Prevention and Control of NCDs

Given the established necessity for a multi-sectoral approach, the considerable social and economic burden of NCDs in the Americas, and PAHO's leadership role in health governance in the region, this section identifies and analyzes three alternatives for PAHO to facilitate this approach.

⁴³ Robert Beaglehole, et al. "Priority Actions for the Non Communicable Disease Crisis." *The Lancet* 377(2011): 1441-1442.

⁴⁴ Pan American Health Organization. "About PAHO." *Pan American Health Organization*. 2012. Available at <http://new.paho.org/hq/index.php?option=com_content&task=view&id=1&Itemid=220>.

⁴⁵ Pan American Health Organization. "About PAHO." *Pan American Health Organization*. 2012. Available at <http://new.paho.org/hq/index.php?option=com_content&task=view&id=1&Itemid=220>.

⁴⁶ Pan American Health Organization. *Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases*. Publication. Washington, D.C.: Pan American Health Organization, 2007: 10-11.

3.1 Policy #1: Scaling up National Multi-Sectoral Collaborative Programming for NCDs — National Commissions and National Plans

National and community-level NCD interventions are critical for reducing the regional and national burdens of NCDs. Risk factor prevalence and an individual's capacity to make healthy lifestyle choices depend on the political, economic, and cultural context of a particular country.⁴⁷ Additionally, in low- and middle-income countries, when national resources and capacity are limited, national programming can facilitate the prioritization of NCD policy interventions.⁴⁸ Consequently, the first policy option is for PAHO to scale up national multi-sectoral NCD programming within its member states. This includes supporting the creation of multi-sectoral national commissions and national plans for NCDs. This multi-sectoral approach to health policymaking was implemented in several African countries in response to the HIV/AIDS crisis.

Case Study: National Commissions and National Plans for HIV/AIDS: A Model for National Multi-Sectoral Policymaking

As Peter Lamptey *et al.* suggests, national programming and policies play a central role in the HIV/AIDS response in Africa and, thus, national programming is a valuable lesson for the current NCD movement.⁴⁹ Beginning in the late 1990s, with the launch of the World Bank's Multi-Country AIDS Programme, national AIDS councils and commissions (NACs) were created in several countries due to the necessity for non-health sector participation, particularly the education sector, in the prevention of HIV/AIDS.⁵⁰ The purpose of a NAC was to facilitate and support cross-sector interventions for HIV/AIDS prevention and control.⁵¹ Health and non-health sector actors typically participated in the commissions. For instance, in Uganda, non-governmental organizations (NGOs), the private sector, various ministries, and academics participated in the Uganda AIDS Commission through a partnership committee.⁵² While working to build partnerships with relevant stakeholders, these commissions also guided the development of national strategic HIV/AIDS frameworks and plans — the

⁴⁷ Aulikki Nissinen, Ximena Berrios, and Pekka Puska. "Community-Based Noncommunicable Disease Interventions: Lessons from Developed Countries for Developing Ones." *Bulletin of the World Health Organization* 79.10 (2001): 963.

⁴⁸ Shanthi Mendis, and Valentin Fuster. "National Policies and Strategies for Noncommunicable Diseases." *Nature Reviews* 6 (2009): 723.

⁴⁹ Peter Lamptey, Michael Merson, Peter Piot, K. Srinath Reddy, and Rebecca Dirks. "Informing the 2011 UN Session on Noncommunicable Diseases: Applying Lessons from the AIDS Response." *PLoS Medicine* E1001086 8.9 (2011): 1.

⁵⁰ Sophie Harman. "The World Bank's Moving HIV/AIDS Sovereignty." *Moving Health Sovereignty in Africa*. Ed. Andrew F. Cooper, John Kirton, Franklin Lisk, and Hany Besada. Farnham: Ashgate (forthcoming). 3-4.

⁵¹ HLSP Institute. *Roles and Responsibilities of National AIDS Commissions: Debates and Issues*. Tech. HLSP Institute, Sept. 2006: 1.

⁵² UNAIDS. *The "Three Ones" In Action: Where We Are and Where We Go From Here*. Rep. no. UNAIDS/05.08E. UNAIDS, May 2005: 16-25.

mechanism around which national and community interventions were coordinated.^{53,54}

While there is limited research regarding the effectiveness of NACs and national HIV/AIDS plans, two key drawbacks to the programs inform similar program implementation for NCDs. First, the NACs did not always successfully engage the non-health sector in policymaking. In instances when the ministry of health led the committee, the ministry often did not have the capacity or power to involve other sectors. To this end, successful multi-sectoral committees required high-level government endorsement.⁵⁵ Second, in some instances the NAC's priorities crossed over with the ministry of health, blurring the lines of authority over HIV/AIDS as a health issue. As a result, conflicts emerged between these actors over the division of labour and their respective mandates.⁵⁶ While there are challenges to these programs, NACs and national plans are a method through which coordinated multi-sectoral health policy was developed for HIV/AIDS.

