Title Page

Compendium report on multisectoral actions for the prevention and control of noncommunicable diseases and mental health conditions

Country case studies

Final Draft

NOTE

This document is in the final step of WHO publication clearance. Its current design has not fully been adjusted to align with WHO's publication policies. The final version of the report is scheduled for publishing in April 2024. WHO is presently collaborating with a design agency to ensure an optimal design and layout for the forthcoming publication.

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Foreword

I am pleased to introduce this compendium report on multisectoral actions for the prevention and control of noncommunicable diseases (NCDs). The global burden of NCDs continues to challenge our societies and health systems, demanding innovation as well as collaborative approaches for effective interventions.

NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory conditions, along with mental health conditions, are one of the most pressing public health challenges of our time. These conditions are influenced by a multitude of factors that extend beyond the traditional realm of health care. Their determinants span social, economic, environmental and behavioural dimensions; they are inherently multisectoral.

The World Health Organization (WHO) has long recognized that the prevention and control of NCDs require coordinated efforts beyond the boundaries of the health sector. A whole-of-government approach (across government sectors) is essential. The issue of NCDs is not merely a matter of health care; it is a matter of public policy, finance, environment, education, trade and much more. It is about recognizing that the fight against NCDs extends across all facets of society.

Governments and organizations worldwide have been increasingly embracing multisectoral actions to tackle NCDs, their risk factors and determinants. These initiatives involve collaboration between different government sectors, as well as civil society organizations, the private sector and international organizations.

This compendium report showcases a diverse set of case studies from various countries, which address different aspects of NCD prevention and control, and mental health conditions. The report highlights country experiences in developing multisectoral action plans or strategies and implementing multisectoral actions. These case studies illustrate the challenges, achievements and lessons learnt from real-world, multisectoral interventions.

WHO aims to shed light on the importance of building capacities for multisectoral actions in the fight against the burden of NCDs. Effective public policy interventions require the integration of health considerations into all relevant sectors and the establishment of partnerships that transcend traditional boundaries. It is our hope that the practical insights and lessons presented in this report will inspire governments, organizations, and individuals to embrace a multisectoral approach and continue to innovate in the prevention and control of NCDs, and mental health conditions. This report reflects the dedication and progress made in this direction.

I extend my sincere appreciation to all those who contributed to this compendium report and to those working tirelessly to promote a multisectoral approach for better health, addressing health inequities and ensuring that positive health outcomes benefit communities. It is through their dedication and collaborative spirit we can envision a world free of the avoidable burden of premature mortality from NCDs and attaining the highest standard of mental health and well-being for all.

Jérôme Salomon
Assistant Director-General

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Executive summary

Noncommunicable diseases (NCDs) and mental health conditions have a profound impact on societies, communities and individuals around the world. Their risk factors and determinants extend beyond the traditional health sector. Addressing this complex challenge necessitates interventions that reach beyond the boundaries of public health and requires a coherent, coordinated approach across all relevant governmental sectors.

The WHO Global Action Plan for the Prevention and Control of NCDs[1] recognizes the vital role of multisectoral collaboration (also known as the whole-of-government approach) in accelerating the implementation of WHO's recommended policy options and cost-effective interventions. Yet, governments face challenges in implementing and sustaining multisectoral actions, in part due to limited capacity for cross-sectoral collaborations.

Understanding, documenting and sharing how governments implement multisectoral actions are essential to overcome these challenges and identify the capacity needs for coherent and sustainable responses to NCDs and mental health.

In 2019, WHO Member States requested the Director-General to provide a consolidated report to the World Health Assembly analysing approaches to multisectoral action for NCD prevention and control, including addressing social, economic and environmental determinants of health. This compendium report is the Secretariat's response to that request and features case studies from countries across WHO's six regions.

In March 2022, WHO launched a two-stage process to identify and select national and subnational experiences that demonstrate the use of multisectoral actions. The first stage involved a global call for submissions, which yielded 95 experiences from 46 countries. This stage culminated in the publication of a global mapping report on the experiences of countries in utilizing multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions.[2]

The second stage, represented by this compendium report, expands on selected national and subnational experiences. These case studies offer insights into the practical application of multisectoral approaches from real-life contexts. They provide valuable lessons learnt and guidance on enhancing collaboration across government sectors to address NCDs and mental health conditions.

A qualitative analysis of the case studies has unveiled significant achievements including: (i) formalizing coordination mechanisms or other governance platforms; (ii) creating new partnerships as a result of multisectoral collaboration; (iii) accelerating policy change and programme expansion; (iv) improving understanding and awareness of NCDs and their determinants; and (v) enhancing knowledge collaboration and information sharing as standard practice.

[1]Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013 (https://iris.who.int/handle/10665/94384, accessed 28 October 2023).

[2]Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: experiences from around the world. World Health Organization (https://iris.who.int/handle/10665/372861, accessed 28 October 2023).

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These case studies provide practical insights into applying multisectoral actions. The lessons drawn from the experiences presented in this report underscore the importance of: (i) building trust; (ii) exercising leadership; (iii) developing capacity; (iv) empowering government sectors; (v) institutionalizing multisectoral actions; (vi) sharing knowledge and data; and (vii) recognizing windows of opportunity.

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Chapter 1. Background

Introduction

Noncommunicable diseases (NCDs) and mental health conditions are driven by factors and determinants beyond the traditional health sector. An effective response to this societal challenge needs to also include interventions outside the health sector to address their risk factors and determinants in a coherent and coordinated manner. The WHO Global Action Plan for the Prevention and Control of NCDs *(1)* recognizes that multisectoral collaboration (Box 1) is an important requirement for accelerating the implementation of policy options and cost-effective interventions recommended by the World Health Organization (WHO) *(2)*.

Governments continue to face challenges in the implementation and sustainability of multisectoral actions, in part due to limited capacity to establish cross-sectoral collaborations aimed at achieving target 3.4 of the Sustainable Development Goals (SDGs): "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being" *(3)*.

It is noted that strengthening multisectoral actions for NCDs also offers opportunities to achieve other SDGs. Likewise, multisectoral actions for SDGs such as SDG 11 (Sustainable cities and communities) and SDG 12 (Responsible consumption and production) can contribute to reducing the burden of NCDs and creating sustainable and healthy cities *(4)*.

Understanding, documenting and sharing how governments are implementing multisectoral actions is key to overcoming similar barriers and identifying the capacity needs for coherent and sustainable NCD and mental health responses.

Box 1. Terminology of multisectoral action

The prevention and control of noncommunicable diseases (NCDs), including their associated determinants and inequities, requires collaboration within and between government sectors beyond health. This approach is referred to in the literature as multisectoral action, intersectoral or cross-sectoral action, Health in All Policies, or whole-of-government action. Each of these concepts focuses on strengthening collaborative engagement across public agencies to deliver policy outcomes on public health, including the prevention and control of NCDs.

Note: While this important approach is increasingly being adopted, the terms are still fluid, imperfectly defined and often used interchangeably. In this document, the term multisectoral action has been used to refer to collaboration within and between government sectors.

In 2019, WHO Member States requested the WHO Director-General to present, in a consolidated report to the World Health Assembly, an analysis of approaches to multisectoral action for the prevention and control of NCDs, including those that address the social, economic and environmental determinants of health *(5)*. This compendium report responds to this request and describes case studies from countries across the six WHO regions.

In March 2022, WHO launched a two-stage process: (i) to identify national and subnational experiences that showcase the use of multisectoral actions for the prevention and control of NCDs and mental health conditions and (ii) from these experiences, to select those that best met the proposed criteria to be

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further developed into case studies. The first stage included a global call for submissions which yielded 95 experiences from 46 countries implementing multisectoral actions to tackle the burden of NCDs and mental health conditions. Based on these submissions, WHO published a global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions *(6)*. This report showcases selected experiences from WHO countries, areas and territories implementing multisectoral actions and represents the initial step in a broader WHO initiative aiming to advance the implementation and sustainability of multisectoral actions.

The second stage, represented by this compendium report, involved the analysis and description of selected national and subnational case studies on the implementation of multisectoral actions. The report highlights practical application of multisectoral approaches from real-life contexts. By doing so, this compendium report offers insights into and enhances understanding of aspects related to the implementation of multisectoral actions and illustrates broader lessons learnt to support efforts to strengthen collaboration across government sectors for the prevention and control of NCDs and mental health conditions.

Methods

WHO developed a guiding framework on multisectoral action for the prevention and control of NCDs and mental health conditions to inform and support the call for submissions and the development of case studies (see a full description of the guiding framework) *(7)*. This framework is aligned with the WHO toolkit for developing a multisectoral action plan for NCDs *(8)* and adapted from the WHO report *Working together for equity and healthier populations: sustainable multisectoral collaboration based on health in all policies approaches (9)*.

The framework combines the principles and elements that underpin WHO's approach to reducing NCDs *(1)* and achieving the highest standard of mental health and well-being *(10)*. It incorporates four multisectoral action pillars that support a successful approach to multisectoral collaboration: (i) governance and accountability; (ii) leadership at all levels; (iii) ways of working; and (iv) resources and capabilities. Each pillar contains a set of actions to improve collaborative efforts across government sectors to deliver NCD and mental health responses.

Selection of case studies

The selection of national and subnational experiences that best met the criteria to be further developed into case studies was done through a comprehensive review process of the pool of the 95 submissions received from 45 countries – stage 1 as described in the global mapping report *(6)*. WHO established an evaluation panel composed of WHO staff and external experts. As an initial step, a scorecard was developed to harmonize the assessment by four members of the evaluation panel, who focused on identifying submissions that provided a clear connection and/or better description of the implementation of multisectoral collaboration and its relevance to the prevention and control of NCDs and/or mental health conditions. Out of the 95 experiences, the reviewers pre-selected 36 submissions, which were further assessed by all members of the evaluation panel. At this stage, the evaluation panel sought a balance of the selected case studies based on the following criteria:

- balanced representation across the six WHO Regions;

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- inclusion of low-, middle- and high-income countries with a preference given to low- and middle-income countries;
- inclusion of an experience from a Small Island Developing State;
- development of interventions across the main NCDs and mental health conditions, and their shared risk factors;
- implementation of action across the four pillars of the multisectoral action framework;
- involvement of diverse government sectors (for example, health, finance and education);
- involvement of different levels of government (for example, national, subnational or municipal).

The evaluation panel selected 20 experiences: 15 from low- and -middle income countries and five from high-income countries. Two experiences from low- and middle-income countries and one from a high-income country, initially chosen by the evaluation panel, were not developed further. See Table 1.1 for the final list of case studies and their respective countries.

Table 1.1. Selected case studies, by country and title of the multisectoral initiative

Country	Title
Australia	Healthy Tasmania Strategy for Preventive Health and the Premier's Health and Wellbeing Advisory Council
Brazil	National strategy to prevent childhood obesity and to promote healthier cities (Proteja)
Canada	Quality of Life Framework
Colombia (National)	Embedding multisectoral action into the development of the mental health strategy
Colombia (Municipality of Paipa)	Integrated System of Information for Public Management
Ethiopia	Supporting the National Tobacco Prevention and Control Programme: work of the National Tobacco Control Coordination Committee
Finland	Collaborating mechanisms promoting health and preventing noncommunicable diseases: the Finnish experience
Iran, Islamic Republic of	National Action Plan for the Prevention and Control of NCDs and Related Risk Factors
Japan	Strategic Initiative for a Healthy and Sustainable Food Environment
Kenya	Establishment of a working group to draft the National Strategy for the Reduction of Harmful Use of Alcohol
Liberia	Noncommunicable Diseases and Injuries Commission

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Mozambique	Multisectoral Group for the Elimination of Cervical Cancer
Nigeria	National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases
Palau	National Coordinating Mechanisms for Noncommunicable Diseases
Philippines	Active transport and open spaces initiatives: joining forces for better health
Sri Lanka	Diabetes and cardiovascular disease initiative: school health programme
Tanzania, United Republic of	Building a full-scale national response to NCDs with a focus on diabetes

Development of the case studies

The WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD), in collaboration with the Alliance for Health Policy and Systems Research (the Alliance), identified research institutes or equivalent from the selected low- and middle-income countries to support the development of the case studies, and established an agreement for performance of work with each institute. The proposed case studies from the high-income countries were self-funded and developed by their respective focal points.

The GCM/NCD and the Alliance developed a protocol to guide data collection and analysis across case studies. The protocol included a desk review of existing policy documents and reports to understand context-specific situations, map stakeholders involved and gather other relevant information about multisectoral actions. The protocol also included key informant interviews and/or focal groups with relevant stakeholders across government sectors and beyond. In addition, case studies followed a pre-defined template.

The main focus of this protocol was the following: (i) to identify and fully understand approaches that have bolstered implementation of the four multisectoral action pillars for the prevention and control of NCDs and mental health conditions; (ii) to describe and assess the implementation of the multisectoral pillars to strengthen cross-governmental collaboration for the prevention and control of NCDs and mental health; and (iii) to understand how cross-governmental collaborations have advanced the prevention and control of NCDs and mental health measures.

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Chapter 2. Analysis of key findings of the case studies

Four pillars of multisectoral action

The cases studies presented in this compendium report reflect a wide range of NCD and mental health interventions within different national, subnational and municipal government contexts. Each case study drew upon its specific context to implement various multisectoral actions across the four pillars: government and accountability, leadership at all levels, ways of working, and resources and capabilities (see Box 2 for examples multisectoral actions by each pillar).

Box 2- Examples of multisectoral actions by each pillar

Governance and accountability

- Seeking a mandate, endorsement or supportive legislation for multisectoral action through a government statement, or national and subnational policies or plans; developing a memorandum of understanding, decree or agreements between government sectors.
- Establishing multisectoral coordination mechanisms or other formal structures such as high-level cross-sectoral committees, working groups and alliances.
- Utilizing existing cross-sectoral policies or plans to promote and expand multisectoral action.
- Developing reporting structures and accountability measures on cross-sectoral policies or programmes such as key performance indicators on multisectoral action and annual reports.
- Ensuring accountability to the public through public reporting on agreed shared goals, activities and outcomes related to multisectoral collaboration; confirming transparency in the provision of information to the public on multisectoral action by the government

Leadership at all levels

- Networking with professionals through informal or formal meetings of policy officers across government sectors.
- Identifying champions to promote multisectoral action across government sectors.
- Establishing incentives or recognition of the importance of multisectoral action through, for example, documents, speeches, sponsorships of multisectoral actions, reward mechanisms for good multisectoral collaboration, and performance indicators.
- Setting standards for multisectoral action through shared goals and tools that cross multiple sectors, such as policy briefs, health impact assessments and health lens analyses.
- Acknowledging the commitments of other sectors to encourage further action and collaboration

Ways of Working

- Developing communication tools, processes or activities that foster transparency and collaboration to build trust.
- Implementing formal and/or informal activities that nurture relationship-building with people in other sectors and ministries.
- Establishing knowledge collaboration activities among government sectors to ensure sustainability of multisectoral action and relationship-building.
- Including diverse stakeholders from different government sectors in activities that promote the adoption of co-design and co-benefit approaches, including shared decision-making

Resources and capabilities

- Having dedicated personnel within health and across government with knowledge and experience of working on the prevention and control of NCDs.
- Having dedicated personnel within health and across government with knowledge and experience of working on multisectoral activities, programmes or initiatives.
- Implementing training and/or mentoring programmes or other activities to enhance knowledge and experience of multisectoral action across relevant government sectors.
- Encouraging dedicated funding to support multisectoral action on NCDs.
- Building capacity for multisectoral action, for example, training and mentoring

For more information on the four pillars of multisectoral actions, please consult the *Guiding framework on multisectoral action for the prevention and control of NCDs and mental health conditions* described in the global mapping report on multisectoral actions for NCDs and mental health conditions *(1)*.

Key findings

A summary of the most frequently cited and well described multisectoral actions across all case studies

This report presents case studies that illustrate how governments have implemented specific multisectoral actions related to each of the four pillars. The analysis of the case studies revealed the most frequently cited and well described multisectoral actions implemented across the four pillars (see Table 1).

Table 2.1 – Summary of the most frequently cited and well described multisectoral actions across all case studies (excel table to be inserted/designed)

Milestones attributed to multisectoral actions across case studies

The case studies presented in this report describe the development of multisectoral action plans or strategies for NCDs and mental health. At the time of this report, the implementation of some of those plans or strategies were in the initial phase, thus caution in the interpretation of the findings may be warranted. Yet, a qualitative analysis shows important milestones attributed to multisectoral collaborations, including the following actions.

- **Formalization of coordination mechanisms or other governance platforms.** The case studies have shown that governments have not only identified the need to establish multisectoral coordination mechanisms or similar platforms, but have also integrated them into their institutional frameworks to facilitate multisectoral collaboration, policy alignment, budget coordination, decision-making and accountability. Examples of this institutionalization include presidential orders, joint administrative orders, municipal bills, technical working groups and advisory bodies. The formalization of these mechanisms generates a positive ripple effect across governments involved in the initiatives, fostering knowledge collaboration for public management of decisions and programme implementation and evaluation.
- **Creation of new partnerships as a result of multisectoral collaboration.** The adoption of multisectoral actions has catalysed the formation of new partnerships and collaborations with different sectors and stakeholders, as described in the case studies. These emerging partnerships have resulted in increased donor investments or better prioritization of community decision-making and actions.
- **Acceleration of policy changes and programme expansion.** Through multisectoral efforts, gradual changes in new or existing NCD policies or improvements in programmes were observed in various case studies. For example, multisectoral actions were included as an integral part of the government's policy cycle, underscoring the significance of interagency collaboration in achieving policy objectives. Specific policy changes took place in light of multisectoral actions regarding tobacco control measures, expansion of immunization programmes to introduce vaccination

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against human papillomavirus in schools for girls, recognition of harmful alcohol use as a public health concern, and approval of new municipal legislations on restricting the sale of unhealthy foods in school environments. Other policies, such as the implementation of bicycle lanes and the establishment of joint administrative order for healthy open spaces, resulted from multisectoral collaboration with various urban sectors. Other examples include collaborative actions among governments, civil society organizations and the school community to expand community clinics and the availability and accessibility of healthy foods in school canteens.

- Improved understanding and awareness of NCDs and their determinants. Several case studies noted a better understanding and awareness among different government sectors of the impact of NCDs, their risk factors and determinants. This improved understanding helped government sectors recognize how their objectives were interconnected with health outcomes, leading to a more comprehensive and holistic approach to policy-making. This awareness extends not only to those directly involved in the multisectoral collaboration, but also to society at large through media and educational campaigns. With a better understanding of the importance of policy coherence, government sectors, civil society organizations, the private sector and international organizations were empowered and committed to protecting the sustainability of their health initiatives.
- Enhanced knowledge collaboration and information sharing as standard practice. An improved and more robust level of collaboration requires developing, sharing and utilizing cross-sectoral knowledge. This practice was observed across the case studies and involved better communication, cooperation and trust among partner organizations. Such collaboration helped government sectors identify common ground and expand their networks by integrating knowledge sharing into their regular activities, leading to the development of joint policy briefs, investment cases and tools.

Insights and lessons learnt

The national and subnational case studies described in this report represent real-world experiences where multisectoral actions are implemented for the prevention and control of NCDs and mental health conditions. They offer practical insights for continuously improving the implementation of multisectoral actions.

The case studies underscore the following important lessons.

Governance and accountability

- Institutionalizing multisectoral actions. Establishing and integrating multisectoral actions into government mechanisms, structures or practices demonstrates a commitment to creating an enabling environment for collaborations across government sectors. This approach, as described in the case studies, facilitated cooperation among various sectors by aligning policies, resources, and efforts towards shared objectives. The institutionalization of multisectoral approaches into policies, practices and structures across government sectors not only enabled the implementation of multisectoral actions, but also cultivated a culture of collaboration among a wide range of stakeholders, thus amplifying their collective impact.

- Sharing knowledge and data. Sharing cross-sectoral data and knowledge, along with implementing regular reporting and monitoring of multisectoral initiatives, was considered essential across the case studies. Such sharing not only shapes cross-sectoral policies and allows

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informed decisions, but also upholds transparency and accountability and facilitates the expansion of multisectoral actions with a wider spectrum of stakeholders.

- Recognizing windows of opportunity. Recognizing and capitalizing on a window of opportunity for improved policy coherence is vital to enhance the likelihood of a policy's success. For example, the coronavirus disease 2019 (COVID-19) pandemic, despite its significant disruptions, presented a timely opportunity for some governments to lay the groundwork for the introduction or adjustment of cross-sectoral approaches, aligning the interests among policy-makers.

Leadership at all levels

- Exercising leadership. Leadership is necessary to create and sustain an enabling environment for multisectoral collaborations. The case studies highlight the crucial role of leadership at every stage and emphasize its significance in driving success and nurturing a collaborative culture. Leadership can maintain focus on collaboration goals and shift partner mind sets from vertical to more collaborative, multisectoral approaches.
- Building trust. To build trusted collaborations, it is essential to invest in relationship-building, allocate time for coordination and management, exhibit adaptability and flexibility in addressing various viewpoints, and establish open communication channels. These attributes, as highlighted in the case studies, are fundamental for nurturing trust-based and respectful partnerships that facilitate collaborative dialogues.

Ways of working

- Building trust. To build trusted collaborations, it is essential to invest in relationship-building, allocate time for coordination and management, exhibit adaptability and flexibility in addressing various viewpoints, and establish open communication channels. These attributes, as highlighted in the case studies, are fundamental for nurturing trust-based and respectful partnerships that facilitate collaborative dialogues.

Resources and capabilities

- Developing capacity. Enhancing skills of government officials in multisectoral actions, including negotiation skills and training in multisectoral policy development, is particularly important for managing the interests of diverse stakeholders and reaching a shared understanding. The case studies demonstrate that tools, guidance and training resources are fundamental to build capacity, and knowledge of interdepartmental collaboration is crucial for aligning different agendas and establishing a collaborative cross-sectoral pathways.

- Empowering government sectors. Empowering relevant government sectors, particularly those beyond health, is essential to secure early buy-in and engagement in multisectoral actions. As underscored in some case studies, turnover of government officials, sectoral reforms and the instability of contractual appointments, along with short durations of public contracts, pose significant challenges to the sustainability of multisectoral initiatives. Regular training, awareness campaigns and multisectoral policy dialogues can strengthen empowerment and support effective implementation of multisectoral actions.

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Chapter 3. Case studies

3.1. Australia – Healthy Tasmania Strategy for Preventive Health and the Premier's Health and Wellbeing Advisory Council

Abstract

The Tasmanian Government released the Healthy Tasmania Strategy for Preventive Health and established the Premier's Health and Wellbeing Advisory Council in 2016 which include strategies to strengthen multisectoral action for the prevention of noncommunicable diseases in Tasmania. Enablers of multisectoral action included the authorizing environment provided by government and community leadership, an inclusive and cross-sectoral governance model, identification of champions and building of partnerships for multisectoral action. To make further progress in multisectoral action to improve health and well-being in Tasmania requires maintaining trusted partnerships across sectors that take time and intentional effort to develop, focusing on public value by putting people at the centre of decision-making and identifying mechanisms to support sustained multisectoral action into the future. The Tasmanian government's response to the State Service Review and the development of a Wellbeing Framework provides practical opportunities to maintain and advance multisectoral action in Tasmania.

Background

Tasmania is an island with just over half a million population. The Premier is the leader of the state government, which, through the Tasmanian State Service, is grouped into eight departments, delivers services, and determines policy and regulation in its areas of responsibility. With a small population, strong connections exist within Tasmanian communities which provide the opportunity for building effective partnerships.

Australia has three levels of government: national, state or territory and local. Each level of government has specific responsibilities and functions. There are shared responsibilities for health. The federal government determines national health reform priorities and funds primary care (general practitioners and primary health care networks). The state government is responsible for hospitals, specialist outpatient clinics and state health priorities. The role of local government in health and well-being is emerging with increasing recognition of their function in facilitating partnerships and place-based action on health and well-being.

Compared with other states and territories in Australia, Tasmania has an older population, more people living in rural and regional areas and lower socioeconomic levels. The prevalence of noncommunicable diseases (NCDs) in Tasmania and the associated risk factors, including tobacco smoking, overweight and obesity, and harmful alcohol use, are higher in Tasmania than in Australia overall. The most common NCDs are mental health conditions, arthritis, hypertension, asthma, heart disease, stroke and vascular disease. Within Tasmania, people who experience greater disadvantage have a greater burden of NCDs *(1)*.

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Overview of the initiative

In 2010, several nongovernmental organizations established the Health in All Policies Collaboration to advocate for multisectoral action on health and well-being in Tasmania. As a result of strong and sustained advocacy by members, the Collaboration secured political support for a Parliamentary Joint Select Committee on Preventive Health which convened between 2013 to 2015. The Committee recommended the government adopt a health-in-all-policies approach to improving the health and well-being of Tasmanians and implement a long-term strategy for the prevention of NCDs *(2)*.

In response in 2016, the Tasmanian State Government developed the Strategic Plan for Preventive Health (the Healthy Tasmania Plan) (Figure 3.1.1) *(3)* to engage all government departments and sectors and to work with the community to improve health and well-being (Table 3.1.1). The plan included the establishment of the Premier's Health and Wellbeing Advisory Council. The Council provides leadership to advocate for multisectoral action for health and well-being across government departments, all levels of government and society. It engages community leadership to influence government activity, builds champions and advocates for effective action across sectors, such as education, transport, planning and social policy.

The Healthy Tasmania Plan aligns with the vision and goals of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases *(4)* by addressing risk factors and the determinants of health. The focus areas include priority populations, health literacy, mental health and well-being, active living, healthy eating, smoke-free communities, reduced harmful alcohol use, and climate change and health. The actions in each focus area align with WHO-recommended interventions for NCD prevention and are guided by best practices, evidence and local needs. Actions include:

- providing resources, training and support to ensure our health and community services are delivered in culturally safe and inclusive ways;
- implementing community-driven solutions to connect people to the information and services they need;
- advocating for policy changes to plan and build places that support health and well-being.

Since 2016, the strategies being followed in the Healthy Tasmania Plan and by the Council to strengthen multisectoral action for health and well-being are consolidating and developing into well established practice.

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Figure 3.1.1. Overview of the Healthy Tasmania Strategic Plan for Preventive Health

Table 3.1.1. Sectors represented in Healthy Tasmania governance

Sectors	Planning and Implementation Advisory Group	Research and Evaluation Working Group	Communications Working Group	Healthy Tasmania Fund Working Group	Cross Agency Working Group
Government					
Department of Premier and Cabinet	✓		✓	✓	✓
Department of Health	✓	✓	✓	✓	✓
Department of Education, Children and Young People	✓	✓	✓	✓	✓
Department of State Growth			✓	✓	✓

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Department of Justice					✓
Department of Police and Emergency Management					✓
Department of Treasury and Finance					✓
Department of Natural Resources and Environment				✓	✓
Nongovernment					
Local government	✓				
University of Tasmania		✓		✓	
Community sector	✓	✓	✓		
Consumers	✓				

Multisectoral action supporting the initiative

Governance and accountability

The authorizing environment and mandate for action for both the Healthy Tasmania Plan and the Council arose at a high level of government. The Minister for Mental Health and Wellbeing is responsible for the whole-of-government Healthy Tasmania Plan. High-level oversight and sponsorship of the Healthy Tasmania Plan occur through senior leadership within the Department of Health and an existing committee of senior government officials representing all government departments. The Council meets directly with the Premier and the Minister for Mental Health and Wellbeing and provides advice on cross-sectoral and collaborative approaches to improving the health and well-being of Tasmanians.

In 2022, the Healthy Tasmania Plan changed its governance structure (Figure 3.1.2) to ensure greater community input and to coordinate efforts across government and departments (Table 3.1.1). Central to the governance of the Healthy Tasmania Plan is the Healthy Tasmania Planning and Implementation Advisory Group. This group has at least half of its membership from the nongovernment sector and includes the Department of Premier and Cabinet and the Department of Children, Education and Young People.

The intention is to bring different perspectives, identify shared goals and provide input into the yearly action plans for the Healthy Tasmania Plan.

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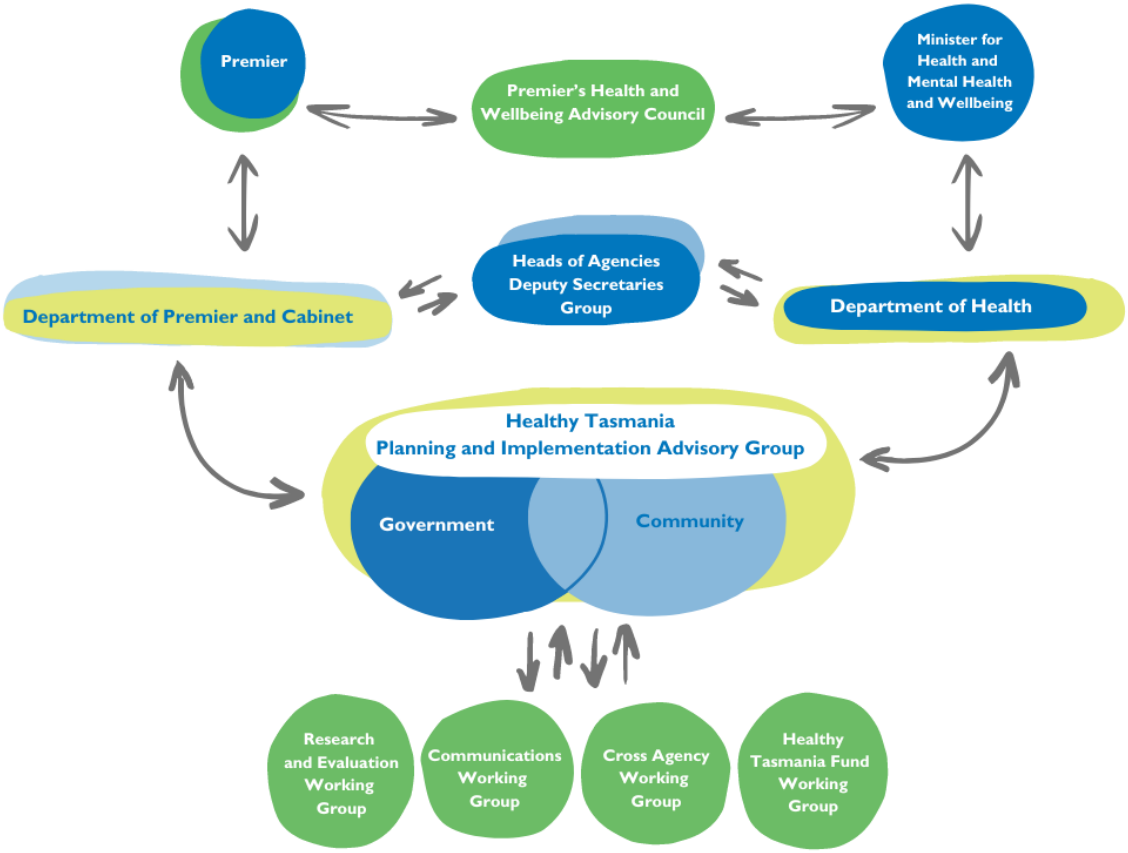

Figure 3.1.2. Governance framework of the Healthy Tasmania Strategic Plan for Preventive Health

Other mechanisms are in place to promote multisectoral action within the Healthy Tasmania Plan, including various working groups. The Healthy Tasmania Fund Working Group supports the implementation and continuous improvement of the Healthy Tasmania grants programme and advises on opportunities to collaborate and link funding activity across government sectors and the community. The Communications Working Group aims to collaborate and align health and well-being communication across departments to maximize the impact on the health and well-being of all Tasmanians. Planning is underway for the Cross Agency Working Group to strengthen the knowledge and skills required to work across departments on health and well-being and co-benefits. Table 3.1.1 shows the representation of the different government departments and nongovernment actors in the Healthy Tasmania Planning and Implementation Advisory Group and other working groups.

The reporting and accountability measures for the Healthy Tasmania Plan operate through multiple mechanisms. The Minister for Mental Health and Wellbeing regularly reports to parliament on the progress of the Healthy Tasmania Plan. In addition, the Department of Health compiles a progress report every 4 months to provide an update on the activity of the various governance groups. In addition, the department collaborates with other departments and community partners to publish an annual report highlighting stories, evaluation and outcomes. The Department of Health has also contracted the University of Tasmania to produce an evaluation framework and regular evaluation reports to track progress against short-, medium- and long-term health and well-being indicators and outcomes.

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Leadership at all levels

The Council provides leadership and strategic advice on coordination across government sectors, local government, community and business to support whole-of-government and community efforts to improve health and well-being. The Council is composed of diverse and highly experienced individuals, including community and academic leaders, with a strong knowledge and expertise in health promotion and disease prevention policy. The Council meets at least twice a year with the Premier and the Minister for Mental Health and Wellbeing to recommend multisectoral action to improve health and well-being. At most Council meetings, with the authority of the Premier in attendance, a minister is invited to discuss the policy impacts in their portfolio areas on the determinants of health and well-being. A case study evaluation of the Council conducted by the George Institute for Global Health *(5)* found that the independence of this advisory group was considered to be one of several vital elements for effective multisectoral action.

The Council also raises awareness of and supports the value and importance of disease prevention across the community. In 2019, the Council held a Health in All Policies Forum to provide a networking opportunity and recognize multisectoral action across government sectors and the community. Ministers and other politicians from all parties, government department heads and policy leads, local government leaders, and community health and well-being advocates attended the forum. Participants from different sectors presented case studies showcasing the importance of multisectoral action for health and well-being.

At the forum, the Tasmania Statement: Working Together for the Health and Wellbeing of Tasmanians *(6)* was signed. This statement is a commitment to collaborate on long-term solutions to address the social and economic factors that influence health and well-being. Current signatories of the statement are the Premier, the Minister for Mental Health and Wellbeing and the Chair of the Council. Recommendations from the forum to strengthen multisectoral action included establishing shared whole-of-government health and well-being goals and priorities.

Ways of working

The Healthy Tasmania Plan highlights five ways of working – leading to enable change, working across government and communities, building capacity, promoting community decision-making, and building, using and sharing evidence. These ways of working aim to build trust, partnership development, knowledge-sharing, capacity development, and access to information and resources. Some actions to exemplify these ways of working in the Healthy Tasmania Plan include:

- reviewing and redesigning the Healthy Tasmania Fund so the funding can be used flexibly to support the co-design of local solutions;
- developing communication tools and messaging with input from other government sectors and community partners to engage and inform different groups of people;
- improving access to local health and well-being data to support communities to better understand their health needs and to drive action to improve health outcomes.

The Healthy Tasmania Plan fosters flexible methods of engagement, for example, formal collaboration across government and communities through the planning and working groups, and informal partnerships, networks and coalitions to bring together people with different perspectives, experiences and knowledge to identify and work on solutions. An example of informal partnership is the Tasmanian Active Living Coalition which was formed in 2019 after a series of active living events, including a networking event hosted by the Council. The Coalition is composed of more than 15 partner

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organizations, including the Department of Premier and Cabinet, Department of State Growth and Department of Health, planning organizations, transport providers, and academic, health and cycling organizations. The Coalition works together to influence government policy by establishing knowledge collaboration activities, co-design solutions and co-benefit approaches among government sectors, academics and the community.

