

Charter for Healthy Living

A report from the World Economic Forum's Healthy Living Initiative
Prepared in collaboration with Bain & Company

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Preface



Robert Greenhill
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The World Economic Forum is pleased to present the Charter for Healthy Living, which is the outcome of a 12-month process engaging governments, businesses and civil society around the world.

The Charter's main goal is to bring together public, private and civil society actors to deliver concrete multistakeholder actions that enable individuals, families and communities worldwide to lead healthy and active lives. To progress towards this goal, the Charter outlines specific focus areas for multistakeholder action, provides principles for building a shared mindset, leverages each stakeholder's core competencies and stresses the importance of continuously monitoring and evaluating the actions implemented.

The Forum's overall strategy for global health addresses two major gaps: 1) enabling healthy and productive lives and access to care, and 2) making health and healthcare an investment for economic development and growth. Implementing the Charter for Healthy Living addresses the first gap. To address the second gap – the dimensions of supply and demand for health from a systems perspective – the Forum has also facilitated strategic discussions and country-specific workshops on how health systems could be organized in the future to achieve sustainability.

As part of the Charter's development, the Forum engaged over 150 leaders of government, business, civil society, international organizations and academia in multistakeholder consultations held in Mexico, the United States, Switzerland, Thailand and India. Nearly 30 one-on-one executive-level interviews were conducted with cross-sector global leaders. Through this process, the Forum catalysed excitement in Mexico and India, which are now moving forward with implementing collaborative actions.

An outstanding group of Forum partners and constituents contributed tremendous leadership, technical expertise and extensive time to this initiative through their engagement in the Working Group and the High-level Steering Board. These advisory groups are included in this report.

The report aims to introduce the Charter to a broader audience. It carries the message that many public and private stakeholders are aligned with the goal of collaborative Healthy Living actions. It also highlights the widespread conviction among all the leaders involved that multistakeholder efforts are the key to transforming the current health landscape, in which non-communicable diseases are a main source of mortality, morbidity and lost economic output.

The Forum welcomes this shared belief and is committed to providing a neutral platform for developing and implementing such multistakeholder actions in the coming months. I hope this Charter will encourage many other stakeholders to initiate or participate in joint actions to achieve our shared goal of healthy and active individuals, families and communities worldwide.



Executive Summary

Health defines an individual's quality of life and impacts his or her social and economic development, but modern-day lifestyles challenge our health and Healthy Living. The decline in Healthy Living has resulted in an increase in non-communicable diseases (NCDs) – namely cardiovascular disease, cancer, type 2 diabetes, chronic obstructive pulmonary disorder and mental ill health – which cause immense human suffering and even death. Economically, NCDs will cause an estimated cumulative output loss of US\$ 47 trillion over the next two decades.

What if we could change the trend of Healthy Living and create a community in which total well-being is enabled, supported and rewarded?

In reality, encouraging Healthy Living will be challenging. Many interconnected drivers of Healthy Living interact with each other through a complicated network. For example, diet and access to professional preventative and diagnostic care are highly influenced by an individual's environment and income. Effectively addressing Healthy Living in a sustainable and systemic way requires combining stakeholder efforts to enable conducive environments for Healthy Living and drive long-term behaviour changes.

At the World Economic Forum Annual Meeting 2012 in Davos-Klosters, global leaders called for more multistakeholder and cross-sector action to prevent NCDs. Specifically, leaders called for a Charter to bring together stakeholders for collaborative action to enable Healthy Living. The Charter was developed through extensive consultation with representatives from government, business and civil society, and defines the mutually agreed critical elements of success:

1. *Stakeholders take joint, concrete, economically sensible and evidence-based multistakeholder action to promote Healthy Living and NCD prevention and control, in which all stakeholders leverage their core competencies to:*
 - Build awareness for Healthy Living and NCD prevention and control
 - Improve the availability of (and access to) products and services
 - Create innovative incentives and supportive environments
 - Invest in professional capacity building
 - Advance knowledge through science and research.

2. *Multiple stakeholders work together effectively, transparently and respectfully.*
3. *All organizations advance their own approach to Healthy Living.*
4. *Healthy Living actions are regularly monitored and evaluated.*

In the coming years, the Charter will facilitate multistakeholder action to change the course of Healthy Living. With the commitment to monitoring, evaluation and continuous learning, the quality and impact of multistakeholder action for Healthy Living will set a new standard and improve the lives of millions of people around the world. Together, stakeholders can deliver lasting change and real health outcomes.

The Forum has begun engaging stakeholders and will continue to on-board additional representatives in the coming months. The Forum is seeking additional stakeholder support and opportunities to translate the Charter into action and would like to invite all stakeholders and sectors to embark on this journey towards Healthy Living.

Healthy Living involves creating and maintaining health: a state of complete physical, mental and social well-being - not merely the absence of disease or infirmity



Charter for Healthy Living - v1.0

Committing to multistakeholder action

Health and well-being are fundamental socio-economic pillars of all societies. Health is a basic human right and a driver of social and economic development. While gains have been made in worldwide health, the leading cause of death today, and for the foreseeable future, is the rise of NCDs. NCDs challenge our social and economic prosperity; they are expected to cause a cumulative global output loss of US\$ 47 trillion over the next two decades. There is a moral imperative to maintain and improve the health of societies around the world. *The time to act is now.*

Healthy Living involves creating and maintaining health: a state of complete physical, mental and social well-being – not merely the absence of disease or infirmity. The roots of Healthy Living are multilayered, influenced by social and environmental determinants as well as specific risky behaviours – especially tobacco use, unhealthy diets, harmful use of alcohol and physical inactivity. The lack of access to basic prevention, treatment and care further inhibits Healthy Living. All these factors are interconnected and influence everyday decisions.

Given this complexity and interdependency, it is clear that enabling Healthy Living is not just a health agenda, but an imperative for all of society. To have a sustained impact, all stakeholders should work together to build environments in which healthy choices are the easiest choices. As acknowledged by the UN General Assembly, all stakeholders have an important role to play in NCD prevention and control. However, there is a clear need to strengthen coordination across multiple stakeholders to improve the effectiveness and impact of these efforts. The power of concerted joint action can achieve more than the sum of its individual components; a multistakeholder and cross-sectoral approach is the only way to facilitate the required system-level change.

The Vision:

Public, private and civil society stakeholders working together to deliver a global paradigm shift towards Healthy Living, creating conducive environments and supporting healthy, active lifestyles at individual, community and societal levels

A global paradigm shift towards healthy living will happen when:

- 1. Stakeholders take joint, concrete, and evidence-based multistakeholder action to promote Healthy Living and prevent and control NCDs. Taking actions that make economic sense for overall society, stakeholders leverage their core competencies to:**
 - *Build awareness for Healthy Living and NCD prevention and control* by proactively supporting and implementing health literacy campaigns, effectively marketing activities and harnessing social media to empower decision-making, especially within vulnerable groups
 - *Improve availability of (and access to) products and services* that support the promotion and maintenance of Healthy Living, including the innovation and renovation of necessary products and services
 - *Create innovative incentives and supportive environments* – aimed at individuals, communities and businesses – to make healthier choices easier and sustainable

- *Invest in professional capacity building* within health and all other related sectors in order to train the future cadre of leaders in Healthy Living and to serve the health-related needs of individuals, families and communities
- *Advance knowledge through science and research*; develop collaborative and innovative research programmes that address the fundamental drivers of Healthy Living

2. Multiple stakeholders work together effectively, transparently and respectfully to:

- Build a shared mindset and joint ownership, find common ground, and commit to open and honest communication and mutual trust, while building collaborative bridges and aligning jointly defined goals
- Recognize shared objectives and the need for a unified community, acknowledging the specific roles and responsibilities of each stakeholder, all of whom bring unique strengths and capabilities to the collaborative work:
 - *Public sector* – creates supportive environments that facilitate Healthy Living and multistakeholder action through effective international governance, national and local governments; use appropriate mechanisms that enhance coherent policy-making to promote health across ministries and agencies
 - *Private sector* – builds and adapts commercial models to support Healthy Living; creates innovative approaches to increase the access, affordability and quality of products and services and leverages existing networks and organizational capabilities for multistakeholder actions
 - *Civil society, including academia* – advocates for Healthy Living through specific outreach programmes and grassroots mobilization; conducts research, generates and disseminates new knowledge, and supports monitoring activities, particularly those related to the effectiveness and impact of multistakeholder actions

3. All organizations advance their own approach to Healthy Living, playing a leadership role within all sectors and peer groups and:

- Leverage core capabilities to promote and enable Healthy Living, building on existing stakeholder Healthy Living efforts
- Ensure high priority and appropriate resource allocation to Healthy Living actions
- Promote Healthy Living for employees and their families

4. Healthy Living actions are regularly monitored and evaluated to:

- Ensure the independent, transparent and regular monitoring of processes, outputs and outcomes through jointly defined metrics, leveraging existing enablers where appropriate
- Create effective feedback loops to ensure that actions and impact are continuously improved upon
- Share successful high-impact, evidence-based Healthy Living solutions and relevant non-proprietary data with the broader community to help them learn from the collective experience

Multistakeholder efforts can make major contributions to achieve the global target of a 25% reduction in premature mortality from NCDs by 2025. The Forum invites all stakeholders to share this vision with us and engage on this journey of multistakeholder action for Healthy Living.