Similar to the case of HIV/AIDS, national commissions and national plans are a method through which multi-sectoral collaboration for the prevention and control of NCDs can take place. The purpose of a national NCD plan is to outline a comprehensive approach to the cumulative prevention and control of these diseases. As such, it can act as the tool by which various stakeholders design and implement NCD programs, guiding and informing regulatory and cross-sectoral interventions.⁵⁷ Indeed, actors outside the ministry of health can commit to implement policies and interventions relating to a particular disease, group of diseases, or set of risk factors, and within a specified timeframe.⁵⁸

Additionally, in an effort to facilitate the multi-sectoral national plan development process, as observed in the case of national HIV/AIDS plan development, multi-sectoral national commission for NCDs can be used to inform national plan development, to operationalize the plan and to monitor and evaluate its implementation.⁵⁹ Considering the challenges of NACs, ministries of health must

⁵³ HLSP Institute. *Roles and Responsibilities of National AIDS Commissions: Debates and Issues*. Tech.

HLSP Institute, Sept. 2006: 1.

⁵⁴ Sophie Harman. "The World Bank's Moving HIV/AIDS Sovereignty." *Moving Health Sovereignty in Africa*. Ed. Andrew F. Cooper, John Kirton, Franklin Lisk, and Hany Besada. Farnham: Ashgate (forthcoming). 4.

⁵⁵ Gunter Hemrich, and Daphne Topouzis. "Multi-sectoral Responses to HIV/AIDS: Constraints and Opportunities for Technical Cooperation." *Journal of International Development* 12 (2000): 85-99. John Wiley & Sons Ltd., 2000: 88-89.

⁵⁶ Sophie Harman. "The World Bank's Moving HIV/AIDS Sovereignty." *Moving Health Sovereignty in Africa*. Ed. Andrew F. Cooper, John Kirton, Franklin Lisk, and Hany Besada. Farnham: Ashgate (forthcoming). 7-8.

⁵⁷ Shanthi Mendis. "The Policy Agenda for Prevention and Control of Non Communicable Diseases." *British Medical Bulletin* (2010): 1. Oxford University Press, 8 Nov. 2010. Web.

⁵⁸ In Belize, throughout the National NCD Plan development process, health and non-health sectors were asked to commit to implement specific activities or policies over the course of the national plan's operational time frame. This process was observed over a four-month work period while acting as the temporary technical advisor for NCDs, in the PAHO-Belize country office.

⁵⁹ The Belize National Commission for NCDs included local health NGOs, academics, and the ministries of foreign trade, education, and health among others. During the period under observation (from May 2011 to August 2011) the private sector was not represented on the Commission.

be consulted throughout the process in order to establish a division of labour and lines of authority between stakeholders. Moreover, since ministries of health may have limited capacity to engage other government ministries, PAHO may be required to solicit the participation of other government sectors and the endorsement of high-level government officials. Overall, the successful implementation of this policy ensures that multi-sectoral programming is implemented within all member states, and that a wide-range of sectors are engaged in national NCD dialogue and policymaking.

3.2 Policy #2: A Platform for Coordinating Regional Partnerships — Strengthening the Pan-American Forum for Action on NCDs

In order to implement a whole-of-society and whole-of-government approach to NCDs, fostering innovative multi-sectoral partnerships between civil society, the private sector and the public sector is necessary.⁶⁰ Partnerships involve an agreement between two or more actors whereby the actors commit to implement a set of actions in order to fulfill a specific objective; these arrangements are typically voluntary.⁶¹ There are numerous benefits to a partnership approach to health policymaking: it ensures greater access to technical expertise; it broadens the dissemination of health information; and it builds awareness regarding a health issue, particularly outside of the health sector.⁶²

Globally there has been a proliferation of networks or platforms for fostering and coordinating multi-sectoral partnerships.⁶³ International organizations, in particular, play an important role in facilitating cross-sector partnerships by building the networks and platforms for coordinating partnerships. International organizations can act as conveners, mobilizing stakeholders and providing the space for cross-sector dialogue, and as managers of the platform upon which dialogue takes place. They can also provide technical and political legitimacy for the network itself and, more broadly, for the partnerships the network generates.⁶⁴ Given the necessary multi-sectoral approach to NCDs, the benefits of a partnership approach, and the role for an international organization in fostering these partnerships, the second policy is for PAHO to strengthen its newly implemented Pan American Forum for Action on NCDs (PAF-NCD) as a platform for garnering cross-sectoral partnerships.

⁶⁰ *Governance for Health in the 21st Century: A Study Conducted for the WHO Regional Office for Europe*. Rep. no. EUR/RC61/Inf.Doc./6. Copenhagen: World Health Organization Regional Office for Europe, 2011: xii-xiii.

⁶¹ Steve Waddell. "Global Action Networks: An Organizational Innovation." *Society for Organizational Learning* 9.3 (2009): 3.