The Coalition recognizes that creating supportive environments is crucial to getting Tasmanians more active and improving health and well-being. Members have identified many opportunities for policy action to create active environments, including integrating transport and urban planning policies, implementing proactive building policies, improving walking and cycling networks, strengthening road safety, and improving access to public open spaces. The Coalition promotes the co-benefits of working together on active living.

Resources and capabilities

The Government invested 5.6 million Australian dollars (AU$) – 3.8 million United States dollars (US$) – in community-led action via grant programmes in the first Healthy Tasmania Plan (2016–2021) and AU$ 10 million (US$ 6.8 million) over 5 years (2022–2026) for the new Healthy Tasmania Plan. An additional AU$ 8 million (US$ 5.5 million over 4 years (2022–2025) has been committed to the Healthy Tasmania Fund (Box 3.1.1).

Civil society leaders, community organizations and government departments contribute significantly to the Healthy Tasmania Plan and the Council to enable multisectoral action on health and well-being. Members of the Council, the Healthy Tasmania Planning and Implementation Advisory Group and working groups give their time, knowledge, expertise and networks to collaborate with the government to identify solutions to improve health and well-being. In addition, the Department of Premier and Cabinet and the Department of Health dedicate staff time and resources to support the work of the Council.

Recognizing the value of knowledge collaboration, the Healthy Tasmania Cross Agency Working Group was established to build a network of public servants to share with and learn from each other, participate in knowledge and skill development about multisectoral action, effectively work across government sectors, and support an environment that encourages innovation and opportunities to collaborate on shared priorities.

Outcomes

Qualitative evaluation of the Healthy Tasmania Plan after the first 5 years *(7)* showed considerable progress in building partnerships across sectors to support community-led activity for health and well-being. The evaluation and further consultation have resulted in improvements for the second phase, including strengthening governance for collaboration across government sectors, prioritizing community decision-making and action, and sustainably funding and resourcing health and well-being activities.

The Healthy Tasmania research and evaluation framework *(8)* and baseline evaluation report *(9)* monitor improvements in health and well-being, including in outcomes related to NCDs. The framework details indicators of short-, medium- and long-term outcomes for future monitoring of the Healthy Tasmania Plan. The framework recognizes that the factors that influence these outcomes include actions of government sectors outside the health sector.

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The Council increased multisectoral action by raising awareness, bringing sectors together, promoting co-benefits, and advocating for health and well-being to be considered in government decision-making *(5)*. For example, an outcome from the Health in All Policies Forum in 2019 was that it supported departments to better understand the effects of their policies on health and identify opportunities to develop long-term solutions to tackle the social and economic factors that can lead to poor health outcomes. Another example of an outcome from the leadership provided by the Council was the development of the Tasmania Statement. The Statement acknowledges the ancient history of the palawa[1] (Tasmanian Aboriginal people) as the First People of lutruwita (Tasmania) and that their health and well-being have been and continue to be based on a deep continuous connection to family, community, and the land, seas and waterways. The Statement commits the Tasmanian Government to: involve Tasmanians in decision-making; work together across government and communities on shared priorities; make decisions with consideration to future implications; and measure outcomes to understand the impact of government policy and action. The Tasmania Statement was updated and re-signed in 2021 and is referred to in many consultations and submissions on government policies.

Reflections and lessons learnt

Trusted partnerships take time and intentional effort

Investing in building trust and relationships across sectors is essential to improve health and well-being and takes time, flexibility, adaptability and intentional effort. The Healthy Tasmania Plan and the Council have contributed to a shared understanding and language about the determinants of health and well-being across sectors. When collaborating with partners from non-health sectors, it has been important to recognize each department's drivers and policy environment and highlight the co-benefits of working together.

Public value means putting people at the centre and considering equity

To ensure that strategies benefit the community, it has been essential to consider equity and to put people at the centre of decision-making. An inclusive governance model with community representation that builds trust through transparent and open communication has enabled realization of this goal. The Healthy Tasmania Plan commits to considering equity in all policies and activities to ensure the specific needs of priority populations are acknowledged and that actions have no adverse consequences. Measuring equity and applying strategies to ensure equity in practice is challenging. Consideration of equity was embedded in the development of the Healthy Tasmania Fund.

Mechanisms are needed to support sustained multisectoral action

To be sustainable, it will be important to embed multisectoral action into the everyday business of government. The strong authorizing environment provided by the Premier's leadership and the central organizing role of the Department of Premier and Cabinet have been enablers for multisectoral action.

The Tasmanian State Service consists of all public service employees in Tasmania and is guided by the State Service Act to describe the policies and administrative structures to support them. In 2019, the Tasmanian Government announced an independent review of the State Service *(10)*. The review found that the problems facing the government are increasingly difficult, the solutions more complex and the time frames for action short, all of which make it challenging to work across departments. The Tasmanian

[1] palawa kani is the language of Tasmanian Aboriginal people (the palawa) and its written form has only lower case letters.

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Government supported all 77 recommendations of the review *(11)* and has implemented a staged approach to government reform, including actions to increase collaboration across sectors and deliver better outcomes.

The Healthy Tasmania Plan and the work of the Council will contribute to the vision and implementation of the review by achieving more coordination and alignment across government sectors through:

- supporting access to meaningful cross-sectoral data for government and community action on health and well-being;
- enhancing the skills of public servants to work across organizational barriers for the benefit of health and well-being;
- developing tools and communication messages to support consistent evidence-based multisectoral action.

In addition, the Premier's announcement of the development of a well-being framework for Tasmania *(12)* provides an opportunity to institutionalize multisectoral action for health and well-being.

Box 3.1.1. Practical example – the Healthy Tasmania Fund

The Healthy Tasmania Fund is a key initiative of the Healthy Tasmania Strategy for Preventive Health with AU$ 8 million (US$ 5.5 million) allocated over 4 years. In 2022, the Tasmanian Department of Health reviewed the fund to best support community action to improve health and well-being. Community feedback, evidence and local research *(13)* guided the changes to the Fund.

Community consultation highlighted that government funding can be helpful if delivered in a timely, responsive and coordinated way but has the potential to be a burden or cause harm. Often communities manage multiple sources of funding to achieve their goals. This can result in overlap and duplication, an administrative burden and diversion of scarce resources away from core priorities.

The Fund aims to be more responsive to community needs and part of a broader, more coordinated way to fund communities for action on health and well-being. The Healthy Tasmania Fund Working Group is composed of funders from across government and nongovernment sectors. Their role is to support the implementation and evaluation of the new funding model and advise on opportunities to collaborate and link funding activity across the government and the community.

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3.2. Brazil – National strategy to prevent childhood obesity and to promote healthier cities (Proteja)

Abstract

The Brazilian Strategy to Prevent and Care for Childhood Obesity (Proteja) encompasses a comprehensive selection of 61 predefined multisectoral actions to address childhood obesity. This case study describes how multisectoral action enhanced the implementation of Proteja at the municipal level. The municipality leads implementation of multisectoral actions based on a multisectoral municipal action plan while the federal and state health sectors provide technical support and monitor progress. A technical officer and multisectoral working group coordinate the multisectoral collaboration across different municipal secretaries, especially between health and education, and facilitate networking among sectors and stakeholders. Various activities were used to build relationships with different stakeholders such seminars and virtual communities of practice workshops. Having dedicated funding and personnel at the municipal level supported capacity-building and coordination. The development and implementation of multisectoral actions thorough multisectoral collaboration within Proteja successfully progressed efforts to address childhood obesity in municipalities in Brazil. Examples of outcomes included new municipal legislation on unhealthy food sales in schools and increased capacity of municipalities to implement multisectoral actions. Financial support and specified time to be dedicated to the multisectoral action as well as provisions of incentives and rewards for stakeholders outside the health sector would improve engagement with multisectoral collaboration.

Background

Childhood obesity in Brazil is a growing public health problem *(1,2)*. The Brazilian Strategy to Prevent and Care for Childhood Obesity (Proteja) was initiated in 2021 to set out multisectoral actions to provide care for children who are overweight or obese and prevent childhood obesity at local levels *(3)*. Proteja was the response of the Ministry of Health to the global commitment to reduce childhood obesity *(4)* and it aligns with the Brazilian National Food and Nutrition Policy *(5)* and the Strategic Action Plan for Combating Non-Communicable Diseases in Brazil, 2021–2030 *(6)*.

Of 5570 municipalities in Brazil, 1320 were eligible to participate in Proteja. The eligibility criteria were: population size of fewer than 30 000 inhabitants; ≥ 15% prevalence of overweight in children younger than 10 years in 2019; ≥ 50% coverage of nutritional status assessment in children younger than 10 years in 2019; and any record in the health system of assessment of food consumption markers in children younger than 10 years in 2019 *(3)*. The Ministry of Health coordinated Proteja and provided financial incentives to the participating municipalities to implement a comprehensive set of multisectoral actions to facilitate early detection of childhood obesity and access to good-quality care to reduce and prevent obesity in children for a period of 24 months of implementation. The strategic interventions of Proteja included, but were not limited to: enhancing advocacy and communication strategies; implementing policy and legislative changes; promoting healthy environments and settings; increasing the knowledge and expertise of the health workforce on childhood obesity prevention and care management; improving health infrastructure and information systems; and boosting national capabilities for surveillance and research. Implementing the multisectoral actions requires joint effort of different stakeholders at the

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municipal, state and federal levels,[2] such as government, civil society, international organizations and academia.

The Ministry of Health established that monitoring of the implementation of the multisectoral initiatives for childhood obesity would happen through predefined indicators, with annual funding being contingent on improvements in three of indicators: (i) number of children assessed for their nutritional status; (ii) number of children assessed for their dietary behaviour (food consumption markers); and (iii) number of obesity-related consultations in primary health care. At the time of the development of this case study, Proteja was in the second year of implementation. Stakeholders who designed and supported the early stages of implementation considered that Proteja was a catalyst for promoting multisectoral collaboration to address childhood obesity in many of the participating municipalities.

Overview of the initiative

In August 2021, the Ministry of Health launched Proteja which encompassed a proposal for a multisectoral strategy to address childhood obesity based on the leading role of the municipal health secretaries at local levels in Brazil. This proposal was refined through discussions across government sectors and relevant stakeholders, including mid-level state managers overseeing the implementation of the National Food and Nutrition Policy, academia, civil society, the National Council of Health Secretaries, the National Council of Municipal Health Secretaries,[3] the Ministry of Education, and the Ministry of Citizenship. As a result, the Ministry of Health defined a list of 61 predefined multisectoral actions across multiple settings (for example, primary health care, schools, community spaces, dissemination of information on healthy eating and physical activity, continuing education, and environment) which aimed to promote healthy environments at the municipal level. Therefore, within Proteja, the multisectoral actions were implemented at the municipal level, and the federal and state levels should support and monitor implementation progress.

At the municipal level, Proteja was led by an appointed technical officer, who is an operational-level health professional working in the Universal Health System. The technical officers were responsible for selecting multisectoral actions (out of the 61 predefined list) that were most relevant to their municipal contexts. They also chair a formal multisectoral working group which consisted of operational-level professionals from multiple sectors that may include education, agriculture, administration, environment, social assistance, employment, economic development, transport, communication, urban planning, sport and leisure, and security. The group was responsible for collaboratively developing a municipal action plan with tailored targets to improve the performance of a predefined list of indicators. The working group supported coordination, tracked progress, and promoted accountability across sectors and stakeholders involved. If necessary, civil society may provide support for the implementation of specific multisectoral actions. In this case, a formal assessment to prevent and minimize conflicts of interest

[2] Brazil is organized into three administrative levels: federal, state and municipality, which share responsibility in the management of existing strategies. Within the Universal Health System, the federal-level managers have a leading and coordinating role in sectoral or multisectoral strategies related to health. State-level managers act in the decentralization of strategies, supporting their implementation, while municipal-level managers plan and execute the local implementation of strategies *(7)*.

[3] The National Council of Health Secretaries includes state health secretaries from all Brazilian states, while the National Council of Municipal Health Secretariats includes municipal health secretaries from all Brazilian municipalities. Both councils serve as participatory platforms, facilitating communication and political representation in the management of the Brazilian Universal Health System.

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established by the Ministry of Health was undertaken and evidence that there were no interests that conflict with the childhood obesity agenda must be shown.

Multisectoral action supporting the initiative

Governance and accountability

The approaches identified to enhance governance for multisectoral action included: (i) using existing multisectoral working groups; (ii) developing reporting structures and accountability measures; and (iii) ensuring accountability to the public.

At the municipal level, the Ministry of Health required the appointment of a technical officer from the health sector to chair the Multisectoral Working Group. This group was responsible for developing a municipal action plan tailored to the local context. The Multisectoral Working Group could be explicitly created for Proteja or the municipality could choose to use existing multisectoral structures by expanding their scope and inviting additional sectors. The public support of high-level local leadership, such as the secretary of health and/or the mayor, for the multisectoral action was an important informal governance mechanism for enhancing multisectoral collaborations within the Multisectoral Working Group.

The Multisectoral Working Group was responsible for conducting a needs assessment/situation analysis of the local context to inform a municipal action plan. The municipal action plan consisted of a multisectoral reporting structure that outlines a step-by-step implementation plan with each sector. It included roles and responsibilities, potential partnership opportunities, and achievable targets for each predefined indicator. The group used the targets defined in the municipal action plan to monitor progress and challenges. By including the multisectoral action plan in the municipal health plan (a management tool that formalizes local government commitment and priorities) as recommended by the Ministry of Health, the municipality would be publicly demonstrating a commitment to Proteja.

In February 2023, the Ministry of Health took steps to enhance transparency and accountability in the implementation of Proteja and released a technical note (internal communication) on the status of the strategy and progress towards the set goals. This technical note was disseminated through official government channels to mid-level managers and operational-level professionals in the health sector overseeing the implementation of the National Food and Nutrition Policy, the National Council of Health Secretaries and National Council of Municipal Health Secretaries.

Leadership at all levels

The approaches identified to strengthen leadership at all levels for multisectoral action included: (i) identifying champions; (ii) networking among sectors and stakeholders; (iii) establishing mechanisms for recognition of multisectoral collaboration; (iv) acknowledging the commitments of other sectors; and (v) setting standards for multisectoral action.

At the federal and state levels, the leaders were managers responsible for managing and implementing the National Food and Nutrition Policy. They were responsible for monitoring multisectoral implementation through the predefined list indicators using two electronic health systems – the Food and Nutrition Surveillance System and the Health Information System for Primary Care. Additionally, they gathered information collected by an academic partner of the Ministry of Health. The Ministry of Health used these data to select outstanding multisectoral experiences. These experiences were shared and publicly recognized during the implementation meetings with stakeholders at the federal, state and municipal levels. Additionally, to acknowledge the commitment of the education sector to childhood

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obesity prevention, a national guidance document was launched on the use of education sector funds to implement multisectoral actions to address childhood obesity in the school environment. The document was widely disseminated through the internal communication channels of the health and education sectors.

At the local level, the technical officer and the Multisectoral Working Group were considered the formal leaders for scaling up multisectoral actions at the local level. The technical officer steered and coordinated the multisectoral collaboration across different municipal secretaries, especially with health and education. The technical officer was a health professional, such as a dietician/nutritionist, with experience working with food and nutrition policies in the Universal Health System, who was committed, proactive and available to foster multisectoral engagement. Maintaining the same individual as the technical officer throughout the implementation of Proteja was important to encourage commitment and facilitate multisectoral communication.

When establishing membership of the Multisectoral Working Group, the Ministry of Health recommended mapping government champions in each sector who could contribute to the development of the action plan. Champions were identified at the local level either by the technical officer or by representatives designated in each sector. Once identified, these champions were formally appointed to the Multisectoral Working Group. An example of involving different sectors was through educating legislators on issues surrounding childhood obesity, resulting in their active participation as champions in the initiative.

In addition to the formally designated champions, the technical officer identifies champion employees at the services level such as nurses, nutritionists and physical education professionals to provide support in the implementation of specific multisectoral actions. Champion employees were those already working to reduce childhood obesity at the service level and who were interested in supporting multisectoral actions to make changes in the quality of service delivery, for example, leading continuing education activities.

Ways of working

The approaches identified to nurture collaborative work for multisectoral action included: (i) developing collaborative communication tools and processes; (ii) including different stakeholders; (iii) implementing activities to foster relationship-building; and (iv) establishing collaborative knowledge exchange activities.

The Multisectoral Working Group played an important role in promoting trust-building by establishing consistent formal and informal communication channels within the group. Official communication took place through channels such as the electronic information system, which facilitated the sharing of technical documents and reports. Utilizing these official channels effectively mobilized the group and built accountability among participating sectors. Informal communication via WhatsApp facilitated meeting scheduling, but was not used for decision-making. Effective communication for decision-making was facilitated by having agreed-upon timelines for regular meetings, as well as by creating smaller working groups to provide feedback and divide tasks during the implementation of specific multisectoral actions.

Some activities and mechanisms were used to build relationships with different stakeholders. These included, for example, organizing seminars on childhood obesity, highlighting the importance of multisectoral mobilization. Additionally, frequent follow-up meetings were held by the technical officers with each sector, with support from high-level local leadership.

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Virtual communities of practice workshops were set up to increase collaborative knowledge among sectors and stakeholders. These virtual spaces aim to provide training, reflection, sharing of lessons learnt, peer-to-peer feedback and recognition (Box 3.2.1).

Resources and capabilities

The approaches identified to enhance resources for multisectoral action and increase municipal implementation capacity included: (i) having dedicated funding and personnel; and (ii) capacity-building and facilitation strategies.

The participating municipalities received an annual federal financial incentive specifically for the health sector, which helped to encourage implementation of multisectoral action. This financial incentive was contingent upon achieving established targets in three indicators predefined by the Ministry of Health. Although the technical officer and Multisectoral Working Group were essential components of Proteja, specific details regarding their knowledge or experience in multisectoral action and the amount of dedicated time needed are not pre-defined. Proteja recommended that professionals with prior experience in multisectoral action be involved and supportive staff be available to work alongside the technical officer to facilitate multisectoral collaboration.

Technical assistance, aimed to build capacity and provide resources to municipalities, was coordinated through a partnership between the Ministry of Health and the Federal University of Alagoas. This assistance to municipalities was facilitated by a network of four regional and 30 local facilitators, who were health professionals with experience in implementing nutrition policies. They were selected and employed through the partnership between the Ministry of Health and the Federal University of Alagoas. Regional facilitators served as a communication bridge between national, state and municipal levels, and provided technical assistance to local facilitators through weekly meetings. Local facilitators provided technical assistance to municipalities to enhance the quality of the action plan, ensure implementation and continuity of activities, incentivize data collection, analyse data and provide feedback. Effective technical assistance was achieved through various facilitation strategies such as virtual communities of practice workshops, technical implementation manuals, materials to inform and support the action plan, communication tools and mapping of community services for childhood obesity to guide multisectoral collaborations. For example, the technical assistance provided by the local facilitators has increased the capacity for continued monitoring of multisectoral action targets, the opportunity for timely feedback, and the ability to make quick adjustments throughout the implementation. This technical assistance model used a series of positive feedback loops that generated a ripple effect across the four pillars of multisectoral action.

Outcomes

Although participating municipalities were at different stages of implementation and had different capacities to implement multisectoral actions, Proteja is contributing to successfully enhancing multisectoral collaboration to address childhood obesity in Brazil. In certain municipalities, important outcomes were achieved such as the approval of new municipal legislation to regulate unhealthy food sales in the school environment, sustained multisectoral engagement and collaboration, defined leadership roles across sectors, and increased capacity of municipalities to implement multisectoral actions.

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The support of the health sector's leadership was important in driving collaborative multisectoral efforts, which was further facilitated by high-level local stakeholders. In addition, sectors were empowered and equipped to implement multisectoral action effectively, guided by clear leadership roles and responsibilities of other relevant partners. For example, collaboration between the health and education sectors[4] has enabled multisectoral actions in education and school settings, such as the provision of healthy food and the promotion of physical activity.

The recognition and empowerment of local champions helped supports implementation of concrete actions in some municipalities. For example, the backing of legislators resulted in additional funding for the renovation of public parks to facilitate physical activity (for example, Quissamã-RJ *(11)*) and regulations on food commerce at schools (for example, Bill No. 95/2022 Niteroi-RJ *(11)*). As of 2022, about 5% of municipalities participating in Proteja have already been able to approve legislation that restricts the sale of ultraprocessed foods in school environments (internal communication).

Delivering virtual communities of practice workshops (Box 3.2.1) promoted collective knowledge-sharing about best practices to implement multisectoral actions. For example, municipalities that actively participated in the community of practice workshops showed substantial progress in establishing the Multisectoral Working Group. As a result, the number of municipalities with functioning multisectoral working groups increased from 52.4% in the first semester of 2022 to 70.7% in the second semester of 2022 (internal communication).

Informal mechanisms for relationship-building such as municipal discussion forums, seminars and cultural events resulted in extensive engagement of stakeholders across the various sectors. This resulted in professionals from different sectors collaborating on specific projects, such as the establishment of community gardens, and the promotion of physical activities in community spaces *(11)*.

By combining capacity-building and technical assistance strategies, collective knowledge was enhanced, and sectors were equipped with the necessary skills and adequate technical resources to operationalize the multisectoral actions. This approach also bolstered the capacity for ongoing monitoring of improvements in the targets established in the municipal action plan, which in turn increased the implementation capacity of municipalities. As a result, in October 2022, 1292 municipalities (97.9% of the 1320 participating municipalities) were able to show improvements in the three indicators established by the Ministry of Health and measured by a monitoring system, that is:(i) an increased number of children have been evaluated for their nutritional status ; (ii) an increased number of children have been assessed for their dietary behaviour (food consumption markers); and (iii) an increased number of obesity-related consultations have been held in primary health care. A technical note from the Ministry of Health on the first year of Proteja's implementation indicates that 151 municipalities (11.4%) met one indicator, 410 (31.1%) met two and 731 (55.4%) met the three indicators and were entitled to the second instalment of the financial incentive (internal communication).

[4] The School Health Program established in 2007 outlined actions for collaboration between health and education teams with several successful multisectoral experiences being reported *(10)*.

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Reflections and lessons learnt

In Brazil, past efforts to prevent childhood obesity through isolated actions led by the health sector did not reduce the rising rates of obesity. Proteja responded to a global and national commitment to address childhood obesity through effective multisectoral collaboration.

The successful implementation of multisectoral actions in Brazil can be attributed to governance and accountability mechanisms that facilitated the definition of roles and responsibilities, and institution of transparency in the collaborative process, which led to building relationships and trust. Capacity-building strategies, such as supportive technical assistance and virtual communities of practice, equipped the multisectoral action workforce with shared knowledge and skills and adequate resources, and promoted useful spaces for peer exchange of experiences and accountability. In addition, supportive and continued technical assistance improved the capacity for ongoing data collection and monitoring of the goals of multisectoral action. The process of mapping champions across sectors was shown to strengthen networks and promote cohesion. Education champions were usually the most committed and engaged compared with designated champions from other sectors, which may be due to their previous multisectoral partnership with the health sector.

Multisectoral collaborations in Proteja were formally assessed to prevent conflicts of interest. Through these collaborations, sectors in participating municipalities increased their understanding of the social determinants influencing childhood obesity. On the other hand, during the implementation of multisectoral actions, equity criteria were not used to prioritize different populations or settings. In addition, future implementation of multisectoral action in Brazil may face challenges when expanding to larger municipalities with greater complexity and inequalities if continued supportive technical assistance is not assured.

Overall, efforts across the pillars of multisectoral action and the adoption of principles of collaboration strengthened the implementation capacity of municipalities to use a multisectoral approach to prevent and treat childhood obesity. To consolidate the multisectoral action mind-set, key aspects should be considered, including: (i) strengthening the local leadership team by determining financial support and minimum time to be dedicated to the multisectoral action; (ii) creating financial incentives and mechanisms to provide rewards beyond the health sector; (iii) establishing an institutional structure to sustain the continuity of communities of practice workshops; and (iv) incorporating an equity lens in implementation of multisectoral action and data monitoring.

Box 3.2.1. Practical example – strengthening multisectoral action pillars through virtual communities of practice workshops

Virtual communities of practice workshops, set up and ran by the Ministry of Health and the Federal University of Alagoas, promoted a collaborative and supportive environment to exchange peer experiences during implementation of multisectoral actions. Attendance by the technical officers and members of the multisectoral working groups is voluntary. Participation in the workshops was associated with the acquisition of new skills and knowledge, increased motivation and greater engagement in implementation of multisectoral actions. Municipalities further forward in implementation of multisectoral actions tended to be more active in the workshops. Thematic workshops covering important topics, such as stakeholders' awareness, establishment of multisectoral working groups, development of multisectoral municipal action plans, and sharing best practices have been conducted

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and provided lessons learnt. To date, 117 virtual workshops have been held throughout Brazil. With Proteja, these workshops were proven to be an effective means of providing technical assistance and resources, enhancing capacities, promoting peer-to-peer learning, and sustaining motivation and engagement among participating municipalities. In addition, the workshops led to improvements in working practices, strengthening governance mechanisms and accountability in implementation of multisectoral actions. As a result, they promoted a ripple effect in strengthening all multisectoral action pillars during implementation of Proteja.

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3.3. Canada – Quality of Life Framework for Canada

Abstract

The Quality of Life Framework for Canada was developed by the Government of Canada in 2021 to measure and incorporate well-being priorities of Canadians of all ages into federal budgeting and decision-making. The federal government established a multisectoral well-being framework that captures quality-of-life elements based on national data sources representing economic, social, cultural and environmental indicators of well-being. This case study focuses on the collaboration process undertaken by more than 20 federal departments during the development of the Framework, including Finance Canada, Statistics Canada, Indigenous Services Canada, Justice Canada and the Public Health Agency of Canada. Key multisectoral strategies include effective interdepartmental governance, political and senior-level commitments, constructive and genuine engagement with stakeholders, and use of shared objectives and existing initiatives. Important outcomes from the Framework development were its integration into the government's budget process, and improved understanding of the social determinants of health and health equity by non-health sector departments. Monitoring of outcomes for evidence-based budgeting and decision-making, and development of tools and training would facilitate implementation of the Framework across federal departments. Overall, this initiative has the potential to drive a cultural change in government towards holistic thinking and leverage actions in non-health sectors to shape the determinants of health and health equity, and to improve quality-of-life outcomes, including physical and mental health.

Background

The Quality of Life Framework for Canada[5] (the Framework) was developed by the Government of Canada to measure and incorporate well-being priorities of Canadians of all ages into federal budgeting and decision-making (Figure 3.3.1). Since its release in 2021, this whole-of-government framework has been formalized in the federal budget cycle *(1)*. In alignment with global efforts to move "beyond GDP"[6] in national reporting, the Framework uses national data sources to monitor a range of economic, social, cultural and environmental indicators and subjective well-being measures (for example, life satisfaction, sense of meaning and purpose). The Framework's holistic orientation has the potential to influence a broad range of social, economic and environmental factors that shape health and well-being, which includes prevention of infectious diseases and noncommunicable diseases (NCDs), and the protection and promotion of physical and mental health.

In Canada, chronic diseases – also referred to as NCDs – and mental health[7] are priority population health issues. In 2019, about one third of adults reported having at least one of five major chronic conditions, such as cancer, diabetes or cardiovascular disease *(4).* This proportion is even greater among populations experiencing social and economic disadvantage. Additionally, the prevalence of behavioural risk factors for chronic diseases, such as physical inactivity, remains a challenge. With respect to mental health, one in three Canadians will be affected by a mental illness in their lifetime, and there has been an increasing trend in the use of health services for mental illness among young Canadians *(5,6).* Collaboration and

[5] Quality of life (well-being): the wealth and comfort of individuals, communities and society based on factors that are important to people's lives *(1)*.

[6] Gross domestic product (GDP): GDP has been historically considered a standard indicator of the national performance of a country. "Beyond GDP" refers to moving from measuring national progress with solely economic measures to including social, cultural and environmental factors for a holistic representation of quality of life and well-being of a country *(2,3)*.

[7] Mental health is used here as an umbrella term to encompass mental illness and positive mental health.

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coordination across sectors are important to address complex social determinants of health that often underlie health outcomes at all ages, including chronic disease and mental health issues, as well as links between physical and mental health. The Framework can support multisectoral efforts by encouraging departments and agencies across the Government to more systematically consider health benefits, including factors that can help prevent chronic diseases and promote mental health, in budgeting and decision-making.

As of April 2023, the Framework includes 84 indicators across five domains – prosperity, health, society, environment and good governance – and two cross-cutting analytical lenses – fairness and inclusion, and sustainability and resilience *(1,3).* From the perspective of NCDs and mental health, key indicators in the health domain include health-adjusted life expectancy, self-rated mental health, self-rated health and functional health status, and the overarching life satisfaction indicator *(7,8).* The health domain also measures modifiable risk factors, such as physical inactivity and low fruit and vegetable consumption. Care for NCDs and mental health is captured by indicators for broader health care systems, including timely access to primary care providers, unmet health care needs and unmet needs for mental health care *(7).* Furthermore, the Framework reflects social determinants of health across its domains, such as housing needs (prosperity), personal safety (good governance), sense of belonging to the local community (society) and climate change adaptation (environment) *(1,3,7)*. As outlined in later sections, the Framework's development process aligns with the World Health Organization's (WHO's) four pillars for multisectoral action: governance and accountability, leadership at all levels, ways of working and resources and capabilities.

Figure 3.3.1. Quality of Life Framework for Canada
Source: Department of Finance Canada *(3)*.

Overview of the initiative

A 2019 mandate letter from the Prime Minister of Canada asked the Minister of Middle Class Prosperity and Associate Minister of Finance to "better incorporate quality-of-life measurements into government decision-making and budgeting" *(9)* in partnership with the Minister of Families, Children and Social

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Development and the Minister of Innovation, Science and Industry (the minister responsible for Statistics Canada) *(9)*. The federal departments supporting these ministers took on the responsibility for implementing this commitment. The Department of Finance Canada (Finance Canada) assumed policy leadership and strategic direction of the initiative, while Statistics Canada took charge of data and indicator definitions.

Initially, lead organizations (Finance Canada and Statistics Canada) developed an evidence-based conceptual draft Framework, which was revised through interdepartmental (multisectoral) discussions. The lead organizations engaged over 20 collaborating federal departments and agencies to develop the Framework, representing a broad range of sectors including health, economy, environment and others.[8] The Framework was also supported by an evidence synthesis of global learning on quality of life and well-being budgeting, consultations with provincial and territorial officials and National Indigenous Organizations, domestic and international subject experts, and public opinion research *(3)*.

This case study highlights learnings from the Framework's development process and was informed by a desktop review of key documents and a series of semi-structured interviews with representatives from lead and collaborating departments.

Multisectoral action supporting the initiative

Governance and accountability

Multisectoral collaboration for the Framework's development was supported by a clearly defined governance structure that included subject matter experts and senior managers across the federal government. A committee composed of Assistant Deputy Ministers, chaired by Finance Canada, guided the Framework's development. Reporting to this principal committee, three subcommittees of Assistant Deputy Ministers were responsible for key priorities: indicators and data; sustainability and resilience (that is, inclusion of long-term perspectives); and Indigenous perspectives and engagement. The governance structure ensured that working level discussions and tasks could inform senior level decision-making. Officials also informally collaborated to brief senior management and inform committee and subcommittee discussions to ensure a full perspective of the issues was obtained. In addition, complex issues were worked through in smaller informal discussions, bilateral interactions between the lead organizations and departments, and working groups for indicator development or other ad hoc topics. The governance structure helped build buy-in throughout the federal system by encouraging participation across levels and ensuring representation of sectors, including smaller government agencies.

The 2019 mandate from the Prime Minister also set out clear accountabilities, raised the profile of quality of life and signified the importance of this work for senior management. Senior management in lead and

[8] The Government of Canada is organized into departments, agencies, boards and commissions, and Crown corporations, each reporting to a Minister appointed by the Prime Minister. These organizations have distinct mandates, reporting and accountability structures, and management and administrative processes. In the development of the Quality of Life Framework, different sectors were represented by participating departments and agencies across the federal government. This included: Agriculture and Agri-Food Canada; Atlantic Canada Opportunities Agency; Canada Economic Development for Québec Regions; Canada Mortgage and Housing Corporation; Canadian Northern Economic Development Agency; Canada Revenue Agency; Employment and Social Development Canada; Environment and Climate Change Canada; Finance Canada; Financial Consumer Agency of Canada; Fisheries and Oceans Canada; Global Affairs Canada; Health Canada; Heritage Canada; Immigrants, Refugees and Citizenship Canada; Indigenous Services Canada; Industry Canada; Infrastructure Canada; Justice Canada; Natural Resources Canada; Privy Council Office; Public Health Agency of Canada; Public Safety Canada; Statistics Canada; Transport Canada; Veterans Affairs Canada; Western Economic Diversification Canada; and Women and Gender Equality Canada.

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collaborating departments allocated resources and ensured meaningful participation at interdepartmental meetings. For example, the call from the Deputy Minister of Finance to other department heads facilitated the identification of personnel from collaborating departments to participate in the initiative.

Leadership at all levels

Early opportunities for government officials to network and provide input enabled strong collaboration for the multisectoral initiative. Situating leadership for the initiative within Finance Canada, which is a central agency that helps carry out the government's agenda and prepare the federal budget, added importance to this work and provided an incentive for the participation of other departments with interests in understanding and influencing factors that may affect funding decisions.

The collaboration process also benefited from the lead organizations acknowledging and leveraging cross-sectoral strategies and commitments. For example, quality of life strongly aligned with existing initiatives and mandates in participating departments, such as the Sustainable Development Goals agenda, action on climate change and Health in All Policies. The Framework also aligned with NCD and mental health priorities specific to the federal health sector,[9] including the Pan-Canadian Healthy Living Strategy *(10),* and with existing surveillance indicator frameworks, such as the Public Health Agency of Canada's Positive Mental Health Surveillance Indicator Framework *(8)*.

Ways of working

Ways of working was a significant pillar that sustained engagement across federal sectors. Interviewees characterized the working environment as welcoming and collegial, and reflected on the importance of transparent communication, openness to feedback and a collaborative attitude. Collaborators perceived that their needs and objectives were being genuinely considered at the outset of the Framework's development. Constructive dialogue was also enabled by good pre-existing working relationships, which strengthened trust and respect, and departments' experiences in multisectoral partnerships, which reinforced recognition of mutual benefits. The noticeable dedication and enthusiasm of lead organizations also shaped positive collaboration experiences with partners.

Lead organizations maintained open and regular communication with partners using formal (for example, working groups and presentations) and informal (for example, emails and bilateral discussions) methods. The iterative cycle of interdepartmental discussions provided many opportunities for partners to engage in constructive dialogue, provide feedback and resources from their sectors, and build on the experiences of other departments. Multilevel workshops further encouraged cross-sectoral thinking by engaging staff across different levels of government, for example, from working level analyst to senior management. Drawing on different interests, expertise and capabilities facilitated productive discussions regardless of government hierarchy. Moreover, lead organizations shared the rationales for the decisions made by senior management, which resulted in partners feeling that their voices were valued even if their feedback was not fully reflected in the outcomes. Regular updates from senior level discussions allowed working level staff to follow the progress of the initiative and the strategic considerations guiding decision-making.

[9] In the Canadian federal government, the health sector (or portfolio) includes several distinct organizations, all reporting to the Minister of Health, including: Health Canada, Public Health Agency of Canada, Canadian Institutes of Health Research, Patented Medicine Prices Review Board and the Canadian Food Inspection Agency.