Health and Well-being: Fundamental Socio-economic Pillars of our societies

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition” (WHO, 1948). With the ratification of the World Health Organization’s constitution in 1948, governments have had a strong mandate to support the health of their populations. At the time, health was defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, yet today, health is still too often associated only with reacting to and treating disease.

Healthy Living involves creating and maintaining health; it is important because it defines individuals’ and societies’ quality of life and has a major impact on social and economic development. Instead of thinking about health as merely the absence of disease, what if health could be *widely* recognized more broadly as an optimal state of well-being? Imagine a community in which “great health” is as important as the level of education or social status, or where health education is as important as mathematics. In this community, the total well-being of individuals and families would be recognized as a priority and thus appreciated and rewarded. Making this vision a reality will require a new way of thinking about health – a mindset that makes “better health” prestigious and aspirational and gives health and wellness a brand that encourages positive behaviour (Anderson et al., 2011). Society needs to facilitate a conversation about promoting and creating sustainable health.

Global Healthy Living faces many challenges

For most societies, the factors that promote Healthy Living have changed over time as social and environmental trends have evolved and created new opportunities and challenges for modern living. In reality, the components of Healthy Living are highly interconnected and influence everyday decisions. Medicine has helped treat or prevent common communicable diseases, and access to information, professional medical advice and new

technology has helped rural and remote communities better manage their health. However, some of the same technology has redefined the term “social networks” during this period, and the urban lifestyle has negatively affected levels of physical activity. More recently, economic uncertainty has placed many families, and even entire countries, under enormous levels of stress.

In its simplest form, three main elements influence Healthy Living: changing global megatrends, increasing prevalence of risk factors and rising social pressures (Figure 1).

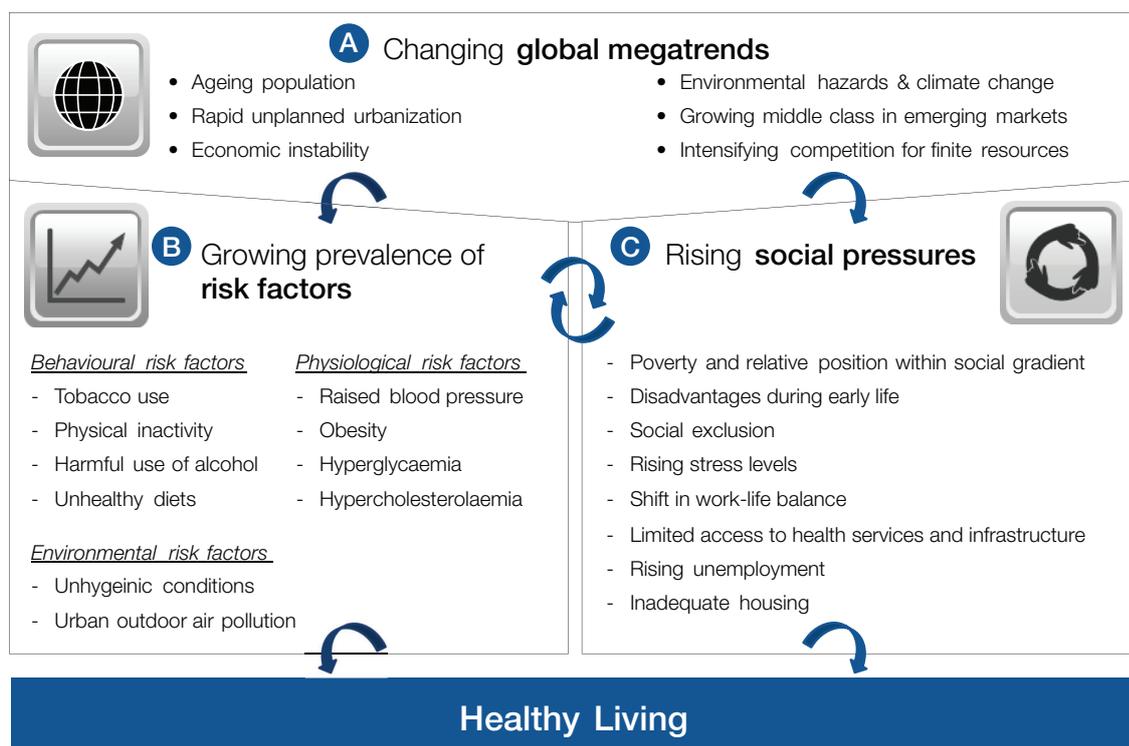
A Changing global megatrends

The global population is ageing. By 2050, 22% of the world’s population will be over 60 years of age, compared to 11% today (UN, 2012). The implications for Healthy Living are evidenced by the disproportionately higher healthcare expenditure for older age groups (OECD, 2006). Ageing, as a megatrend, also increases the likelihood of other barriers to Healthy Living. For example, physiological risk factors such as obesity tend to increase with age, and typically peak at age 60-70 (Sassi et al., 2009). Certain social pressures – such as poverty and social exclusion – also affect Healthy Living in ageing communities (UN, 2011a).

Urbanization is another megatrend that has major implications for Healthy Living. Urbanization encourages passive forms of transport and thus increases physical inactivity (WHO, 2010a), which is one of the most significant risk factors for Healthy Living (WHO, 2012a). Rapid urbanization, particularly in low- and middle-income countries, can also lead to greater social pressures such as inadequate housing and limited access to basic health infrastructure. In addition, urban air pollution accounts for 1.2 million deaths per year (WHO, 2012a).

Figure 1. Three major barriers to Healthy Living

Source: World Economic Forum, Bain & Company



B Growing prevalence of risk factors

The World Health Organization has identified 24 risk factors – which are broadly classified as behavioural, physiological or environmental (Figure 1) – that drive the global burden of disease and injury (2004 data) (WHO, 2012a). These statistics alone would be alarming, but even more disturbing is the fact that the prevalence of these risk factors is increasing. To highlight the growing trend, below are recent statistics from illustrative countries:

- Raised blood pressure: 45% of Brazilian males and 35% of females have raised blood pressure (WHO *Country Profiles*, 2011).
- Tobacco use: 14% of the Indian population smoke tobacco daily, compared to 17% in the United Kingdom and 13% in Mexico (2008 data, WHO 2011a).
- Hyperglycaemia: 18% of Saudi Arabia’s population has elevated blood glucose levels, and average mean fasting blood glucose levels have risen 25% between 1980-2008 (WHO, 2001; WHO 2011b).
- Physical inactivity: 69% of Argentina’s population is too sedentary, compared to 51% of South Africans (2008 data, WHO 2011a). According to recent research, physical inactivity is directly responsible for more global deaths per annum (5.3 million) than smoking (5.1 million) (Wen and Wu, 2012).
- Obesity: from 1980-2008, the US body mass index (BMI) has risen 12% for males and 13% for females; in 2008, 33% of the US population was obese (WHO, 2011a; WHO, 2011b).

C Rising social pressures

The influence of the social environment on Healthy Living is often underestimated. According to the WHO and the Commission on Social Determinants of Health, several social factors – including disadvantaged early childhood development and poverty – affect long-term health outcomes and life expectancy (WHO and Commission on Social Determinants, 2008). Even in developed economies, less advantaged population segments can have poorer health outcomes. For example, research has shown that the unskilled manual labour force in England and Wales has a shorter life expectancy than the professional demographic in

the same region (Donkin et al., 2002). This concept of “health equity” is the primary focus of the Commission on Social Determinants of Health, which concentrates on three principles of action: 1) improving the conditions of daily life, 2) tackling the inequitable distribution of power, money and resources and 3) measuring the problem, evaluating action, expanding the knowledge base, developing a workforce and raising public awareness about the social determinants of health.