⁶² Roger Magnusson. "Non-communicable Diseases and Global Health Governance: Enhancing Global Processes to Improve Health Development." *Globalization and Health* 3.2 (2007): 6.

⁶³ Steve Waddell. "Global Action Networks: An Organizational Innovation." *Society for Organizational Learning* 9.3 (2009): 1-3.

⁶⁴ Charlotte Streck. "Global Public Policy Networks as a Coalition for Change." *Global Environmental Governance* (2002): 15-16.

Case Study: The Pan-American Forum for Action on Noncommunicable Diseases

Recently, there has been a rise in NCD-related partnership initiatives within the Americas.⁶⁵ As a result, in 2009, PAHO launched the Pan-American Forum for Action on NCDs in an effort to coordinate existing partnerships and promote NCD-related policymaking. The forum also promotes new partnerships by identifying areas for joint collaboration among its members.⁶⁶ As a multi-sectoral platform, the PAF-NCD engages government, civil society, the private sector, and academia in NCD policymaking to support the implementation of PAHO's Regional Strategy for NCDs and national NCD plans.⁶⁷ Notably, a similar platform was recently launched at the global level, under the direction of the WHO.⁶⁸

As a platform upon which multi-sectoral NCD partnerships are developed and as a multi-sectoral network, PAF-NCD can provide numerous benefits for its membership and, more broadly, for facilitating NCD dialogue and policymaking. As a multi-sectoral network it can encourage resource pooling and sharing among stakeholders, creating an interdependent relationship between actors. It can also allow for continuous learning and knowledge sharing between stakeholders.⁶⁹ In this case, the PAF-NCD offers training and tools for its members' partnership development. In cases where partnerships already exist, PAF-NCD aims to disseminate information regarding best practices, and where partnerships are lacking, it aims to be a catalyst for action both regionally and nationally.⁷⁰ Finally, the forum fundamentally seeks to include non-health sector stakeholders; in particular, it aims to involve the private sector.⁷¹ Overall, PAF-NCD is a multi-sectoral network that supports and coordinates partnership initiatives relating to NCD prevention and control.

Since the PAF-NCD is newly established, strengthening this platform will advance the development of regional multi-sectoral partnerships. Two key areas for improvement include diversifying its leadership body and expanding the

⁶⁵ James Hospedales, and Eva Jané-Llopis. "A Multistakeholder Platform to Promote Health and Prevent Noncommunicable Diseases in the Region of the Americas: The Pan American Health Organization Partners Forum for Action." *Journal of Health Communications* 16 (2011): 193.

⁶⁶ James Hospedales and Eva Jané-Llopis. "A Multistakeholder Platform to Promote Health and Prevent Noncommunicable Diseases in the Region of the Americas: The Pan American Health Organization Partners Forum for Action." *Journal of Health Communications* 16 (2011): 195.

⁶⁷ Pan American Health Organization. *Pan American Forum for Action on NCD (PAFNCD) Advisory Steering Group Terms of Reference*. Rep. Washington, D.C.: Pan American Health Organization, 2012.

⁶⁸ World Health Organization. "About NCDnet." World Health Organization, 2011. Available at <<http://www.who.int/ncdnet/about/en/>>.

⁶⁹ Thorsten Benner, Wolfgang H. Reinicke, and Jan Martin Witte. "Multisectoral Networks in Global Governance: Towards a Pluralistic System of Accountability." *Government and Opposition* 39.2 (2004): 195-196.

⁷⁰ James Hospedales and Eva Jané-Llopis. "A Multistakeholder Platform to Promote Health and Prevent Noncommunicable Diseases in the Region of the Americas: The Pan American Health Organization Partners Forum for Action." *Journal of Health Communications* 16 (2011): 194-196.

⁷¹ Pan American Health Organization, "The Role of the Private Sector in the PAHO Partners Forum for Action against Chronic Disease and Promotion of Healthy Lifestyles."

network. First, diversifying its Advisory Steering Committee, the body that guides the strategic direction of the forum, to include a balance of non-health sector participants will ensure a multi-sectoral perspective guides the forum's direction. At present, the majority of committee members are health experts including representatives from regional health NGOs, academia, and PAHO.⁷²

Second, expanding the forum's current membership increases the number of cross-sector partnerships and initiatives taking place. Rather than targeting single organizations, incorporating existing regional networks into the forum will rapidly expand its reach. Notably, there are three prominent networks to target within the region. The Healthy Caribbean Coalition is an alliance of civil society organizations in the Caribbean that focuses on NCD advocacy, education, and monitoring.⁷³ Similarly, the Healthy Latin American Coalition is a civil society alliance of 40 organizations in Latin America.⁷⁴ The membership of these coalitions would expand NGO participation within the forum. Finally, the Physical Activity Network of the Americas includes over 350 private and public sector organizations and is considered a model network for partnership promotion within the Americas.⁷⁵ As a broad-based and experienced partnership platform, its membership would increase private and public sector participation and provide expertise for further strengthening the PAF-NCD.