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Another element that strengthened multisectoral collaboration was a simultaneous focus on knowledge translation. The incremental funding earmarked for the initiative supported the development of the Quality of Life Hub by Statistics Canada *(1)*. This online, centralized public resource is accessible to non-researchers and non-statisticians, with the potential for its data to support policy and decision-making processes. Additionally, awareness-raising activities within departments, such as internal presentations, enhanced the visibility of the Framework, built momentum for its multisectoral approach and facilitated the pursuit of shared objectives.

Resources and capabilities

Much time and effort were devoted to the development of the Framework using existing government resources. Active engagement may have been prompted by a combination of: mandated commitments that gained senior level attention; keen interest in interdepartmental collaboration among partners; links to the federal budget process; and promising global examples of quality-of-life initiatives.

In the lead organizations, a few dedicated personnel were assigned to facilitate the development of the Framework using internal budget reallocation within existing departmental resources. The knowledge and capabilities of lead organizations contributed substantially to the success of the initiative; for instance, through connecting with external knowledge networks, understanding Canadian and international well-being indicator frameworks, and assessing the policy implications of well-being budgeting in the federal context. As new resources were limited, it was important to integrate the initiative seamlessly into current operational procedures and minimize duplication in reporting. For example, quality-of-life analyses were incorporated into current budget proposal mechanisms, rather than creating new processes.

As collaborating departments did not receive new resources for the Framework's development, activities were added to the existing responsibilities of staff. Generally, the workload was considered reasonable and manageable with existing resources since it was complementary to ongoing work. Some collaborating departments also established their own internal working groups that brought together policy, data/indicators and subject matter experts to develop robust and consistent input for interdepartmental discussions. Having responsive teams of strong generalists with varied knowledge and skills was an advantage that permitted contributions to the multisectoral initiative. In addition, information resources provided by lead organizations on quality-of-life literature, well-being frameworks and international examples, such as Finance Canada's background paper, enabled collaborating departments to orient themselves to the initiative *(3)*.

Outcomes

A key outcome of the multisectoral initiative was the Framework's integration into the government's budget process, as a tool for policy- and decision-makers to position their initiatives with respect to quality-of-life impacts. The expected impacts on quality of life for each funded budget initiative are now reported in federal budget impact report *(11)*.

The Framework also strengthened understanding of the social determinants of health, health equity and holistic thinking in non-health sector departments. While departments had previously recognized relationships between their own objectives and health outcomes, the budget process enhanced the consistency of these considerations. All federal departments and agencies are explicitly prompted to consider how their proposals advance the health domain and relevant indicators, including those related

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to NCDs and mental health. This process resembles a health impact assessment, which is a key tool in health-in-all-policies approaches.

In the first 2 years of the Framework's integration into the budget process, non-health departments frequently cited indicators from the health domain, which signals opportunities for collaboration across sectors. The following are examples of NCDs and mental health co-benefits identified by non-health sectors from the 2023 federal budget.

- Finance Canada, in partnership with Public Safety Canada and the Canada Mortgage and Housing Corporation, received funding for a disaster insurance programme that focuses on protecting Canadians by improving affordable insurance in the event of natural disasters. The quality-of-life analysis for this initiative identified impacts on prosperity, health, environment and good governance domains of the Framework, including for self-rated mental health *(11)*.
- Canadian Heritage received funding to advance a safe and accountable sports system that supports populations disproportionately at risk for harassment, abuse and discrimination in sports. While this investment's main quality-of-life focus is the society domain, it also noted co-benefits for self-rated mental health, self-rated health and physical activity *(11)*.
- Agriculture and Agri-Food Canada received funding to tackle food insecurity, which is disproportionately experienced by northern, Indigenous and rural communities. Through the quality-of-life analysis, this programme identified impacts on fruit and vegetable consumption and healthy eating environments (health domain) *(11)* which can influence NCDs.

Another key outcome of the Framework was strengthened relationships between different federal departments to break down traditional vertical ways of working and decision-making. The multisectoral process allowed departments to: identify common ground with others and where partnerships could advance shared objectives; present their initiatives and perspectives; and expand networks. Because of new partnerships, the Public Health Agency of Canada held joint knowledge mobilization activities with non-health departments, such as a well-being budgeting workshop.[10]

Reflections and lessons learnt

While the Framework does not target specific NCDs or mental health conditions, this whole-of-government strategy is an important example of building holistic thinking across departments. To make true progress on NCDs and mental health, it must become routine for non-health sectors to consider the effects of their programmes and policies beyond their explicit mandates or traditional areas of work. The Quality of Life Framework for Canada can enlighten non-health sectors about links between their programmes and health outcomes and encourage new partnerships to advance action on NCDs and mental health.

The Framework gained whole-of-government, multisectoral support because its premise is simple and intuitive, and particularly resonated with Canadians given the effects of the coronavirus disease 2019 (COVID-19) pandemic on their own quality of life. In addition, the Framework is based on multidisciplinary expertise, evidence and domestic perspectives on what makes for a good quality of life in Canada.

[10] As part of the 2022 International Union for Health Promotion and Education Conference, the Public Health Agency of Canada hosted a workshop entitled: Aligning wellbeing budgeting with health promotion: opportunities and reflections. This was co-developed with representatives from the National Collaborating Centre for Health Public Policy, the Finnish Institute for Health and Welfare, the Finnish Ministry of Social Affairs and Health, the What Works Centre for Wellbeing and Statistics Canada.

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With the initiative led by Finance Canada, departments were motivated to have their perspectives reflected in the Framework because it had strong potential to affect decision-making. Furthermore, staff from lead and collaborating departments had the requisite attitude and knowledge for interdepartmental collaboration, which contributed to the success of the multisectoral initiative. Maintaining open and inclusive channels for input, being flexible and responsive to partners, and providing rationales for decisions were essential to developing a trust-based and respectful partnership. The defined governance structure supported clear accountabilities and processes for feedback and decision-making. In addition, the Framework raises the profile of health, social, cultural and environmental impacts, without diminishing the importance of economic prosperity, which creates opportunities for departments to collaborate with other sectors to advance their mandates and objectives. The alignment of interests and priorities across a wide interdepartmental network is an important, albeit challenging and iterative, process of collaboration.

Some limitations in the resources and capabilities pillar were noted. Particularly for smaller teams, the depth of preparation and internal consultation needed before interdepartmental meetings were challenging given short timeframes. Additionally, limited data were available on the lived experiences and determinants of well-being for specific populations, including Indigenous Peoples. If measurement frameworks are based on data sources that do not capture under-represented populations, they render the needs of these groups invisible. Because the Framework may have wide-reaching impacts on funding allocations and programme and policy decisions, it requires continued refinement and investment to strengthen national data collection and disaggregation. To maximize the use of multisectoral action to increase health equity, the multisectoral initiative must remain committed to systematically measuring health inequity in underrepresented populations and mitigating its consequences.

Integration of the Framework in the budget process became the focus of the first phase of implementation, with incorporation into other government processes being considered longer term. To maintain support and momentum for the Framework, it is important to continue to ensure congruence across the multiple perspectives and frameworks of the government (Box 3.3.1). Streamlined processes and shared communication of links with other frameworks would improve the focus on advancing outcomes and reduce the reporting burden.

In late 2021, after the initial release of the Framework, new mandate letters called for all Ministers to apply the Framework in decision-making. At the same time, leadership for the refinement and strengthening of the Framework was transferred to the President of the Treasury Board and the Treasury Board Secretariat *(12)*. A recent focus of the Framework is on strengthening its outcome monitoring. Other potential activities that support implementation across departments include: creating tools and training resources; working with communities of practice to raise awareness of the Framework; and establishing a cross-departmental expert network for knowledge sharing.

Canada's Quality of Life Framework established a standardized approach to considering impacts beyond individual departmental objectives and systematically embedded multisectoral thinking to guide government investments. For the federal health sector, the indicators directly related to health and determinants of health are opportunities to identify common ground with departments outside of health and demonstrate on a national scale how non-health policies and programmes can contribute to health outcomes, including for NCDs and mental health.

Box 3.3.1. Practical example – leveraging existing work

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One of the key multisectoral actions that enabled the success of the Quality of Life Framework for Canada was making use of existing work across government departments. Throughout the development of the Framework, lead organizations prioritized the need to address the interests and concerns of partners. In the federal context, where a range of indicator frameworks and measurement strategies exist, potential duplication or working at cross-purposes was a concern. A key driver that established support across government sectors was presenting the Framework as an "umbrella approach" that synchronizes current federal initiatives. This strategy demonstrates the pillars of multisectoral action: leadership at all levels (by recognizing the mandates and priorities of other departments); ways of working (by fostering interdepartmental engagement); and resources and capabilities (by optimizing existing resources and processes). From the conceptual stage, efforts were made to engage stakeholders across the government and external communities who worked on related initiatives (for example, Sustainable Development Goals, Canadian Indicator Framework, and First Nations National Outcomes-Based Framework) to understand how these initiatives could be coordinated. Early collaboration activities, such as mapping exercises, facilitated a co-creation phase of the Framework (Figure 3.2.2). This allowed recognition of the complementary initiatives of partner organizations and helped convey the co-benefits and added value brought by the Framework. For other organizations seeking to implement multisectoral processes, a recommendation from this initiative is to foster a collaborative co-development approach with partners to identify complementary initiatives and optimize shared objectives and interests.

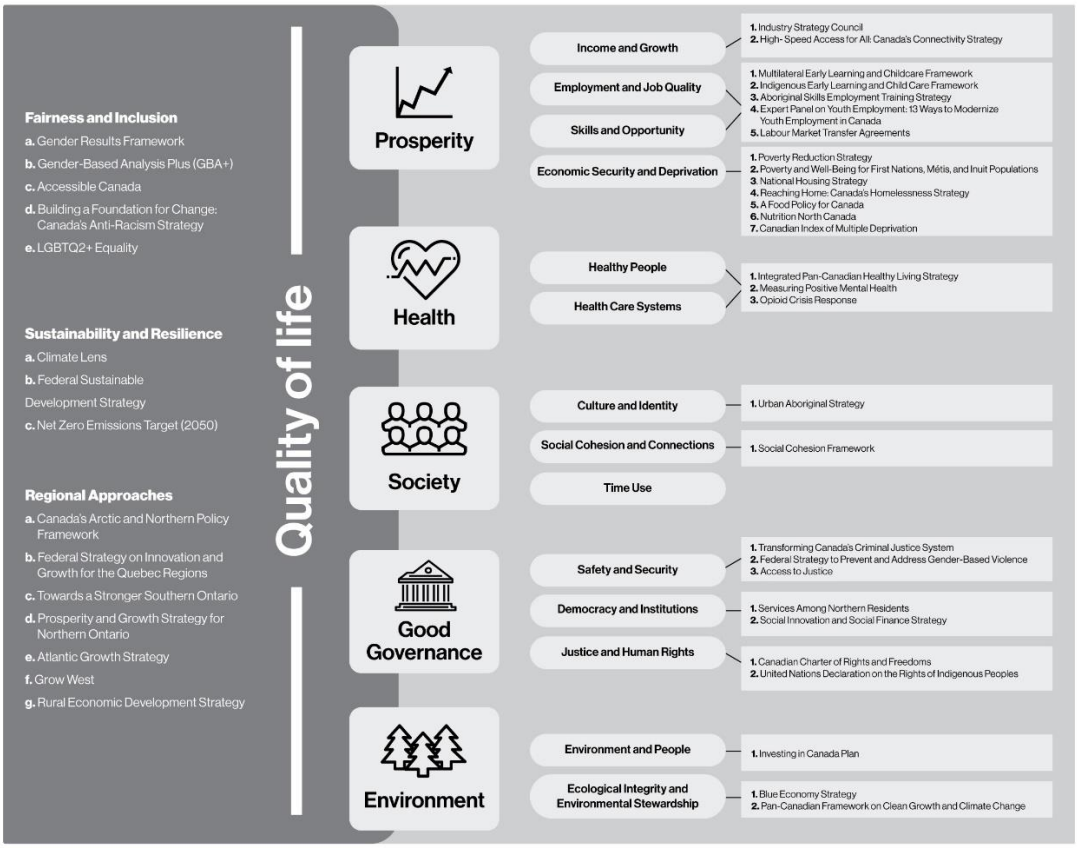

Figure 3.3.2. Mapping diagram of the Quality of Life Framework and federal government initiatives
Source: Department of Finance Canada *(3)*.

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3.4. Colombia – Embedding multisectoral action into the development of the mental health strategy in Colombia

Abstract

In 2020, the Colombian Department for National Planning released the *Strategy for the Promotion of Mental Health in Colombia*. A main goal of the strategy is to promote multisectoral collaboration in implementation of actions to address mental health and substance use. The strategy proposes actions to improve cooperation among national and local entities by aligning the agendas of government agencies and coordinating their joint actions. The Ministry of Health and Social Protection spearheaded the design and implementation of the strategy and all sectors report on progress in the actions to which they are committed to the Department for National Planning. The Consejo Nacional de Política Económica y Social (CONPES) 3992 (National Council for Economic and Social Policy 3992) involved private and public sectors, as well as academia, in validation of the outcome indicators of the strategy. The Ministry of National Education engaged with families, schools and communities to implement mental health strategies at the local level. The use of databases across agencies helped inform decision-making on mental health policy. Additionally, the Emotions Vital Connection programme, a collaboration between the Ministries of Health, Justice and Education, identified schools with risk factors for mental health and violence and engaged with civil society organizations to implement the intervention. Multisectoral actions can be difficult to implement if sectors lack ownership of the project. This challenge could be overcome by promoting leadership at all levels and encouraging a culture that supports collaboration and change. A key lesson is the need to include the perspectives of communities in the development and implementation of multisectoral actions for mental health.

Background

Colombia faces complex societal and political challenges with implications for mental health. A decades-long political conflict, wide income inequality, low access to mental health services, especially in rural areas, and stigma about mental health *(1–3)* have led to deteriorating mental health in the general population of Colombia over the past 2 decades. In 2018, mental, neurological and substance use disorders, and suicide caused 18% of all disability-adjusted life years (DALYs) and 35% of all years lived with disability (YLDs) *(4)*.

In 2020, Colombia's Department for National Planning released the Consejo Nacional de Política Económica y Social (CONPES)[11] 3992 document entitled *Strategy for the Promotion of Mental Health in Colombia (5)*. CONPES documents are policy instruments prepared by the Department for National Planning and approved by the Consejo Nacional de Política Económica to address complex challenges related to economic and social development in the country. CONPES documents have long been used to formulate coordinated responses and promote collaboration across government sectors to tackle complex policy challenges. The CONPES 3992 frames the issue of mental health as one for which multisectoral collaboration needs to be strengthened to promote mental health, prevent mental health issues, provide care and ensure the social inclusion of people with mental health conditions. Initiating a CONPES policy triggers a process where the Department for National Planning, a ministry-level government agency, and the relevant sectors commit resources, leadership structures, a governance scheme and an accountability system to achieve the goals set by the policy document.

[11] National Council for Economic and Social Policy.

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The CONPES 3992 aligns with the World Health Organization's (WHO's) recommendation that mental health is a dynamic expression of an individual's interaction with the environment, taking into account the social determinants of mental health *(6)*. The Strategy for the Promotion of Mental Health in Colombia proposes mental health interventions known to be effective, including the development of policies, legislation and economic measures addressing mental health issues, the early detection of mental health conditions and the strengthening of healthy environments and settings.

Overview of the initiative

Successful multisectoral action focused on mental health does not happen by chance. WHO has identified four core multisectoral pillars for the successful development of multisectoral actions: governance and accountability, leadership at all levels, ways of working, and resources and capabilities. The development of a CONPES policy document entails the establishment of a governance structure for multisectoral action overseen by the Department for National Planning and led by the key sector(s) involved in the policy issue addressed.

In 2013, Colombia established mental health care as a fundamental right by Law 1616 with the government being responsible for implementing action to promote mental well-being, prevent mental health issues and provide appropriate interventions. Despite the multiple factors influencing mental health, including social and economic issues, mental health had previously been framed as an issue for which the health sector was responsible. Therefore, formulation of the CONPES 3992 was a valuable and much-needed opportunity to design and implement more effective mental health policy and interventions in Colombia by framing mental health as a multisectoral issue requiring a coordinated response by diverse sectors and stakeholders.

The CONPES 3992 was jointly produced by key actors in mental health at the population level, including the Ministry of Health and Social Protection, the Ministry of National Education, the Ministry of Justice and Law, the Ministry of Labour, the Ministry of Culture and the Ministry of Sport, as well as the Department for Social Prosperity and the Colombian Family Welfare Institute. It entered into force in 2020 and covers 3 years.

The CONPES 3992 identifies the absence of multisectoral collaboration on mental health as a key area for improvement in the country's mental health policy. It therefore establishes as the first priority the need to strengthen multisectoral actions to address mental health challenges, emphasizing that the scope of work extends beyond the health sector into education, work environments, family life, social protection, the judiciary system and communities. At the same time, the strategy prioritizes the strengthening of healthy environments and the development of socioemotional competences for life.

The CONPES 3992 proposes strategic actions to enhance cooperation among national and local entities and seeks to foster multisectoral collaboration by aligning the agendas of various government agencies and coordinating their joint actions. By incorporating multisectoral perspectives, priorities and expertise from different government agencies, the CONPES 3992 aims to address the complex and multifaceted nature of mental health issues in Colombia and encourage greater collaboration and coordination in mental health policy and practice.

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Multisectoral action supporting the initiative

Governance and accountability

The CONPES methodology, outlined by the Department for National Planning and common to all CONPES documents, includes guidelines on how to establish working groups across government sectors with responsibility for developing and implementing multisectoral actions. Multisectoral actions and corresponding key progress indicators are co-developed as part of the process of formulating a CONPES policy document. The Department for National Planning acts as the central planner and each sector allocates resources, including human resources and technical supplies, to accomplish the agreed-upon actions. To achieve the goals, the CONPES methodology also includes the allocation of a budget. While multisectoral actions and interventions are generally co-designed by the relevant sectors, importantly, there are no formal shared implementation goals. This means that once the CONPES policy document enters into force, each ministry is responsible for the implementation of the multisectoral action as it applies to its own sector. Furthermore, CONPES documents are not legally binding, as CONPES is not a legislative body.

Whilst the different sectors are accountable to the Department for National Planning, the ministry to which the CONPES topic is central assumes a tacit leadership role, and becomes responsible for convening the key actors in the formulation of the CONPES and leading the discussions. In the case of the CONPES 3992, the Ministry of Health and Social Protection assumed this role, and it spearheaded the design and implementation of an instrument to articulate the priorities of the sectors involved, among other actions. The health ministry also convened the interinstitutional technical committee on mental health and multisectoral round tables. The CONPES 3992 mandated the creation of a national committee for mental health composed of mental health and policy experts from the government, academia and civil society, and high-level cross-government multisectoral action working groups. However, the national committee for mental health has not yet been established.

The main accountability system for the CONPES 3992 is the reporting by all sectors to the Department for National Planning using the CONPES dedicated platform (SISCONPES), where each ministry reports on progress in the actions to which they are committed and the corresponding key progress indicators. The SISCONPES platform constitutes a mechanism of public accountability in that the resulting report is publicly available. Political control through reporting to the Colombian Congress and pressure from civil society through petition rights further promote transparent communication and accountability of progress towards the goals set.

Leadership at all levels

The mental health team at the Ministry of Health and the technical health-focused division at the Department for National Planning championed the CONPES 3992. Their expertise in mental health and budgeting has facilitated the design of multisectoral actions for mental health and contributed to the development of the CONPES 3992 and the implementation of these multisectoral actions.

Ways of working

The CONPES methodology, common to all CONPES documents, requires participation of the different sectors in two key stages of the multisectoral work – the co-design and the implementation of multisectoral actions. Aligning with best practices, working groups foster relationships across sectors centred on a specific topic – mental health promotion and prevention of mental health issues in the case of the CONPES 3992.

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The Ministry of Health and Social Protection convenes these multisectoral working groups. In principle, the sectors invited to contribute to the CONPES 3992 participated equally in these working groups and in the decision-making. In practice, some sectors become more involved than others or have more influence in the decision-making process. This may affect the level of engagement of institutions in the implementation phase.

A conducive environment for collaboration existed before the CONPES 3992 and underscored the significance of fostering relationships of trust between individuals working across sectors. One of the key aspects of effectively implementing multisectoral actions for mental health lies in establishing a system to address interconnected and intersecting areas. Coordination and trusting teamwork is required so agencies approach complex cases in a coordinated manner, with shared goals rather than segmented work by sector.

Inclusion of diverse stakeholders was crucial to the development of the CONPES 3992. The Department for National Planning involved actors from both the private and public sectors, as well as academia, in validation of the outcome indicators of the CONPES 3992. The Ministry of National Education engaged with families, schools, and communities for implementation of the mental health strategies at the local level. This effort was oriented towards communication, community action and social transformation on mental health in schools and communities.

Resources and capabilities

The Colombian governmental budgetary system does not allow shared budgets across sectors, meaning that each sector allocates money from its budget to implement multisectoral actions, making it difficult to set up shared goals. The ministries that engaged in the development of the CONPES 3992 allocated their own budget for the implementation of mental health multisectoral actions, which has also assisted capacity-building. In that regard, several potentially fruitful activities are underway to support the implementation of the mental health strategy in Colombia. For example, the housing ministry established a working group to understand the relationship between housing and mental health, with the aim of developing skills and knowledge to participate in the multisectoral discussions and co-design multisectoral actions. In the education sector, capacity-building sessions were run for schoolteachers to ensure satisfactory implementation of the intervention resulting from the multisectoral work with the Ministry of Health.

No personnel are fully dedicated to multisectoral action nor are any personnel fully dedicated to the mental health work in each sector. However, personnel in the Ministry of Health and the Department for National Planning are engaged in mental health policy work and collaborate with their counterparts in other agencies to implement the CONPES 3992 multisectoral actions for mental health.

The CONPES methodology provides advice on how to report progress on multisectoral actions through the SISCONPES platform, where all sectors involved in the CONPES 3992 can follow the progress of their counterpart institutions.

Outcomes

The CONPES 3992 entered in force in 2020 and is valid through to 2023. At the time of this publication, an outcome evaluation by the Department of National Planning is underway, with a report due in the near future. An important result of the CONPES 3992 has been its role in reframing the issue of mental health as a policy problem requiring action beyond the health sector. Through the CONPES 3992, multisectoral

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collaboration was used for the promotion of mental health, the prevention of mental health issues, and the strengthening of healthy environments and mental health services. The co-design of several multisectoral actions for mental health has been a positive outcome of the initiative.

The development of CONPES 3992 promoted the use of databases across agencies to inform decision-making on mental health policy. This has advanced the potential for multisectoral actions for mental health. A good example of effective collaboration for the development and implementation of multisectoral actions in mental health is the Emotions Vital Connection programme (Box 3.4.1). In 2021, this programme was made available to all the local secretaries of education in the country.

Reflections and lessons learnt

Effective collaboration across government sectors is crucial for a strong response to the challenges in promoting and improving mental health at the population level. The CONPES 3992 is anchored in mental health legislation and provides a structure for collaboration on mental health across the various sectors. Of special relevance is the emphasis of this policy document on the need to develop multisectoral collaboration as a priority. The CONPES methodology facilitated the establishment of technical working groups across sectors for the development of multisectoral initiatives and ensured commitments to undertake specific actions.

Difficulties arose in establishing the national committee for mental health because it was intended to be a consultative body without decision-making authority, which limited its importance to and influence on the relevant sectors. Furthermore, changes in the political processes can affect working groups and may undermine their ability to take action. In the case of the CONPES 3992, the coronavirus disease 2019 (COVID-19) pandemic was an additional barrier to the work of the cross-sectoral working groups, limiting their opportunities to meet and discuss the implementation of the multisectoral actions.

Multisectoral actions can be difficult to implement if sectors are not central to the issue of concern or if they lack ownership of the project. With the CONPES 3992, the Ministry of Health was the natural leader, but was also perceived as the ministry with a greater stake in implementing mental health actions. This skewed perception could be addressed by a focused effort to promote leadership at all levels and by encouraging a culture that supports and facilitates collaboration and change. An area of opportunity exists in relation to leaderships inside each sector. One solution could be to establish more incentives and recognition for effective multisectoral collaboration across the ministries involved.

Multisectoral actions for mental health were successfully implemented when they were clearly aligned with the priorities of the sectors involved. For example, a programme to develop socioemotional skills aimed at parents, teachers and public officials was implemented by local education secretaries across the country. This aligns the incentives for addressing mental health, a priority of the health sector, with the creation of healthy environments, a priority of the education sector, and violence prevention, a priority of the justice sector. However, the implementation of other multisectoral actions for mental health was not always successful. A key lesson is the importance of ensuring that leadership within sectors is catalysed by a clear alignment of priorities within their own sectors and across sectors around the issue of mental health.

While multisectoral collaboration facilitated the design of multisectoral actions, sustaining the collaboration over time for the implementation of actions was challenging. The limited availability of a skilled workforce for multisectoral action, weak institutionalization of cross-sectoral collaboration for the

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implementation of multisectoral actions, and insufficient investment in building trust and relationships for multisectoral work were factors contributing to this challenge.

A skilled workforce for multisectoral action is paramount for successful multisectoral collaborations. While each sector had staff assigned to collaborate with other sectors, with the technical assistance of the Department for National Planning when needed, their time was not dedicated only to multisectoral action nor to mental health. Furthermore, there were no mental health champions within each sector. This meant that some, but not all, sectors had insufficient resources and time to work on multisectoral actions for mental health. In addition, the absence of shared budgets left the allocation of resources to multisectoral actions dependent on the prioritization of work within each sector.

The formulation of agreements between agencies for shared implementation of interventions tends to take a long time, which delays efforts to roll out interventions at the local level. An institutionalized mechanism for collaboration and cross-sectoral action would overcome this challenge.

While the CONPES methodology facilitates relationship-building for the development of multisectoral actions, the implementation of the interventions across sectors currently depends on informal or self-initiated trust relationships. A more structured coordination mechanism for developing and sustaining collaborative work for multisectoral actions across government sectors would strengthen existing capabilities and catalyse greater cooperation.

Lastly, a key lesson is the need to include the perspectives of communities in the development and implementation of multisectoral actions for mental health. Technical working groups would benefit from engaging with community representatives and civil society actors to understand and include their priorities for multisectoral actions on mental health.

Box 3.4.1. Practical example – Emotions Vital Connection Programme

Complex problems require complex responses. Successful multisectoral action for mental health can benefit from the sharing of evidence across sectors for a more comprehensive picture of the problem at hand. The Emotions Vital Connection programme arose from collaboration between the Ministries of Health, Justice and Education to identify schools with risk factors for mental health and violence. Furthermore, alliances with civil society organizations and the influx of nongovernmental funding facilitated implementation of the intervention.

Led by the Ministry of National Education, this intervention focuses on the promotion of mental health through the development of socioemotional skills and citizenship competencies in officials from local education secretaries and among teachers and school principals in educational institutions. Stakeholders, including civil society, adopted joined-up approaches, which allowed collaboration on priorities across sectors to tackle the challenge of mental health and its risk factors for young people from different and more complex perspectives. The programme also provides a time line to organize and sustain action towards a common goal. Different actors, including ministries but also civil society organizations and international funding bodies, have funded specific parts of the programme according to their own institutional goals and priorities, while paying careful attention to the overall mission of the intervention so as to increase its impact. Implementation of the programme was also rolled out in rural areas.

The intervention is informed by the healthy environment approach to mental health, which considers the home and school as environments that influence young people's mental health and promotes healthy

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relationships with teachers and parents as a way of improving young people's mental health. Through collaborative work with the Ministry of Justice, the strategy of protective environments was expanded to include households, with the intervention being modified to include a module to improve parenting skills, which are known to be protective against substance abuse, early pregnancy, suicide and delinquent behaviour

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3.5. Colombia (Municipality of Paipa) – Integrated System of Information for Public Management

Abstract

The Integrated Information System for Public Management (Information System) is a whole-of-government approach of the Municipality of Paipa in Colombia to guide its public administration. Created in 2016 by the mayor's office, the Information System was formalized by a municipal agreement in 2019. It is still in use in 2020–2023. Three interrelated approaches guide the Information System: (i) data-sharing of the population needs; (ii) multisectoral work; and (iii) community empowerment. Thus, the Information System is an enabler of multisectoral action through the development of shared information structures; the empowerment of leaders to promote multisectoral action among government officials of all sectors, and the restructuring of Municipal Government Councils as collaborative spaces of knowledge, decision-making and action in response to the needs of the communities. As an example of its use, the Information System has supported multisectoral action on the prevention and control of cardiovascular diseases through the day care centres programme for older adults in the municipality.

Background

Paipa is a small rural municipality in Colombia with 34 931 inhabitants in 2021 *(1),* located in the department of Boyacá, only 3 hours away from the capital city of Bogota. Its main economic activities are agriculture, tourism, mining and handcrafts. Paipa has 18 urban neighbourhoods where 61.7% of the population lives and 37 rural areas (*veredas* in Spanish) *(2)*. By 2018, 5.03% of the population lived with unsatisfied basic needs – 8.45% in rural areas and 2.94% in urban areas *(3)*. According to its epidemiological profile, diseases of the circulatory system were the leading specific cause of death in 2019, with 112.6 deaths per 100 000 inhabitants, followed by neoplasms with 62.1 deaths. Regarding morbidity treated during the period 2016–2020, noncommunicable diseases (NCDs), specifically cardiovascular diseases, accounted for 65% of the services *(3).*

The Integrated System of Information for Public Management (hereafter called the Information System) of Paipa is a collaborative platform for characterization, decision-making and action on the social, economic, housing, environmental and health needs of the population through the integration of people, software, hardware, networks and working relationships, regulations, and data *(4)*. The Information System was an initiative of the 2016–2019 mayor – a physician – and his team, which is still in use today. Thus, it has been run by two different local governments during their terms of office in 2016–2019 and 2020–2023 *(4)*.

Overview of the initiative

The Information System focuses on public management that seeks the social and economic development of the territory, including eradication of poverty and equity in the municipality *(4)*. The Information System is based on three interlinked approaches *(4)*.

1. Data-sharing. Decisions must be data-driven and based on the real living conditions of the population. This requires collective data collection, prioritization and design of solutions to tackle identified needs.
2. Community empowerment. Improving the socioenvironmental and economic determinants of health requires that communities take co-responsibility for their needs and solutions.

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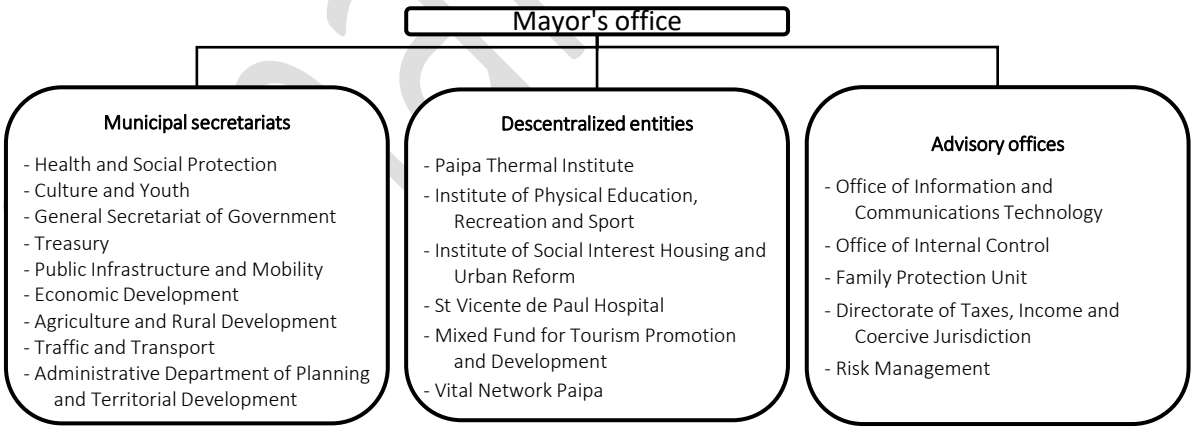
3. Multisectoral action. Addressing the needs of the population requires coordination across different government sectors.

Pre-existing interpersonal and working relationships among public officials and their sense of belonging to the territory are two factors that support multisectoral action in Paipa. The mayors noted these factors when forming the local government cabinets and establishing the main strategies that have guided multisectoral action within the framework of the Information System, namely, Humano Primary Health Care Strategy (Humano PHC) (2016–2019) and Joint Actions Strategy (2020–2023).

Humano PHC was created in 2016 to focus on the overall needs of the community based on a territorial approach, which means that solutions are identified by the people themselves in the places where they live and not by the central government *(5).* To encourage multisectoral action within Humano PHC, the mayor asked all public officials to participate as godparents of Paipa's territories through the God-parenthood programme. Under this programme, public officials partnered with communities to characterize and prioritize their needs and develop strategies to meet these needs *(5)*. In this programme, the needs of the populations were characterized using SIBACOM-plus software *(6)*[12] through collaborative work between government sectors. Results were discussed in the municipal government councils (*consejos municipales de gobierno* in Spanish), held by the mayor, with the participation of the municipal cabinet (Figure 3.5.1). These councils are composed by the mayor and the heads of the nine secretariats, six decentralized entities, and five advisory offices *(8).*



[12] SIBACOM-plus is a community-based health data collection software developed by a private operator *(6).* Through SIBACOM, the team of the Collective Interventions Plan collects information about the population including housing conditions and basic sanitation; family characteristics; morbidity; mortality; psychosocial factors and habits; risk factors; agricultural and livestock data; and mining data. During 2016–2019, SIBACOM-plus was managed by the Administrative Department of Planning together with the Secretariat of Health and Social Protection; because of budgetary changes, the Secretariat of Health took total control of it in 2020. The Collective Health Interventions Plan team responds to a national mandate *(7)* to carry out public health actions from the local health secretariats in the territories. It is composed of an interdisciplinary group of specialists and technicians.

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Figure 3.5.1. Paipa municipal cabinet composition

Source: City Hall of Paipa, Boyacá, Our City Hall [internet] (https://www.paipa-boyaca.gov.co/NuestraAlcaldia/Paginas/Organigrama.aspx, accessed 27 March 2023).

Since 2020, the new local government has implemented multisectoral action through collaborative processes for the characterization and prioritization of community needs (including health and non-health problems) and discussion of actions to address the needs of the population supported by the Joint Actions strategy *(9)*.

Through the collection and analysis of comprehensive data and action based on these data – including information on NCDs, their risk factors and determinants – the Information System covers the four pillars of multisectoral action: governance and accountability, leadership at all levels, ways of working and resources and capacity.

Multisectoral action supporting the initiative

Governance and accountability

Multisectoral action, as one of the approaches used in the Information System, has been developed through two main strategies: Humano PHC and Joint Actions. These strategies involve expert leaders across different government sectors – including the mayor – in data collection, prioritization and design of solutions to tackle community needs.

Both strategies relied on the Municipal Government Councils for multisectoral coordination. These councils are the highest public bodies for the management of the general affairs of local administrations in Colombia and for discussion of each sector's priorities and plans *(10).* However, in Paipa, through Humano PHC and Joint Actions, government councils have served as the main settings for multisectoral action and consensus-building between government sectors, driven by the the Information System.