Our modern lifestyle, including changing social support networks and personal stress, is another type of social pressure for Healthy Living. Modern living places pressure on the traditional social support structures and connectivity with families and the broader community (WHO, 2003). Stress (at work) has also been associated with a 50% excess risk of coronary heart disease (Marmot, 2004; Kivimäki et al., 2006), and there is clear evidence that work-related stressors have a negative impact on both physical and mental well-being (Stansfeld and Candy, 2006).

All of these factors increasingly challenge Healthy Living and will have major social and economic implications for societies around the world.

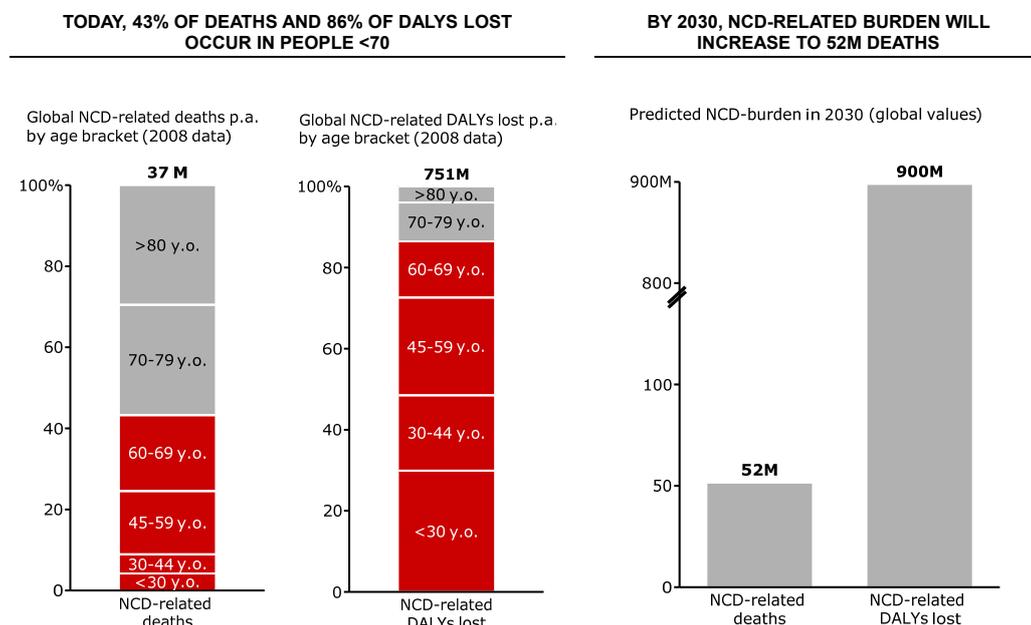
Challenges to Healthy Living cause far-reaching health consequences

The decline in Healthy Living has caused an increase in disability and death from otherwise largely preventable NCDs. Key behavioural risk factors such as tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol, compounded by other influences such as ageing and poverty, are challenging individuals’ physical and mental well-being around the world. NCDs – namely cardiovascular disease, type 2 diabetes, chronic obstructive pulmonary disease and cancer – are the leading cause of death globally (WHO, 2008a). Forty-three percent of all NCD-related deaths affect people under the age of 70 (Figure 2; WHO, 2008a). This means NCDs are killing individuals in their productive years or reducing their ability to work, promoting a vicious cycle that worsens poverty, while poverty contributes to rising rates of NCDs. Aside from mortality, NCDs, particularly mental ill health, inflict a great deal of disability (as measured by DALYs; Figure 2) for millions of individuals and their families; the impact is greatest when diseases are not appropriately diagnosed or managed. According to the WHO, this trend is expected to continue to 2030 in line with population growth (Figure 2).

Figure 2. Global burden of NCDs (2008 and 2030)

Source: WHO, 2008a

Note: DALY refers to disability-adjusted life years and represents the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.



Insert 1: UK Salt Reduction Initiative

Creating a Healthy Living environment through collaboration with different stakeholder and sectors

In 2003 the UK Department of Health and the Food Standards Agency (FSA) decided to pursue a salt reduction initiative in reaction to strong public health evidence correlating salt intake with blood pressure levels and cardiovascular disease. Later that year, the FSA and the Minister of Health publicly called for multisectoral input on how to reduce salt in food. The Agency developed a multistakeholder approach, engaging academia, diverse sectors of the food industry and NGOs. Through various stages of consultation, stakeholders were invited to discuss the challenges to action, the specific needs of different stakeholders and the commitment necessary for measurable impact. The multistakeholder approach was very successful, highlighted by the fact that all targets were voluntary. In some cases, organizations were able to achieve greater levels of salt reduction and/or deliver targets ahead of the 2010 deadline (Food Standards Agency, 2012). Some private companies also delivered a “traffic light system” for their products to help consumers make more informed choices. Industry efforts were supported by a large-scale media campaign aimed at educating the public on the health benefits of salt reduction. The awareness campaign also enjoyed successes; population statistics suggest that the number of consumers trying to cut down their salt intake increased by one-third, and that 43% of the population was aware of the salt intake recommendation in 2009. Between 2000 and 2011, mean salt intake reduced from 9.5 to 8.1 grams per day (UK Department of Health, 2012).

Most stunningly, NCDs can be prevented. A large proportion of NCDs – up to 80% of heart disease, stroke and type 2 diabetes, and nearly 40% of cancers – are potentially preventable by addressing the four main behavioural risk factors (tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity) (Asaria et al., 2007; Lim et al., 2007; WHO, 2008b; WHO, 2010b). Therefore the global community has a moral responsibility to take action and address Healthy Living for its constituents, particularly those who are most vulnerable.

The economic impact of a decline in Healthy Living cannot be ignored

NCDs, poverty and development are interlinked. Poor people and communities often have limited access to healthcare, especially long-term care. They are also more exposed to NCD risk factors, material deprivation, psychosocial stress and unhealthy living conditions. Once individuals are affected by a chronic condition, their ability to work can be severely reduced, limiting their income and worsening their already-existing poverty (WHO, 2005; WHO and Commission on Social Determinants of Health, 2008). Thus, NCDs are not only a health issue that causes immense human suffering but also a threat to economic development.

A recent World Economic Forum and Harvard study suggests that NCDs will produce a cumulative output loss of US\$ 47 trillion over the next two decades, which represents 75% of global GDP in 2010 (US\$ 63 trillion). This amount is enough to eradicate two-dollar-a-day poverty among 2.5 billion people for more than half a century (Bloom et al., 2011). Similar projections apply for low- and middle-income countries, where cumulative economic losses from the four main NCDs are estimated to surpass US\$ 7 trillion during 2011-2025 (an average of nearly US\$ 500 billion per year). Calculated annually, this loss is equivalent to approximately 4% of these countries' current annual output (Bloom et al., 2011).

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We understand the goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases, and when populations can reach a state of physical, mental and social well-being.

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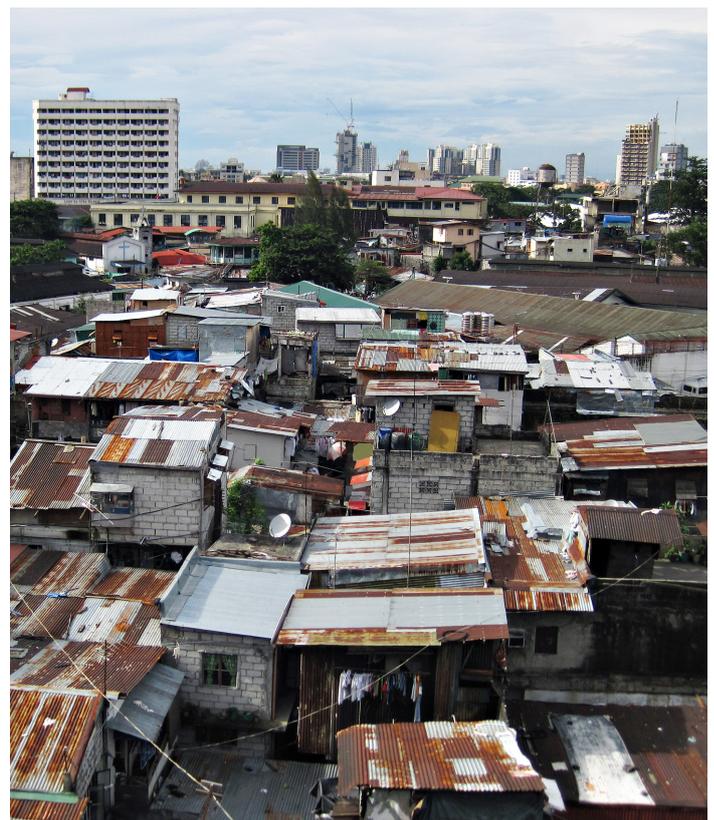
Rio+20, “The Future We Want”, United Nations Conference on Sustainable Development

“

Priorities for social development and investments in people would include: ... NCDs. Access to sufficient nutritious food and promotion of healthy lifestyles with universal access to preventive health services will be essential to reduce the high incidence of NCDs in both developed and developing countries.