3.3 Policy #3: High-Level Regional Commitment — Coordinating A Meeting among Leading Regional Institutions

High-level commitment to the prevention and control of NCDs is necessary in order to raise the priority accorded to NCDs. Obtaining and sustaining high-level leadership is a priority area for action because it is critical for garnering support for cooperation, prioritizing interventions, and facilitating national action.⁷⁶ As the UN summit on NCDs demonstrated, high-level commitment should not be limited to the health sector. The summit was the second time in history that the UN General Assembly discussed a global health issue (the first instance related to HIV/AIDS in 2001).⁷⁷ Although the UN Political Declaration recognizes the WHO as the primary international agency for coordinating NCD interventions, the high-level meeting signifies the importance of this issue for non-health sectors as

⁷² "Advisory Steering Group Members." *Pan American Health Organization*. 2012. Available at <http://new.paho.org/hq/index.php?option=com_content&tak=view&d=6468&Itemid=39387>.

⁷³ Healthy Caribbean Coalition. "About Us." *Healthy Caribbean Coalition: A Civil Society Alliance for Combatting Chronic Diseases*. Available at <www.healthycaribbean.org>.

⁷⁴ "Latin American Coalition Takes on NCDs." *Framework Convention Alliance*. Mar. 2011. Available at <http://www.fctc.org/index.php?option=com_content&view=article&id=51:latin-american-coalition-takes-on-ncds&catid=229:generalnews&Itemid=233>.

⁷⁵ Sandra Matsudo Mahecha and Victor Rodrigues Matsudo. "Coalitions and Networks: Facilitating Global Physical Activity Promotion." *Promotion and Education XIII.2* (2006): 137.

⁷⁶ Robert Beaglehole, et al. "Priority Actions for the Non Communicable Disease Crisis." *The Lancet* 377(2011): 1438-1442.

⁷⁷ World Health Organization. "United Nations High-Level Meeting on Noncommunicable Disease Prevention and Control." *World Health Organization*. World Health Organization, 2011.

well.⁷⁸ To this end, the final policy is for PAHO to coordinate a meeting among leading, regional institutions.

Case Study: The First Meeting of UN Agencies, Funds, and Programs for the Prevention and Control of NCDs.

The high-level approach to facilitating multi-sectoral dialogue and policymaking was recently tested at the global level and is a model for this policy option. In December 2011, in response to the UN Political Declaration, the WHO organized and led a high-level meeting among various UN agencies, programs, and funds to facilitate multi-sectoral NCD dialogue. This meeting included an array of participants, such as the UN Development Programme, UN Habitat, the Food and Agriculture Organization, and the Office of the Secretary-General, among others. The meeting first established a “common understanding” of the multi-sectoral nature of the NCD burden among the relevant UN agencies, programs, and funds.⁷⁹ As a result, it symbolizes the “shared responsibility” of all UN agencies in addressing this issue.⁸⁰ Second, the outcome of the meeting was a joint action plan for all agencies to consider moving forward. Priorities included developing joint programs, integrating NCDs into the post-2015 development agenda, and supporting the WHO in developing a monitoring and evaluation framework.⁸¹ Finally, and perhaps most importantly, assembly led to commitments for multi-sectoral actions within each agency. A list of proposed areas for joint collaboration was developed.⁸² While the effectiveness of the meeting in ensuring NCDs become a priority within all agency programs is unknown at this time, it did facilitate dialogue between health and non-health international agencies, advancing an action-oriented agenda for NCD prevention and control.

To date, high-level dialogue among prominent regional institutions regarding the hemispheric burden of NCDs has not occurred. To this end, PAHO can facilitate a similar meeting to advance multi-sectoral action for the prevention and control of NCDs. Similar to the global meeting, the purpose of a regional institutional meeting is to first create a common understanding regarding the regional, health,

⁷⁸ Paragraph 13 of the UN Political Declaration states that the WHO has the leadership role in coordinating responses among international and regional UN agencies, development banks, and other organizations.

⁷⁹ World Health Organization. *First Meeting of UN Funds, Programmes and Agencies on the Implementation of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs*. Rep. World Health Organization, Dec. 2011: 3.

⁸⁰ Anwarul Chowdhury. “Message from the President.” Speech. The First Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. United Nations, New York. 8 Dec. 2011. *General Assembly of the United Nations*. Available at <<http://www.un.org/en/ga/president/66/statements/ncds081211.shtm>>.

⁸¹ World Health Organization. *First Meeting of UN Funds, Programmes and Agencies on the Implementation of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs*. Rep. World Health Organization, Dec. 2011: 4.

⁸² World Health Organization. *First Meeting of UN Funds, Programmes and Agencies on the Implementation of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs*. Rep. World Health Organization, Dec. 2011: 5-8.

and non-health burdens of NCDs; second, to secure commitment for action, raising the priority of NCDs on regional institutions' agendas; and, finally, to discuss collaborative NCD programming options.