Based on the data, all sector leaders (for example, heads of secretariats, decentralized entities and advisory offices) are required to publicly account for the results of the collaborations to find solutions for the community needs, rather than solely focusing on their own sector. The councils are held with different periodicity, for example, during Humano PHC (2016–2019), they were held fortnightly to collectively discuss and act on the reports of the godparent visits to the territories. Table 3.5.1 shows examples of collaborative reporting and follow-up of the needs of older adults in 2016.

Table 3.5.1. Example of collaborative reporting and follow-up on community needs

Reporting agency	Description of the case	Managing agency
Transit Secretariat	An older woman with cervical cancer does not own a house.	Housing Institute Health Secretariat

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Housing Institute of Paipa	An older man with pneumonia underwent ostomy surgery requiring a bag change every 2–3 days, which the Health Promoting Entity does not supply on time.	Health Secretariat Government Secretariat
Thermal Institute of Paipa	Visually impaired older adult with renal and hearing problems has limited mobility and no subsidy.	Health Secretariat
Red Vital (public utility company)	An older woman, who takes care of her sister with a bone disease, is in the process of obtaining health insurance affiliation and requires treatment for cancer.	Health Secretariat

Source: Paipa's Information System form collected during fieldwork (unpublished).

Leadership at all levels

Both of Paipa's mayors have embraced multisectoral action as the approach for public management through the Municipal Agreement #020 *(4)*. This led to the creation of Humano PHC and Joint Actions as specific strategies for collaborative work. In addition, they have chaired the Municipal Government Councils as multisectoral coordinating committees. Thus, the mayors have mobilized government officials of the 20 public municipal agencies to work collaboratively between themselves and with the communities, using data from the Information System, to guide actions. Moreover, to highlight the role of public officials, the mayors have promoted these officials as champions of multisectoral action through the god-parenthood programme, and through the liaison officer[13] in the Joint Actions strategy. In recognition of their leadership, some public officers have had the opportunity to attend training programmes offered by the Pan American Health Organization (PAHO) and WHO.

The Health and Social Protection Secretariat has played a crucial role in the implementation of the Information System, seeking to put health at the centre of all government decisions and advocating for the recognition of the value of data. The awareness of health officials about producing and using data for health and non-health decision-making was evident and they actively utilized the information component of the Information System.

Ways of working

The Information System serves as a communication process that fosters data transparency and collaboration in Paipa. From 2016 to 2019, public officials collectively discussed priority needs and actions to be developed across different sectors during the Municipal Government Councils using SIBACOM-plus indicators. This allowed public officials to think and act beyond their own sector's immediate goals. Government officials have also now begun using other tools, such as WhatsApp, to foster informal

[13] In the 2020–2023 term, a new position was created as a direct liaison between the local government and the Community Action Boards. The objective of this liaison position was to address the needs of the community, refer them to the officials of the different government agencies and plan cross-sectoral solutions with the officials and the community. The Community Action Boards (*Juntas de Acción Comunal* in Spanish) are non-profit civil corporations composed of the residents of neighbourhoods and veredas in a municipality, who combine their efforts and resources to find solutions to meet the most important needs of the community.

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relationships to address community issues and collaborative work. Regardless of political changes during the two mayoral terms, the Municipal Government Councils have remained in operation as settings for multisectoral work.

As an example, day care centres for vulnerable older adults illustrate a multisectoral collaboration that focuses on co-benefit approaches. Different government sectors in Paipa, such as the municipal hospital, Health and Social Protection Secretariat, Corpolibre (the logistical operator of the day care centres), Institute of Education, Recreation and Sports, Thermal Institute of Paipa, Agriculture Secretariat, Government Secretariat, Entrepreneurship and Economic Development Secretariat, and the Infrastructure Secretariat, collaborate to provide coordinated health and social services to older adults.

Resources and capabilities

Paipa's public agencies have not received any new resources for implementing multisectoral actions related to the Information System. The 2016–2019 mayor included these actions in the existing responsibilities in the staff contracts, even for those with temporary agreements. This decision ensured the involvement of dedicated personnel but added additional workload without adequate compensation. In this sense, the allocation of resources for multisectoral action within the Information System has been insufficient and local government officials have often had to combine their resources (capabilities, time, and money) to tackle the community needs collectively. For example, in the 2020–2023 administration, the municipal cabinet has had to allocate public funds, obtain additional resources, such as donations, and work with the communities (in meeting spaces called *convites*[14] in Spanish*)* to address the most immediate day-to-day community needs not included in the government plans. Multisectoral action in Paipa has been possible thanks to the commitment in time and effort of public officials in addition to the leadership of the mayors and the support of cooperation agencies. In this regard, the mayor's office signed a technical cooperation agreement with PAHO/WHO in 2016 *(11)* and developed training and mentoring programmes to build a common understanding of the importance of multisectoral action.

Outcomes

Multisectoral actions have been a solid commitment of the local government, and are part of municipality's institutional culture. In this sense, Paipa's Information System has been an enabler of collaborative work that has resulted in co-benefits for the municipality and its inhabitants.

- It has enhanced the leadership of the health sector to pursue health in all policies by highlighting the relevance of data sharing. This has had a positive effect on all government sectors and has allowed a common knowledge base to be developed that guides public management decisions, prioritization of needs and the implementation of programmes, such as day care centres for vulnerable older adults (see Box 3.5.1) and the mental health policy *(14)*, among many others.
- It has highlighted the work of public officials by reinforcing their sense of belonging to the municipality and their direct relationship with communities. This sense of belonging and the acknowledgement of their work by colleagues and communities have been incentives for the collaborative actions of Paipa's public officers.

[14] In the 2020–2023 period, *convites* (collective gatherings) were proposed as a co-responsibility strategy for addressing community needs, where everyone can contribute according to their capabilities. Thus, municipal officials, communities and community board leaders meet to solve priority problems.

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- It has fostered co-responsibility of officials and the community by seeking the participation of the communities in the characterization of their needs and development of solutions to meet these needs.

As previously mentioned, the creation and implementation of the Information System has targeted the social development of the local territory, focusing on poverty eradication and equity in the municipality *(4),* according to the goals of the Municipal Development Plans *(2,15).* In this regard, the Information System has collected data on the social determinants of health of individuals, families and communities, people's lifestyles, disease risk factors, household conditions, and characteristics of the local culture, such as economic activities and dietary habits, which are essential to understand and tackle problems faced by communities.

For example, day care centres have been established to provide holistic daytime care for economically disadvantaged or marginalized individuals aged 60 years and older. Although there is a national law that governs this programme *(16,17)*, the services offered are tailored to the characteristics of the local setting. For example, in Paipa, hot spring treatments for chronically ill older adults are offered in conjunction with activities from other sectors as part of holistic health care. Using the Information System, potential beneficiaries of these programmes are identified, prioritized, and monitored to collectively manage their health needs and diseases.

Another multisectoral plan informed by the Information System is "I decide about the *totuma*", an integral part of the municipality's mental health policy *(14).* The *totuma* is a vegetable vessel used by the locals to drink traditional beverages. The plan was created by the Secretariat of Health and Social Protection to collaboratively tackle problematic alcohol consumption during town festivals and the increasing gender-based and domestic violence during those celebrations. To establish a different set of actions, the General Secretariat of Government, the municipal hospital, the Family Protection Unit, the Secretariat of Culture and Youth, and the Administrative Department of Planning and Territorial Development have been working together for several years to help people consider and control their drinking habits.

The Information System has also made it possible to characterize people's eating habits, revealing a double burden of disease in Paipa's population. Thus, collaborative work was undertaken between public sector agencies (Secretariat of Agriculture and Rural Development, the Secretariat of Public Infrastructure and Mobility, Secretariat of Economic Development, and the Institute of Physical Education, Recreation and Sports) to create educational strategies for healthy eating and exercise and to support the establishment of healthy home gardens *(18)*. Furthermore, investment in healthy environments and recreational settings has helped tackle obesity in the population of Paipa.

Reflections and lessons learnt

Effective multisectoral coordination has been achieved in Paipa based on a healthy cities approach[15] using the Information System as a platform to implement policies to reduce the burden of disease and death of its inhabitants. This is consistent with Sustainable Development Goals 3.4 on NCDs, 3.5 on substance

[15] Paipa's public officials have embraced a health-in-all-policies perspective in accordance with the technical cooperation provided by PAHO's office in Colombia *(11),* as well as WHO, and the country's Ministry of Health and Social Protection through the Healthy Cities, Environments and Ruralities programme. Today Paipa is recognized as a healthy municipality *(19)*.

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abuse and 3.8 on universal health coverage *(20).* Both mayors have played a key role in promoting multisectoral action in Paipa and have fostered a shift in mind-set among public officials to approach the local context, its communities and issues in a collective and comprehensive manner. By acknowledging the policy agendas of all sectors involved in public decisions, the mayors promoted transparent and open communication among their teams and created a sense of health as a collective goal. The adoption of joined-up approaches, such as Humano PHC *(5)* and Joint Actions *(8),* is an example of such endeavour.

However, policy changes have transformed the operation of the Information System over time. In general, changes require flexibility and adaptability, as the coronavirus disease 2019 (COVID-19) pandemic taught us all. Because of restrictions on physical contact, the 2020–2023 administration had to rethink the work between public officials and the communities. This meant greater emphasis on some components (such as community co-responsibility) and less utilization of others (such as in-person characterization through SIBACOM-plus). Thus, while the Information System is still in use, its three approaches (shared information, community empowerment and multisectoral action) have been adjusted over time according to the political and social realities of the territory.

By institutionalizing the Information System through a municipal agreement *(4),* Paipa has established collaborative work as a fundamental part of the architecture of public management. Similarly, officials, who are committed to their role as public servants, contribute with their own knowledge, resources and professional experience to the implementation of the Information System. Despite these efforts, the instability of contractual appointments and short duration of public contracts, as well as the scarcity of funding dedicated to the Information System, are major challenges for its sustainability over time.

The collaborative work of the public officials including the mayors brought with it positive outcomes, such as fundraising from the private sector or nongovernmental organizations and securing of technical cooperation partnerships with other levels of the government and multilateral agencies. As for the partnerships, PAHO/WHO and the country's Ministry of Health have been important in developing technical capabilities and integrating Paipa's public officials in broader knowledge networks *(11)*. With regard to funding from the private and nongovernmental sectors, examples were the donation of resources and materials to support the construction of specific public spaces, such as a meeting place for one community action board, and support for programmes such as the day care centres for older adults.

In summary, the key lessons learnt from implementation of Paipa's Information System and its multisectoral action component are the following.

- Timely, detailed, relevant and localized data are the basis of multisectoral action. Hence, collaborative work has been based on: (i) data collection on the needs of the people in their territories; (ii) collaborative, data-driven search for solutions; and (iii) evaluation with the communities of the results of these solutions.

- The leadership of the mayors and commitment of public officials are the main enablers of multisectoral action in Paipa. They transformed the ways of undertaking public management through the institutionalization of data-driven decision-making, promotion of a collaborative work mind-set as the way of solving complex social matters, and encouragement of community co-responsibility as a democratic outreach to the population.

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- Detaching the Information System from diseases was needed in order to focus it on the socioenvironmental and economic determinants of health, where all governmental sectors are involved.
- Capacity-building among government officials using the Information System has been key to its success.
- The lack of allocation of adequate resources for multisectoral action within the Information System was a challenge and this needs to be addressed.
- Adaptation of the programme was required due to restrictions on physical contact because of the coronavirus disease 2019 (COVID-19) pandemic. The 2020–2023 administration had to rethink the work between public officials and the communities. This meant greater emphasis on some components (such as community co-responsibility) and less utilization of others (such as in-person characterization through SIBACOM-plus).

Box 3.5.1 Practical example – day care centres for older people

Every year, vulnerable older adults with chronic conditions are identified in their areas or residence through the Information System and prioritized to participate in the day care centre programme (*16,17*), where a set of health and social activities are offered by several municipal agencies (Figure 3.5.2). Led by the Health Secretariat, these centres aim to control and prevent NCDs while boosting the health and well-being of older adults. In 2023, the programme served 630 individuals, of whom 77.1% had NCDs *(12).* The programme has included different activities such as hydrotherapy with thermo-mineral waters provided by the Thermal Institute *(13)*, education about nutrition and healthy habits by the Secretariat of Health, the construction of home gardens by the Agriculture Secretariat, physical and wellness activities run by the Institute of Recreation and Sports or Corpolibre (a private contractor), health screening and medication prescriptions through the municipal hospital, entrepreneurship training by the Economic Development Secretariat, and legal support by the Secretariat of Government to restore the rights of older adults who have been abandoned. Medium-term improvements were reported by the interviewees, such as a reduction in the drug doses for treating hypertension in some cases and an overall improvement in the perception of health status. These outcomes suggest that the activities provided through the day care centres programme have contributed to reducing the burden of chronic diseases in older adults.

Figure 3.5.2. Older adults in the hot springs in Paipa, an activity offered as part of the collaborative programme for control and prevention of noncommunicable diseases

Source: Project researchers. Everyone in the picture authorized its use.

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3.6. Ethiopia – Supporting the National Tobacco Prevention and Control Programme: work of the National Tobacco Control Coordination Committee

Abstract

The Ethiopian Food and Drug Authority (EFDA) formed the multisectoral National Tobacco Control Coordination Committee in 2015, which includes all relevant government sectors, civil society, academia and the private sector, such as the Ministry of Health, Ministry of Finance and the Ethiopian Public Health Institute. The objective of the Coordinating Committee is to coordinate implementation of the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC), and strengthen tobacco control collaborative activities among government institutions, partners and stakeholders. In 2017, the EFDA in collaboration with the Coordination Committee and other sectors developed the National Tobacco Prevention and Control Programme (NTPCP) to integrate tobacco control efforts across all stakeholders. High-level leadership from the Ministry of Health and the EFDA has supported the Coordination Committee in implementing the NTPCP. Evidence-based policy advocacy, media campaigns and enlistment of tobacco control champions have helped promote multisectoral actions within the NTPCP, which have helped advance tobacco control in the country, including adoption of a strong tobacco control law in 2019 that complies with the WHO FCTC, and implementation of tobacco control packages such as graphic health warnings and smoke-free environments. Empowering non-health sectors, such as the Ministry of Finance, is crucial for strengthening multisectoral action and ensuring a strong response to tobacco industry interference. Some gaps exist that require policy measures, including on illicit trade, and the development of instruments (e.g. tracking systems for tobacco products) to eliminate illicit tobacco products. Greater and sustained government funding for the NTPCP is needed.

Background

Tobacco use is an important preventable risk factor for major noncommunicable diseases (NCDs) *(1)*. It is also a key contributor to increased health care costs and the loss of economic productivity. For example, in Ethiopia, each year about 1.2 billion United States dollars (US$) or 1.86% of the country's gross domestic product are lost due to NCDs with tobacco use being the main risk factor *(2)*. Furthermore, the Global Burden of Disease Study (2016) estimated that about 17 000 tobacco-related deaths occurred in Ethiopia *(3)*. This growing burden of NCDs and the country's ratification of the World Health Organization's (WHO's) Framework Convention on Tobacco Control (WHO FCTC) in 2014 deepened understanding of the government's responsibility for controlling the tobacco epidemic.

To drive the tobacco control initiatives, the Ethiopian Food and Drug Authority (EFDA) formed the multisectoral National Tobacco Control Coordination Committee (hereafter called the Coordination Committee)[16] in 2015, which includes all relevant government sectors, civil society, academia and the private sector *(4,5)* (Box 3.6.1). The overall objective of the Committee is to coordinate and monitor the implementation of the WHO FCTC, as well as applicable tobacco control laws at the national level, and to strengthen tobacco control collaborative activities and coordination among government institutions, partners and stakeholders. In 2017, the EFDA in collaboration with the Coordination Committee and other sectors developed the National Tobacco Prevention and Control Programme (NTPCP). The objective of the NTPCP is to protect both current and future generations of Ethiopians from tobacco. Subsequently, the Parliament also passed tobacco control legislation in line with the WHO FCTC to alleviate the

[16] Twelve states also established their own tobacco control coordination committees.

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socioeconomic effects of tobacco use, including Proclamation No. 1112/2019 on food and medicine administration *(6)* and Proclamation No. 1186/2020 on tobacco taxes *(7)*.

This case report describes the role of multisectoral action in the development and implementation of the NTPCP.

Box 3.6.1. Members of the National Tobacco Control Coordination Committee

1. Ethiopia Food and Drug Authority (EFDA)
2. Office of the Prime Minister
3. Ministry of Health
4. Ministry of Culture and Tourism
5. Office of the Federal Attorney General
6. Ministry of Trade and Industry
7. Ministry of Finance
8. Ministry of Revenue
9. Ministry of Women Children and Youth
10. Ministry of Agriculture
11. Ministry of Science and Higher Education
12. Ministry of Education
13. Ministry of Transport
14. Ministry of Labour and Social Affairs
15. Civil Service Commission
16. Customs Commission
17. Police Commission
18. Addis Ababa Police Commission
19. Ethiopian Public Health Institute
20. Environment Forest And Climate Change Commission
21. World Health Organization Ethiopian Country Office
22. Mathiwos Wendu Ye–Ethiopia Cancer Society
23. Mequamia Community Development Organization
24. Health Development and Anti-malaria Association
25. Ethiopian Public Health Association
26. Other organizations selected by the EFDA

Overview of the initiative

To support the work of the Coordination Committee, the EFDA provided capacity-building training for its members in partnership with WHO and civil society organizations. In 2017, the Coordination Committee together with the EFDA developed the first NTPCP 2017–2020 to integrate tobacco control efforts across all stakeholders *(8)*. This plan clearly defines each sector's function, assigned deliverables and budgets to implement the tobacco control measures. The programme has nine strategic objectives with multisectoral action included under the objective on promoting partnerships and coordination.

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The realization of the NTPCP was largely dependent on the collective efforts and roles played by the different stakeholders. Factors that supported the development of the NTPCP were the participation of government actors including non-health sectors in the conference of the parties (WHO FCTC), the need to provide updates on the national tobacco control response, the need for a strategic document to align their priorities with the health sector transformation plan, political will from health officials, and technical assistance from WHO and civil society organizations. The importance of multisectoral involvement for the NTPCP was also adopted from the FCTC *(9)* and the Health Sector Development Programme IV *(10),* a national 5-year strategic health plan that serves as a road map for all health-related plans and programmes.

The achievements of the NTPCP have been made possible by a strong focus on governance and accountability, including a clear plan, coordinating mechanism and cross-sectoral policies. Leadership by sectors and individuals and a focus on communication and relationship-building have supported implementation of the programme. Additionally, the NTPCP benefits from having experienced and dedicated personnel with expertise in both multisectoral action and tobacco control, alongside a commitment to building capacity and capability. The availability of financial and technical support from partners, civil society organizations and the government has strengthened multisectoral action and enabled progress within the NTPCP.

Multisectoral action supporting the initiative

Governance and accountability

The Coordination Committee reports to the Director-General of the EFDA. The Coordination Committee includes a chairperson appointed by the EFDA, a secretary from the Ministry of Health, members from health and non-health sectors and civil society organizations (Box 3.6.1). Subcommittees are set up as needed. For example, a tobacco industry monitoring and response subcommittee has been established to monitor and respond to the tobacco industry's illegal activities. Furthermore, the directive of the EFDA clearly states the power and function of the Coordination Committee. The Coordination Committee has been sustained beyond political cycles and has continued its operation since its establishment in 2015. To enhance the efforts of the Coordination Committee, the EFDA has identified institutions and individuals who can influence or are interested in the implementation of the NTPCP, for example, the Attorney General, which is responsible for drafting laws and the Federal Police Commission for enforcing these laws.

To support the governance structure of the NTPCP, existing cross-sectoral policies, such as the health sector transformation plan *(10)* and the NCD Action Plan, were used to increase multisectoral action. Additionally, the reporting system of the NTPCP was derived from these existing policies and adopting their structure and functions.

Leadership at all levels

Higher-level leadership from the Ministry of Health and the EFDA has supported the Coordination Committee in implementing the NTPCP. In the early phase, their leadership was instrumental in boosting political will to ratify the WHO FCTC in 2014. They also advocated for disengagement of the government from any activity associated with the tobacco industry. In 2018, a shift in political will occurred after a change in the government, which facilitated the implementation of a number of tobacco control policies outlined in the NTPCP.

The Coordination Committee holds quarterly and ad hoc in-person and virtual meetings. Because of the need for strong advocacy for tobacco control bills that were ratified in 2019 and 2020, the Coordination

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Committee met more frequently in 2018 and 2019 than in 2020 and 2021. Additional meetings were held virtually in 2020 due to coronavirus disease 2019 (COVID-19) restrictions. Following the amendment of the tobacco control directive in 2021, the EFDA revitalized the Coordination Committee, and new members were delegated from 25 offices (Box 3.6.1), with about 50% of the original representatives remaining. The EFDA then conducted a series of capacity-building workshops on different tobacco control topics (e.g. illicit tobacco trade and industry myths) in collaboration with civil society organizations.

The multisectoral actions under the NTPCP are carried out through action plans derived from tobacco control strategic plans, policy dialogues and resource maps to instigate tobacco tax reform and strengthen the implementation of tobacco control laws in consultation with stakeholders. Furthermore, World No Tobacco Day has been used to bolster multisectoral action. The events are organized annually by Coordination Committee members in collaboration with Mathiwos Wondu Ye–Ethiopia Cancer Society, the Health, Development and Anti-malaria Association, Meqoamia Community Development Organization and WHO.

Recognition of institutions is another approach used to strengthen multisectoral action in the NTPCP. The EFDA in collaboration with the Coordination Committee organizes an annual review meeting with all tobacco control stakeholders. Institutions and regions demonstrating outstanding performance are recognized and awarded with a certificate of recognition. In addition to the EFDA, the Mathiwos Wondu Ye–Ethiopia Cancer Society has also presented certificates of appreciation to all active members of the Coordination Committee, tobacco control advocates and champions for their support in the enactment of the 2019 EFDA proclamation. Furthermore, WHO has commended Ethiopia's House of People's Representatives for their diligent efforts in passing Proclamation No. 1112/2019 *(11)*.

Ways of working

The use of evidence-based policy advocacy and media campaigns is a critical measure to promote multisectoral action in the NTPCP. To improve knowledge and areas of collaboration among government sectors, capacity-building training and sensitization meetings are held. The Coordination Committee provides ongoing updates on implementation and challenges. At the same time, the Coordination Committee uses a popular social media platform to disseminate information (for example, media briefs and panel discussions) to target audiences such as the public and policy-makers. Findings from national surveys, such as the global adult tobacco survey and NCDs STEPWISE survey, were used to establish targets for the reduction of smoking and lay the groundwork for implementation plans. Furthermore, WHO recommendations and international best practices were utilized to develop key messages and advocacy tools. Moreover, the EFDA established a media forum composed of both public and private media entities to assist the implementation of the NTPCP as part of their corporate social responsibility. This platform enables media companies to shift from reactive to proactive modes of operation, providing support to NTPCP in an effective manner. The EFDA and civil society organizations have offered periodic refresher training to help these companies improve their knowledge on the NTPCP. One of the Coordination Committee members – the Health, Development and Anti-Malaria Association – is also involved in the NTPCP media campaign and advocacy.

Multisectoral action played a crucial role in creating healthy environments through smoke-free initiatives. The Coordination Committee has led the initiative's development by collecting baseline data and developing goals, plans and evaluation methods. The initiative was launched in 2021 by the EFDA to rid Addis Ababa of tobacco smoke. Aside from enacting a 100% smoke-free policy in public places, the launch

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of a smoke-free initiative in Addis Ababa as a pilot project was one of the prominent initiatives utilizing multisectoral collaboration. Twelve institutions including the Addis Ababa Mayor's Office have signed a memorandum of understanding to implement this initiative, which is backed by three civil society organizations.

Resources and capabilities

Following the revitalization of the Coordination Committee in 2021, the importance of having dedicated personnel with knowledge and experience in the prevention and control of NCDs became evident. To address this need, the EFDA, civil society organizations and WHO organized in-person training sessions covering essential areas, including the development, implementation and evaluation of health tax policies, legislative processes, advocacy skills, multisectoral coordination and WHO's recommended tobacco control interventions. Moreover, recognizing the importance of strengthening the executive capacity of the Coordination Committee, the EFDA sought technical assistance, resource mobilization and capacity-building from WHO and civil society organizations. This collaborative effort aimed to enhance the Coordination Committee's ability to effectively carry out its mandates and initiatives in tobacco control.

The Coordination Committee is now supported by eight EFDA staff with knowledge and experience in multisectoral action for the NTPCP and a focal point who leads and coordinates the NTPCP. As well as participation of 25 government sectors, the Coordination Committee has members from civil society organizations who have actively supported multisectoral action in the NTPCP, for example in revising the tobacco control strategic plan, changing graphic health warnings and advocating for a health tax.

Research and academic institutions have played a crucial role in implementing multisectoral actions in tobacco control, contributing to both policy formulation and implementation stages. As members of the Coordination Committee, researchers and academics from research institutions, professional associations and universities have generated evidence to design advocacy messages and evaluate tobacco control programmes. Civil society organizations have been involved with fundraising, capacity-building and delivery of technical support to the Coordination Committee. Together, these groups have worked towards harmonizing multisectoral action during policy change and implementation phases.

Outcomes

The Coordination Committee has played a pivotal role in coordinating multisectoral actions within the NTPCP, leading to significant milestones in tobacco control in Ethiopia. This is evident from the important policy changes implemented and the recognition received at national and international levels. Since the first multisectoral NTPCP, Ethiopia has implemented stringent measures to tackle tobacco, including a 100% smoke-free environment (Box 3.6.2), a complete ban on tobacco advertising, promotion and sponsorship, mandatory pictorial health warnings covering 70% of tobacco packaging, and restrictions on the sale of tobacco products to individuals younger than 21 years. The country has also prohibited the sale of flavoured tobacco products, shisha, electronic nicotine delivery systems and any activity by the tobacco industry related to corporate social responsibility. Furthermore, through evidence generation and synthesis, policy dialogues, advocacy for tobacco taxes, enlistment of tobacco control champions and celebrities, lobbying policy-makers and promulgating counter messages in public hearings, the Coordination Committee brought about changes in tobacco taxation through Proclamation number 1186/2020 which imposed a 30% tax on ex-factory prices and a tax of 8 Ethiopian birrs (US$ 0.25 in 2020) on individual cigarette packets *(7)*. These taxes increased the price of cigarettes by 600% compared with

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prices in 2020 *(12)*. The Coordination Committee also monitored and effectively countered tobacco industry interferences aimed at undermining the tobacco control proclamation. In recognition of their important work, WHO acknowledged individuals and organizations for their contribution to improving tobacco control in Ethiopia, including the directors of the EFDA and Mathiwos Wondu Ye–Ethiopia Cancer Society *(11,13–15)*. In addition, the EFDA director received the 2021 Judy Wilkenfeld Award for International Tobacco Control Excellence for accomplishments in the Campaign for Tobacco-Free Kids and dedication in coordinating multisectoral action in the NTPCP *(16)*.

Multisectoral action has also supported the implementation of the NTPCP because it builds follow-up mechanisms, evaluates the implementation of tobacco control activities by members of the Coordination Committee and facilitates sharing of experience. Multisectoral action also allows the Coordination Committee to conduct site visits to monitor the implementation of tobacco laws. Furthermore, it enables the Coordination Committee to establish subcommittees needed for the implementation of specific NTPCP objectives. For example, smoke-free public places was supported by multisectoral action, which the EFDA has expanded into other regions of the country. Furthermore, all stakeholders, including government ministries, implemented smoke-free workplace policies in their respective organizations. The Coordination Committee and stakeholders, such as law enforcement and youth volunteer services, have also carried out routine enforcement of smoke-free public places, government institutions and hotels. Public places that fully met the smoke-free standards were awarded a certificate, while those that partially met the standards were advised and motivated on how to do more. Managers and owners of public places that breached the smoke-free law were fined. Moreover, through the collaborative efforts of Coordination Committee members from the government, civil society organizations and WHO, health professionals in the private and public sectors were trained on brief tobacco interventions such as the 5As – Ask, Advise, Assess, Assist and Arrange. Because of the Coordination Committee's strong advocacy efforts and participation in the co-design stages of the national NCD treatment guidelines, a cessation intervention is also incorporated in the integrated refresher training manual for health extension workers and national guidelines for clinical and programme managers of major NCDs. Counsellors who work at 952 toll-free lines were trained in telephone counselling protocols for tobacco use.

The Coordination Committee also played a pivotal role in developing strategies to counter tobacco industry interference, by providing a platform for stakeholders from various sectors, including non-health sectors, to come together and effectively tackle industry challenges. In particular, the Coordination Committee successfully discredited the industry's misleading narrative that tobacco tax increases would encourage illicit tobacco trade.

Reflections and lessons learnt

Multisectoral action has become the cornerstone for national tobacco prevention and control programmes, and multisectoral tobacco control coordination committees now exist at the federal and regional levels. The government passed a strong tobacco bill that includes a formal mechanism for codifying the role of multisectoral action role in government policy processes *(6)*. The 2021 tobacco control directive lists potential members of the multisectoral teams, including relevant ministries, civil society organizations and agencies, to ensure multisectoral implementation of the NTPCP.

Capacity-building was one of the best approaches used in Ethiopia for engaging key stakeholders and champions in tobacco control to encourage support and networks to expedite the tobacco control policy during the legislative process at the House of People's Representatives. This activity was primarily

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undertaken by the EFDA while civil society organizations raised funds from different donors including WHO, Campaign for Tobacco-Free Kids, African Capacity Building Foundation and others. Furthermore, to accelerate the implementation of comprehensive tobacco control, activities were undertaken each year on World No Tobacco Day to promote new proclamations, such as panel discussion, short educational plays by schoolchildren, mass walks, press conferences, television shows, and television and radio spots.

Even though Ethiopia has made significant strides in policy change for tobacco control and implementation of the NTPCP, some gaps still exist. The coordination of multisectoral action has been affected by frequent changes in tobacco control focal points at the EFDA. In addition, the current stage of multisectoral collaboration for tobacco control is in its early stages and requires further strengthening, particularly to counteract the significant interference exerted by the tobacco industry.

Although a robust governance mechanism is in place for the NTPCP, the accountability and reporting aspects are suboptimal. The main reporting platform for the NTPCP is the quarterly meetings of the Coordination Committee. However, because of COVID-19 restrictions, meetings were held virtually, and faced difficulties due to poor internet access and other distractions. The meetings resumed in person in 2021, but member turnover within government sectors as well as sectoral reform impeded the effectiveness of meetings. Furthermore, digital reporting systems via Coordination Committee 's official telegram channel are currently underused and have yet to be fully implemented.

Empowering non-health sectors, such as the Ministry of Finance, Customs Commission and other relevant entities, is crucial for bolstering the multisectoral approach and ensuring a strong response to tobacco industry interference. By enabling these sectors, we can enhance their involvement and engagement in tobacco control efforts, leading to more comprehensive and effective strategies. Some gaps exist that require policy measures, including the emphasis on illicit trade, ratification of the illicit trade protocol and development of instruments (e.g. tracking and tracing systems for tobacco products such as tax stamps) to eliminate illicit tobacco products. Most of the multisectoral actions being implemented by the NTPCP have been supported by limited development funding for the Sustainable Development Goals. Greater and sustained government funding for the NTPCP is needed. The second national tobacco control plan (2023–2030), which is being developed, needs to address the challenges outlined above as well as capitalize on previous success.

Box 3.6.2. Practical example – smoke-free Addis Ababa initiative

The Smoke-free Addis Ababa initiative aims to protect more than five million residents from the harms of tobacco use. The development of this project was led by the Ethiopian Food and Drug Authority (EFDA), the Addis Ababa Food, Medicine, and Healthcare Administration and Control Authority and civil society organizations. The initiative began with an exploratory survey to assess the current status of smoke-free areas and identify potential stakeholders that had signed memorandums of understanding to implement Addis Ababa smoke-free initiative. Subsequently, local stakeholders in collaboration with the EFDA and civil society organizations co-designed the project. To ensure effective implementation, a multisectoral task force was established, composed of various city departments and regulatory agencies, including health, culture and tourism, education, trade and industry, transport, peace and security, policy, justice, and youth and volunteers. All these agencies have signed a memorandums of understanding to collaborate on implementing the smoke-free initiative. Continuous capacity-building is being provided to the task force and professionals of the health extension programme to implement, for example, smoke-free initiatives in homes.

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The initiative targets all public places, transport facilities, government buildings, parks and residential houses. Implementation strategies include incorporating the smoke-free initiative into the health extension programme and other law enforcement schemes. Robust monitoring and evaluation mechanisms, along with performance indicators, have been established. The reporting structure is designed to ensure effective communication and feedback among stakeholders. The EFDA and civil society organizations are providing technical and financial support to the task force. Additionally, civil society organizations are actively engaged in media advocacy, particularly through outdoor anti-tobacco advertisements.

This comprehensive collaborative effort is creating a healthier environment by implementing smoke-free policies, raising awareness and advocating for tobacco control measures.

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3.7. Finland – Collaborating mechanisms promoting health and preventing noncommunicable diseases: the Finnish experience

Abstract

The Advisory Board for Public Health supports the implementation of multisectoral measures to develop well-being, health and safety in different sectors of society, including outside the health care and social welfare sector. The members of the Advisory Board come from various administrative branches representing different ministries, regional state administrative agencies, towns and cities, nongovernmental organizations, universities, and research and development institutions. The tasks of the Advisory Board are to: (i) monitor the development of well-being, health and safety and the implementation of health and social policy; (ii) develop national health and social policy; (iii) strengthen funding for the well-being approach; and (iv) collaborate with different administrative branches, nongovernmental organizations and other parties in promoting well-being, health and safety. In addition to the Advisory Board for Public Health, Finland has two additional multisectoral structures to promote health and prevent noncommunicable diseases (NCDs): the National Nutrition Council and the Coordination Body for Physical Activity and Sport. Furthermore, the NCD Expert Network promotes collaboration between the Ministry of Social Affairs and Health, nongovernmental organizations and research institutions in the area of NCDs and mental health.

Background

The Ministry of Social Affairs and Health in Finland plays a pivotal role in promoting health, addressing health inequalities and implementing strategies to enhance the well-being of the population. This is accomplished through the enactment and enforcement of various laws, including the Health Care Act *(1)*, which was replaced by the act on organizing health care and social welfare services *(2)*. The new act came into effect at the beginning of 2023.

Over the years, the Ministry of Social Affairs and Health, in collaboration with relevant government sectors and partners, has put in place policies and programmes to promote lifestyle changes in the Finnish population. The greatest health challenge in the country is associated with the increasing prevalence of overweight and obesity, both among adults, and children and young people *(3)*. In addition, physical activity and cardiorespiratory fitness, particularly among young people, have declined over the past few decades *(4)*. At the same time, the prevalence of type 2 diabetes is increasing. Even though cardiovascular disease mortality has decreased markedly in recent decades, significant disparities in cardiovascular health persist between socioeconomic groups *(3)*. Furthermore, mental health problems have become more common, particularly among women and young people *(3)*.