”

UN System Task Team on the Post-2015 UN Development Agenda, Realizing the Future We Want for All: Report to the Secretary-General



Multistakeholder Action: The Only Way to Create System-level Change

The time to act is now

Considering the major impact of NCDs on economies and social development, the UN convened a High-level Meeting with Heads of State on Prevention and Control of NCDs on 19-20 September 2011. Following the recognition of the AIDS epidemic in 2001, this was only the second time in the history of the UN that the General Assembly had met on a health issue. The Assembly adopted a Political Declaration on Prevention and Control of NCDs, which recognized that a whole-of-government and whole-of-society approach would be needed to effectively respond to the challenges posed by NCDs (UN, 2011b). Similarly, in May 2012 the World Health Assembly set a voluntary target of a 25% reduction in NCD mortality by 2025 (WHO, 2012b), and is preparing a global action plan for the prevention and control of NCDs from 2013-2020. At the Rio +20 Conference on Sustainable Development, the importance of “physical, mental and social well-being” was recognized as a cornerstone of a sustainable future.



... the rising prevalence, morbidity and mortality of NCDs worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels...



UN Political Declaration on Prevention and Control of NCDs, September 2011

During the World Economic Forum Annual Meeting Healthy Living session on 28 January 2012, global leaders discussed the urgency of addressing Healthy Living and the NCD challenge. Leaders recognized that the power of concerted multistakeholder action can undoubtedly achieve more than the sum of the individual actors.

The complexities of promoting Healthy Living demand a multistakeholder approach

Multistakeholder collaborations are mechanisms for bringing together partners with diverse interests, qualities and competencies in order to achieve common goals (Boles and Halsey 2011; WHO, 2011c). Multistakeholder and cross-sector joint actions can combine a vast range of capabilities, perspectives and resources to achieve outcomes that are greater than the sum of their parts. Changing behaviour requires influencing the forces at play across different sectors and creating a market for health (Anderson et al., 2011). All sectors and stakeholders can help create a more healthy society, but the responsibility for achieving real change needs to be collectively shared. However, addressing Healthy Living will be challenging:

- *There are multiple influences on Healthy Living; no single stakeholder can comprehensively address all of them alone.* Each of the drivers of Healthy Living interact through a variety of actors, some of which may appear to have little or nothing to do with health per se. To truly create the necessary scale of Healthy Living change, any action will need to comprehensively address each specific influence. Only multiple stakeholders working together have the ability to execute actions of greater value and impact (World Bank, 2011).

- *Stakeholders often work in silos*, unaware of the ambition and activities of other relevant stakeholders. By aligning goals, resources and metrics and working in a coordinated manner, stakeholders can multiply their impact through collaboration. Moreover, the very act of exploring mutually beneficial linkages across stakeholders and programmes can contribute to building organizational capacity, particularly in low- and middle-income countries (UN, 2011b; Nishtar and Jané-Llopis, 2011; Buse and Harmer, 2011).
- *Resources are limited.* A multistakeholder approach means a pooling of resources, which allows the collaboration to maximize its financial and technical expertise, particularly in fiscally constrained environments.
- *Truly innovative approaches are needed to create the necessary outcomes.* By working together, stakeholders can draw on their collective core competencies to create a more comprehensive set of capabilities. The digital revolution offers innovative tools to help promote healthy lives; applying these tools will require participation from stakeholders across different sectors.
- *System return on investment (SROI) will be enhanced through multistakeholder approach.* SROI is an atypical ROI calculation that considers the social impact and system returns (e.g. decreased mortality and disability) as well as the economic components of an intervention.

Given the complex nature of promoting Healthy Living, multistakeholder collaboration – including public, private and civil society stakeholders – is the only systematic approach to address this challenge in a comprehensive way.

Leveraging core competencies: the key to systematic engagement and maximum impact

Each stakeholder group and sector has a unique set of competencies and core capabilities that can promote Healthy Living. There are clear ways that all stakeholders can work within their own organizations to advance an action agenda for Healthy Living, including changing policy, reformulating products or simply helping employees live a healthier life. Much has already been done; however, more is needed (WHO, 2009).



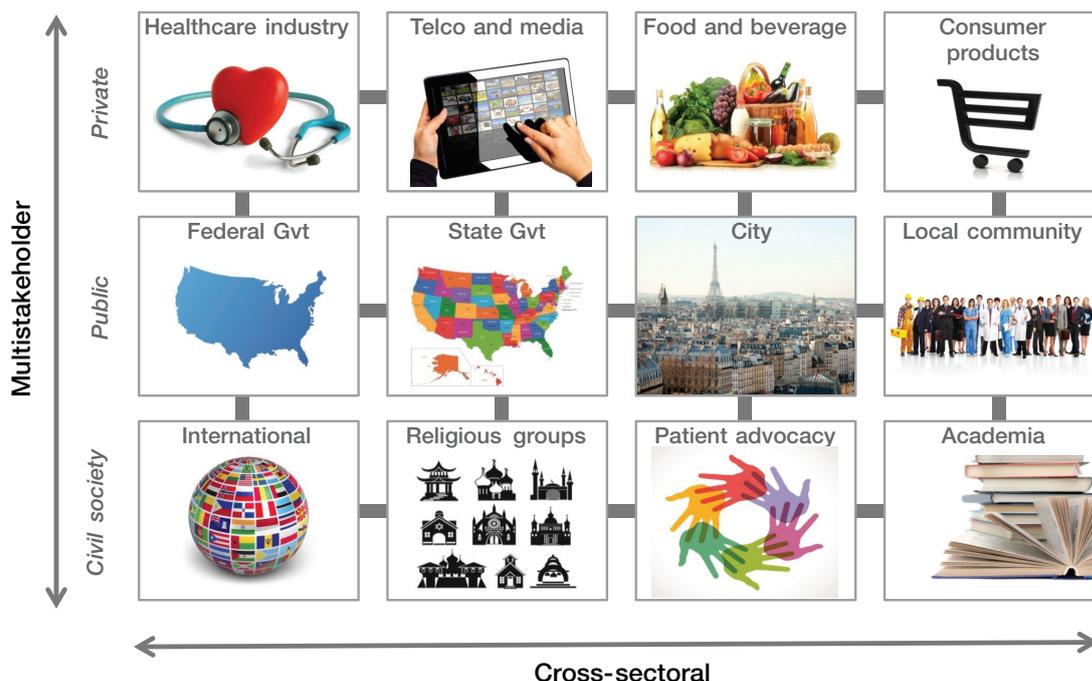
Collective action is essential to make the game-changing steps required for the optimal approach to the prevention and control of NCDs. A crucial aspect of this collective action is multisectoral cooperation. The sectors within government, as well as the sectors within the state, must be brought together.



Sir George A. O. Alleyne, Director Emeritus, Pan American Health Organization, World Health Organization

Figure 3. Multiple stakeholders and sectors have an active role in Healthy Living

Source: World Economic Forum, Bain & Company



In a recent WHO survey, nearly 90% of Member States reported that partnerships or collaborations were in place to implement key activities to tackle NCDs at the country level. However, the existing partnerships included collaboration mainly among healthcare teams, patients, families, and communities, and the majority focused on tobacco use and diabetes (84% and 81%, respectively) (WHO, 2012c). Some of the mechanisms of multisectoral collaboration were interdepartmental committees, ministerial committees, task forces, academic institutions and non-governmental organizations (NGOs) (WHO, 2012b). While these collaborations are undoubtedly helpful, the scope of sectors and stakeholders involved in the collaborations needs to be broadened to promote Healthy Living (see Figure 3 and Appendix A). Each stakeholder brings unique competencies to collaborations, so it is of paramount importance to build on the strengths of all stakeholders – governments, NGOs, civil society, academia and the private sector – in order to implement cost-effective and sustainable actions (WHO, 2009; Hospedales and Jané-Llopis, 2011). These strengths are beyond the common role that all stakeholders have as employers.