Currently, there are a plethora of regional organizations covering political, economic, and development issues in the Americas.⁸³ However, three prominent organizations should be targeted: the Organization of American States (OAS), the Inter-American Development Bank (IDB), and the Inter-American Institute for Cooperation on Agriculture (IICA). First, the OAS is the regional body for the promotion of peace, security, and collaboration. As the primary, regional "political, juridical, and social governmental forum," and since its membership includes all 35 countries in the Americas, OAS participation can secure NCDs on the hemisphere's political agenda.⁸⁴

Second, as the main regional development bank seeking to achieve economic and social progress, IDB is the primary lender for development projects across the region.⁸⁵ Notably, IDB already prioritizes health on its agenda and acknowledges the widespread costs of the ongoing regional health transition from infectious diseases to NCDs. Since supporting governments in health prioritization is a component of its health-related programs, this organization can also support the prioritization of NCDs at the national level.⁸⁶

Third, considering the fundamental link between the food and agricultural industry practices and the proliferation of unhealthy diets, high-level commitment from this industry for the prevention and control of NCDs is necessary.⁸⁷ In the Americas, IICA plays an important role in the agriculture industry, promoting food security, providing technical assistance to develop the sector, and reducing poverty in rural areas.⁸⁸ As a result, its involvement strengthens links between health and agriculture for NCD prevention and control. Notably, PAHO and IICA already have an established relationship, organizing annual or bi-annual meetings to discuss the links between health and agriculture.⁸⁹ Overall, these organizations' commitments to preventing and controlling NCDs can raise the priority of this issue on regional, non-health sector institutions' agendas.

⁸³ Ronald Scheman. "The Inter-American System: An Overview." *Governing the Americas: Assessing Multilateral Institutions*. Ed. Gordon Mace, Jean Philippe Therien, and Paul Haslam. Colorado: Lynne Rienner, 2007. 13-33.

⁸⁴ Organization of American States. "Who We Are." *Organization of American States*. 2012. Available at <http://www.oas.org/en/about/who_we_are.asp>.

⁸⁵ Inter-American Development Bank. "About Us." *Inter-American Development Bank*. 2012. Available at <<http://www.iadb.org/en/about-us/about-the-inter-american-development-bank,5995.html>>.

⁸⁶ Inter-American Development Bank. "Health and the IDB." *Inter-American Development Bank*. 2012. Available at <<http://www.iadb.org/en/topics/health/health,1238.html>>.

⁸⁷ Rachel Nugent. *Bringing Agriculture to the Table: How Agriculture and Food Can Play a Role in Preventing Chronic Disease*. Rep. Chicago: Chicago Council on Global Affairs, 2011: 9-11.

⁸⁸ Inter-American Institute for Cooperation on Agriculture. "About the IICA." *Inter American Institute for Cooperation on Agriculture*. 2012. Available at <<http://www.iica.int/Eng/infoinstitucional/Pages/default.aspx>>.

⁸⁹ Ronald Scheman. "The Inter-American System: An Overview." *Governing the Americas: Assessing Multilateral Institutions*. Ed. Gordon Mace, Jean Philippe Therien, and Paul Haslam. Colorado: Lynne Rienner, 2007. 20.

Section 4: Policy Evaluation — Prioritizing Policies

The proposed policies for facilitating multi-sectoral dialogue and policymaking for the prevention and control of NCDs are not mutually exclusive. However, considering limited capacity and resources, evaluating these options will facilitate prioritization within PAHO. In appendix 4, each policy alternative is evaluated according to three criteria: whether there is political or institutional support for the option, the relative ease at which an option can be implemented, and the option's cost effectiveness.

The analysis suggests that reinforcing and strengthening PAF-NCD should be the first priority for implementation. Notably, there is significant political and institutional support for this option, since ministries of health have already approved this platform. Additionally, since there is an existing framework for the network, this is a cost-effective option that can be easily implemented by improving upon the existing platform.

The second and third priorities are to coordinate a high-level meeting among key regional institutions and to scale up national commission and national plan development, respectively. Although there has been substantial political support and leadership in the Americas for NCD prevention and control, high-level dialogue among prominent institutions has not occurred. This raises questions regarding the feasibility of this option. Moreover, while strengthening national programming is widely recognized as necessary for NCD prevention and control, supporting national plan and commission development in all member states will require considerable time and resources.