Recognizing the essential role of multisectoral collaboration in promoting health and disease prevention, the Ministry acknowledges the importance of implementing the health-in-all-policies approach across different government sectors *(5)*. Health in all policies emphasizes that public policies and decisions made in areas beyond health, such as transport, agriculture, education and employment, have a substantial effect on people's health, health determinants and the capacity of the health system to respond to the health needs of the population.

The Ministry of Social Affairs and Health established the Advisory Board for Public Health (hereafter called the Advisory Board) through the Public Health Law (1972) and it is nominated for a government period *(6)*. The primary functions of the Advisory Board include monitoring and evaluating trends in health, social

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well-being and safety (for example, building, road and socioeconomic safety) in the population, as well as the implementation of social and health policy in Finland. Additionally, the Advisory Board actively contributes to the development of national social and health policies, enhances understanding of social well-being and promotes collaboration among government sectors, nongovernmental organizations and other entities involved in the promotion of health, social well-being and safety.

This case study present an overview of the implementation of multisectoral actions undertaken by the Advisory Board from 2019 to early 2023, which served as an umbrella body working in collaboration with the National Nutrition Council, the Coordination Body for Physical Activity and the Noncommunicable Disease (NCD) expert network.

Overview of the initiatives

The Advisory Board plays a crucial role in various aspects of social and health policy in Finland. It serves as a platform for coordination, cooperation and strategic planning in the field of social and health policy, and brings together diverse stakeholders to work towards improving the well-being of the Finnish population.

The Advisory Board consists of representatives from different ministries, other government organizations, municipalities, health care districts (formerly responsible for organizing social services and health care until the end of 2022), universities, research and educational institutions, and nongovernmental organizations. The government appointed the Advisory Board for the period 2019–2023 (Box 3.7.1).

The secretary general of the Advisory Board, supported by an expert group comprised of members from various ministries and research institutions, is responsible for planning, preparing and implementing the decisions made by the Advisory Board.

Box 3.7.1. Member organizations of the Advisory Board for Public Health, 2019–2023

Ministries

Agriculture and Forestry; Finance; Education and Culture; Employment and the Economy; Environment; Interior; Justice; Social Affairs and Health; Transport and Communications

Other members

Association of Finnish Municipalities; city representatives (Pori and Vantaa); Defence Command Finland; Ehyt ry (NGO for substance abuse); Finnish Institute for Health and Welfare; Finnish Institute of Occupational Health; health care districts (Central Finland and North Savo)[a]; regional councils (North Karelia); regional state administrative agencies (Southwestern Finland and Lapland); University of Eastern Finland; Tule ry (NGO for musculoskeletal disorders); Verso (social and health expert) service centre; Socca (social service expert centre)

Non-member organizations represented in the divisions working under the Advisory Board

NGO network; Finnish Heart Association; UKK Institute; and Pirkanmaa Health Care District[a]

NGO: nongovermental organization.
[a] These became well-being services counties from 1 January 2023.

In early 2023, Finland underwent a significant reform in the organization of social, health and rescue services (such as ambulance services, mobile first aid and fire department). As part of this reform, the responsibility for organizing services – social; primary, secondary and tertiary health care; rehabilitation;

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and rescue – shifted from 309 municipalities to 21 self-governing well-being service counties established throughout the country. The main goal of the reform was to enhance the availability and quality of health and social services across Finland. The new structure combines primary, secondary and tertiary health services together with social services within the same organization. While the public sector remains the primary provider of health and social services, private service providers and nongovernmental organizations play a supplementary role. Municipalities are still responsible for certain services such as child day care, primary and secondary education, and sports and cultural services. They will also have a main role in environmental planning, public transportation and employment services starting in 2025 *(7)*.

Recognizing that these changes will have a profound impact on the health and social well-being of the population, multisectoral collaboration continues to be a primary focus the Advisory Board. Although the new structure and its legal framework are currently in development, the Advisory Board will serve to support and coordinate collaboration between the municipalities and the well-being service counties in health promotion and disease prevention.

Multisectoral action supporting the initiatives

The vision of the Advisory Board is based on the need to build a shared understanding between different government sectors on health and well-being of the population. The Advisory Board is a mechanism to improve collaboration between different ministries on implementation of Finland's Government Programme.

The work of the Advisory Board is closely connected to and receives support from various entities for multisectoral action across different ministries. These include formal and informal groups such as the National Nutrition Council, the Coordination Body for Physical Activity and Sport, and the NCD Expert Network. These bodies have a specific mandate to improve multisectoral collaboration among different government sectors, nongovernmental organizations and the private sector in promoting health and addressing NCD prevention and control. The Advisory Board and the NCD Expert Network are funded by the Ministry of Social Affairs and Health, the National Nutrition Council is funded by the Ministry of Agriculture and Forestry, and the Coordination Body for Physical Activity and Sport is funded by the Ministry of Education and Culture.

National Nutrition Council

Governance and accountability

The National Nutrition Council, established in 1954 and appointed by the Ministry of Agriculture and Forestry, plays an important role in supporting multisectoral action for nutrition and health *(8)*. It collaborates closely with the Ministry of Social Affairs and Health and the Advisory Board and the chair is shared between the Ministry of Agriculture and Forestry and the Ministry of Social Affairs and Health. The Council employs a collaborative approach to ensure effective coordination and cooperation among government sectors and different stakeholders to enhance nutrition in the population. It includes members nominated by various ministries (Ministry of Social Affairs and Health, Ministry of Agriculture and Forestry, and Ministry of Culture and Education), universities, public health and food authorities, research centres and nongovernmental organizations.

Since its establishment, the Council has been monitoring the nutrition and health of the Finnish population. Over the years, it has provided nutritional recommendations and food-based dietary guidelines aimed at reducing health problems caused by the consumption of unhealthy foods and diets. It recognizes the importance of engaging various sectors to tackle nutrition and health challenges and utilizes existing cross-sectoral policies or plans to promote multisectoral action. Its activities encompass

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all stakeholders and involve different sectors of society to advance nutrition as part of Finnish society's commitment to sustainable development. Additionally, the Council ensures accountability to the public through transparent public reporting and provision of information on its activities, recommendations and progress via its webpages and annual meetings that are open to all stakeholders.

By utilizing its expertise and collaborating with other multisectoral bodies, such as the Advisory Board, the Council enhances the coordination and implementation of multisectoral actions aimed at improving nutrition, preventing health problems and promoting overall well-being. Collaboration between different multisectoral bodies is largely informal, and based on trust and shared membership.

Coordination Body for Physical Activity and Sport

Governance and leadership

The Coordination Body for Physical Activity and Sport is a collaborative mechanism established in 2020 and led by the Ministry of Education and Culture *(9)*. Its secretariat includes representatives from the Ministry of Education and the Ministry of Social Affairs and Health and other ministries as well as key nongovernmental and expert organizations, such as the Finnish Heart Association, Finnish Institute for Health Welfare and UKK Institute (research institute for physical activity). The roles of the different ministries are outlined in Table 3.7.1.

Its vision is "A healthy, fit and physically active population". To achieve this, the Coordination Body creates opportunities for utilizing existing and/or developing new cross-sectoral policies and mutually agreed measures to be implemented by all ministries involved.

Table 13.7.1. Cross-administrative promotion of physical activity in central government, Finland

Prime Minister's Office	Ministry for Foreign Affairs	Ministry of Finance
•Sport and physical activity as part of cross-sectoral cooperation (including promotion of sustainable development and healthy public sports facilities) • Sport and physical activity as part of the Government's analysis, assessment and research activities	• International cooperation through sport •Development cooperation through sport	• Taxes that support sport and physical activity • Sport and physical activity as part of the basic services of municipalities • Sustainable economic policy that enables the promotion of sport and physical activity
Ministry of Justice	**Ministry of Interior**	**Ministry of Defence**
• Coordination and development of civil society and voluntary activities • Influencing drafting by promoting consultations and the right to put forward initiatives • Promotion and monitoring of fundamental rights, equality and non-discrimination in sport • Development of opportunities for physical activity for prisoners	• Safety and security as an enabler of physical activity and sports (including events, sports, shooting, and hunting) • Gambling and fundraising including legislation and supervision that enable the financing of sport and physical activity • Physical activity in promoting the functional capacity of police, and rescue and border guard personnel	• Conscripts' physical activity education, physical training and free-time physical activity • Sports school, non-commissioned officers, national and international competitions and coaching[a] • Physical activity of defence force personnel • Citizens' physical activity in national defence associations

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		• Projects, research and continuing education related to sport and physical activity
Ministry of Education and Culture	**Ministry of Social Affairs and Health**	**Ministry of the Environment**
• Sports policy • General preconditions for physical activity and sports in central government (sports facilities, research, elite sports, active lifestyles, equality and non-discrimination, international activities and non-formal adult education) • Physical activity in early childhood education and care, basic education, upper secondary-school education and higher education • Physical activity as part of youth work • Creative and expressive sports (e.g. circus performance) • Information about sport and physical activity at libraries	• Cross-sectoral promotion of health-enhancing physical activity • Physical activity for improving functional capacity and work ability •Physical activity in lifestyle interventions, prevention and treatment of illnesses, and rehabilitation • Physical activity in social services (i.e. physical activity in housing and transport services and personal assistance) • Incomes in the context of physical activity and sport including social security of professional athletes	• Outdoor activities, recreational use of nature, nature-based tourism, everyman´s right, and research •Land use planning and participation in the development of transport systems and mobility • Planning of construction, including construction of accessible facilities for physical activity •Housing (including living environments that support physical activity of older persons) • Nature conservation (outdoor activities, recreational use of nature and nature hobbies) • Environmental protection (physical activity as a way of mitigating climate change; emissions from physical activity)
Ministry of Economic Affairs and Employment	**Ministry of Transport and Communications**	**Ministry of Agriculture and Forestry**
• Business and innovations in the physical activity and well-being sector, sports and well-being tourism • Physical activity in well-being at work, integration of immigrants and non-military service • Physical activity as part of regional development and projects aiming to promote physical activity financed by the European Union's structural funds	• Conditions for walking and cycling (i.e. maintenance and building of pedestrian ways and cycle paths, and mobility management) • Public transport, that also increases the use of active modes of travel • Televizing sports events of societal significance	• Recreational use of nature, active nature hobbies, nature tourism, and research • Projects promoting physical activity in the rural development programme for mainland Finland and 4H activities • Equine industry and equestrian sports • Natural resources, real estate, and geospatial data, including maps for sport and physical activity

[a] Sports school is where top-level athletes can perform their military service. They can be appointed as fixed-term non-commissioned officers at the sports school and other administrative units of the Defence Forces and can combine training and working in defence forces. The purpose of the Defence Forces' national and international competition activities is to maintain the physical capabilities and military skills of Finnish soldiers.

[b] There are national defence associations that promote physical activity among citizens, such as: National Defence Training Association of Finland; Suomen Sotilasurheiluliitto (a Finnish military sports federation); and Reserviläisurheiluliitto (sports federation for reservists).

Source: Mikkonen M, Korsberg M, Lehtonen K, Stenvall J. Sport policy in Finland. Int J Sport Policy Politics. 2022;14(4):715–28 [Appendix]. https://doi.org/ 10.1080/19406940.2022.2127837

Ways of working

The Coordination Body serves as a multisectoral platform for coordinating and promoting physical activity and sports initiatives across different sectors. The various ministries work together to develop policies, strategies and programmes that aim to enhance physical activity and sports' participation in Finland. The Coordination Body ensures effective communication, collaboration and joint efforts to promote an active and healthy lifestyle among the Finnish population.

The Coordination Body holds regular meetings where representatives from different government sectors discuss policies, initiatives and best practices related to physical activity and sports. These meetings provide an opportunity for exchanging knowledge, sharing experiences and building relationships among participants.

The Coordination Body also organizes workshops, seminars and training sessions on specific topics related to physical activity and sport. These events bring together different government sectors, experts, people working in the field of physical activity and health, and policy-makers from various sectors to learn from each other, discuss challenges, share knowledge and explore collaborative solutions.

NCD Expert Network

Leadership at all levels

The NCD Expert Network is an informal network coordinated by the Ministry of Social Affairs and Health. Its members consist of representatives from major national public health agencies, patient organizations and research institutions. The NCD Expert Network is responsible for addressing NCD prevention and control and mental health conditions. It includes dedicated personnel with expertise in NCDs, mental health conditions and multisectoral actions.

Resources and capabilities

The NCD Expert Network has been instrumental in advancing the work of the Advisory Board and other multisectoral initiatives. Each ministry involved, along with other participating organizations, allocates funds to support the participation of their representatives in the Advisory Board and similar entities. In addition, implementation of cross-sectoral activities is funded by individual ministries within their respective administrative areas, as well as by municipalities and other stakeholders, including nongovernmental organizations and research institutions. This financial support enables the effective implementation of multisectoral initiatives aimed at addressing NCDs and promoting public health.

Outcomes

The Advisory Board and its divisions have achieved several important outcomes in their efforts to promote public health through multisectoral actions. It has supported broad cooperation on issues related to public health between different sectors and ministries with regular meetings. Other actions taken by the Advisory Board to promote multisectoral action include:

- support of the implementation of the government resolution on promoting well-being, health and safety 2030 and its implementation plan;
- development of a proposal for mandated structures for cooperation in the promotion of well-being, health and safety across administrative systems;
- development of a proposal for a multisectoral body for monitoring health and well-being policy; and

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- development of tools (checklist; see Box 3.7.2) to build new cross-sectoral structures for promotion of healthy lifestyles for the new well-being services counties that started in January 2023.

National Nutrition Council

Through its multisectoral approach, the National Nutrition Council has made significant contributions to promoting nutrition and improving the dietary habits of the population in Finland. Its achievements are a result of sustainable implementation of multisectoral actions, including the development of dietary guidelines and nutritional recommendations for all population groups (10), formulation of evidence-based policies for food fortification and supplement use, and creation of online resources to support the implementation of dietary guidelines. The Council has also introduced a nutrition commitment model that encourages collaboration among stakeholders to improve the overall diet and nutritional status of the population. These efforts have had a positive impact on promoting healthier eating habits and enhancing the well-being of the Finnish population.

Coordination Body for Physical Activity and Sport

The collaborative and planning efforts of the Coordination Body for Physical Activity and Sport have helped improve physical activity and sports' participation throughout Finland. It has coordinated the "Move Programmes", which include initiatives such as Families on the Move, Early Childhood Education and Care on the Move, Schools on the Move, Students on the Move, Adults on the Move, and Older People on the Move. Furthermore, the Coordination Body is developing and coordinating an action plan that includes 126 measures on physical activity, covering various administrative offices. The objective of this plan is to increase physical activity among the entire population and specific subgroups in Finland

NCD Expert Network

The NCD Expert Network has been instrumental in advancing NCD prevention and control strategies and promoting public health in Finland. It has successfully facilitated collaboration among various stakeholders, including the Ministry of Social Affairs and Health, government agencies, research institutes and civil society organizations including patient groups. The Network has also played a vital role in sharing information, both nationally and internationally, and has contributed to the development of public health recommendations for preventing cardiovascular diseases and diabetes.

Reflections and lessons learnt

Preventing and managing NCDs and improving mental health were prominent in the health and well-being policy at the beginning of the government period 2019–2023. However, the coronavirus disease 2019 (COVID-19) pandemic shifted priorities and diverted resources, which negatively affected various areas of public health, particularly NCDs and mental health. Reduced physical activity, changing dietary patterns, limited social interactions and disruptions in health care services worsened the situation. As we now enter the COVID-19 recovery phase, the importance of multisectoral actions in addressing these interconnected challenges becomes even more evident.

The lobbying and interference of commercial actors and other interest groups in public health continue to pose a challenge, particularly for policies related to taxes on sugar-sweetened beverages and other unhealthy foods, and limiting the availability of alcohol products. It is important to involve relevant government sectors in policy dialogues concerning these issues to promote good health, prevent and manage NCDs and enhance mental health outcomes.

Tools and guidance that support implementation of multisectoral actions, such as health in all policies, are crucial for policy-makers and administrators in all sectors. These tools help identify and mitigate

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negative health impacts and have the potential to contribute significantly to population health by positively affecting the determinants of health. Health in all policies focuses not only on the effect of decisions made in other sectors on people's health, but also on anticipating how policies can influence the financing and regulation of health systems. It is important to have both formal and informal multisectoral structures for cooperation to strengthen collaboration, trust and relationship-building among different ministries and other actors in society.

In conclusion, the input of relevant government sectors is vital for promoting good health, preventing and managing NCDs, and improving well-being. Collaborative efforts that transcend sectoral boundaries allow for a comprehensive approach that addresses the many different factors influencing health, leading to more effective and sustainable health outcomes for the population.

Box 3.7.2. Practical example – lifestyle guidance checklist: a practical tool for lifestyle guidance

The lifestyle guidance checklist is intended to strengthen planning and implementation of lifestyle guidance in the newly established well-being counties, and improve collaboration between the well-being counties, municipalities and other stakeholders, including nongovernmental organizations, to advance health and well-being. The checklist includes the following aspects of lifestyle: physical activity; nutrition; sleep health; substance abuse and addictions; and cultural well-being.

The checklist covers five levels of collaboration for each of the above-mentioned lifestyles. These levels include administrative structure and organization; leadership and networks; capabilities and resources; personnel and stakeholder participation; and knowledge-based management and information systems.

The lifestyle guidance working group of the Structures and Methods Division of the Advisory Board for Public Health developed the checklist. In preparing the checklist, the working group cooperated extensively with various expert groups, such as the National Nutrition Council, the Coordination Body for Physical Activity and Sport, and the cooperation group for cultural well-being, which promotes health and well-being through culture.

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3.8. Islamic Republic of Iran – National Action Plan for the Prevention and Control of NCDs and Related Risk Factors

Abstract

The Islamic Republic of Iran developed and implemented a set of multisectoral actions for the prevention and control of noncommunicable diseases (NCDs). The Supreme Council for Health and Food Security, led by the President, has been the key body fostering health in all policies and enhancing multisectoral actions in the country. The National NCD Committee, established within the Ministry of Health and Medical Education, developed the National Action Plan for the Prevention and Control of NCDs and Related Risk Factors, which was approved by the Supreme Council for Health in 2015. To support implementation of the National Action Plan, two subcommittees were established for multisectoral action. At the provincial level, the universities of medical sciences are involved in developing a provincial plan. By leveraging multisectoral action, memorandums of understanding have been signed between the health ministry and key stakeholders, several ministries and other public organizations have established health secretariats to boost multisectoral initiatives on NCDs, and standards and laws have been passed related to NCD risk factors. Nonetheless, a number of challenges hindered progress in multisectoral action to reduce NCDs in the country, including the coronavirus disease 2019 pandemic, financial constraints imposed by sanctions, changes in government, and inadequate systematic approach to NCD management. Multisectoral action needs to be reprioritized and the National Action Plan revised to reflect changes in the country's capacity and context.

Background

In 2019, the burden of disease in the Islamic Republic of Iran was 19.8 million disability-adjusted life years (DALYs), 78% of which were attributed to noncommunicable disease (NCDs), and an estimated 326 508 Iranians died from NCDs, an 88% increase from 1990 (1). Lower back pain, diabetes, ischaemic heart disease, stroke and depressive disorders were the leading causes of age-standardized DALYs. Additionally, the prevalence of modifiable cardiovascular risk factors in Iranian adults is high, including dyslipidaemia (80%), obesity and overweight (60%) and hypertension (53%). In 2018, the cost of NCDs was 446 trillion Iranian rials (IRR) (equivalent to 10.5 billion United States dollars (US$) in 2018), or 3% of the country's gross domestic product of US$ 331.7 billion. The cost of interventions to reduce salt and tobacco consumption and promote physical activity is estimated at IRR 15.28 trillion, IRR 5.14 trillion and IRR 3.16 trillion, respectively, over the next 15 years (1). In 2013, adopting a meaningful national strategy to combat NCDs became a priority, which led to the development of the National Action Plan for the Prevention and Control of NCDs and Related Risk Factors (hereafter called the National Action Plan) (2–4). Led by the health minister and members of various departments (including departments of nutrition, physical activity and tobacco and departments for the four main NCDs) and selected experts, the National NCD Committee was established within the Ministry of Health and Medical Education for policy development, planning and monitoring of all activities related to the National Action Plan *(4)*.

Overview of the initiative

The National Action Plan, developed by the National NCD Committee, was approved by the President and related ministers[17] in 2015 and became national law. The National Action Plan endorses most

[17] Vice-President, Head of the Department of Environment, Minister of Culture, Minister of Agriculture, Ministry of Interior, Minister of Economic Affairs and Finance, Minister of Sports and Youth, Government spokesman, Minister of

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interventions recommended by the World Health Organization (WHO) to reduce NCD-related mortality by a third by 2030 *(4,5)*. To achieve the objectives of the National Action Plan, multisectoral actions were at the centre of its implementation strategy. Many ministries were involved in the National NCD Committee and in developing, approving and implementing the National Action Plan *(4,6)*.

The National Action Plan to strengthen multisectoral action to tackle NCD risk factors and diseases took into account joint agreements and measures with relevant ministries, organizations (for example, related to standards and the environment), the private sector and the community *(7)*. The National NCD Committee with its nine subcommittees, in close collaboration with the Supreme Council for Health and Food Security, are responsible for fostering multisectoral action on NCDs in the country (Figure 3.8.1) *(8)*.

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Energy, Minister of Cooperatives, Labour and Social Welfare, Head of Islamic Republic of Iran Broadcasting, Minister of Education, Minister of Industry, Mine and Trade, and Minister of Health and Medical Education as the government spokesperson at the National NCD Committee.

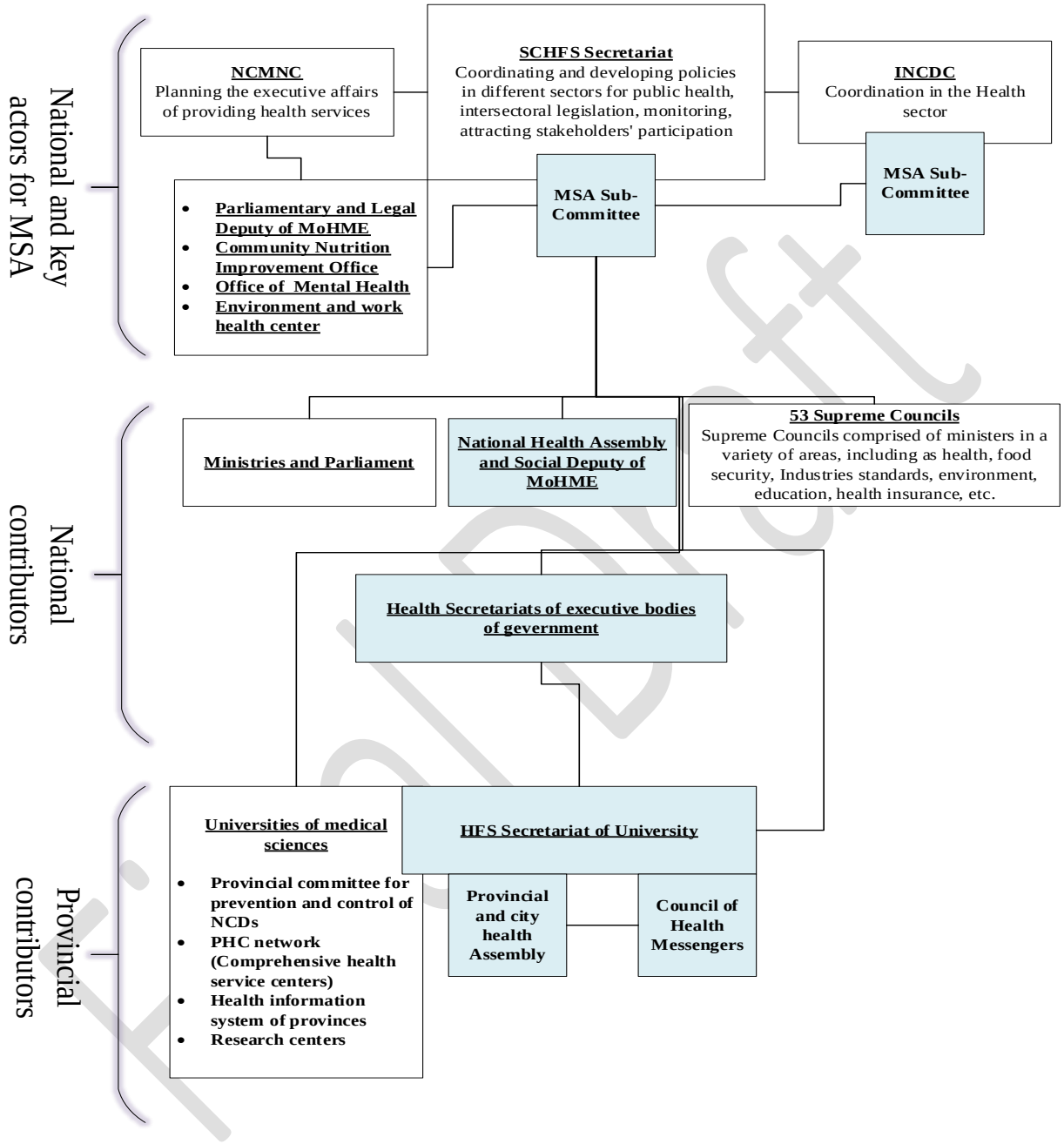

Figure 3.8.1. Overview of the network of actors involved in multisectoral actions

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INCDC: Iranian NCDs Committee; NCDs: noncommunicable diseases; MSA: multisectoral actions; SCHFS: Supreme Council for Health and Food Security; NCMNC: National Center for Management of NCDs; MoHME: Ministry of Health and Medical Education; HFS: health and food security; SDH: social determinants of health.

The National NCD Committee guided the NCD Directorate within the health ministry in the design and approval of provincial action plans across all 31 provinces in the country on implementation of the so-called IraPEN (the country's package of essential NCD interventions). IraPEN consists of feasible, low-cost and priority interventions for early detection and treatment of NCDs, and reduction in their prevalence. The subcommittee for multisectoral action engaged with several ministries, departments, and the public and private sectors to develop joint agreements and action plans to promote healthy lifestyles, for example, improving walking paths, increasing access to healthy food options, improving health literacy, and tackling the social determinants of health. These agreements were made with the health secretariat affiliated with the executive bodies and organizations, the national, provincial and city health assemblies, the Ministry of Roads and Urban Development, the Ministry of Agriculture, the Ministry of Sport and Youth, and the Ministry of Cooperatives, Labour and Social Welfare. Their aim was to reduce salt, sugar and fat consumption, air pollution, physical inactivity, and tobacco and alcohol use.

Activities carried out under the four pillars of multisectoral action are broadly as follows.

- Governance and accountability: establishment of special committees; use of key national legislative and governing bodies for multisectoral action; endorsement of the interventions and the NCD plan; and establishment of working groups.
- Leadership at all levels: networking, both informal and formal, with key players; identifying champions to promote multisectoral action across government including the social deputy of the Ministry of Health and Medical Education and provincial councils for health and food security.
- Ways of working: experience-sharing, knowledge transfer and feedback through various established mechanisms; and joint projects through memorandums of understanding.
- Resources and capabilities: establishment of dedicated teams in the health ministry and key organizations; and capacity-building through health secretariats.

Multisectoral action supporting the initiative

Governance and accountability

In June 2015, the WHO Regional Office for the Eastern Mediterranean facilitated a meeting between key Iranian stakeholders in NCDs and related risk factors (including four vice-ministers, national managers and prominent academics), global figures in the field of NCDs; the WHO Regional Director; and other officials (from the health ministry, universities of medical sciences and the Supreme Council of Health) for comprehensive discussions to develop the Iranian National Action Plan. Subsequently, the Ministry of Health and Medical Education established a core team to prepare the National Action Plan, in line with WHO's global plan on NCDs *(9)* and based on reliable longitudinal national and subnational data on NCDs and related risk factors. The National NCD Committee used the visit of the WHO Director-General in July 2015 to the Islamic Republic of Iran to officially launch the National Action Plan.

Through cooperation among the representatives from various ministries and organizations, a governance structure for multisectoral actions was established to support the National Action Plan. Two specialized subcommittees were created to address governance and legal issues associated with multisectoral

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actions: one was under the National NCD Committee, which was in charge of the overall planning and direction of multisectoral actions, and the other was affiliated with the Supreme Council for Health, which has national legislative authority and was responsible for communicating with key actors (ministries and relevant stakeholders) (Figure 3.8.1). This latter multisectoral subcommittee is also responsible for approving the plans of the National NCD Committee and other relevant bodies.

The two subcommittees and the Health Commission of the Parliament are the key national legislative and governing bodies for multisectoral action. They are composed of individuals with expertise in multisectoral action, social determinants of health and different aspects of health and well-being. Personnel from other centres for multisectoral action can also be included, such as supreme councils in other sectors (for example, commodities, taxation, sports, culture and the environment) *(5)*.

At the provincial level, the universities of medical sciences act as representatives of the Ministry of Health and Medical Education and were involved in developing provincial plans in line the National Action Plan. In the 31 provinces, the tasks of the multisectoral subcommittee of the Supreme Council for Health are undertaken by the provincial secretariats for health and food security. The provincial secretariats communicate with relevant government representatives (mayors, governors, industries in the provinces, provincial ministry representatives and provincial parliamentary representative) through monthly meetings.

Leadership at all levels

Engaging key leaders for networking with professionals, institutions and organization was crucial to driving progress in collaboration. These leaders include: the social deputy of the health ministry; national, provincial and city health assemblies; health secretariats of government executive bodies; provincial councils for health and food security; and the subcommittees of the National NCD Committee and Supreme Council for Health (Figure 3.8.1) *(8,10,11)*. They hold monthly or annual technical meetings and training with main actors of the National Action Plan at both national and provincial levels. They also hold open meetings with the public to raise awareness among provincial representatives of the relevant ministry and establish alliances with provincial leader, such as governors and mayors.

At the provincial level, the councils for health in the 31 provinces are chaired by the governor of the province, with its secretariat within the provincial university of medical sciences *(8,12)*. These councils are responsible for developing and approving the provincial health strategy, evaluating the current state of health in the province and the effect of the work of various sectors on public health, and communicating with citizens and other stakeholders.

Ways of working

The multisectoral subcommittees of the Supreme Council for Health and the National NCD Committee are responsible for preparing memorandums of understanding (official agreements between sectors) or any other legal order for the implementation of related interventions. The Supreme Council for Health monitors these memorandums and regulations to improve standards for effective multisectoral action.

The health secretariats enabled 38 relevant ministries to develop a network of officers to collaborate with the national organization in charge of multisectoral action. The Supreme Council for Health provides training for these health secretariats, and is in communication with them through meetings, telephone calls and emails. These officers communicate with relevant stakeholders, ensuring a common understanding of the need for multisectoral actions) and promoting knowledge transfer for multisectoral

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action. The multisectoral subcommittee gathers successful experiences from all the health secretariats and disseminates them to other actors, thereby enhancing collective action and fostering continuous improvement. Participants, including the health secretariats, governor and mayors, have received certificates of appreciation from the health ministry and the universities of medical sciences, which has encouraged greater cooperation.

Databases and health status observatories on the indicators of the National Action Plan have been established at provincial and national levels, and the two subcommittee prepare a report on the status of multisectoral interventions and cooperation. The National Planning and Budget Organization assesses the report for allocations in the annual budget.

Resources and capability

At the national and provincial levels, the health ministry has fostered multisectoral actions among dedicated personnel through working groups and departments for specific diseases (cardiovascular disease, diabetes, respiratory diseases and cancer) and risk factors (unhealthy diets, tobacco use and physical inactivity). Four groups – three at the national level and one at the provincial level – are in charge of planning and implementing multisectoral actions. The two subcommittees (mentioned earlier) and the health secretariats of key organizations have provided a network of experts to design and implement multisectoral initiatives as part of the National Action Plan. The provincial councils for health, in collaboration with the subcommittee of the Supreme Council for Health, have trained personnel in multisectoral action across the 31 provinces *(8,13)*.

Outcomes

The Supreme Council for Health has approved several regulations proposed by itself and the subcommittees of the National NCD Plan, and developed memorandums of understanding and standards on multisectoral actions. Other ministries such as Sports and Youth, Roads and Urban Development, and Agriculture have acknowledged their responsibilities to promote the health of the community. They have proposed national policies and established agreements to fulfil these responsibilities (Box 3.8.1). More specially, below are outlined examples of the actions taken to tackle NCDs through multisectoral actions.

- Development of provincial NCD health plans and health management systems
- Development of a health package for government employees
- Signing of 10 memorandums of understanding between the health ministry and other ministries – Sports and Youth, Roads and Urban Development, Agriculture, Education, and Foreign Affairs – in accordance with the National Action Plan
- Establishment of 38 health secretariats of governmental executive bodies
- Evaluation of the performance of governors and mayors in 31 provinces in the area of health
- Development of standards for NCD risk factors, for example, amendment on acceptable levels of sugar, salt and fat in food products
- Establishment of national technical committees for edible oil, agricultural pesticides and salt
- Enactment of a law on restricting the import of palm oil.
- Development of a policy on food and nutrition security
- Enactment of a law to increase tax on harmful products

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- Measurement of air pollution in cities with more than 30 000 people
- Passing of resolutions on monitoring and improving the mental health of students.

Reflections and lessons learnt

While the National Action Plan has advanced efforts on NCDs in the country through the use of multisectoral actions, it has faced a number of challenges *(3,6)*. When the National Action Plan was developed in 2013, there were two windows of opportunity for multisectoral actions: (i) the Joint Comprehensive Plan of Action agreement, which made financial resources available; and (ii) the prioritization of health in policy-making by the government. The National Action Plan mobilized a wide range of multisectoral actions until 2018 as adequate resources were available up to that time. However, the emerging challenges in the following years – the COVID-19 pandemic, financial constraints imposed by sanctions, shifts in government authority and an insufficient systematic approach to NCD management – slowed progress towards satisfactory implementation of multisectoral action to reduce the burden of NCDs in the country *(16–18)*.

The National Planning and Budget Organization evaluates progress on multisectoral interventions to allocate the annual budget, but this assessment has not led to adequate resource allocation. In that regard, in 2018, the Supreme Council for Health provided a progress report to the Planning and Budget Organization requesting the continuation of a dedicated budget for implementation of multisectoral action in accordance with the Supreme Council for Health's executive regulations. That would have had an impact on the multisectoral action budgets of partner organizations. However, this provision was revoked in 2020 and the budgets of partner organizations remain unchanged.

Furthermore, high inflation and the ongoing economic crisis have hampered joint budgeting for multisectoral actions among stakeholders. In addition, competing interest among the ministries and other stakeholders have impeded the process of securing meaningful financing for the implementation of multisectoral actions. Joint budgeting was highlighted as a skill that needed capacity-building and has potential to enhance multisectoral actions among all participants.

Overall, the upstream policies and laws support multisectoral actions for health in the country; however, additional efforts are needed to enhance the cohesiveness of the organizational structure and strengthen its capacity to establish multisectoral actions as standard practice (adoption or institutionalization).

The experience of the Islamic Republic of Iran shows that the country has successfully utilized the WHO toolkit for developing a multisectoral action plan for NCDs *(19)* for steps one (comprehensive assessment), two (shareholder engagement) and three (framework for action). However, due to issues outlined earlier, step four (implementation plan) and hence step five (evaluation of a multisectoral action plan) have not been implemented satisfactorily. There is a need to re-prioritize multisectoral action, revise the National Action Plan to reflect changes in the country's capacity and context, amend budgets and industry support in view of inflation, and adapt implementation strategies. These measures are essential to address the challenges that hinder effective implementation of multisectoral actions for prevention and control of NCDs and related risk factors *(3,20)*.