In several other areas, constructive multistakeholder collaboration for the prevention and control of NCDs can be of greater benefit to the population's health. A few examples include developing appropriate policies, implementing supportive programmes in different settings such as schools or workplaces, creating environments in which healthy choices are easy and affordable, and monitoring and evaluating trends and the prevalence of risk factors over time. Building walking and cycling areas, creating crowd-puller events focusing on healthy lifestyles within each community, executing intensive mass media campaigns, providing nutrition information to consumers, implementing tobacco-free workplaces or doing point-of-sale promotions for healthy products are examples of concrete activities that have been implemented with successful outcomes for all actors involved (Anderson et al., 2011; WHO, 2009; WHO 2011d).

Public Stakeholders

A large part of the costs imposed by the consequences of poor health directly affect governments through the increased costs of healthcare and welfare support. Public stakeholders are therefore under tremendous pressure to coordinate across sector efforts and ensure progress on the NCD agenda.

Government-led actions can explore the full potential of existing policies and resources, including: clarifying and updating the application of long-standing policies that might impede progress; leveraging government and private sector purchasing and investment clout; facilitating access to programmes by everyone who is eligible for them; evaluating the effectiveness of population health programmes, agencies and policies; and intervening to stop agencies and policies from operating at cross purposes (Anderson et al., 2011).

Public stakeholders are uniquely positioned to:

- Facilitate the development of an integrated policy that sets national priorities and provides a unifying framework for action towards which all stakeholders can contribute
- Foster policy coherence and alignment across sectors such as trade, education, agriculture or urban development to facilitate access to healthier lifestyles at the population level
- Establish integrated and comprehensive national surveillance systems
- Develop the appropriate regulatory mechanisms to address public health objectives

Private Stakeholders

The impact of Healthy Living and NCDs on the economy makes action a moral and commercial imperative for private stakeholders. Consumers are becoming increasingly more health conscious and are willing to spend resources accordingly, thereby opening market opportunities for innovative and “better for you” products.

Private stakeholders are uniquely positioned to:

- Contribute to the whole-of-society approach to Healthy Living through their products and services
- Leverage core business skills, experience and resources to develop and deliver innovative products and solutions, logistics and project management
- Improve consumer knowledge and literacy, and help individuals make informed choices

Sectors that at first glance are not directly connected to health can also make a significant contribution. For example, telecommunications can leverage networks for mobile data gathering and processing; logistics and transport companies can help operate in areas with poor infrastructure; financial services firms can support innovative funding; industrial goods and engineering companies can help build healthier environments; and media

companies can broadcast Healthy Living messages. Private stakeholders can also contribute skills to better understand consumption-specific behaviour patterns and consumer preferences, how to access specific target populations, and the best way to develop and deliver innovative products.

Civil Society and Academia

Civil society often represents the voice of those most affected by NCDs, and thus has a strong incentive to ensure that all stakeholders take adequate action on Healthy Living. Given their role as knowledge hubs, academic institutions are uniquely positioned to catalyse and advance fresh thinking or innovative models to enable healthy lives (Jayasinghe and Jayasinghe, 2011). They can also help policy-makers make evidence-informed decisions by integrating advisory boards and national committees and bring added value to monitoring activities of national and international private and public stakeholders. In fact, it is a crucial priority for academic institutions to continue to be relevant in the international health agenda and lead the knowledge-generation process.

Civil society and academia are uniquely positioned to:

- Contribute to the delivery of health services in response to community needs and hold governments accountable for the adequate provision of healthcare
- Lead grassroots mobilization and engage in targeted advocacy and outreach to ensure Healthy Living is recognized and that appropriate action is rolled out to the most affected communities
- Play a key role in monitoring and evaluating policies and programmes
- Generate and transfer knowledge
- Train and build the capacity of workers across sectors to have a Healthy Living mindset and be prepared to lead collaborative actions across stakeholder groups

Capitalizing on diversity: the importance of a neutral broker

It can be challenging to bring together diverse stakeholders with different motivations, interests, cultures and vocabularies. Partners may be located in geographically different places, and even speak different languages. Effective collaboration requires all partners to overcome the challenges in a constructive way while keeping in mind the ultimate goal of enabling Healthy Living. Regardless of the level of complexity, the role of a partnership “broker” can greatly contribute to the success of the joint work.

This broker should ideally have the support and high-level trust of most, if not all, the sectors represented in the partnership. Ideally, it should be a neutral member without conflicting forces at play that does not need to represent its organization’s interests and is not accountable to third parties. Having an independent broker can be particularly valuable when intense negotiations are required to bring partners with diverging positions closer together (Boles and Halsey, 2011). It is important to strive for (and maintain) a balanced representation of the stakeholders involved throughout the process of brokering and establishing multistakeholder cooperation. Achieving such a balance can help keep all relevant stakeholders actively engaged in the various decision-making processes, foster buy-in and cultivate commitment to the agreed-upon outcomes (Buse and Harmer, 2007).

Leaders have recognized that the call for a coordinated response to the global Healthy Living challenge requires a broker, or neutral platform, to help traditionally disparate stakeholders discuss goals and ideals for meaningful global change. In response, the Healthy Living initiative is focused on developing a global Charter for Healthy Living.



There is a really crucial problem here and we need to do this together. None of us acting individually has the levers to influence lifestyle choices; we are coming together to pool our respective strengths as stakeholders, to overcome our boundaries and mobilize together for action, in line with our respective roles and responsibilities.



Martin Seychell, Deputy Director General DG SANCO, European Commission

Insert 2: Vitality Programme

Incentivizing individual behaviour changes for Healthy Living

In 1993, Discovery, a South African-based financial services and health insurance company, pioneered a consumer-focused health insurance product, “Vitality”, which offered a new approach: paying customers for healthy behaviour (Collaborating for Health, 2011). Using an incentive-based scheme, Vitality makes healthy lifestyles easier by providing low-cost access to gyms and significant discounts on healthy foods, and by providing rewards like discounts on holidays, flights and consumer products for practising healthy lifestyle behaviours – all through multistakeholder partnerships with relevant organizations. Members of the programme complete an initial health assessment that calculates a “vitality” age, which shows the consumer the number of years of life lost based upon their risk factor profile for BMI, cholesterol level, level of physical activity, etc. They are then given an individualized plan to improve their health based on their risk factor profile.

Discovery has successfully partnered with private businesses (grocery, pharmacy and sport equipment chains, gym and health clubs, travel agencies and airlines, telecom companies, movie theatres and retailers), public agencies such as the Department of Education and international research institutions like the Harvard School of Public Health, Utrecht University, Carnegie Mellon and the University of Cape Town.

Since the implementation of the Vitality programme, independent academic and research bodies have conducted impartial evaluations of its effects. The research indicates that participation in the Vitality programme leads to fewer hospital admissions, shorter hospital stays and lower costs per patient. The hospital admission rates were 7.4% lower for cardiovascular disease, 13.2% lower for cancers and 20.7% lower for endocrine and metabolic diseases (Patel et al., 2010).

The Charter vision:

Public, private and civil society stakeholders working together to deliver a global paradigm shift towards Healthy Living, creating conducive environments and supporting healthy, active lifestyles at individual, community and societal levels.



Charter for Healthy Living will Deliver Multistakeholder Action

A group of inspired stakeholders called for a global Charter

At the World Economic Forum Annual Meeting 2012 in Davos-Klosters, world leaders called for a coordinated response to the Healthy Living challenge in the form of a Global Charter for Healthy Living. The Charter aims to provide a unifying framework that will bring together the different stakeholders to help them agree on a common goal and highlight the importance of independent and transparent monitoring.

With this mandate, the Forum consulted with government and business leaders, as well as thought leaders from academia and civil society, over the last 12 months. Leveraging existing Forum regional sessions and creating specific meetings where necessary, there was an extensive consultation about the Charter's vision and components. The Forum also established formal advisory panels (see Contributors) to provide strategic guidance and technical input as required.