Section 5: Moving Forward

In January 2012, in an address to the World Health Organization's Executive Board regarding the global burden of noncommunicable diseases, Dr. Margaret Chan, the director general of the WHO, stated:

For ages, the mindset of public health has been geared towards the prevention and control of infectious diseases. It has been geared towards episodes of acute illness, and not towards long-term care or towards prevention that requires efforts well beyond the health sector. This mindset must change, and that will not be easy.⁹⁰

While engaging non-health sectors through a multi-sectoral approach is necessary for NCD prevention and control, it requires health sectors to prioritize a multi-sectoral approach to health policymaking. Additionally, non-health sectors must also begin to consider the health implications of their policies and

⁹⁰ "New Mindset Needed to Tackle Non-communicable Diseases, Says UN Official." *United Nations News Centre*. United Nations General Assembly, 16 Jan. 2012. Available at <http://www.un.org/apps/news/story.asp?NewsID=40950&Cr=non_municable+disease&Cr1>.

programs. To this extent, exploring alternatives for multi-sectoral collaboration is a useful first step toward addressing the regional and global NCD epidemic.

The policies presented support both a bottom-up and top-down approach to facilitating multi-sectoral NCD dialogue and policymaking in the Americas. On the one hand, the development of national commissions and plans recognizes the importance of country-specific solutions and community interventions. On the other hand, a regional meeting addresses the necessary high-level support from non-health sectors in order to advance the NCD prevention and control agenda.

To move forward, beyond the implementation of these policies, monitoring and evaluating the effectiveness of the proposed policies is necessary in order to maximize the impact of a multi-sectoral approach on obtaining the desired endpoint — a reduction of the NCD burden in the Americas. Monitoring and evaluating ensures health and non-health actors are accountable for their commitments to interventions, and that all stakeholders' expectations regarding NCD programming are met.⁹¹ Evaluation mechanisms should consider whether the alternative further facilitates multi-sectoral NCD dialogue and policymaking, and more broadly, whether NCDs are integrated into and prioritized on non-health sector agendas.

Finally, while the NCD burden is particularly prevalent in the Americas, as the UN Political Declaration demonstrates, NCDs is a global issue that requires immediate policy attention. Six regional offices operate within the WHO and in all those respective regions, NCDs are anticipated to be the leading cause of death in the next few decades.^{92,93} To this extent, with the effective implementation of the proposed policies, the Pan American Health Organization can set a precedent and be a model within the World Health Organization for advancing multi-sectoral dialogue and policymaking for the prevention and control of noncommunicable diseases.

⁹¹ Robert Beaglehole, et al. "Priority Actions for the Non Communicable Disease Crisis." *The Lancet* 377(2011): 1443.

⁹² NCDs are anticipated to be the leading cause of death in high-, middle-, and low-income countries, within the next few decades, with the exception of several sub-Saharan African countries.

⁹³ Olusoji Adeyi, Owen Smith, and Sylvia Robles. *Public Policy and the Challenge of Chronic Noncommunicable Diseases*. Washington, D.C.: World Bank, 2007: xviii.

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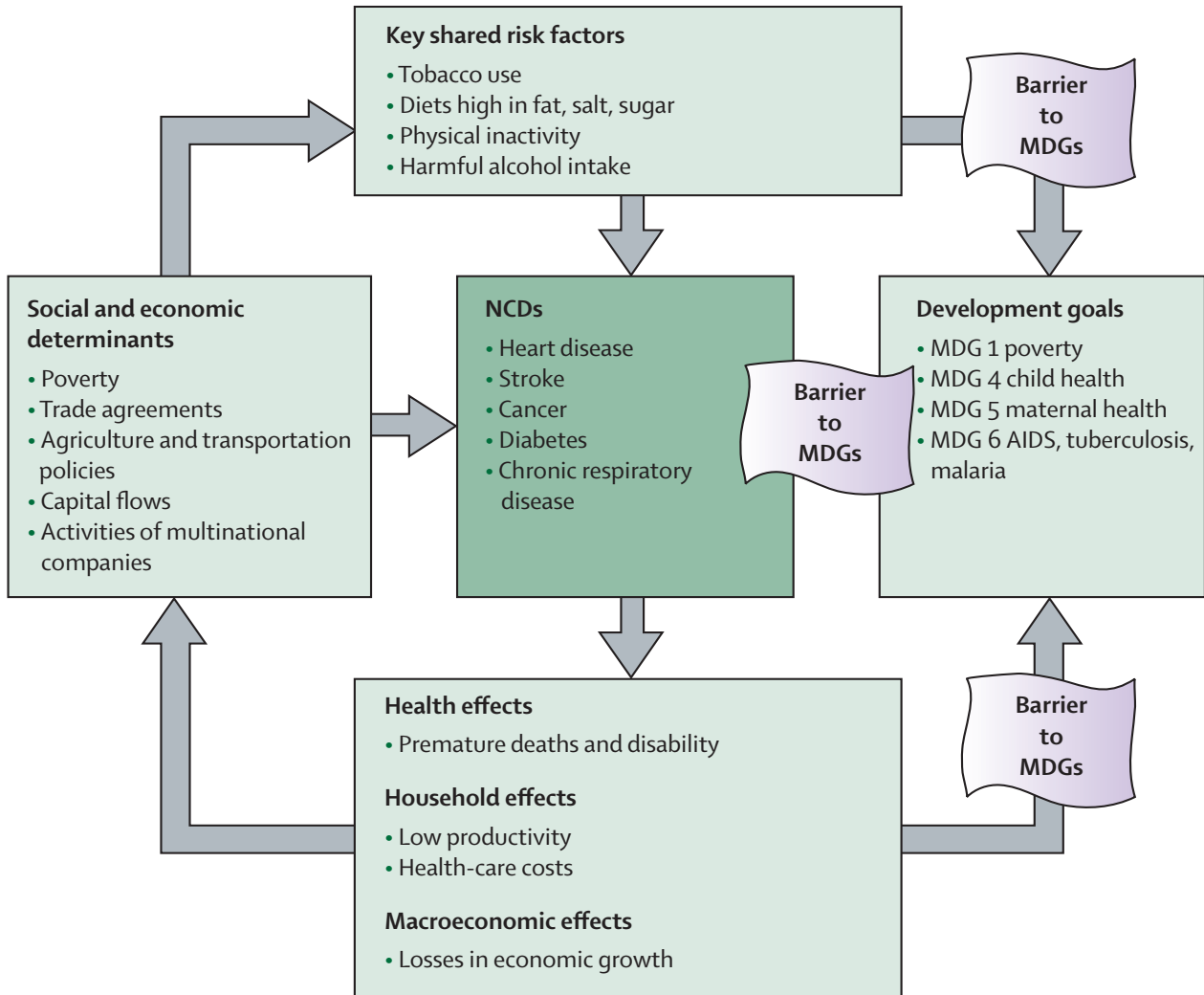
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Appendices