Box 3.8.1. Practical example – reducing the intake of salt, sugar and fats

In line with the National Action Plan for the Prevention and Control of NCDs and Related Risk Factors, the consortium of the Food and Drug Organization, National Standards Organization, Ministry of Agriculture,

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Ministry of Mining, Industry, and Trade, Ministry of Health and Medical Education and representatives of the public and, when appropriated, the private food industry collaborated to revise standards to reduce intake of salt, sugar and fat in the Iranian population. This collaborative effort resulted in the development of the regulatory measures described below. These achievements were made possible by the establishment of health secretariats within relevant organizations and technical committees, and the proactive actions undertaken by the subcommittees on multisectoral action. They include:

- supporting food security for vulnerable households
- improving the bread formulation standard to reduce daily salt intake from bread from 6.4 g to 3.2 g
- reducing sugar consumption through effective taxation on sugar-sweetened beverages (36% tax on imported beverages in 2022)
- imposing a tax to prevent advertisements of harmful products: 29 types of product in 2022, including soft drinks, fast foods and cooking oil
- reducing the salt content in foods: cheese (4.0% to 2.5%), traditional bread (2.0% to 1.0%) and buttermilk (1.0% to 0.8%)
- reducing the amount of trans fatty acids in edible vegetable oil (5% to 2%), table margarine (10% to 2%), spreadable margarine (5% to 2%), margarine (10% to 2%) and shortening for the food industry (5% to 2,5%), as well as in minarin (a vegetable fat used in confectionery)
- reducing the amount of palm oil imported from 70% to 30% of the total imported oil *(14,15)*.

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3.9. Japan – Strategic Initiative for a Healthy and Sustainable Food Environment

Abstract

An unhealthy diet is a major risk factor for noncommunicable diseases, and excess sodium intake is a particular problem in Japan. The Ministry of Health, Labour and Welfare of Japan, in cooperation with the Consumer Affairs Agency, an external organ of the Cabinet Office, and the Ministry of the Environment, launched the Strategic Initiative for a Healthy and Sustainable Food Environment, a multisectoral (across government sectors) and multistakeholder strategy, in March 2022. The Initiative aims to promote a healthy and sustainable food environment, with a primary focus on addressing excess sodium intake. This Initiative engages businesses and helps them set and implement ambitious action goals to tackle excess sodium intake and other nutritional and environmental issues by collaborating with the government, industry, academia and other stakeholders. The Initiative has succeeded in raising awareness among businesses of the importance of addressing excess sodium to achieve a healthy food environment. It has also raised public awareness of the role of businesses such as the food industry in tackling nutritional issues that put people at risk of noncommunicable diseases. Elements that need to be in place to facilitate collaboration and multisectoral actions include strong government leadership to manage and guide the involvement of diverse stakeholders with different agendas, and effective incentives to encourage the active participation of stakeholders in multisectoral action.

Background

The Strategic Initiative for a Healthy and Sustainable Food Environment (hereafter referred to as the Initiative) is a multisectoral and multistakeholder project launched by the Ministry of Health, Labour and Welfare of Japan (MHLW) in March 2022, in cooperation with the Consumer Affairs Agency and Ministry of the Environment. The impetus for the Initiative was the Japanese government's commitment at the Tokyo Nutrition for Growth Summit 2021 (Box 3.9.1) *(1)*.

Box 3.9.1 Japan's commitment at the Tokyo Nutrition for Growth Summit 2021 (excerpt)

The Government of Japan commits to further promoting Japan's nutrition policies for leaving no one behind which is the foundation of a sustainable society throughout the life course as an important part of Universal Health Coverage (UHC) especially by the following measures:

- Deploying a policy package with major nutrition policy actions including the promotion of a healthy diet and sustainable dietary environment by addressing issues such as excess sodium intake, underweight among young women and nutritional disparities caused by economic conditions. This would be implemented in collaboration with the government, businesses, academia and civil society.
- Publishing the progress and achievements of these policies annually starting from 2023.

Source: Tokyo Nutrition for Growth Summit 2021 *(1)*.

The Initiative aims to create healthy environments and settings to change unhealthy diets, which are a major risk factor for noncommunicable diseases (NCDs) *(2)*. Most people in Japan, regardless of age, consume excessive amounts of sodium compared with values of the tentative dietary goal for preventing lifestyle-related diseases, as defined in the Dietary Reference Intakes for Japanese *(3,4)*. Therefore, the top priority of the Initiative for tackling unhealthy diets is to reduce excess sodium intake, which is a well-known risk factor for cardiovascular disease and cancer *(5).* Other nutritional priorities addressed by the Initiative are underweight in young women, which may be influenced by sociocultural standards for appearance *(6)*, and nutritional disparities caused by economic conditions. The rate of underweight in

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young women is higher in Japan than other developed countries *(7)*. In addition, given the international attention on the interrelationship between nutrition and the environment *(8)*, the Initiative also aims to address environmental issues from the perspective of improving the sustainability of a healthy diet.

Overview of the initiative

The launch of the Initiative stems from the commitment made by the Japanese government at the Tokyo Nutrition for Growth Summit. The rationale for creating a healthy and sustainable food environment is based on a report by an MHLW expert panel *(9)*. While the Consumer Affairs Agency and the Ministry of the Environment participated as observers in the expert panel, their engagement focused on specific topics. The Consumer Affairs Agency provided comments on nutrition labelling, emphasizing its role in promoting awareness and informed choices. The Ministry of the Environment reported on its activities to promote sustainable diets, highlighting the importance of considering environmental factors in dietary decisions. The MHLW requested the cooperation of these two bodies in launching the Initiative because it recognized the importance of diverse perspectives and approaches in creating a healthy and sustainable food environment. In addition, the Consumer Affairs Agency and Ministry of the Environment would also benefit from their involvement in the Initiative by further advancing their own policies.

In creating a healthy and sustainable food environment, it is important to improve consumer access to healthy food and information on healthy eating. Recognizing the pivotal role that businesses, including food manufacturers, food retailers and mass media, play in improving access to healthy food and information on healthy eating, the Initiative engaged with various companies to seek their participation. Participating businesses were required to set at least one specific, measurable, achievable, relevant and time-bound (SMART) action goal that addresses excess sodium intake. Setting action goals for other nutritional and environmental issues, such as underweight among young women and nutritional disparities caused by economic conditions, was optional.

The Initiative also supports participating businesses in setting and implementing their SMART action goals effectively within in their own operations, in collaboration with the Consumer Affairs Agency and the Ministry of the Environment. Knowledge of the policies of both the MHLW and these two bodies was considered important as it would help businesses align their actions with government policies on nutrition and environment.

Multisectoral action supporting the initiative

The key multisectoral actions in the Initiative align with the World Health Organization (WHO) pillars of multisectoral action: governance and accountability, leadership at all levels, ways of working, and resources and capabilities.

Governance and accountability

The Initiative is based on a global commitment made by the Japanese government, which helps ensure its governance and accountability. At the Tokyo Nutrition Summit, Japan pledged to promote further Japan's nutrition policies for leaving no one behind, including healthy and sustainable food environments, through collaboration between government, business, academia and civil society. The government also promised to publish its progress and achievements annually starting in 2023 (Box 3.9.1). Creation of a healthy and sustainable food environment requires numerous perspectives, with nutrition at the core. Therefore, the Initiative has adopted a cross-government approach with the MHLW, Consumer Affairs Agency and Ministry of the Environment.

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The MHLW serves as the secretariat of the Initiative, in cooperation with the Consumer Affairs Agency and Ministry of the Environment. To promote its activities, the Initiative has established a steering committee and a subcommittee for promoting action goals, and holds an annual plenary meeting to provide updates and report on progress made.

Steering committee

The steering committee meets about three times a year to discuss the Initiative's overall operating policies, evaluate annual results and prepare an annual report. It consists of representatives among academia, business, professionals in the field of the Sustainable Development Goals (SDGs) and environmental, social and governance (ESG), dietitians and civil society.

Subcommittee for promoting action goals

The subcommittee members include the MHLW as the Secretariat and expert members from among academia, SDG and ESG professionals, dietitians and civil society. They provide constructive advice and technical assistance to participating businesses in planning and implementing their SMART action goals. The subcommittee also meets about three times a year. These action goals and their progress are reported on the Initiative's website.

Annual plenary meeting

An annual plenary meeting is held and brings together all members of the Initiative to share good practices of the participating businesses, the latest information on national policies, and scientific knowledge on the creation of a healthy and sustainable food environment. Some items on the agenda of the plenary sessions, such as keynote speeches by experts, are also open to all people as a way to promote and raise awareness about the Initiative among a wider audience.

Leadership at all levels

The MHLW expert panel report, mentioned earlier, highlights the importance of multisectoral action through collaboration among ministries to promote a healthy and sustainable food environment. This commitment to collaboration is reflected in the representation of several ministries on the Initiative's steering committee. The meaningful and cross-cutting input provided by these other ministries has contributed substantially to the advancement of the Initiative. In addition, networking with academia, business, SDG and ESG professionals, dietitians and civil society with different perspectives is crucial in enriching the Initiative.

An open panel discussion on creating a healthy and sustainable food environment was held in May 2022. This networking opportunity included members of the steering committee, officials from the MHLW and Ministry of the Environment as well as the general public. Recognizing the value of this inclusive dialogue with stakeholders who had diverse cross-cutting knowledge, the MHLW plans to expand this type of networking to introduce a wider range of stakeholders as needed.

The Initiative is listed in the SDGs Action Plan 2023 as one of the priority strategies for achieving the SDGs. The SDG Action Plan was developed in March 2023 by the SDGs Promotion Headquarters, which is headed by the Prime Minister, with the Chief Cabinet Secretary and the Minister for Foreign Affairs as vice chairpersons, and all other ministers of state as members. At the SDGs Promotion Headquarters meeting in March 2023, the Prime Minister urged the ministers concerned to steadily implement this action plan. Based on this, the MHLW plans to enlist other relevant ministries to collaborate on the

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Initiative and promote a healthy and sustainable food environment to support the policies of each relevant ministry.

Ways of working

The MHLW uses formal and informal communication exchange that contributes to building relationships among the ministries. It actively engages in exchange of information and perspectives with the Consumer Affairs Agency and Ministry of the Environment through formal meetings and e-mails, which contributes to fostering trust and support of both ministries. This practice, for instance, has engaged both ministries in the preparation of guidelines. The Consumer Affairs Agency, which regulates food labelling including nutrition labelling, has prepared a guide on setting SMART action goals related to voluntary front-of-pack nutrition labelling. The Ministry of the Environment has developed one on key environmental actions recommended for food-related businesses. These guidelines are available for reference by prospective and participating businesses on the Initiative's website.

Participating businesses set their SMART action goals and register them with the Initiative. The SMART action goals that contribute to reduction in sodium intake can vary in content depending on the type of business and its management strategy. Action goals can include, for example: proactive development of low-sodium products; proactive development and promotion of low-sodium products that overcome psychological resistance, even by consumers who do not use low-sodium products and are less concerned about health; reduction of annual sodium use in the entire business; and promotion of awareness to help consumers reduce their sodium consumption.

Resources and capabilities

Implementation of the Initiative requires expertise in nutritional science and public health and active involvement of stakeholders from nongovernmental organizations and the business sector. As the primary ministry in charge of nutrition, the MHLW prepares a budget and provides overall support and coordination. Several highly qualified technical officials of the MHLW, who are registered dietitians, have dedicated roles in the operation of the Initiative. The officials assigned to the Initiative at the Consumer Affairs Agency have been seconded from the MHLW. They have a good understanding of the MHLW's position, which facilitates consultation and collaboration. MHLW nutrition officials have also been assigned to other ministries. For example, a nutrition official from the MHLW works in the Maternal and Child Health Division of the Child and Family Agency, which was established as an external body of the Cabinet Office in April 2023. This division was part of the MHLW until March 2023 and still cooperates with the Initiative.

Food and related businesses play an important role in the Initiative because of the direct and strong influence on people's eating habits through their products and information provided to the consumers. Furthermore, the active participation of academics, professional associations and civil society organizations is crucial for enhancing scientific evidence, credibility and support. Recognizing the importance of their contributions, the Initiative sought to engage a wide range of stakeholders. These contributors included for example: food-related businesses such as manufacturers and retailers; mass media; other businesses; relevant professionals and experts such as academics in the areas of nutrition and medicine, SDGs and ESG; and professional associations (for example, Japan Dietetic Association) and civil society organizations (for example, Japan Dietary Habits Association and Consumers Japan).

In cross-government multisectoral actions, it is important to ensure mutual benefits for all involved ministries. The skills to generate multisectoral collaboration and engage in negotiations with other

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ministries are crucial to achieve win–win outcomes that will advance the goals of the Initiative. MHLW officials in charge of the Initiative have experience in both private sector and multidisciplinary nutrition care in hospitals and nursing homes. The negotiation and interpersonal skills developed through these experiences have also helped promote multisectoral actions.

Outcomes

At the time of this report, the Initiative had only been running for about a year. Nevertheless, through the activities of the Initiative, the MHLW has succeeded in raising awareness of the importance of addressing excess sodium intake as a top government priority to achieve a healthy and sustainable food environment, not only among the people directly involved, but also among society at large. The Initiative has also raised public awareness of the capabilities and roles of different businesses such as the food industry to tackle nutritional issues that put them at risk of NCDs, such as excess sodium intake.

In addition, the Secretariat and relevant experts contributed to the refinement of the draft SMART action goals through a series of formal and informal dialogues with participating business, helped increase understanding of these goals, and improved the skills needed to set them. For example, businesses were made aware that, from a public health perspective, effective and measurable indicators of sodium reduction for SMART action goals include the relative annual amount of sodium reduction and the ratio of sodium reduced to all products.

The Initiative also invited institutional investors as guests to discuss the relationship between nutrition and ESG and the actions expected from businesses in the future to address nutritional issues. In recent years, institutional investors have expressed growing interest in the social and financial impact of businesses. One such important social impact is nutritional improvement, and institutional investors have begun to encourage food-related businesses to produce and market healthy foods and actively promote better nutrition. Institutional investors have therefore become key stakeholders in promoting nutritional improvement of food-related products.

The year 2022 was historic for nutrition administration in Japan, as it was probably the first time that various stakeholders, including businesses, academics in nutrition and medicine, professionals in the field of SDGs and ESG, institutional investors, professional associations, and civil society organizations gathered to discuss nutrition in a meeting held by the central government in Japan. From this starting point, the Initiative has made a significant contribution to increasing interest in nutrition among a diverse group of stakeholders. Some participating businesses have expressed their intention to utilize their involvement in the Initiative to incorporate sodium reduction in their management plans.

Reflections and lessons learnt

After the launch of the Initiative, there was a shared enthusiasm among participating stakeholders in continuing the discussion on the necessary steps to create a healthy and sustainable food environment. This dialogue aimed to develop a common vision and facilitate concrete action to achieve a healthy and sustainable food environment. Thus, the approach of the Initiative reflects the principles of collaboration, namely “transparent and open communication” and “adopt joined-up approaches”. The MHLW intends to continue to develop multisectoral actions with both principles in mind.

Three factors are pivotal to applying multisectoral action to tackle NCDs. First, strong government leadership is needed to avoid derailing the focus of the work because most multisectoral actions involve stakeholders with different perspectives and interests. The Initiative identified three priority nutritional

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problems (in particular excess sodium intake), among the various existing nutritional issues. This was a strategic decision and highlights the role that the government should play to achieve effective results. The negotiation skills of government officials were particularly important to achieve understanding of and an agreement on the Initiative's objective among the relevant ministries (Box 3.9.2).

Second, effective incentives could be provided for stakeholders to participate in multisectoral actions, particularly for businesses. Given that businesses are the primary producers and sellers of food and related products, it is important to involve them in addressing public health issues and collaborating with the government to create a healthy and sustainable food environment. To this end, the Initiative invited SDG and ESG professionals to assist the participating businesses in considering their potential social impact. The Initiative plans to provide further opportunities for participating businesses to engage with the Consumer Affairs Agency and Ministry of the Environment, for example, when they present their SMART action goals, aligning with the ministries' policies. Such collaboration will not only make the SMART action goals of the participating businesses more effective but will also advance the policies of each ministry.

Third, the regular reporting and communication of progress, as well as the results of multisectoral actions, are important for scaling up and accelerating actions involving more stakeholders, while also increasing the centripetal force of multisectoral actions.

Box 3.9.2. Practical example – engaging other ministries in multisectoral action

Before seeking collaboration from the Consumer Affairs Agency and the Ministry of the Environment to support the Strategic Initiative for a Healthy and Sustainable Food Environment, the Ministry of Health, Labour and Welfare of Japan (MHLW) conducted a desk review of the policies and reports developed by these agencies. Through this preliminary review, the MHLW explored potential win–win opportunities that could arise from collaboration among the three government agencies. For example, the MHLW conducted thoroughly review of the Ministry of the Environment's policies and approach on climate change and biodiversity. The insights gathered from this review were instrumental for the MHLW to develop a proposal on multisectoral actions to enable various relevant businesses to address proactively both nutritional and environmental issues. As a result, the Ministry of the Environment agreed to collaborate and extend their support to the Initiative.

In conclusion, effective enlistment of a ministry to assume a central role in multisectoral actions relies on proposing win–win outcomes. This entails a comprehensive grasp of the ministry's policies and desired results, showcasing how these objectives can be effectively achieved through multisectoral collaboration. By presenting a compelling case, grounded in a thorough understanding of the ministry's priorities, the potential for fruitful partnerships and impactful initiatives can be realized, ultimately contributing to the advancement of public health and sustainable development goals.

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3.10. Kenya – Establishment of a working group to draft the National Strategy for the Reduction of Harmful Use of Alcohol

Abstract

Harmful alcohol use is a major public health problem in Kenya. In 2015, the Ministry of Health, through the Alcohol Technical Working Group initiated the process of formulating a national strategy for reduction of harmful alcohol use. The process was guided by a multisectoral approach. This approach is aligned with the Constitution of Kenya 2010, the Kenya Mental Health Policy 2015–2030, and the Kenya Non-communicable Disease Strategy 2015–2020. Member of the working group were from the government (health and alcohol control), research institutions, academia, and civil society organizations. The working group held several multistakeholder meetings, which resulted in the development of a draft alcohol strategy. The working group faced several challenges including lack of alignment between government sectors, inadequate funding, and limited commitment to the process by members due to competing responsibilities. As a result, the working group was unable to finalize the alcohol strategy. Future efforts should ensure adequate funding for the process and capacity-building of members on multisectoral action.

Background

The burden of harmful use of alcohol is disproportionately high for the Africa Region of the World Health Organization (WHO) (1). In 2016, the age-standardized alcohol-attributable burden of disease and injury was the highest in the WHO African Region at 70.6 deaths and 3044 disability-adjusted life years (DALYs) per 100 000 people (1).

The situation of harmful use of alcohol in Kenya is worrying. Alcohol use starts as early as age 10 years (2), with prevalence rates of 7.2% in primary-school children (2), 23.4% in secondary-school children (3) and up to 70% in college students (4) The country has one of the highest total DALYs (53.1 per 100 000) for alcohol use disorders in Africa (5). According to the 2015 STEPwise nationwide survey, 19.3% of Kenyans were current alcohol drinkers, with 12.7% of them consuming alcohol daily (6). A 2017 study by the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) – a government agency under the Ministry of Interior and Coordination tasked with alcohol control – showed that 10% of Kenyans aged 15–65 years had an alcohol use disorder, 60% of whom had the severe form of the disorder (7).

Alcohol use in Kenya has been associated with several sociodemographic factors including being male, being unemployed, having a lower socioeconomic status, being single or separated, living in large households, and having easy availability of alcohol within the home (8) Furthermore, alcohol use has been linked to intimate partner violence and increased risk of oesophageal cancer (8).

Given these alarming data, the Ministry of Health recognized the need for a national strategy to tackle the harmful use of alcohol in Kenya.

Overview of the initiative

In 2015, the Ministry of Health established the informal multistakeholder Alcohol Technical Working Group (hereafter called the working group) to address the rising burden of harmful alcohol use and noncommunicable diseases (NCDs) in the country.

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A multisectoral approach to implementing programmes is an established culture and practice within the Ministry of Health, and the government of Kenya. The Constitution of Kenya 2010 (9) requires public participation and multisectoral engagement in government affairs. More specifically, the guiding principles of the Kenya Mental Health Policy 2015–2030 (10) acknowledge that the involvement of multiple stakeholders – such as those from education, labour, children's services, correctional services, agriculture, among others – is needed to effectively address mental health and substance use disorders. The Kenya NCD strategy 2015–2020 (11) and the WHO global NCD action plan 2013–2020 (12) both emphasize the importance of multisectoral action in the implementation of programmes aimed at managing NCDs and mental health.

Furthermore, based on previous experience with other policy development processes, the Ministry of Health had learnt that a multisectoral approach would result in a comprehensive document that was acceptable to a wide range of stakeholders. For example, a multisectoral approach was used during the development of the Kenya Suicide Prevention Strategy 2021–2026 (13), the Kenya Mental Health Taskforce report (14) and the national NCD strategy 2015–2020 (11). Hence, multisectoral action was a key consideration during the establishment of the working group, and the Ministry of Health sought to engage diverse members with experience and expertise in multisectoral action and tackling harmful alcohol use. Their involvement would also ensure that the policy document would be technically sound, and acceptable to and implementable by a wide range of stakeholders.

The first task of the working group was to develop a national multisectoral strategy to address harmful alcohol use. This report describes the efforts of the working group to design a draft strategy, although this remains unfinalized.

Multisectoral action for supporting the initiative

Governance and leadership

The working group was composed of 15 members and had high-level leadership from the Ministry of Health. It included senior representatives with experience in multisectoral and multistakeholder engagement. Other members from the government sector were from the Kenya Medical Research Institute (Ministry of Health), University of Nairobi (Ministry of Education) and (NACADA. There was also representation from civil society organizations working in the fields of health and alcohol control, such as the Support for Addictions Prevention and Treatment in Africa, and the Alcohol Policy Control Network.

The working group was co-chaired by a representative from the Ministry of Health and a representative from the Alcohol Policy Control Network. Roles were assigned to working group members based on their expertise.

The working group benchmarked existing cross-sectoral policies and multisectoral experiences to draft the national strategy on harmful alcohol use, for example, the Constitution of Kenya 2010 (9), the Kenya Mental Health Policy 2015–2030 (10) and the established culture within the Ministry of Health of involving multiple stakeholders during policy formulation.

Ways of working, and resources and capabilities

Between 2015 and 2018, the working group held several multistakeholder meetings during which they discussed and built consensus, when possible, on the content of the strategy.

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The working group engaged in and supported formal and informal activities to build relationships and promote knowledge collaboration. For example, the working group held its first multistakeholder 3-day workshop in November 2015. During this meeting, the members reviewed regional and global strategies on harmful alcohol use and identified 10 strategies that could work well for Kenya. To promote collaboration and co-design, the working group was divided into two groups based on technical expertise, each focusing on a specific area: (i) treatment, prevention, and research about alcohol use and (ii) supply reduction of alcoholic beverages. One group, led by the NACADA and the Alcohol Policy Control Network, was tasked with developing strategies focusing on drink-driving policies and countermeasures, availability of alcohol, marketing of alcoholic beverages, policies on pricing and tax, and protection of the development and implementation of alcohol control policies from the commercial interests of the alcohol industry. The other group, including the Ministry of Health, Kenya Medical Research Institute, University of Nairobi, and Support for Addictions Prevention and Treatment in Africa, focused on strategic areas related to leadership and governance, health service response, community action, public health responses, and monitoring and surveillance.

The civil society organizations had the additional role of ensuring the working group's independence from any interference by the alcohol industry. The working group also ensured prompt communications by sending minutes of meetings and action points to its members.

The working group actively engaged in activities to educate the public on the harmful effects of alcohol use. For example, public sensitization activities were conducted during commemoration of important days such as the International Day Against Drug Abuse and Illicit Trafficking. During such activities, stakeholders with exemplary performance in alcohol control were acknowledged. These activities helped build team spirit within the working group.

In terms of resources and capabilities, the working group members had considerable technical expertise and experience and their awareness of existing relevant policies, publications and ongoing activities related to alcohol control provided the necessary support for the working group. The members also received training on alcohol use as a major risk factor for NCDs. However, there were no dedicated personnel assigned to operationalize and coordinate the activities of the working group and no specific funds provided from the Ministry of Health's budget.

Outcomes

The goal of engaging multiple sectors in the development of the national strategy on harmful alcohol use for Kenya was to ensure that the process yielded a technically sound document that had the input and support of diverse stakeholders and government sectors. The process yielded a draft national strategy for harmful alcohol use with a range of strategic actions that aligned with the WHO Global Alcohol Action Plan 2022–2030 (15). The plan after completion of this draft was to present it to a larger forum of stakeholders for additional review but this did not happen. At the time of this report, the draft strategy has not been finalized and approved.

Despite not being able to deliver its primary task of developing a national multisectoral strategy to address harmful alcohol use, the working group's efforts have yielded important and positive results. Members of the working group participated in joint activities with their respective organizations. For example, they presented memorandums on alcohol to the parliamentary committee on health to advocate for allocation of resources to the treatment and prevention for harmful alcohol use and

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developed information, education, and communication materials on harmful use of alcohol for the public. In addition, the working group organized an event for the commemoration of the International Day against Drug Abuse and Illicit Trafficking and developed public education on the harms of alcohol use.

Furthermore, the process generated interest in alcohol control within the Ministry of Health, which led to the inclusion of addressing harmful alcohol use in the Kenya National Strategic Plan for the Prevention and Control of Non-Communicable Disease 2021/2022–2025/2026 (16) and alcohol use indicators within the STEPwise NCD survey (6).

In addition, the Ministry of Health established strong partnerships with multiple government and non-state actors involved in alcohol control work and continued to engage with them in multisectoral activities such as public education and advocacy. For example, several civil society stakeholders have continued to invest funds, albeit intermittently, in the activities of the working group.

Given the inability of the working group to finalize the draft strategy owing to parallel and different approaches on the content of the strategy, the alcohol technical working group was reformed by the Ministry of Health in 2018 and formally established as a subcommittee of the larger Non-Communicable Disease Intersectoral Coordination Committee (17). The formalized working group now has a clear mandate and well-defined terms of reference (17). This new working group once again has co-chairs from the Ministry of Health and a civil society organization (Alcohol Policy Control Network). Since its reformation, the working group has held several meetings and revision of the draft alcohol strategy has been on the agenda.

Reflections and lessons learnt

Despite high-level endorsement by the leadership of the Ministry of Health, the working group faced important challenges. For example, it lacked specific funding from the Ministry of Health's budget and relied on intermittent support from donors and civil society organizations. This made a coordinated and consistent process for developing the strategy difficult. The working group had no formal workplan or timelines, and members' commitment was limited because of competing interests to fulfil their duties and responsibilities to their parent organizations. Often, their work for their parent organizations took priority over the development of the strategy, in part because there was no compensation or any form of recognition for members of the working group. Several meetings were held without representation from all stakeholders and disagreement within the working group disrupted the process of developing the strategy.

While the draft strategy has not been finalized owing to the above-mentioned challenges, nonetheless, it can serve as a starting point for future efforts aimed at completing and launching the strategy. However, to ensure success, the following lessons from the experience of the working group should be considered.

First, before the establishment of the working group, a proper stakeholder analysis of the alcohol control field would have been useful. This analysis would have provided insights on the background of the stakeholders, including their interests, level of expertise in alcohol control, and their potential role in the process of developing the strategy. Understanding the support or opposition within the stakeholder community would have helped in assigning leadership roles and safeguarding their interests within the working group.

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Additionally, the Ministry of Health should initiate and co-lead the development of the national strategy and implementation of policies to address harmful alcohol use, along with other stakeholders from multiple sectors. It is essential for stakeholders to demonstrate flexibility and adaptability and agree to a joint process. Each stakeholder, particularly those with more influence, needs to understand, acknowledge, and respect the expertise and policy agendas of the other sectors.

Furthermore, to ensure that the working group has a common vision and agenda, it needs to invest in transparent communication and build strong relationships among its members. Open discussions about the interests and expectations of each stakeholder at the outset of the process can help unify the performance of the working group. A memorandum of understanding or other binding contracts can help clarify and cement the roles and responsibilities of each sector.

The limited ability to manage the divergent interests of key stakeholders suggests a capacity shortfall among working group members to handle multisectoral action effectively. Thus, training is needed to build their capacity in multisectoral action, as is a dedicated expert on multisectoral approaches to facilitate the policy formulation process.

Finally, the government, through the Ministry of Health, should allocate funding to the working group and multisectoral action for developing the alcohol strategy. Full implementation of the initiative is not possible without such resources. The working group itself needs to develop a costed workplan for submission to Ministry of Health for funding. Clear timelines and assured funding will allow stakeholders to commit time and energy to the development of the strategy.

Box 3.10.1 summarizes lessons learnt from establishing a working group on alcohol control.

Box 3.10.1. Practical example – summary of lessons learnt from establishing a working group on alcohol control, Kenya

- Involvement of multiple stakeholders with good technical expertise in alcohol control in the working group was important.
- Engaging working group members in collaborative activities helped build team spirit.
- Regular communication through multistakeholder meetings and prompt circulation of minutes to members supported commitment to the working group.
- Stakeholders' participation in multisectoral activities needs to be recognized to maintain engagement in the process.
- Assessment of stakeholders is important to have a good understanding of stakeholder interests and expectations.
- All stakeholders need to be involved in multisectoral action from the outset to ensure that the process of assigning roles and responsibilities, including leadership, is co-owned and co-led.
- Resources should be allotted to building the capacity of stakeholders on multisectoral action.
- Multisectoral processes need allocated funding to ensure their successful implementation.

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3.11. Liberia – Liberia Noncommunicable Diseases and Injuries Commission

Abstract

The Ministry of Health of Liberia established the Noncommunicable Diseases and Injuries (NCDI) Commission in 2017 to support the NCDI Programme. Led by the Ministry of Health NCDI Programme, the Commission collaborated with the Global NCDI Poverty Commission, the private sector, academia, and various relevant ministries and agencies to tackle NCDs and injuries through multisectoral actions. The Commission made significant progress in advocacy for NCD-related issues and awareness-raising among the population, capacity-building of health care providers and administrators, and resource mobilization. The collaborative approach allowed the Commission to develop multisectoral partnerships to tackle social determinants of health and promote healthy lifestyles and eating habits to reduce NCD risk factors. The main barriers to implementing multisectoral action included the need for greater awareness among different sectors of the burden of NCDs and injuries and their roles in supporting Liberia to address this problem. A more robust national coordination mechanism, endorsed by high-level government sectors with clear guidelines for the engagement of the different sectors, is required for effective multisectoral action to address the prevention and control of NCDs.

Background

Noncommunicable diseases (NCDs) account for 35% of disability-adjusted life years (DALYs) experienced by Liberians *(1)*. In addition, less than 30% of DALYs due to NCDs are attributable to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Moreover, 53% of DALYs due to NCDs and 76% of DALYs due to injury occur before the age of 40 years, significantly affecting the potential productivity of the young workforce *(2)*.

As a result of the increase in NCDs in Liberia, the Ministry of Health established the Noncommunicable Diseases and Injuries (NCDI) Programme. This programme is guided by the NCDI Policy and Strategic Plan 2017–2021 *(3)* and informed by national and international policies and strategic documents on NCDs and injuries, including those of the World Health Organization (WHO) in the African Region *(4)*.

The NCDI Policy and Strategic Plan called for the establishment of a multisectoral body (the NCDI Commission) to advise the government through the Ministry of Health and stakeholders on all issues related to NCDs and injuries. The Ministry of Health established the NCDI Commission (hereafter called the Commission) in 2017 in collaboration with the Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion, WHO and health partners.

The remit of the Commission is to support the NCDI Programme. Its main goals include assessing and quantifying the burden of NCDs in the country, particularly in relation to poverty, and evaluating the current availability of services for conditions such as cancer, diabetes and mental health issues. The Commission is also responsible for proposing an expanded list of priority NCDs and interventions based on disease burden data, which would positively affect the population's health and the country's economy.

The Commission collaborates with the Ministry of Health and other government agencies on interventions that could improve the country's health and economy, such as early detection and treatment of early-stage cervical cancer, basic rehabilitation services, and palliative care and pain control. Although the Commission does not have a formal role in planning in other sectors, it strives to integrate its recommendations into national policies across government sectors to tackle NCDs and injuries, emphasizing intersectoral collaboration and broader policy influences.

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Overview of the initiative

The Commission is a multisectoral body that advises the government through the Ministry of Health on national policies related to NCDs and injuries across government sectors. It includes key public sector ministries, education institutions, development partners and civil society (see Table 3.11.1 for members of the Commission).

The Commission developed a framework for multisectoral actions at the national level to support the implementation and monitoring of interventions on NCDs and injury prevention. As a multisectoral body, the Commission provides leadership to engage with different sectors, as demonstrated through the four pillars for multisectoral action: governance and accountability, leadership at all levels, ways of working, and resources and capacity.

Table 3.11.1. Membership of Liberia's NCDI Commission

Sector	Members
Government ministries and agencies	Assistant Minister, Curative Services, Ministry of Health
	Ministry of Education
	Ministry of Justice
	National Commission on Disability
	Ministry of Gender, Children and Social Protection
Ministry of Health programmes	Health promotion division
	Health, monitoring, evaluation, and research coordinator
	National community health programme
	NCDI Programme[a]
	Nutrition division
Development partners	Clinton Health Access Initiative
	Partners in Health[b]
	World Health Organization
Health facilities	John F. Kennedy Hospital (tertiary referral hospital)
	Benson Hospital
	Redemption Hospital
	Ganta United Methodist Hospital
Learning institutions	Dogliotti College of Medicine, University of Liberia
Civil society organizations	Liberia NCD Alliance
	Liberia Cancer Society

NCDI: noncommunicable diseases and injuries; NCD: noncommunicable diseases.

[a] Chair and coordinator of the Commission.

[b] Co-chair of the Commission.

The Commission recognized that the health sector could not address the burden of NCDs and injuries alone and engaged stakeholders from various sectors, including justice, education and agriculture (Table 3.11.2).

Table 3.11.2. Government sectors involved in the joint actions to prevent and control NCDs and injuries in Liberia

Government sectors	Goal of collaborative activities	Description
Ministry of Education and Ministry of Health	Promoting healthy lifestyles and eating habits to reduce NCD risk factors	Meetings and informal discussions with the Director of School Health at the Ministry of Education, colleagues from the Ministry of Health and other organizations were held

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		which facilitated: the incorporation of NCDs in the school curriculum at all levels; the integration of sports and physical activities in the school programme; and the inclusion of health talks on NCDs and injuries during prayers or chapel sessions.
Ministry of Justice, Ministry of Health and Ministry of Transportation	Promoting road safety to prevent road traffic injuries	The NCDI Commission has worked with the ministries of justice, health and transportation to create an awareness campaign on preventing road traffic incidents for motorcyclists, which has led to the promotion of the use of safety equipment by motorcyclists.
Ministry of Health and Ministry of Justice	Reducing tobacco and alcohol use especially among young people, which are important risk factors for NCDs and road traffic crashes, which contribute to the burden of injury-related morbidity and mortality	The Commission has collaborated with the ministries of health and justice to regulate and enforce laws on tobacco and alcohol use and traffic, including by working with the Liberia Revenue Authority to impose taxes on alcohol and tobacco and to reinforce the no-smoking zones, especially in public and private offices.
Ministry of Agriculture and Ministry of Health	Improving nutrition and dietary habits to prevent NCDs such as cardiovascular diseases	The ministries have collaborated to develop and implement policies and programmes on food security, nutrition and agriculture to make healthy food accessible by targeting agricultural production and the food industry.