The Charter allows stakeholders to collectively move from dialogue to action. Therefore it has an enormous potential to unlock the power and impact of multistakeholder collaborations.



Julio Frenk, Dean, Harvard School of Public Health

The vision unites multiple stakeholders

Multistakeholder action is at the core of the Charter for Healthy Living. World leaders from all stakeholder groups unanimously called for more cross-sectoral and multistakeholder collaborations to implement solutions for Healthy Living. Leaders also called for translating dialogue into *real* action with tangible health outcomes. As captured in the Charter's vision, this will require a comprehensive approach to Healthy Living action – enabling both conducive environments and encouraging individual behaviour change.

- *Creating conducive environments* is important to support individuals, families and communities in their daily lives and to be healthy in the long term. For some, enjoying public recreational space is not possible because it's not safe or the necessary infrastructure does not exist. For others, healthy and affordable food options are simply not available. In 2003 the UK government was concerned about the health implications of the salt content in processed food products. Over the next seven years, the government focused on reducing salt consumption through an industry-wide reformulation initiative (See Insert 1 for more details).
- *Individual behaviour change* is particularly hard to achieve in the Healthy Living context. Many people around the world know what they would like to change (e.g. lose weight or stop smoking) but find it very hard to do so. In South Africa, Discovery introduced a multistakeholder, health-focused incentive programme to help encourage its members to invest in prevention and early diagnosis to ultimately create long-term behaviour changes (see Insert 2 for more details).

+ 150 leaders consulted

From public sector, private sector and civil society

30 one-on-one executive-level interviews

With global leaders representing all stakeholders

Multistakeholder dialogues in Puerto Vallarta, New York, Bangkok, Geneva and NCR-Delhi

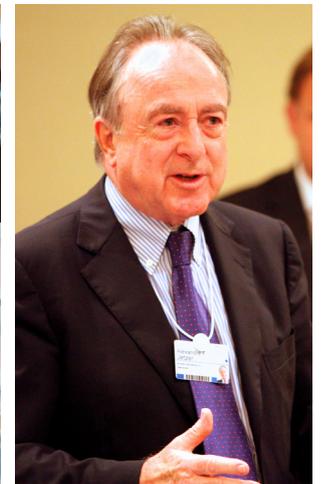
Facilitating collaborative relationships for health between stakeholders and sectors

Insert 3: News-Heartfile Public Awareness Campaign

Promoting effective Healthy Living interventions in low-resource communities

Established in 1998, Heartfile is an NGO with a focus on policy analysis and innovative solutions for improving health systems in Pakistan. The News-Heartfile public awareness campaign was launched in partnership with *The News International*, the largest-circulating English newspaper in Pakistan, which reaches over 2.5 million readers every day. The partnership yielded 259 health and Healthy Living-related articles in weekly instalments over a period of 130 consecutive weeks during the period February 1999 to March 2006. The specific topics varied, but included stress and stress management, diabetes, hypercholesterolaemia, cholesterol, depression and the harmful use of alcohol. Interim research suggested that the knowledge and attitudes of the readership base had improved as a result of the News-Heartfile public awareness campaign (Nishtar, 2004). The sample population of a post-intervention evaluation revealed that 93% of readers remembered having seen the News-Heartfile articles, and 87% of this group reported that the articles significantly supplemented their knowledge about diet, with comparative rates for physical activity and smoking at 77% and 85%, respectively. Although self-reported, the rate of behaviour change was impressive – 40% claimed some dietary changes, 39% made changes in their levels of physical activity and 8% reduced their tobacco use.

According to research, the average cost per article was US\$ 169, suggesting a highly cost-effective approach, particularly in a low-resource setting. This multistakeholder approach, in which Heartfile and *The News International* were able to leverage their core competencies, provided important health outcomes.



(from left to right, top down) Margaret Hamburg, Commissioner, US Food and Drug Administration; Omar Ishrak, Chairman and CEO, Medtronic; Paul Bulcke, CEO, Nestle; Margaret Chan, Director General, World Health Organization; Rob Flaherty, CEO, Ketchum; Muhammad Ali Pate, Minister of State for Health of Nigeria; Enrique T. Ona, Minister of Health, Government of Philippines; Kenro Oshidari, Regional Director for Asia, United Nations World Food Programme; Malvinder Singh, Chairman, Fortis Healthcare; Helene D. Gayle, President and CEO, CARE USA; Chris Viehbacher, CEO, Sanofi; Gunilla Carlsson, Minister for International Development Cooperation of Sweden; Pablo Kuri Morales, Subsecretary of Prevention and Health Promotion of Mexico; Alexandre F. Jetzer, Member Emeritus of the Board of Directors, Novartis International.

To make the Charter more tangible, the specific actions and principles of multistakeholder collaboration are outlined below in four elements.

1: Stakeholders take joint, concrete, economically sensible and evidence-based multistakeholder action to promote Healthy Living and NCD prevention and control, in which all stakeholders leverage their core competencies

Within the Healthy Living initiative, there has been extensive dialogue and consultations about a “new quality of multistakeholder action” and what that really means. Stakeholders understood that the traditional forms of partnerships are neither sustainable nor particularly effective for Healthy Living. Stakeholders were also committed to move beyond dialogue and into concrete action. In order to facilitate the transition from dialogue to action, they were adamant that specific types of multistakeholder action, such as those in which multistakeholder collaborations bring more value to individuals and populations, should be agreed to and defined within the Charter.

Stakeholders agreed on the need to deliver high-quality action, which involves the use of incentives and fostering a high-quality consumer experience. Stakeholders highlighted the need to tailor Healthy Living interventions to each segment of the population, taking into account different cultural approaches and low-resource environments (see Insert 3). The agreed-upon areas of multistakeholder action (i.e. stakeholders recognized there was more value and impact in working together on them than in isolation) are shown below, and the concepts are illustrated in Table 1.

- Build awareness for Healthy Living and NCD prevention and control
- Improve the availability of (and access to) products and services
- Create innovative incentives and supportive environments
- Invest in professional capacity building
- Advance knowledge through science and research focused on Healthy Living

2: Multiple stakeholders work together effectively, transparently and respectfully

All stakeholders agreed that we needed a higher standard of collaboration to maximize the impact of multistakeholder actions. Building on evidence from other health- and non-health-related partnerships, and after consultation with all stakeholders, the higher standard of collaboration must recognize:

- Equally important role of all stakeholders – each stakeholder has an equally important role, and each individual contribution (small or large, monetary or non-monetary) will be considered valuable. This will require deep mutual respect for all stakeholders, and understanding and accepting different organizational cultures and communication styles.
- Joint ownership and shared responsibility – all stakeholders involved in the action should be held responsible for the design and final outcomes of any action.
- Mutual trust and transparency – there is a shared, profound belief that all stakeholders in a collaboration should pursue the same primary objective of making an impact in the fight against NCDs. All stakeholders must act with honesty and fairness, and resolve that potential conflicts of interest will be constructively addressed and solved. This requires stakeholders to share and facilitate access to relevant information for the promotion of Healthy Living, while respecting individual privacy and institutional confidentiality.
- Evidence-informed approach – using the best available

scientific and experiential evidence when making decisions is critical, as is designing and executing interventions that will help drive multidimensional, long-lasting changes within a broader ecosystem.

- Shared learning – articulating, capturing and then sharing experiences and lessons with the immediate collaboration, peers and the broader global community is essential. A mindset of shared learning and continuous improvement will help raise the quality of multistakeholder action for Healthy Living.

3: All organizations advance their own approach to Healthy Living

Although multistakeholder action is the primary focus, the Charter also asks stakeholders to continue implementing policies, programmes and interventions that build on their core abilities to enable healthy lives.

A major theme during the consultation was the need for each organization to address its own approach to Healthy Living. Each stakeholder and sector needs to define its core competencies to further promote and enable Healthy Living. All stakeholders, public and private, should promote and facilitate healthy lives for their employees and their families. Likewise, all stakeholders should ensure a high priority and appropriate resource allocation to Healthy Living actions. For example, governments should continue to develop policies for healthy lives and businesses should pursue the reformulation of their product and service portfolios in order to mainstream health-promoting practices. For some stakeholders and sectors, this transformation to Healthy Living has already begun and will be further developed as the Charter is implemented.