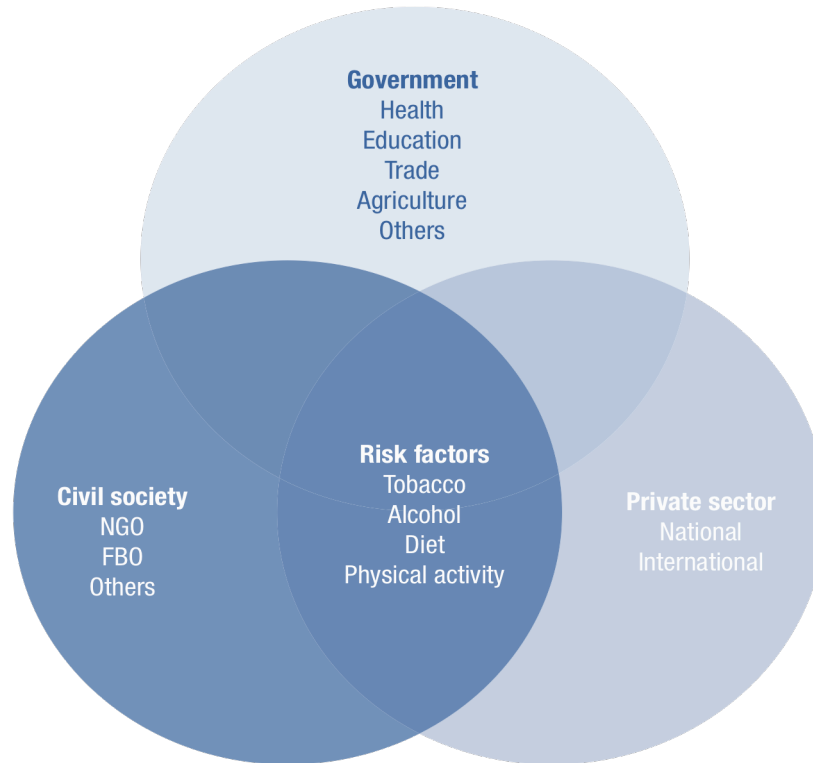
Appendix 1: The Health and Non-Health Causes and Effects of NCDs⁹⁴



Note: MDGs is an abbreviation for Millennium Development Goals

⁹⁴ This figure originally presented in Robert Beaglehole, et al. "Priority Actions for the Non Communicable Disease Crisis." *The Lancet* 377(2011): 3.

Appendix 2: The Variety of Actors Necessary for NCD Prevention and Control⁹⁵



⁹⁵ This diagram was originally depicted in George Alleyne, "The Multisectoral Aspects of Non-Communicable Diseases." *Health G20* (2011): 51. *Health G20 EBook — 2011 Edition*. Available at <<http://healthg20.com/health-g20-ebook>>.

Appendix 3: NCD-Related Deaths in the Americas in 2007⁹⁶

Type of NCD	Total Number of Deaths in 2007	Percentage of Total NCD Deaths in 2007
Chronic Respiratory Diseases	200,000	5%
Diabetes	230,000	6%
Cardiovascular Disease	1,500,000	38%
Cancer	1,000,000	26%
Other	970,000	25%
Total	3,900,000	100%

⁹⁶ These statistics are taken from Pan American Health Organization. *Non-Communicable Diseases in the Americas: Building a Healthier Future*. Rep. Pan American Health Organization, 2011: 6.