NCDs: noncommunicable diseases; NCDI: NCDs and injuries.

Multisectoral action supporting the initiative

Governance and accountability

The Commission is led by experienced and capable individuals headed by the Chair, Co-chair and Coordinator. The Commission has undertaken measures, facilitated by the political will of the government and spearheaded by the Minister of Health, to improve governance and accountability in addressing NCDs and injuries. For example, members of the Commission have become more active through regular consultations and engagement in the Commission's policies and work, increasing its transparency and accountability.

These efforts involve partnerships with other organizations and government agencies. For example, the Commission has collaborated with the Ministry of Agriculture to encourage the production and consumption of nutritious food. Through this partnership, the Commission is taking a comprehensive approach to tackle the social determinants of health and promote healthy lifestyle and eating habits to reduce NCD risk factors. Even though supportive legislation has yet to be provided, the Commission is endorsed by the Minister of Health, which facilitates experts' participation and assists in the technical discussion of the working groups.

In addition to the government sectors, various public and private health stakeholders, including international organizations, played a crucial role in Liberia's prevention and control programmes for NCDs and injuries by providing technical assistance, funding and other resources. Notably, the Commission

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collaborated with development partners such as WHO and Partners in Health, who brought extensive experience in managing health systems in Liberia.

Leadership at all levels

The Commission demonstrated the importance of political commitment and leadership in addressing public health challenges. It leveraged partnerships with development partners, including WHO, to mobilize resources and technical expertise. The political commitment and leadership provided by the government and partners were critical to ensuring the success of the Commission. At the national level, the Commission is working closely with the NCDI Programme at the Ministry of Health to establish policies and guidelines for preventing and treating NCDIs. For example, through networking and formal discussions with professionals, the Commission has developed a report that serves as an investment case, outlining the government's commitment to addressing NCDIs and setting out a framework for action for the country.

Ways of working

The multisectoral approach relies on the involvement of multiple stakeholders to achieve its objectives. This approach ensures that the needs and perspectives of all stakeholders are considered, leading to a more inclusive and effective response. For example, The Commission has a simple, yet effective communication mechanism facilitated by the coordinator, using regular emails, follow-up calls and text messages. This approach has helped reach out to various sectors to garner support for the development and implementation of NCD-related activities. In addition, the NCDI Commission has engaged stakeholders with diverse perspectives and expertise to develop comprehensive prevention materials (information, education and communication material, posters, billboards and spot messages) to address NCDs and injuries. To promote transparency and collaboration, stakeholders were engaged at every stage, from the initial planning to implementing and monitoring interventions. The Commission fostered an inclusive approach by organizing regular consultations and meetings where stakeholders from various sectors were invited to share their insights, expertise and experiences. This collaborative process facilitated the exchange of ideas and allowed stakeholders to contribute to the development of strategies and interventions.

Resources and capabilities

The Commission has made concerted efforts to mobilize resources for multisectoral actions, including developing a resource mobilization plan to help fund programmes and activities on NCDs and injuries and accelerate progress in multisectoral collaboration in Liberia.

To enhance the effectiveness of multisectoral action in addressing NCDs and injuries, it is important to have a dedicated, skilled and knowledgeable workforce at all levels of the health care system with expertise in prevention of NCDs and injuries and experience in multisectoral activities. This has also been a focus of the Commission, which has prioritized capacity development among health care providers and stakeholders. For example, the Commission implemented training programmes to enhance knowledge and understanding of multisectoral action and has advocated for dedicated funding to sustain these initiatives and support capacity-building initiatives.

Outcomes

The establishment of the Commission is a concrete example of a multisectoral partnership that showcases the collaboration between many different stakeholders to tackle the complex public health

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challenges caused by NCDs and injuries. The Commission achieved significant progress in addressing NCDs and injuries through the following actions.

- The Commission has produced an investment case report outlining the government's commitment to addressing NCDs and injuries and sets out a framework for action for the country.
- The directors of the various government sectors participate in NCD-related activities. For example, the Ministries of Health and Education are promoting healthy lifestyles and eating habits to reduce NCD risk factors. The Ministries of Justice, Health and Transportation are focused on road safety to prevent traffic injuries. The Ministries of Agriculture and Health are collaborating to improve nutrition to prevent NCDs, such as cardiovascular diseases. These collaborative efforts driven by multisectoral action instigate regular updates on the work of the Commission, dissemination of joint activities and informal discussions with different ministries and agencies.
- Multisectoral action has been used to advocate for NCD-related issues and raise awareness among policy-makers, the media and the general public about the urgent need to tackle NCDs and injuries. For example, the annual NCDI Forum organized by the Commission is an event that brings together key stakeholders from different sectors, including Ministry of Health programme directors, civil society organizations, national and international nongovernmental organizations, donors, relevant government ministries and agencies, teaching institutions, business communities such as insurance companies and banking institutions, and county health teams (doctors and health care staff). The NCDI Forum facilitates discussions on the coordination, systematic response and high-level commitment required to tackle NCDs and injuries.
- The capacity of health care providers and administrators has been enhanced to address NCDs and injuries through training programmes and the provision of educational materials for their work. In addition, Commission programme staff have undertaken study tours and participated in training workshops to enhance their capacity in running multisectoral collaborations.
- The Commission has successfully supported programmes and activities on NCDs and injuries through its resource mobilization efforts. This has involved partnerships with development partners and international nongovernmental organizations to access technical assistance and other resources, and advocacy for a budgetary allotment for NCDs and injuries from the Ministry of Finance. This support was crucial in enabling the Commission to develop and implement interventions that address the complex challenges of NCDs and injuries in Liberia.
- The Commission's work led to the publication of the Liberia Noncommunicable Diseases and Injuries (NCDI) Poverty Commission Report, which emphasizes the need for a multisectoral approach, community-based prevention and treatment, and innovative financing mechanisms *(5)*. The report has become a guiding document for the country's health system.
- The Commission used data to identify the country's most pressing NCD and injury issues and design interventions that would have the greatest effect. For example, from data on the overall disease burden, the 2018 the report of the NCDI technical working group selected 19 disease conditions to include in an expanded NCDs and injuries agenda.

Reflections and lessons learnt

The successful implementation of multisectoral action on NCDs and injuries can be attributed to several key drivers, including strong leadership of the Commission's Chair, Co-chair and Coordinator, as well as the expertise and experience of its members. The Commission was able to bring together different stakeholders and set clear goals and objectives to support the implementation of multisectoral actions to tackle NCDs, an increasing and complex public health problem in Liberia. This collaborative approach also

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enabled the Commission to develop comprehensive strategies to address social determinants of health and promote access to healthy foods and physical activity.

The Commission also engaged with communities to promote NCD health awareness and ownership among the population and worked with partners to gather and analyse data to generate evidence for multisectoral action on NCDs and injuries (Box 3.11.1).

The Commission is not underpinned by legislation, which limits its ability to fulfil the goals outlined in the NCD strategic plan and restricts its authority and capacity to implement necessary measures to tackle NCDs and injuries. Despite this, the Commission received strong political support from the Ministry of Health, which enabled it to mobilize resources and engage stakeholders across sectors and organizations. Although the Commission's resource mobilization plan has been instrumental in generating funds from both local and international sources for tackling NCDs and injuries, challenges still exist. For example, a joint work plan of the Commission's activities has been developed; however, its full implementation, monitoring, and evaluation are pending. In addition, while the Ministry of Finance makes a budgetary allotment to support and sustain NCD initiatives in relevant ministries, the Commission mainly relies on funding from external partners and donors. Thus, it is important to advocate for the enactment of supportive legislation, thereby empowering the Commission to continue supporting actions to address NCDs and injuries and reduce their burden in the country.

In conclusion, the main barriers to implementing and sustaining multisectoral action include: the need for more awareness among different sectors about their potential contribution; limited political will; the complexity of coordination; and inadequate resources. A more robust national coordination mechanism, endorsed by high-level government sectors with clear guidelines for the engagement of the different sectors, is required for effective multisectoral action to tackle NCDs and injuries. Such mechanisms should include approaches for capacity-building and the development of resources to enable multisectoral action in NCD policy formulation, implementation and monitoring of outcomes.

Box 3.11.1. Practical example – NCDI Commission harnessing multisectoral action

Recognizing the critical role of communities in promoting health and preventing noncommunicable disease (NCDs) and injuries, the NCDI Commission engaged with communities in developing and implementing strategies. The Commission worked with community leaders, organizations and health workers to raise awareness of NCDs and injuries, promote healthy behaviours and increase access to health care services. This approach enabled communities to take ownership of their health and well-being. For example, through a multisectoral approach, the Commission has worked to reduce rates of sexual abuse and create awareness of diabetes and cancer and the importance of early screening and treatment.

The Commission also recognized the importance of collecting and analysing data from Liberia to better address NCDs and injuries and worked with partners to conduct surveys and surveillance to generate data on the prevalence, risk factors and health outcomes of NCDs and injuries in Liberia. These data were used to develop evidence-based strategies and interventions tailored to the needs of the Liberian population, such as the Liberia Noncommunicable Diseases and Injuries (NCDI) Poverty Commission Report *(5)*.

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3.12. Mozambique – Multisectoral Group for the Elimination of Cervical Cancer in Mozambique

Abstract

The Multisectoral Group for Cervical Cancer Elimination was established in 2020 to develop a roadmap for the elimination of cervical cancer in Mozambique, and coordinate the implementation of policies and programmes on the prevention of cervical cancer. The Ministry of Health is the coordinator of the group, which is composed of staff from the Ministry of Education, Ministry of Gender, Child and Social Action, Office of the First Lady and WHO. The Office of Central Government, represented by the Office of the First Lady, is leading advocacy campaigns to promote awareness of cervical cancer and mobilize funding for action. Civil society organizations and communities are working to raise awareness of cervical cancer and mobilize communities to adopt healthy behaviours. Considerable progress has been made in addressing the elimination of cervical cancer. For example, the human papillomavirus vaccine has been included in the expanded immunization programme and introduced at school to vaccinate girls and raise awareness of cervical cancer among teachers, students and their families. Additionally, primary prevention services have been introduced to screen for and treat cervical cancer precursor lesions, with a focus on quality and coverage, which has led to increased uptake of cervical cancer screening. Monitoring and evaluation of multisectoral collaboration are crucial to ensure continued progress in implementing multisectoral plans and actions. Dissemination of cancer-related information and awareness-raising campaigns in local languages would help increase understanding and avoid stigma and discrimination.

Background

Mozambique has one of the highest rates of cervical cancer in the world. It is the most common cancer among women aged 15 to 44 years in the country *(1–3)*. The World Health Organization (WHO) estimates that there are 5325 new cases of cervical cancer diagnosed in Mozambique each year. Furthermore, the mortality rate is high because diagnosis is usually made at advanced stages of the disease, and little can be done to save the lives of the women affected. Late diagnosis and high mortality rates are due to the limited access women have to prevention services, screening programmes and treatment options. More than half of the population must walk an hour or more to the nearest health facility *(4)*.

In 2006 the Government of Mozambique, recognizing the evolving cancer situation in the country, prioritized its control through the Declaration of the National Health Policy, and the Acceleration Plan for the Reduction of Absolute Poverty 2006–2009 *(5)*. In 2008, the Ministry of Health launched its first National Strategic Plan for Noncommunicable Diseases, 2008–2014 which was extended to 2019. This was followed by the Multisectoral Strategic Plan for the Prevention and Control of NCDs, 2020–2029 *(6)*, which covered the prevention (i.e. through reduction of tobacco consumption, excessive alcohol consumption, physical inactivity and unhealthy diet) and control of cancer, including cervical and breast cancer. The multisectoral strategic plan focuses on the following strategic action areas: (i) governance and leadership; (ii) reduction of risk factors; (iii) case management of NCDs; and (iv) surveillance, monitoring, evaluation and research.

Overview of the initiative

Until 2009, Mozambique had no specific policy strategy or plan to tackle cervical cancer. However, people's awareness was high because of the rise in cervical cancer case numbers, increased advocacy and health education on risk factors in educational institutions and on social media, and improved access to prevention and health care services.

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Ten years later, the Ministry of Health launched a more comprehensive National Plan for Cancer Control, 2019–2029 *(7)*, in line with the priorities of the Multisectoral Strategic Plan for the, 2020–2029. The Multisectoral Strategic Plan sought to promote integration of National Plan for Cancer Control with other services such as communication and health education to ensure the rational use of scarce resources. At the same time in 2020, the World Health Assembly adopted a resolution to eliminate cervical cancer as a public health problem, which led to the development of the WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem *(8)*.

As Mozambique endorsed the resolution, the government, at the highest level, including the First Lady, embraced the cervical cancer cause. At the same time, the government recognized that elimination of cervical cancer requires the engagement not only of government, but also of civil society, international organizations and the community, as well as the enactment of public health legislation and policies.

To achieve elimination of cervical cancer, a strong, comprehensive, collaborative, multisectoral approach is needed to respond to the complex health and social challenges related to this cancer, including prevention screening, early diagnosis and treatment, and palliative care. Through the National Plan for Cancer Control, 2019–2029, the Multisectoral Group for Cervical Cancer Elimination (hereafter called the multisectoral group) was established to develop a roadmap for the elimination of cervical cancer in Mozambique (2022–2030). The multisectoral group, which was formed in 2020, is composed of staff from the Ministry of Health, Ministry of Education, Ministry of Gender, Child and Social Action, Office of the First Lady and WHO. When the multisectoral group was established, the initial focus was on managing cervical cancer. Its main function then moved to developing the roadmap to eliminate cervical cancer, which requires a different set of skills and personnel involved. The roadmap was completed in 2020 and is now with the Ministry of Health for validation and subsequent approval by the Council of Ministers.

Recognizing the emergence of multiple complex public health issues linked to cervical cancer, the Ministry of Health, as coordinator of the multisectoral group, realized the need to strengthen the multisectoral group and requested the development of clear short-, medium- and long-term plans to achieve concrete outcomes for the elimination of cervical cancer. Therefore, the multisectoral group for cervical cancer elimination was formally instituted in 2020 and aligned with the Multisectoral Strategic Plan for Prevention and Control of NCDs, 2020–2029 *(6)*.

Multisectoral action supporting the initiative

Governance and accountability

The multisectoral group includes numerous stakeholders who have been engaged to tackle cervical cancer. The Ministry of Health is the chair of this group, and its main role is to coordinate and plan the implementation of policies and programmes on the prevention of cervical cancer. The Ministry of Education is involved in strengthening health promotion and education actions on cervical cancer. The Office of Central Government, represented by the cabinet of the First Lady, is leading advocacy campaigns inside and outside the country to mobilize funding for actions on cervical cancer. Civil society organizations and communities are working to raise awareness of cervical cancer and mobilize communities to adopt healthy behaviours. The Communication Bodies Sector, which is the body responsible for publicizing health messages through radio, television and pamphlets, disseminates educational messages about healthy lifestyles and community involvement. International organizations such as WHO and CDC are also involved in advocacy, promoting mobilization of resources, and supporting capacity-building of the health workforce and efforts to improve surveillance and research.

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The multisectoral group does not have a hierarchical structure. Rather it is institutionalized within the main national policies and strategic plans of the government and the Ministry of Health. It is an important mechanism to influence policies and strategies by implementing formal and informal activities to eliminate cervical cancer. The role of the multisectoral group is not only to operationalize Mozambique's commitment and contribution to the elimination of cervical cancer, but also the strategic guidelines of the National Plan for Cancer Control, 2019–2029.

The multisectoral group has greatly benefitted from the implementation of the multisectoral strategic plan for NCDs. One example is the facilitation of engagement across government sectors by leveraging existing structures, such as implementing formal and informal activities that nurture relationship-building, and establishing knowledge collaboration activities among government sectors.

Leadership at all levels

Mozambique's First Lady and her cabinet have played a vital role in leading sponsorship, advocacy and communication campaigns for elimination of cervical cancer. By taking the lead in the initiative to eliminate cervical cancer, the First Lady has been its champion since 2013. Through her proactive engagement, she has supported efforts to define standardized criteria for expanding cervical and breast cancer screening, working closely with the Ministry of Health. She has also promoted elimination of cancer and mobilized financial resources both domestically and internationally.

Ways of working

The multisectoral group strategically defines, plans and executes all critical actions for the elimination of cervical cancer. The group also fosters the active participation of the community, civil society and relevant government sectors such as the health, communication and education sectors and the office of central government through the dissemination of the progress made by the multisectoral group and its findings.

The multisectoral group uses formal mechanisms for information exchange, including regular meetings to discuss, monitor and carry out planned activities and address urgent issues, when necessary, for example, the need for immediate adjustment of an ongoing intervention to obtain better results. Additionally, the multisectoral group holds general meetings twice a year to evaluate and monitor the National Plan for Cancer Control, facilitate consensus-building on health-related challenges, and develop and disseminate communications and actions for cervical cancer elimination.

Resources and capabilities

The development and implementation of the National Plan for Cancer Control has been bolstered through the support of prominent international organizations such as WHO and the United States (US) government, through US President's Emergency Plan for AIDS Relief (PEPFAR), US Centers for Disease Control and Prevention (CDC) and US Agency for International Development (USAID). The World Bank and WHO have also funded many initiatives related to immunization, early detection of cervical cancer, access, quality of care and national capacity for surveillance and research.

Moreover, the multisectoral group benefits from the expertise and technical knowledge of multidisciplinary staff who have long work experience ,including participation in multisectoral NCD group work. Their knowledge in this area has provided support for the work of the multisectoral group.

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Outcomes

As a result of the work of the multisectoral group for cervical cancer elimination, the contribution and involvement of different sectors, and the implementation of multisectoral actions, substantial progress has been made in addressing the elimination of cervical cancer.

- Actions have been taken to provide primary prevention services to screen for and treat cervical cancer precursor lesions with a focus on quality and coverage of interventions, and to strengthen the information, monitoring, evaluation and evidence-generation system to allow informed and timely decision-making.
- Adequate infrastructure has been created to ensure consistent availability of goods and products such as equipment, materials, reagents and consumables for the provision of good-quality basic and referral services.
- Advocacy and communication campaigns, policies, legislation and economic measures have been instigated to support action on the elimination of cervical cancer, for example, the integration of the human papillomavirus vaccine for girls aged 11–13 years in the national routine vaccination system.
- At the level of primary prevention, awareness of cervical cancer has been raised in the population through health education efforts at the community level using mass media and the education system. This has led to increased uptake of cervical cancer screening and human papillomavirus vaccination.
- Research has been undertaken to identify new methods of detection and treatment of cervical cancer, which has expanded treatment to thousands of women nationwide.
- The human papillomavirus vaccine has been included in the expanded immunization programme and introduced at school to vaccinate girls and raise awareness of cervical cancer among teachers, students and their families.
- Campaigns in the workplace have been instigated in public and private sector settings to promote adherence to breast and cervical cancer screening.

Reflections and lessons learnt

The success of cervical cancer programme requires political will, strong support from the government and multisectoral actions involving multiple sectors who can play important supportive and complementary roles.

The multisectoral group for cervical cancer elimination has an important role in supporting diverse approaches to respond to this disease. The group has succeeded in leveraging resources and expertise to advance the goal of eliminating cervical cancer as well as improve public health in general in the country.

Strong governance and leadership at all levels have facilitated the work of the multisectoral group through legislation, policies, plans and actions that support coordination mechanisms and provide a suitable environment for multisectoral collaboration for cancer elimination. Additionally, informal and formal meetings across government sectors have promoted collaboration at all levels and established networks of professionals.

The leadership and support of the highest level of government, including the First Lady's cabinet (see Box 3.12.1), have helped ensure effective coordination, widespread advocacy and adequate allocation of

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resources, which are essential for the successful implementation of multisectoral actions for cervical cancer elimination. Monitoring and evaluating multisectoral collaboration are crucial to ensure ongoing progress in implementing multisectoral plans and actions.

For better results, particularly at the community level, dissemination of cancer-related information and awareness-raising campaigns could be done in local languages to ensure the messages are well understood. This will ensure effective outreach, increase understanding, avoid stigma and discrimination, and drive positive changes in the fight against cervical cancer in Mozambique.

Box 3.12.1. Practical example – First Lady's cabinet

Despite being a low-income country with a high burden of cervical cancer, the First Lady's leadership of and commitment to the efforts to tackle cervical cancer in Mozambique have played a crucial role in endorsing the importance of eliminating cervical cancer. Since the establishment of the First Lady's cabinet in September 1990, its purpose has been to sponsor, promote, monitor, encourage and galvanize national and international partnerships to find solutions to the problems affecting the most vulnerable people. However, with the increase in cases of cervical cancer, the cabinet took it upon itself to step up advocacy and leadership at all levels, and seek resources to eliminate cervical cancer *(9)*. It was in this context that the cabinet assumed patronage of cervical cancer elimination, and joined with the health sector, civil society, community members and international partners as well as other important partners to intensify its efforts nationally and internationally. For example, in May 2014, during the annual conference of Global Academic Programmes in Seoul, Republic of Korea, the First Lady of Mozambique launched a global campaign aimed at mobilizing the necessary resources to eliminate cervical, breast and prostate cancers. To this day, the First Lady's cabinet continues its actions and campaigns for the elimination of cervical cancer in Mozambique.

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3.13. Nigeria – National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases

Abstract

The National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases (NMSAP) 2019–2025 was developed to tackle the growing burden of noncommunicable disease (NCDs) in Nigeria. The principles of collaboration and multisectoral action underpinned its development and implementation, and involved 13 health and non-health ministries, each with assigned activities aligned with their mandates. The government established a three-tiered multisectoral coordination mechanism to support implementation of the NMSAP: (i) NCD National Governing Council composed of ministers of relevant sectors and responsible for policy direction; (ii) NCD Expert Technical Working Group composed of academics and researchers and responsible for implementation of the NMSAP and setting priority interventions for NCDs; and (iii) four subcommittees of the Technical Working Group with representation from government and nongovernment sectors, and health and non-health sectors, and responsible for operationalizing interventions on NCD. Networking opportunities are promoted through formal meetings and members of the Working Group are involved in co-designing NCD-related policies and guidelines in collaboration with the Federal Ministry of Health, while the subcommittees co-develop activity plans on NCD programme implementation and research. Donor funding has supported activities within the NMSAP such as in-person meetings. Positive outcomes include engagement of stakeholders in the health and non-health sectors, increased understanding of non-health stakeholders about the relevance of their organizations' mandate to the NCD response, and increased donor interest, partnerships and investments. Multisectoral collaborations for NCD prevention and control must ensure commitment of leadership, the development of clear financing plans, and implementation of capacity-building and a reward system.

Background

In Nigeria, almost a third of all deaths are associated with noncommunicable diseases (NCDs), with grave implications for the health and development of the country *(1)*. Despite the increasing burden of NCDs, previous attempts between 2013 and 2015 to develop a policy addressing NCDs were unsuccessful. Several factors contributed to these setbacks, including the lack of nationally representative data to demonstrate the increasing burden of NCDs and low prioritization of NCDs on the government agenda. Another critical factor was limited capacity of the health ministry in operationalizing multisectoral actions for NCD policy development.

There is a growing consensus across the global public health community that strong collaborative and multisectoral action, defined as "collaboration with and between government sectors" *(2)*, is required to respond to complex health and social challenges, including the prevention and control of NCDs. This principle underpinned the development and implementation of the first National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases (2019–2025) (NMSAP) in Nigeria *(3)* (Box 3.13.1).

The leadership of the former Minister of Health, who had in-depth knowledge of prevention and control of NCDs, provided the impetus for the NMSAP. This endeavor was further supported by various factors, including the participation of policy-makers and experts in global meetings on NCDs. Additionally, the expressed interest of donors and the need for a strategic document to align donor funding with the

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country's priorities played a significant role. Moreover, technical assistance from the World Health Organization (WHO) provided valuable support throughout the process.

The development of the NMSAP by the Federal Ministry of Health was informed by the Sustainable Development Goals (SDGs) and various WHO resolutions and declarations, specifically: the WHO Framework Convention on Tobacco Control; Global Strategy on Diet, Physical Activity and Health; Global Strategy to Reduce the Harmful Use of Alcohol; Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs; the Brazzaville Declaration on NCD Prevention and Control in the WHO African Region; and the Global Action Plan on Prevention and Control of NCDs *(4–9)*.

Overview of the initiative

The NMSAP (2019–2025) incorporates WHO best-buy interventions to address risk factors for NCDs, specifically physical inactivity, unhealthy diets, tobacco and harmful alcohol use, air pollution, and disease conditions such as: diabetes; cardiovascular diseases; chronic respiratory diseases; cancers; mental, neurological and substance abuse disorders; trauma and traffic injuries; and sickle-cell disease *(3)*. The plan has five strategic objectives focused on: governance and stewardship; promotion of healthy lifestyle and interventions to reduce the modifiable risk factors; orientation and strengthening of the health system; monitoring of trends in NCDs and their determinants; and support of national capacity for good-quality research on prevention and control of NCDs.

The NMSAP was developed and endorsed by 13 health and non-health ministries (Table 3.13.1) and each had activities aligned with their mandates.

Table 3.13.1. Federal ministries involved in the development and implementation of the National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases (2019–2025) and their mandates

Ministry	Mandate
Federal Ministry of Power, Works and Housing	Rural and urban planning as well as construction of interstate roads around the country
Federal Ministry of Youths and Sports	Design and implementation of national competitive sports and youths development programmes
Federal Ministry of Agriculture and Rural Development	Promotion of food safety and nutrition through agricultural production, and safeguarding of quality control and standardization for healthy options
Federal Ministry of Budget and National Planning	Development of national economic plans and budgetary allocations
Federal Ministry of Finance	Disbursement of government funds and formulation of relevant fiscal policies with a bearing on the health of Nigerians
Federal Ministry of Trade and Industry	Diversification of the resource base of the economy by promoting trade and investment with special emphasis on increased production and exportation and enforcement of excise duties
Federal Ministry of Information and Culture	Dissemination of information on national priorities
Federal Ministry of Labour and Employment	Facilitation of and enabling environment for full labour force participation through skills development, employment creation, enhanced productivity and peaceful industrial relations that promote decent work principles and practices

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Federal Ministry of Justice	Drafting and publicizing of sector-wide legislative reform laws and regulations
Federal Ministry of Environment	Tackling of environmental issues and ensuring the effective coordination of all environmental matters in the country
Federal Ministry of Health	Development and implementation of health policies and programmes
Federal Ministry of Women Affairs and Social Development	Promotion of the development of equal rights and responsibilities for women
Federal Ministry of Education	Formulation and coordination of the national policies on education

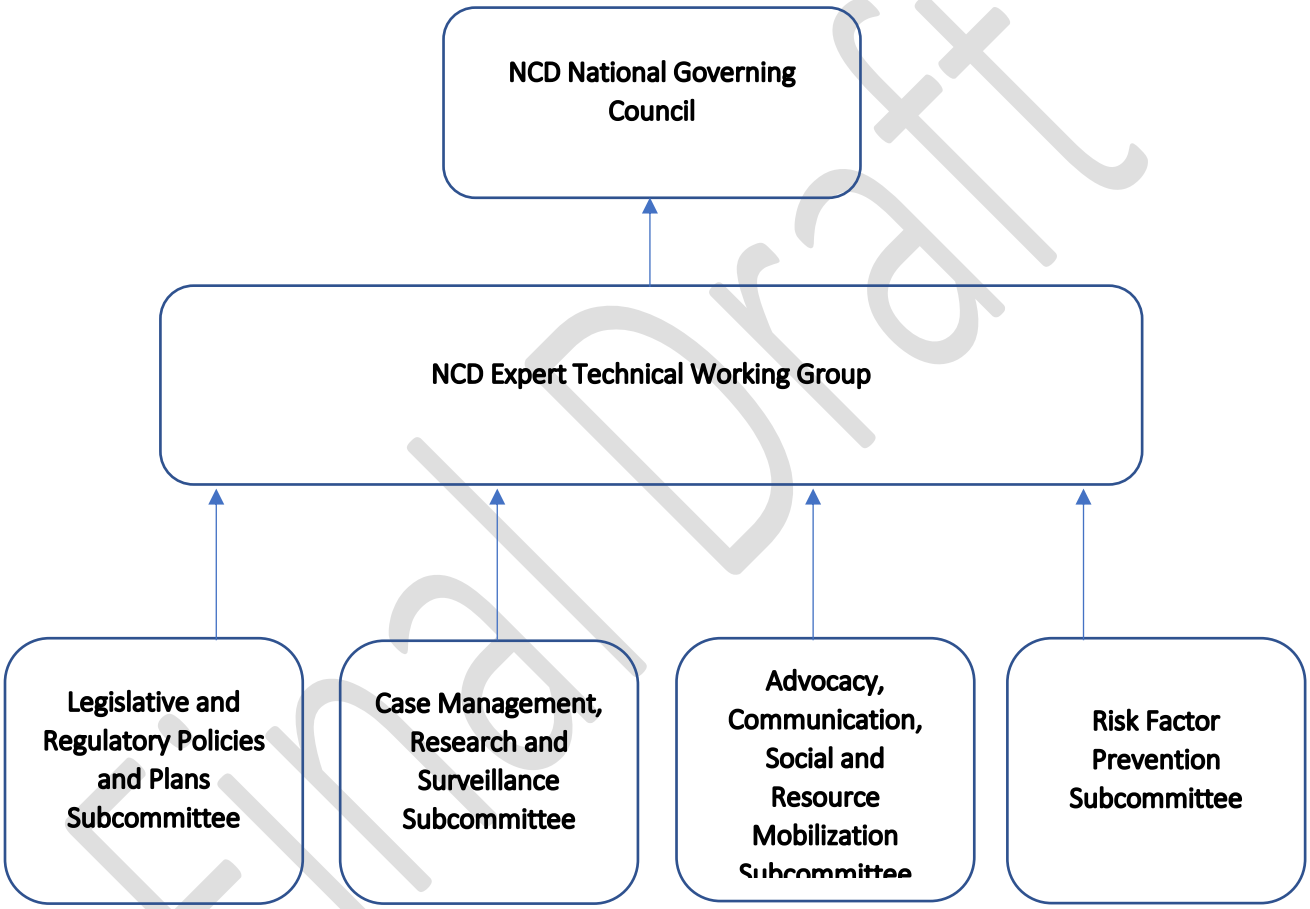

Figure 3.13.1. Three-tiered multisectoral coordination mechanism to support implementation of the National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases (2019–2025)

NCD: noncommunicable diseases.

Multisectoral actions supporting the initiative

Governance and accountability

The Federal Ministry of Health established a three-tier, hierarchical, national multisectoral coordination mechanism in 2020 based on the framework articulated in the NMSAP (Figure 3.13.1). The governance structure adopted for this initiative is based on the model used for other diseases, such as human

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immunodeficiency virus (HIV), by the Federal Ministry of Health and it aligns with WHO's recommendation on establishing national coordination mechanisms for multisectoral action for NCD prevention and control.

The NCD National Governing Council, which is composed of ministers of relevant sectors (Table 3.13.1), is the highest level of decision-making, providing policy direction for the prevention and management of NCDs. The Council ensures strong governmental support through the appointment of the Secretary of the Government of the Federation as chairperson. This political appointee is responsible for ensuring the effective coordination and monitoring of the implementation of government policies and programmes. The NCD Division of the Federal Ministry of Health serves as the secretariat to the Council. The second tier is the NCD Expert Technical Working Group, whose members include academics and researchers. This group is the technical arm for the implementation of the NMSAP and is responsible for setting priority interventions and recommendations for the NCD National Governing Council's approval to ensure optimal implementation of the NMSAP. The subcommittees of the Technical Working Group are the third tier. Each subcommittee includes the members of Technical Working Group as well as representatives of government and nongovernment sectors, and health and non-health sectors. The subcommittees serve as the operational units for interventions and research on NCDs. They develop draft national policies, strategies and plans on NCD prevention and control, engage with relevant industries to achieve the national targets set in the NMSAP, provide training at the state level on optimal implementation of the NMSAP, undertake monitoring, evaluation and reporting on national responses, and develop annual research plans. They also advise on priority actions for government and donor funding.

The governance of the multisectoral coordination mechanism is implemented through various activities, including leveraging existing cross-sectoral policies such as the Economic Recovery and Growth Plan. Additionally, the development of reporting structures and key performance indicators focuses on governance and resource allocation, enabling monitoring and evaluation of progress in multisectoral action for NCDs. The collaborating ministries are expected to report on key performance indicators during the multisectoral coordination meetings, but reporting has been limited due to inconsistent implementation of the activities and the infrequent meetings.

Leadership at all levels

Networking opportunities are promoted through formal meetings. The NCD National Governing Council holds bi-annual meetings, while the NCDs Expert Technical Working Group meets quarterly. The subcommittees convene at least twice before each meeting of the NCDs Expert Technical Working Group. However, these meetings have been held irregularly.

The Federal Ministry of Health has taken supportive measures, such as the development of standards and activities for multisectoral action. These were outlined in policy briefs and shared with the collaborating ministries for implementation. Additionally, the Ministry acknowledges the contributions of the different sectors and stakeholders during meetings and through government communication channels. This is exemplified by the acknowledgement of the collaborative efforts of six government ministries and several nongovernmental organizations in the passing of a policy on the elimination of trans fats in Nigeria.

The importance of multisectoral action champions is also recognized. Individuals who could potentially serve as champions in the health and non-health sectors have been identified, for example in the finance as well as trade and investment sectors. Their expected roles include enhancing collaboration between

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the health and non-health sector to fund, implement, monitor and evaluate initiatives for the prevention and control of NCDs.

Ways of working

Communication plays a vital role in supporting collaboration among stakeholders. Activities aimed at facilitating effective collaboration have been implemented based on experiences from similar projects. Formal (e.g. memorandums) and informal (e.g. emails and telephone calls) communication channels are used to share agendas, information on meetings and decisions. Meetings are held to nurture communication, relationship-building and partnership with stakeholders. Additionally, for informal, day-to-day communications, each subcommittee maintains a WhatsApp group to support ongoing activities. Participation in the multisectoral coordination meetings provides opportunities to identify overlaps and conflicts in the mandates of the different ministries through open and transparent discussion. Some members of the NCDs Expert Technical Working Group are involved in co-designing NCD-related policies and guidelines in collaboration with the Federal Ministry of Health staff, while the subcommittees co-develop activity plans on NCD programme implementation and research. Collaborative practices such as shared decision-making, responsiveness to the mandates of different ministries and focus on health interests underpin the ethos of the multisectoral activities.