4: Healthy Living actions are regularly monitored and evaluated

One of the most important aspects of this Charter is the requirement to independently monitor Healthy Living actions. The first requirement is to jointly define metrics by which multistakeholder processes and outcomes can be measured. The global target of a 25% reduction in premature mortality from NCDs by 2025 has been globally agreed upon, and the actions implemented through the Charter for Healthy Living are expected to make a significant contribution to achieving this global target. At the time of publication, the World Health Organization was developing a global monitoring framework and additional voluntary targets for NCD management (WHO, 2012d)

Once the metrics have been defined, partnerships need to develop the necessary systems and feedback loops to regularly capture and evaluate this information. Results and insight should be transparently shared with all stakeholders so that the necessary joint management decisions can be made. Furthermore, all stakeholders have a responsibility to share lessons and best practices with the broader Healthy Living community so that all multistakeholder partnerships at a global level can benefit from the collective experience. It is only through systematically tracking progress and outcomes that stakeholders can realistically address problems and improve in the future. With the commitment to monitoring, evaluation and continuous learning, the quality and impact of multistakeholder action for Healthy Living will set a new standard and improve the lives of millions of people around the world. Together, we can deliver lasting change and real health outcomes.

Table 1: Five types of multistakeholder action identified within the Charter

| Multistakeholder action | Typical stakeholder action | Potential multistakeholder action |
|--|---|---|
| <i>Build awareness for Healthy Living and NCD prevention and control</i> | A teacher talks about the importance of a healthy diet and physical activity in class | A multistakeholder school initiative implements an integrated school policy with the following initiatives: <ul style="list-style-type: none"> – National Curriculum is changed to include more physical education – An online game on Healthy Living is developed through a consortium of companies and disseminated through schools’ activities – School menu is changed; partner companies sponsor healthy food options |
| <i>Improve availability of (and access to) products and services</i> | A local health body offers a single free diabetes screening event in pharmacies | A multistakeholder initiative to enable regular diabetes screening and ensure follow-up with diagnosed patients: <ul style="list-style-type: none"> – A local healthcare chain aligns with local governments to pool resources and infrastructure for regular screening events and targets newly diagnosed diabetes patients – An awareness campaign is implemented through social media, print, TV, billboards, SMS, etc. – A telecom company provides SMS to alert all users of the diabetes screening activities – Employers provide time and transportation to allow employees to take advantage of screening service |
| <i>Create innovative incentives and supportive environments</i> | A health insurer and health provider team up to offer discounted prices in weight loss programmes | A multistakeholder initiative is set up to provide a full set of incentives for healthy weight: <ul style="list-style-type: none"> – A consortium, including retailers, restaurants and coffee shops, coordinates purchasing efforts so they can offer cheaper healthier foods – Municipalities work closely with recreational community centres to offer physical activity opportunities – Health providers and insurers align on incentives that reward health-promoting behaviours – Municipalities require a mandatory health impact assessment as part of urban policy design – A consortium of NGOs develops a “health recommended label” that recognizes healthier products |
| <i>Invest in professional capacity building</i> | A university offers an executive programme on health promotion | The government, academia, civil society and private sector work together to: <ul style="list-style-type: none"> – Assess the needs of the regional and national workforce to support multistakeholder collaborations for health – Develop a joint programme for knowledge transfer across stakeholders – Pool resources for national-level delivery of training |
| <i>Advance knowledge through science and research</i> | Government publishes standards and health recommendations | Multistakeholder action, including academia, patient advocacy groups, private sector and the government, creates resources for public use: <ul style="list-style-type: none"> – Jointly build a database of best practices on Healthy Living – Incentives for monitoring and evaluating activities and programmes – Incentives for stakeholders who share their data (e.g. positions on technical or implementation boards, staff exchange programmes) |

The Charter will catalyse concrete action

Health and Healthy Living are the world's greatest political and social challenges. Stakeholders need to use the Charter for Healthy Living to act decisively to address Healthy Living and allow health to become a driver of economic growth. In the coming years, the Healthy Living initiative will facilitate multistakeholder actions for which there is clear support from all stakeholders.

To help stakeholders initiate and manage multistakeholder action for Healthy Living, the Forum and PAHO, in collaboration with Bain & Company, have also developed a "Toolkit for Multistakeholder Action". The Toolkit is based on a simple six-block framework to help collaborations structure their work. It provides step-by-step guidelines, hands-on templates and case studies to illustrate solutions to the core challenges of multistakeholder action (for more details, see Appendix B).

To date, the Toolkit has been shared with representatives from all stakeholder groups, and two opportunities for multistakeholder action have been catalysed in Mexico and India. Interested stakeholders are currently scoping and preparing needs assessments to better understand the requirements for action, and the process will move forward in 2013.

Be part of the paradigm shift towards Healthy Living

Taking real action will require enlightened leadership that balances short-term realities and long-term Healthy Living goals. Every stakeholder – public sector, private sector and civil society – has an essential role to play in creating sustainable changes to promote Healthy Living.

In 2012, the Forum began engaging stakeholders, and in 2013 will seek additional support and opportunities to translate the Charter into action. The Forum would like to invite all stakeholders and sectors to engage in our Healthy Living dialogues and embark on this journey towards Healthy Living.



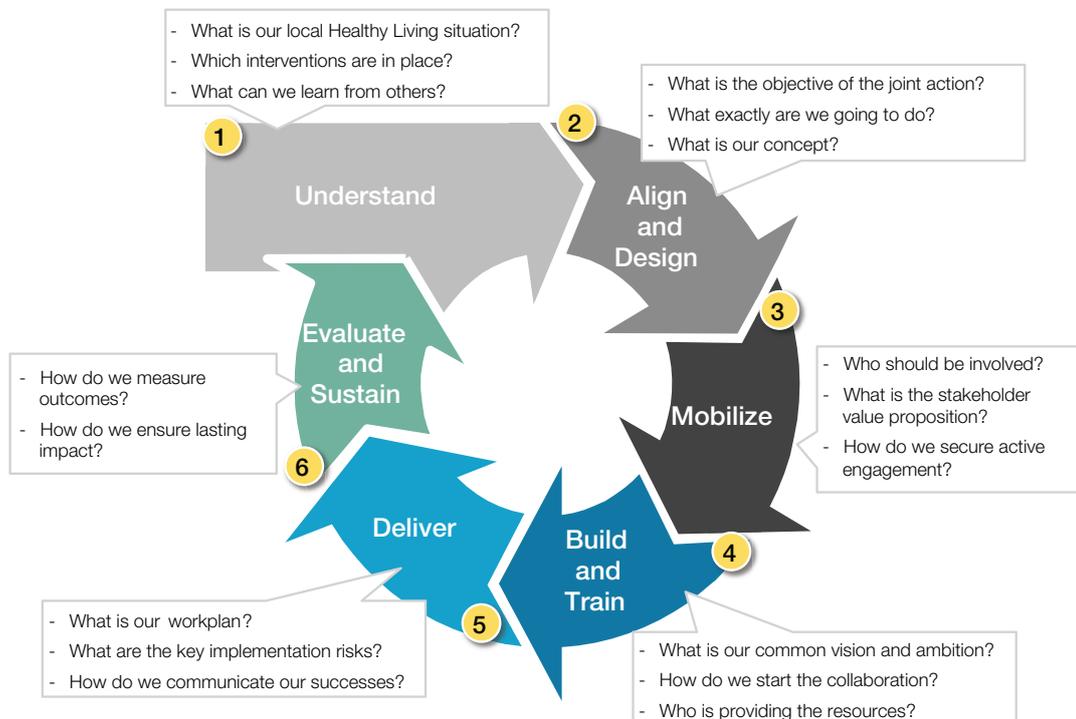
To ensure progress on these diseases, we need enlightened self-interest and enlightened leadership. Not taking action is morally unacceptable and economically unsustainable.