Appendix 4: Evaluating the Policy Options

	Policy Option 1: National Commissions and National Plans	Policy Option 2: Strengthening the Pan-American Forum for NCDs	Policy Option 3: High-Level Regional Meeting with Various Regional Institutions
Criterion 1: Political and/or Institutional Support	<p style="text-align: center;">High</p> <ul style="list-style-type: none"> - Global and regional political declarations, recognize the importance of national NCD policies, and of supporting coordinated national efforts⁹⁷ - The PAHO Regional Strategy for NCDs prioritizes national policy and program development⁹⁸ - The WHO Executive Board recognizes the necessity of national plans.⁹⁹ 	<p style="text-align: center;">High</p> <ul style="list-style-type: none"> - This forum is approved by PAHO and is member states' ministries of health - PAHO's director general currently sits on the advisory Board for the forum, demonstrating its institutional importance.¹⁰⁰ 	<p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> - While to date a regional, high-level institutional meeting has not taken place, the WHO recently, successfully coordinated a global meeting of international agencies and partners to develop policy coordination for NCDs.¹⁰¹

⁹⁷ Declarations include the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases; the Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases; and the Mexico Ministerial Declaration for the Prevention and Control of NCDs (found in Pan American Health Organization, "High Level Regional Consultations of the Americas Against NCDs and Obesity").

⁹⁸ Pan American Health Organization. *Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases*. Publication. Washington, D.C.: Pan American Health Organization, 2007: 15.

⁹⁹ World Health Organization Executive Board. *Prevention and Control of Noncommunicable Diseases: Follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases*. Rep. no. EB130.R7. World Health Organization, Jan. 2012. Web.

¹⁰⁰ "Advisory Steering Group Members." *Pan American Health Organization*. 2012.

¹⁰¹ World Health Organization. *First Meeting of UN Funds, Programmes and Agencies on the Implementation of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs*. Rep. World Health Organization, Dec. 2011.

<p>Criterion 2: Ease of Implementation</p>	<p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> - According to a recent PAHO survey, 20 countries have developed an integrated NCD policy or plan; however, 12 of these countries claim the integrated plan has yet to be operationalized.¹⁰² - Some member states have also created multi-sectoral national commissions for NCDs.¹⁰³ 	<p style="text-align: center;">High</p> <ul style="list-style-type: none"> - As of 2009, a forum framework was developed and launched. At the first meeting, 21 global and regional companies participated, along with a handful of regional and global NGO's, regional institutions, and academics.¹⁰⁴ 	<p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> - PAHO falls within the WHO and the UN system. This network can be leveraged to attract various institutions' support. - Key regional organizations, such as the Inter-American Development Bank already support NCD prevention and control (e.g., IDB participated in the 2009 PAHO Partner's Forum Meeting).¹⁰⁵
<p>Criterion 3: Cost Effective (i.e., existing resources and infrastructure)</p>	<p style="text-align: center;">Low</p> <ul style="list-style-type: none"> - Supporting 35 member states in developing and/or implementing national NCD plans and national NCD commissions will require significant regional and national level capacity. - Considering high social inequalities within the region, national capacities to support this initiative vary substantially (i.e., Canada vs. Haiti). 	<p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> - While there is an existing framework for the forum, since the forum was only recently implemented mobilizing additional resources for expanded non-health membership maybe difficult. 	<p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> - There is some coordination between PAHO and recommended institutions on health related issues. For instance, PAHO and the IICA meet annually or bi-annual to discuss links between the health and agriculture sectors.¹⁰⁶

¹⁰² Pan American Health Organization. *Summary of Findings 2010 — Country Profile of Capacity and Response to Chronic Diseases*. Rep. Pan American Health Organization and the Government of Mexico, Oct. 2011. Available at <http://new.paho.org/hq/index.php?option=com_content&task=view&id=446&Itemid=1992>.

¹⁰³ For example the National Chronic Noncommunicable Disease Commission of Barbados and the Belize National Commission for Noncommunicable Diseases.

¹⁰⁴ Pan American Health Organization. *The Role of the Private Sector in the PAHO Partners Forum for Action against Chronic Disease and Promotion of Healthy Lifestyles*. Rep. Pan American Health Organization and the World Economic Forum, 2009.

¹⁰⁵ Pan American Health Organization. *The Role of the Private Sector in the PAHO Partners Forum for Action against Chronic Disease and Promotion of Healthy Lifestyles*. Rep. Pan American Health Organization and the World Economic Forum, 2009.

¹⁰⁶ Ronald Scheman. "The Inter-American System: An Overview." *Governing the Americas: Assessing Multilateral Institutions*. Ed. Gordon Mace, Jean Philippe Therrien, and Paul Haslam. Colorado: Lynne Rienner, 2007. 20. Print.