Margaret Chan, Director General, World Health Organization

Figure 5: Six building blocks for multistakeholder action as described in the Toolkit for Multistakeholder Action

Source: World Economic Forum, Bain & Company



Appendix A: Examples of contributions to Healthy Living by non-health sectors

| Sector | Why and how can the sector contribute to Healthy Living? |
|---|---|
| Agriculture | <p>The agriculture sector can be a powerful ally for Healthy Living through the promotion of healthy diets. Aligning policies and activities, such as nutrition education, school and rooftop gardens, or promoting urban and peri-urban agricultural projects has a huge potential to increase the consumption of fresh fruits and vegetables and improve the quality of dietary patterns while also representing a source of income for families. Furthermore, developing innovative ways to bring the direct and indirect outputs of the agriculture industry directly to consumers presents a win-win situation; the industry would have increased demand, and thus increased profit, and a larger proportion of populations would practise healthy diets. Partnerships across non-health industries can also contribute to Healthy Living: the agriculture and the restaurant/catering industries could, through successful collaboration, provide healthier affordable menu options.</p> |
| Education and communication | <p>Education and communication are important to build health literacy and strengthen the population-level knowledge on the links between everyday behaviours and health. In particular, education and communication play important roles at all levels of Healthy Living action, from prevention to risk factor response to healthcare treatment and rehabilitation. Aligning these sectors is particularly important for the development of clear, accurate and consistent messages. Early education makes Healthy Living and its values a natural part of our social culture. Social and mass media campaigns are effective and cost-efficient methods of increasing awareness on specific risk factors and promoting health-conducive behaviours. Accurate education in schools, communities and the workplace on health behaviours and their potential benefits could lead to a population-level reduction in Healthy Living risk factors. Communication strategies remind us of the need for health maintenance, and partnering with the communication sector presents innovative opportunities to cost-effectively encourage rehabilitation and treatment through SMS and e-mail.</p> |
| Infrastructure, urban planning and transportation | <p>Urban planning, e.g. through community and street designs that incorporate parks, wide sidewalks and bike lanes, can make physical activity safer and more pleasant and thus incentivize communities to be more active with tremendous health benefits (Anderson et al., 2011). Transportation can, with traffic-calming measures (e.g. speed bumps) and efficient public systems, also encourage physical activity and environmental sustainability. When working in coordination with one another, the infrastructure, urban planning and transportation sectors have the potential to logistically increase the availability of healthy products and ease access to quality health promotion and care services.</p> |
| Labour systems | <p>Workplace health promotion programmes can promote healthy behaviours through incentives such as workplace health screenings, promoting smoke-free workspaces or by providing healthy food options. Employers benefit from these programmes through increased employee productivity, improved corporate image and reduced healthcare costs. At a larger system level, healthy labour systems imply secure and sustainable employment, which significantly impacts the well-being and health of a population. Without secure employment, people are unable to financially support healthy diets or have sufficient time to practice physical activity; with insufficient structures for stress management, they may pursue risky behaviours such as the harmful use of alcohol.</p> |
| Producers and retailers | <p>As the sector that the population perhaps most frequently comes in contact with, producers and retailers can uniquely affect the health of a population simply through the availability and pricing of its products. Price promotion strategies, product placement and point-of-sale information can positively influence patterns of in-store consumer behaviour by encouraging healthier choices and healthy activities. Without healthy food options to buy or physical activity paraphernalia, consumers can't practice healthy diets or lifestyles. Without access to affordable medication or health equipment, individuals are unable to proactively manage their health.</p> |
| Social welfare systems | <p>The illness and disability imposed by NCDs threaten the stability and sustainability of health and social protection systems. Social issues such as poverty, employment, home and physical security have indirect, yet powerful, implications for the capacity to practice healthy behaviours. Populations vulnerable to these social issues will find it particularly challenging to implement health maintenance and response behaviours. Coordinating with social welfare systems increases the available healthy options for these individuals in a realistic form and at an affordable cost. Moreover, once individuals are affected by a chronic condition, their ability to work can be severely reduced, while their need for social welfare support increases. Therefore it is in the interest of these systems to maintain the population with the highest level of health possible, especially working-age individuals in the labour force and ageing groups in their retirement years.</p> |
| Trade | <p>Trade agreements can impact the price, availability and access of foods, beverages, technologies, drugs and other products. Hence, trade can play a key role in influencing the health environment. Information exchange between trade and other sectors can contribute to a better alignment of trade agreements and international policies with potential health outcomes.</p> |

Appendix B: Toolkit for Joint Action

The idea to develop a “Toolkit for Multistakeholder Action” to support Healthy Living initiatives was developed at the World Economic Forum on Latin America in April 2012. The event held in Puerto Vallarta, Mexico gathered high-level decision-makers from the public and private sectors to share success stories of joint action in the region, discuss key challenges and opportunities for multistakeholder collaboration, and develop the “Charter for Healthy Living”. During the discussions in Mexico, it became clear that implementing joint actions at the local level can be challenging. Participants concluded that the Charter should be supplemented by a set of operational guidelines for multistakeholder collaborations.

The guidelines – called “Multistakeholder Collaboration for Healthy Living - Toolkit for Joint Action” – were developed over the following months. The toolkit is structured as a pragmatic, hands-on guide that aims to serve as a resource for successfully planning, managing and sustaining joint action for Healthy Living. It consists of:

- A report that provides guidance about how to successfully plan and manage the six building blocks for multistakeholder action (Figure 5)
- An Annex with more than 30 templates that can be used by Healthy Living project teams to prepare for key project meetings and milestones

The toolkit is available in a version 1.0 and will be refined and updated as more experience with multistakeholder action for Healthy Living is accumulated.

The toolkit is structured around six building blocks:

1. Understand

“Understand” is a situational analysis that provides the foundation for relevant and coordinated Healthy Living action. It starts with a guide on how to assess the local Healthy Living challenge and local healthcare infrastructure. Teams working on a specific initiative may choose to conduct only a brief or highly focused analysis, but obtaining a shared “big picture” view of local Healthy Living challenges is strongly recommended. The building block also includes a tool to map the local interventions landscape and guidance on how to learn from other initiatives to prevent “reinventing the wheel”. Finally, it provides a framework to identify priority areas for joint action so that resources can be used effectively.

2. Align and Design

This building block describes how to develop a solid and culturally adapted concept for Healthy Living action and how to identify the right set of stakeholders to deliver the action. It starts with a framework for concept design that addresses both basic elements (e.g. location and target group) but also differentiates components that specify how to achieve behaviour change, mobilize communities and integrate innovative elements. It also includes frameworks to identify the right set of stakeholders from the public sector, private sector and civil society and articulate the rationale for participation and potential value added by each stakeholder type.

3. Mobilize

“Mobilize” provides guidance on how to bring multiple partners together and align them with a common vision and shared values. It starts with a pragmatic checklist for a successful “kick-off” meeting for the initial working group. This building block describes

how to define a common vision and provides an example of a value statement specific to multistakeholder collaborations for Healthy Living. Finally, it provides a framework to help select partners with the best “fit” with the collaboration and offers advice on how to get them on board.

4. Build and Train

“Build and Train” offers practical tools on how to effectively set up and manage a multistakeholder collaboration. It starts with a framework to define the governance structure and roles and responsibilities. It then introduces the “championship spine” concept, which can greatly accelerate momentum within the collaboration and beyond. This building block also addresses collaboration agreements and offers templates to define resource mechanisms and benefit sharing. Finally, it offers a way to handle conflicts of interest and suggests a training plan that incorporates both trainings to ensure effective collaboration and operational trainings to implement the Healthy Living action.

5. Deliver

This building block is about “how to get it done” – how to effectively manage the collaboration throughout a joint action. It suggests a milestone-based approach for the joint action and provides a checklist for go/no go decisions. It also includes pragmatic templates for day-to-day project management and provides advice on internal communication. Finally, it introduces the RAPID® methodology to ensure effective decision-making in complex settings.

6. Evaluate and Sustain

The final building block provides guidance on how to ensure a lasting impact on Healthy Living – a great challenge for many collaborations. It suggests a menu of metrics that can be used to track outcomes, covering awareness and knowledge, behavioural changes, physical changes and ultimately NCD prevalence and mortality. It also offers tools to identify and manage implementation risks and check the “health” of the collaboration. Finally, it provides a checklist of success factors to sustain the collaboration and a framework to capture learnings and share them with other collaborations.



The Toolkit for Multistakeholder Action provides pragmatic guidance for stakeholders, focusing in the most important aspects of multistakeholder collaboration. It puts aside the typical project management frameworks and presents concepts that everyone can understand.



Pablo Kuri Morales, Subsecretary of Prevention and Health Promotion of Mexico

Contributors

The members listed below contributed leadership, technical expertise and extensive time to the Charter for Healthy Living through their engagement in the Working Group and the High-level Steering Board.

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Salman Amin, Executive President and Chief Marketing Officer, Pepsi Co

Rob Flaherty, Chief Executive Officer, Ketchum

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