Resources and capabilities

Donor funding has supported activities within the NMSAP such as in-person meetings within the three-tier multisectoral coordination mechanism, but in the 2022 budget, the Government approved financing for these sessions. The multisectoral coordination mechanism and the NMSAP are supported by 10 staff members of the Federal Ministry of Health with knowledge and experience in multisectoral action for NCDs. A dedicated desk officer of the Federal Ministry of Health is assigned to coordinate the activities of the NMSAP by following up with relevant ministries and organizations to ensure they implement assigned tasks and report on the key performance indicators (25% of their role allocated to this task).

The recognition of the importance of building the knowledge and skills of implementing staff was evident in the early stages of the development of the NMSAP, which incorporated training plans for the health and non-health sector on multisectoral NCD prevention and control. Presentations were delivered by the Minister and staff of the Federal Ministry of Health and WHO personnel during preliminary meetings on the development of the NMSAP to improve understanding of the social determinants of health and the roles of the various sectors.

Training needs include policy initiation, implementation and evaluation, legislative processes, negotiation skills, coordination of multisectoral mechanisms, WHO best buys and empowerment of the non-health sectors to implement activities of the NMSAP.

Outcomes

The application of multisectoral action has increased interest in addressing NCDs among stakeholders such as the Government, experts, donors, researchers and nongovernmental organizations. Central to this achievement was the increased understanding of non-health stakeholders about the relevance of their organizations' mandate to the prevention and control of NCDs. Their participation in several forums facilitated consensus-building on interventions to address NCDs. This marks a significant shift from the previous perception of NCDs as solely a health issue under the responsibility of the health sector.

The multisectoral coordination mechanism served as a platform for fostering collaboration among stakeholders from different sectors, working collectively to achieve common objectives. It helped identify

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and harness the skills and expertise of a range of collaborators in efforts to implement activities outlined in the NMSAP. Examples of collaboration within the Expert Technical Working Group include the development of an addendum to the task-shifting policy, incorporation of the management of selected NCDs within primary health care, a simple treatment protocol for the management of hypertension at primary health care facilities, and national guidelines on the treatment of diabetes.

Increasingly, new partnerships are emerging, and donors are making greater investment to support activities in the NMSAP. Examples include: the iCARE Diabetes Project funded by the Danish Embassy and Novo Nordisk; the Nigeria Package of Essential Non-Communicable Diseases (Nigeria-PEN) Interventions supported by WHO; and the project for sodium reformulation and elimination of trans fats, a collaborative initiative of Resolve to Save Lives, the Federal Ministry of Health, the food regulatory agency and nongovernmental organizations. Other stakeholders involved in this last initiative are the agricultural sector, and food manufacturers and retailers.

Trusting relationships have been established between the Federal Ministry of Health and the non-health sectors, fostering increased collaboration across government sectors. For example, government regulatory agencies have changed their perception of the Federal Ministry of Health, which was previously seen as an opponent of national economic development due to its proposed stringent standards and penalties for regulating tobacco industries. The Federal Ministry of Health helped draft the Standards for Tobacco and Tobacco Products, which were developed in collaboration with the Standards Organization of Nigeria – an agency of the Federal Ministry of Trade and Industry. Furthermore, stakeholders are taking a greater interest in health aspects in policy deliberations. For example, staff of the Federal Ministry of Health are often invited to review policies developed by the non-health sector to ensure health interests are given due priority. Their contributions are generally considered and adopted, and have helped manage conflicting interests. Finally, the ministries of youth and sports, and education are initiating activities on physical activity as outlined in the NMSAP. However, these initiatives are still in their early stage and require further strengthening through empowerment of the non-health sector.

In summary, evidence shows that multisectoral actions have become integral to the ethos of government structures and are increasingly recognized as standard practice, as shown in the adoption of a multisectoral approach in the development of the mental health policy subsequent to the NMSAP.

Reflections and lessons learnt

While considerable effort has been made to incorporate multisectoral actions in the implementation of the NMSAP, the endeavour has met with a number of challenges.

The limited exchanges and contribution from participants during online meetings can hinder effective collaboration and progress. When participants are not actively engaged or contributing their perspectives, ideas and expertise, it limits the exchange of information, the generation of solutions and the collective decision-making process. The multisectoral coordination mechanism has had less frequent meetings, primarily because of funding challenges and overdependence on donors, resulting in fewer opportunities for in-person gatherings. The coronavirus disease 2019 (COVID-19) pandemic further exacerbated the situation, as restrictions on in-person meetings necessitated virtual alternatives.

Despite the presence of a robust multisectoral coordination mechanism with accountability, the reporting process is suboptimal due to infrequent meetings, which are the main platform for reporting. In addition, the full implementation of the electronic reporting system is still pending, and inconsistency of

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communications on the NMSAP, including activities of relevant ministries, departments and agencies on key performance indicators, remains a challenge.

The multisectoral coordination mechanism still lacks a clear financing plan, leading to dependency on WHO and Resolve to Save Lives as the main funders to support the NMSAP. This dependency has hampered the effectiveness of the mechanism, stalled the trajectory for implementing the NMSAP and dampened the enthusiasm of the members of the NCDs Expert Technical Working Group and subcommittees of the Technical Working Group. For example, training plans have yet to be implemented because of funding constraints. Even though the 2022 Government budget, allocated 9 500 000 Nigerian naira (12 359 United Sates dollars) to support the multisectoral collaboration mechanism, the funds were insufficient.

The Federal Ministry of Health prioritized building relationships with other sectors. However, the rapid turnover of staff in the government sector due to retirement, resignation or transfer poses a challenge to maintaining these relationships. New staff deployed to manage sector-specific activities of the NMSAP do not always have the understanding, commitment and enthusiasm to fully engage in active collaboration across sectors. Moving forward, continuous efforts are needed to engage all relevant sectors, ensure minimal staff turnover, when possible, and train newly deployed staff.

Despite these challenges, the integration of multisectoral action into the administrative and political structures facilitated coordination and collaboration for prevention and control of NCDs.

Open and transparent communication played a pivotal role in facilitating the collaborative initiative, as evidenced by several meetings held to reach a consensus on the activities outlined in the NMSAP. In addition, the draft NMSAP underwent multiple iterative review cycles, allowing ministries to review and provide their input. This participatory process, coupled with the endorsement by ministries from health and non-health sectors, has ensured that the three-tier multisectoral coordination mechanism remains unaffected by transitions in the political leadership. As a result, the operations of the committees are likely to remain unaffected by political change.

A core element of collaboration that has shaped the outcomes of the NMSAP is the availability of a competent workforce at the Federal Ministry of Health with knowledge and expertise in NCD policy development and implementation. Staff acquired these skills mainly through experience on the job, self-learning efforts, and guidance from partners and donors.

While good working relationships are developing, the practice of co-designing, co-delivering and co-financing multisectoral actions needs to be strengthened to improve the national response to NCDs and address competing interests.

In summary, key elements for successful implementation of multisectoral action for the prevention and control of NCDs include: political will; buy-in and commitment of leadership at all levels; clear financing plans to ensure adequate funding; detailed stakeholder mapping and early involvement of relevant stakeholders; enshrined principles of collaboration; skilled workforce that is committed to multisectoral action; capacity-building and incentives; and a well designed implementation plan. It is also important to consider best practices on multisectoral action adapted to the local context and continuous advocacy and engagement of health and non-health sectors.

Box 3.13.1. Practical example – developing the NMSAP

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The development of the initial draft of the National Multi-Sectoral Action Plan for the Prevention and Control of Non-communicable Diseases, 2019–2025 (NMSAP) was led by a core technical team of the Federal Ministry of Health, the World Health Organization (WHO) and a nongovernmental organization (Health Strategy and Delivery Foundation). Subsequently, other sectors were involved in a 3-day prioritization and consensus-building workshop to identify feasible interventions aligned with existing plans, policies and resources within the various ministries. A formal approach was adopted during this workshop. Voting was done to prioritize the WHO best-buy interventions, and a nominal group technique was used to brainstorm other noncommunicable disease (NCD) interventions not listed in the WHO best buys and to score the interventions to determine the feasibility for implementation based on existing plans and resources. The draft NMSAP developed from this process was shared with the stakeholders for validation and feedback. Based on the responses, the document was revised further to ensure alignment with national priorities and plans. Subsequently, the final NMSAP was endorsed by the ministers of the 13 collaborating ministries. To facilitate implementation of the plan, policy briefs were developed by staff of the NCD division of the Federal Ministry of Health, which summarized the activities of each sector extracted from the NMSAP.

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3.14. Palau – National Coordinating Mechanisms for Noncommunicable Diseases

Abstract

The National Coordinating Mechanism for Noncommunicable Diseases (NCDs) was established by a Presidential executive order to oversee and mobilize political commitment and resources, coordinate, and implement the Palau National Strategic Plan for NCDs, 2015–2020, including monitoring and evaluation. The Noncommunicable Disease Fund (NCD Fund), which is managed by the Coordinating Mechanism and financed by appropriation of 10% of revenues generated from taxes on alcohol and tobacco, provides funding for local actions on NCDs aligned with the NCD Strategic Plan. The Coordinating Mechanism is composed of members from all eight government ministries and two semi-government agencies as well as 24 civil society and development partners. In the area of nutrition, the media and the community were engaged through community events to encourage early screening for prediabetes. Additionally, schools were targeted for nutrition interventions including the public school's lunch programme. Since its inception, the Coordinating Mechanism has successfully raised awareness about NCDs, facilitated multisectoral actions and public–private partnerships, leveraged new resources through a local NCD Fund, and empowered community initiatives consistent with a whole-of-society approach. Based on a self-assessment in 2022, key actions to enhance the impact of the Coordinating Mechanism include: promoting a larger role for civil society; engaging a dedicated full-time secretariat; applying more systematic approach to capacity development; and strengthening community leadership and engagement around a holistic focus on health and wellness.

Background

Similar to most Pacific nations, Palau is transitioning from traditional to more western lifestyles. This has resulted in a sharp increase in noncommunicable diseases (NCDs). The Global Burden of Disease Study (2019) reported that eight of the 10 leading causes of death and disability in Palau were NCDs, namely heart disease and stroke, diabetes, cancers, chronic kidney disease, and chronic obstructive pulmonary disease. Moreover, between 2009 and 2019, mortality rates for these NCDs increased *(1)*. Palau also has heavy burdens arising from mental health disorders, gender-based violence and injuries *(2)*.

In 2011, in response to guidance from the United Nations, the World Health Organization (WHO), the WHO Framework Convention on Tobacco Control (WHO FCTC), the Centers for Disease Control and Prevention, and the Pacific Island Health Officers Association, Palau signalled its political commitment at the highest level to addressing NCDs through Presidential Executive Order No. 295 *(3)*. The order declared NCDs to be a health emergency and directed the Ministry of Health to activate the Health Incident Command System to mobilize and coordinate a whole-of-government response. It also directed all government agencies to assist the Ministry of Health in addressing NCDs.[18] Subsequently, Palau endorsed the WHO global action plan on NCDs *(4)* and the Pacific Regional NCD Roadmap *(5),* both of which endorsed multisectoral approaches for addressing NCDs. Then in 2015, Palau established the National Coordinating Mechanism for NCDs (hereafter called the Coordinating Mechanism) *(6)*.

[18] In 2021, the Ministry of Health was reorganized with expanded responsibilities for human (social) services. It was renamed the Ministry of Health and Human Services. To avoid confusion, this case study refers throughout to the Ministry of Health.

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Overview of the initiative

The Palau Constitution *(7)* mandates that the Government provide free preventive health services and subsidized medical care for citizens.[19] While originally funded solely from tax revenues and grants, Palau moved towards more sustainable health care financing in 2010 by creating a National Health Care Fund supported by a tax on earnings, covering individual medical savings accounts that finance care on the island and a pooled national health insurance fund that finances medically necessary off-island care. With this approach, Palau has largely achieved universal health coverage, but due in part to the increasing burden of NCDs, government subsidies for health care continue to be needed.

Between 1945 and 1994, Palau was a United Nations Trusteeship administered by the United States (US). During this period, many US government health programmes were extended to Palau. Subsequently, Palau became an independent nation freely associated with the US; as such, the country is still eligible for many US-funded health programmes, some of which require multisectoral and/or public–private partnerships as a condition for funding. An example of these partnerships is the Early Childhood Collaborative that links health and education ministries with the private-sector organization, the Palau Community Action Agency that provides services for preschool children aged 3–5 years. Together these agencies work to coordinate services for children with special health care needs.

Palau's familiarity with multisectoral, public–private partnerships in health as well as guidance from WHO and the WHO FCTC encouraged the Ministry of Health to engage both public and private partners in the strategic planning of activities to address NCDs. More than 70 stakeholders from national government and semi-government agencies,[20] state governments, nongovernmental organizations and community-based organizations participated in the planning. Participants recommended evidence-based, community-endorsed strategies to address the four main behavioural risks factors of NCDs – tobacco, alcohol, nutrition and physical inactivity – and to strengthen links between the community and clinical services. The resulting plan for 2015–2020,[21] endorsed five action pathways that addressed three problem clusters giving rise to the leading NCDs and their associated adverse outcome (Box 3.14.1) *(8)*. To facilitate implementation of the plan, the planning group recommended that a National Coordinating Mechanism for NCDs be established with responsibility for oversight, mobilization of political commitment, resources, coordination, and implementation of the plan, as well as regular monitoring, evaluation and reporting *(8,* p 36*)*.

The planning group also made further detailed recommendations about structure, mandate, and membership of the Coordination Mechanism, which shaped the subsequent executive order that established the Mechanism.

[19] The subsidy mandate is implemented through an income-based sliding fee schedule to assess charges. Citizens pay anywhere between 0% and 75% of assessed charges.

[20] Semi-government agencies have independent charters but receive substantial government funding through the annual government budget.

[21] The original period was 2015–2020. This period was extended to 2022 because of the coronavirus disease 2019 (COVID-19) pandemic, and was then extended to 2023 to allow time to complete Palau's third national NCD survey (the Palau Hybrid Survey).

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Box 3.14.1. Framework of the Palau National Strategic Plan for NCDs, 2015–2020

Five action pathways

- Environmental and policy changes
- Lifestyle interventions
- Clinical interventions
- Advocacy and community outreach
- Data and surveillance

Three problem clusters

- Unhealthy environments
- Behavioural risk factors
- Metabolic risk factors

Four leading NCDs

- Cardiovascular disease (heart disease and stroke)
- Cancer
- Diabetes
- Chronic lung disease

Three adverse outcomes

- Premature mortality
- Disability
- Economic losses

Source: Adapted from the Palau NCD Strategic Action Plan, 2015–2020 *(8)*.
Note: Mental health was not included in NCD action by WHO until 2018 and thus, it is not explicitly included in the plan. Before 2018, mental health was addressed primarily through stress management interventions as part of metabolic risk reduction and alcohol and tobacco interventions as part of behavioural risk reduction. After 2018, a broader approach to mental health has been gradually integrated into NCD actions.

Multisectoral action supporting the initiative

Governance and accountability

Palau's National Coordinating Mechanism for NCDs was established in May 2015 by Presidential Executive Order No. 379 *(6)*. The Order specified the need for a governance framework to coordinate strategies and interventions across different sectors to tackle NCDs and facilitate collaborative efforts to develop and implement relevant and effective strategies, policies and procedures.

Among other tasks, the Executive Order mandated the Coordinating Mechanism to: (i) oversee implementation of the NCD Strategic Plan, the WHO FCTC and related plans and commitments including development of annual action plans; (ii) align national policies affecting NCDs across sectors; and (iii) implement a health-in-all-policies approach to improving health and quality of life.

Through the Executive Order, the President appointed all eight government ministries and two semi-government agencies as members of the Coordinating Mechanism, and identified 24 potential civil society and development partners (Box 3.14.2) *(6)*. The Minister of Health was designated the interim chairperson for the first year; thereafter the chair should rotate among members.[22] A part-time, five-

[22] As is their prerogative, members of the Coordinating Mechanism have reappointed the Minister of Health as their chair every year since the formation of the Mechanism.

person secretariat was set up, with two permanent members appointed by the Minister of Health and three rotating members appointed by the Coordinating Mechanism. The rotating members were initially selected from the ministries of education, finance, and public infrastructure, industry and commerce. The Executive Order stipulated that members of the secretariat were not to be members of the Coordinating Mechanism. Although not explicitly mentioned in the Executive Order, the working groups that supported NCD strategic planning became unofficial subcommittees of the Coordinating Mechanism. They prepare action plans for the four risk factors (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet) implement projects and activities, and brief the members of the Coordinating Mechanism on progress and challenges.

In 2016, the National Congress introduced legislation endorsing the Coordinating Mechanism and creating a Noncommunicable Disease Fund (NCD Fund) *(9)*. The NCD Fund is financed by appropriation of 10% of revenues generated from taxes on alcohol and tobacco to finance the Coordinating Mechanism.

Leadership at all levels

Executive Order No. 379 recognized the leadership role of the Ministry of Health and underscored the importance of cross-sectoral and multilevel leadership *(6)*. High-level participation of all stakeholders was actively encouraged – ministers or their personal representatives and officers of civil society groups – persons holding decision-making positions within their organization (Table3.14.1).

Table 3.14.1. Members and partners of the National Coordinating Mechanism, 2015

Agency	Represented by
Government members	
Office of the President	Executive Assistant
Ministry of Community and Cultural Affairs	Director
Ministry of Education	Chief
Ministry of Finance	Director
Ministry of Health	Minister (Chair)
Ministry of Justice	Executive Assistant to the Minister
Ministry of Natural Resources, Environment and Tourism	Executive Assistant to the Minister
Ministry of Public Infrastructure, Industry and Commerce	Executive Assistant to the Minister
Ministry of State	Director
Semi-government members	
Palau Community College	President
Health Care Fund	Chairperson
Civil society partners	
Bar Association	President
Behavioural Health Advisory Council	Chairperson
Belau Family, Schools and Community Association	President
Belau Tourism Association	President
Coalition for a Tobacco-Free Palau	Chairperson
Community Action Agency	Executive Director
Council of Chiefs	Chairperson
Community Health Centre Governing Board	Chairperson
Early Childhood Collaborative System	Coordinator
Governors Association	Chairperson
Head Start	Executive Director
HIV/AIDS Advisory Council	Chairperson

Kotel A Deurreng [Homeland of Happiness]	Secretary
Mechesil Belau (Palau Women's Council)	Chairperson
National Olympic Committee	President
National Youth Congress	President
Omellemel Ma Ulekerreuil a Bedenged [Cancer Coalition]	Chairperson
Palau Conservation Society	Executive Director
Palau Employers and Education Alliance	President
Palau Principal's Association	President
Palau-Taiwan Farmer's Association	Treasurer
Rotary Club of Palau	President
Ulkerreuil A Klengar [Protection of Life]	Chairperson
Development partners	
United Nations	Coordinator

Note: In 2021, the Ministry of Health became the Ministry of Health and Human Services, the Ministry of Community and Cultural Affairs became the Ministry of Human Resources, Culture, Tourism and Development, the Ministry of Natural Resources, Environment and Tourism became the Ministry of Agriculture, Fisheries and the Environment, and the Ministry of Infrastructure, Industry and Commerce became the Ministry of Infrastructure and Industry.

While not all civil society partners accepted the invitation to join the Coordinating Mechanism or participated consistently, those that did quickly assumed leadership roles that have expanded over the years as reflected in the minutes of meetings (circulated internally). The Coordinating Mechanism, together with the less formal working groups, created forums where different stakeholders could meet and find common ground for action.

Ways of working

The Coordinating Mechanism has brought together diverse members, with different levels of knowledge about NCDs and ways of working. Through formal training and other learning opportunities organized by the secretariat while implementing the NCD plan, members have furthered their understanding of the socioecological determinants of NCDs and the roles of their organizations in supporting the implementation of NCD actions.

The secretariat, especially members from the Ministry of Health secretariat, has been crucial for the success of the Coordinating Mechanism. While providing technical expertise, the secretariat has also been the "glue" that keeps the Coordinating Mechanism and its working groups functioning – handling day-to-day logistics, convening meetings, keeping records, sourcing funds and providing consistent follow-up. Shared leadership between government and civil society has likewise been important. Civil society brings unique knowledge about the community, along with enthusiasm and initiative. These have helped the Coordinating Mechanism sustain momentum even during the challenging coronavirus disease 2019 (COVID-19) period. In the words of one civil society member, "I never felt that we [civil society partners] were anything but full members". Linking the working groups and the Coordinating Mechanism has also been crucial, as they played important roles in framing and implementing initiatives approved at the higher level by the Coordinating Mechanism. In addition, through the NCD Fund, the Coordinating Mechanism strives to engage and empower state governments and community-based organizations for action on NCDs.

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Resources and capabilities

The NCD strategic plan *(8)* called for additional local funding of NCD action through taxes on tobacco and alcohol. Advocacy by the Coordinating Mechanism and support from leaders in both the executive and legislative branches of government resulted in the establishment of the NCD Fund in 2017 with an initial allotment of 500 000 United States dollars (US$), increasing to US$ 800 000 in 2023. The Coordinating Mechanism manages the NCD Fund.[23] Under guidelines developed by the Coordinating Mechanism, national government agencies, state governments and chartered civil society organizations are eligible for regular grants (up to US$ 25 000) or mini grants (up to US$ 5000). Projects should support prevention measures, be cost-effective and evidence-based, and aligned with the NCD Strategic Plan. While the secretariat provides administrative support for the grant process, a subcommittee of the Coordinating Mechanism evaluates grant applications.

Publicity associated with the annual grant cycle raises awareness about NCDs. The application process requires applicants to participate in training delivered by the Coordinating Mechanism and hence increases knowledge about determinants of NCDs and the best interventions.

Outcomes

Palau's Coordinating Mechanism has been sustained for more than 8 years despite challenges faced during the COVID-19 period, when attention was diverted to the pandemic. This is a testament to the commitment of its members and a strong secretariat. While the Coordinating Mechanism has not achieved every task assigned by Executive Order No. 379, it has successfully raised awareness about NCDs, facilitated cross-sectoral and multilevel partnerships for prevention of NCDs, utilized new resources, empowered communities, created opportunities for change as illustrated by the Nutrition and Metabolic Risk Factor Working Group (Box 3.14.2) and successfully advocated with Congress for stronger tobacco legislation. An independent review by the Pacific Monitoring Alliance for NCD Action gave Palau's Coordinating Mechanism the highest possible effectiveness rating across 31 indicators of leadership and governance, prevention policies, health system response, and monitoring *(10)*.

Box 3.14.2. Opportunities supported by the Nutrition and Metabolic Risk Factor Working Group

Increasing local food supplies. The semi-governmental Palau Community College has grant funding for research and development in agriculture and aquaculture. The knowledge generated through this initiative is integrated into the curriculum of the college. Through the Coordinating Mechanism, the college can partner with agencies to disseminate information and knowledge to improve the food environment. The Ministry of Education provides a ready market for crops through the school lunch programme while the civil society organizations – Kotel A Deurreng and Ulkerreuil A Klengar – encourage children to value local foods by sponsoring local food "cook-offs" among students competing on behalf of their schools.

Food environment in schools. Schools were an early target for nutrition interventions. More than 2250 children participate in the public school's lunch programme daily, about 75% of the total child population. At the outset, school lunches included a lot of processed foods and white rice. The health and education ministries, supported by the Bureau of Agriculture, school management committees and nongovernmental organizations, instigated change through policy and funding

[23] After the first round of grant funding, Congress amended the law to transfer grant management to the state governments. State governments, however, did not have capacity to manage these funds. At their request, the law was amended a second time to transfer management responsibility back to the Coordinating Mechanism.

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modifications, professional development for cooks, kitchen improvements, school gardens, education of children, teachers and parents, and continuous oversight by a nutritionist. While work is ongoing and challenges remain, meal quality has improved through the addition of a wider variety of fresh local foods to menus.

Community–clinical linkages. An early and continuing priority is to increase awareness about diabetes and encourage early screening for prediabetes. Members of the Nutrition and Metabolic Working Group engaged with the media and the community through education and screening during community events (e.g. world health, diabetes and nutrition days, state and national holidays, cultural fairs and sport events). The Ministry of Health provides administrative and nursing support for these activities, but shared leadership within the working group allows a health presence in many different venues. While partially an education intervention, outreach also strengthens community–clinical linkages through the Ministry of Health's referral pathways.

Ultimately, outcomes will be measured by the Coordinating Mechanism's contribution to changes in NCD indicators – reduction in behavioural and metabolic risks, disease prevalence and premature NCD-related mortality. Limited evidence of impact is available at present. The Coalition for a Tobacco Free Palau, in partnership with the Ministry of Health and supported by the Coordinating Mechanism and other relevant civil society organizations, has spearheaded work on tobacco. For example, Palau has successfully implemented several WHO best buys related to tobacco control, namely increasing tobacco taxes, banning indoor smoking and tobacco advertising and sponsorship, and using the media to promote tobacco-free lifestyles. Responding to evidence of a significant risk from vaping, the Coalition successfully advocated for a public law banning vapes, which was enacted on 29 March 2023.

Reflections and lessons learnt

Palau was one of the first Pacific Island nations to create a National Coordinating Mechanism for NCDs. The mechanism has been sustained for more than 8 years and has had a positive impact on NCD policy, monitoring and surveillance, and community engagement. In 2022, members of the Coordinating Mechanism conducted a self-evaluation and submitted a report to the Office of the Palau President with recommendations for enhancing its impact and efficiency but without fundamental changes to its mission and structure.

Challenges and recommendations

Governance. Members recommend a more holistic focus on health and wellness, including mental health, which was not explicitly mentioned in the original Executive Order No. 379. Furthermore, the Sustainable Development Goals should be clearly recognized as part of the Coordinating Mechanism's guiding framework.

The structure of the Coordinating Mechanism is considered effective but some fine-tuning is needed, namely, eliminating the distinction between "members" and "partners", and streamlining membership by removing inactive members. In addition, stakeholders discussed the potential benefits of legislative authorization versus an executive order for the Coordinating Mechanism's work. While advantages and disadvantages were acknowledged, they believed that pursuing legislative authorization would be time-consuming and not significantly enhance the Coordinating Mechanism's effectiveness. They preferred to allocate their time to advancing the core mission of the Coordinating Mechanism.

Leadership. Although Executive Order No. 379 designated only organizations for the Coordinating Mechanism, ministers and chief executives were encouraged to represent their organizations. Achieving

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consistent high-level participation has been challenging. The self-assessment proposes that representation of government agencies be at the director level. This will avoid the need for ministerial membership while still meeting the requirement for members to have decision-making authority. Shared leadership of the Coordinating Mechanism is also recommended with one co-chair representing government agencies and one representing civil society.

All stakeholders share a commitment to strengthen leadership and engagement with communities. Although the NCD Fund has supported this to some extent, the Coordinating Mechanism continues to be dominated by government and big nongovernmental organizations. For the Coordinating Mechanism to become more community-driven, it would benefit from members representing Association of Governors, Council of Chiefs and community-based organizations having a stronger role.

Ways of working. The original rotating secretariat has not been effective, and the Ministry of Health secretariat had to provide the most support to the Coordinating Mechanism. Both members and the secretariat agree that the Coordinating Mechanism now needs a full-time dedicated staff accountable to the co-chairs rather than to a minister. This change is pivotal for addressing other recommendations, and funding has been secured for the new position of Secretariat from the NCD Fund.

Resources and capabilities. The NCD Fund is a unique mechanism to provide domestic funding for community initiatives on NCDs (Box 3.14.4) *(11)*. While the NCD Fund has achieved some success, managing the NCD Fund, however, has been challenging given the part-time engagement of both members and the secretariat. A management manual that streamlines NCD Fund administration was approved by the Coordinating Mechanism in 2022 *(12)*. This, together with a dedicated secretariat, is expected to reduce the burden associated with fund management.

To strengthen community leadership and engagement, more NCD Fund resources should go to community-based organizations. However, implementing this presents some challenges: (i) many community-based organizations lack capacity to apply for grants and meet the conditions; and (ii) to receive funds, organizations must be legally chartered entities, which excludes unchartered community-based organizations. To overcome the lack of capacity, the secretariat provides training and technical assistance at three points during each grant cycle – pre-grant, grant mid-point and end-of-grant. To overcome the second challenge, members and the secretariat are exploring options that will allow non-chartered community-based organizations to qualify for funding.

A parallel issue is how to improve impact assessment and better document lessons learnt during each grant cycle. In the words of one member, “the link between grants and impact on NCDs is often tenuous”. However, most grantees do not have the capacity to undertake sophisticated impact analysis. Additionally, small projects with short implementation times make it difficult to have significant impact. It is suggested therefore that a portion of each year’s NCD Fund allocation be earmarked to support multiyear projects that have a better chance of achieving a sustained, measurable impact.

Building the capacities of members of the Coordinating Mechanism, partners and grantees is ongoing. A more systematic approach to capacity development is envisaged once the new full-time secretariat is appointed.

Box 3.14.4. Practical example – local funding for community-based NCD prevention

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In 2017, Palau Congress created an NCD Fund to support noncommunicable disease (NCD) prevention financed by an annual appropriation of 10% of alcohol and tobacco tax revenues. In the first funding cycle (2018–2019), 53 proposals were received and 18 grants were awarded to three national government agencies, three faith-based organizations, and 12 nongovernmental organizations. Projects were aligned with the NCD strategic plan *(8)* and covered different activities, including communication and education, coalition formation, and policy, systems and environmental change.

- A pilot-after-school programme led by the Ministry of Education, partnered with public and private schools, the Palau National Olympic Committee and sports organizations, promoted physical activity. This programme continues after the grant ended.
- A workplace wellness initiative led by the Bureau of Public Service System in partnership with national government agencies supported policy, environmental and behavioural changes in workplaces. This work is partially ongoing.
- Kotel A Deurreng (a nongovernmental organization) partnering with the Ministry of Health and Koror Community Health Centre started breastfeeding counselling for post-partum mothers. This programme is ongoing.
- The Ngarchelong State Government constructed a playground at Ngarchelong Elementary School that continues to serve both the school and the community.
- A social marketing campaign designed by the DeWill A Klengar Foundation targeted binge drinking and drinking while driving. The campaign is repeated each December during the high-risk holiday season.
- The Palau Behavioural Health Advisory Council received funds for development of a community-based alcohol coalition. Due to changes in leadership and COVID-19, the coalition was not established.

The first grant cycle was a learning exercise. Some activities were not fully implemented or have not been sustained. Nevertheless, every grant project had at least partial success, and many resulted in new partnerships, leadership and programmes that are continuing. Two subsequent grant cycles have built on this initial experience.

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3.15. Philippines – Active transport and open spaces initiatives: joining forces for better health

Abstract

Recently, the Philippine government launched two multisectoral programmes for health: active transport and healthy public open spaces. Both programmes aim to address the country's growing problem of noncommunicable diseases and mental health issues with a focus on their risk factors, specifically physical inactivity, substance use and poor air quality. They create eco-friendly, inclusive and accessible environments that support local culture and biodiversity. The COVID-19 pandemic provided an opportunity to realign priorities toward health initiatives, and the newly created Health Promotion Bureau was a cohesive force, fostering active collaboration among the Department of Transportation, Department of Public Works and Highways, Department of Interior and Local Government and other national government agencies and local government. The joint administrative order was issued to build protected bicycle lanes and walking paths, with a technical working group establishing standards and monitoring implementation. As a result, more than 500 km of bicycle lanes are now in place throughout the country. Furthermore, these initiatives have received multisectoral and multistakeholder support and have been integrated into the national socioeconomic agenda. A skilled technical workforce with clear roles and responsibilities and allocation of financial resources were vital to the implementation and sustainability of the programmes. In addition, establishing platforms for civil society groups, including nongovernmental organizations to engage with the initiatives is crucial for fostering collaboration and effective implementation of the initiatives.

Background

The 2030 Health Promotion Framework Strategy of the Philippines Department of Health focuses on an approach to health promotion based on settings and context. It recognizes the importance of the urban environment in communities to improve population health *(1)*. Studies have shown the considerable effect of safe and sustainable built environments on health outcomes *(2,3)*. However, 41% of Filipino adults are physically inactive, which contributes to 1% of the country's total disease burden or 60 000 disability-adjusted life years (DALYs) *(4)*. A lack of physical activity is an important risk factor for noncommunicable diseases (NCDs) in the Philippines, with sedentary lifestyles contributing to high rates of obesity, hypertension and diabetes. According to the Institute of Health Metrics and Evaluation, NCDs account for 71% of deaths in the country, with heart disease and diabetes being among the leading causes *(4)*. Equitable access to green open spaces for recreational walking and playing sports and other health-enabling environments, such as active and sustainable transportation, can help promote public health, particularly in densely populated areas. Traditional planning and development of the built environment often overlook health outcomes, making healthy and equitable environments a challenge.

The coronavirus disease 2019 (COVID-19) pandemic has further exposed the lack of health-enabling environments in the country. Prolonged lockdowns resulted in unintended health consequences such as an increased number of people with mental health issues and behavioural risk factors such as obesity *(5)*. To address these problems, the Philippine government instigated two important multisectoral initiatives for health – active transport and healthy open spaces. These initiatives aim to promote physical and mental well-being by creating eco-friendly, inclusive and accessible environments that support local culture and biodiversity while reducing risk factors such as physical inactivity, substance use, poor air quality, violence, injury and mental health problems.

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Overview of the initiatives

Since 2019, the Department of Health, with the establishment of the Health Promotion Bureau, has launched two important multisectoral initiatives: the active transport and healthy open spaces programmes. The Department of Health has collaborated with various government agencies, including the Department of Transportation, Department of Public Works and Highways, Department of the Interior and Local Government and other national government agencies to design and implement these initiatives. These collaborations aimed to create healthy environments and settings that support physical activity and mental health.

The active transport programme promotes cycling and walking as alternative forms of transportation and has created dedicated bicycle and walking lanes in the Philippines. In 2020, the Department of Health, Department Transportation, Department Public Works and Highways, and Department Interior and Local Government issued a joint administrative order to promote safe and sustainable active transport *(6)*. This administrative order defined active transport as walking or cycling for transportation and urged national government agencies and local government units to establish protected bicycle lanes and walking paths, and to provide supporting infrastructure such as bicycle racks. During implementation of the programme in 2021 and 2022, provinces and cities developed their active transport campaigns and facilities, and received technical and financial support from the national government agencies. The programme is expanding to involve more local governments, and is fostering healthier and sustainable communities through enhanced active transport strategies and infrastructure.

At the same time, the programme for healthy open public spaces responded to the lack of safe settings during the height of the pandemic. The programme aims to provide communities with a communal and well-ventilated space that can serve as a venue for physical activity and exercise, relaxation and an encounter with nature, and meeting and socializing with other people. The programme arose from the recognition among government agencies and nongovernmental stakeholders (private sector and civil society) of the potential of open public spaces to serve as strategic convergence sites for interventions to promote health and improve air quality, boost mobility and economic activity, and enhance social cohesion among the community. Acknowledgement that these co-benefits could help achieve government mandates and targets of the national agencies involved encouraged the development and co-ownership of this multisectoral programme at the national level. While the project is still in an early phase, several local government units have started implementing pilot projects at the local level. On approval, the Joint Administrative Order for Healthy Public Open Spaces will serve as the official legal framework for promoting and expanding the concept of healthy spaces in local communities, mirroring the approach taken for active transport.

Multisectoral actions supporting the initiatives

Governance and accountability

The Philippines' active transport and healthy public open spaces programmes are multisectoral efforts to improve population health. In 2020, the Department of Health, Department of Public Works and Highways and Department of Interior and Local Government released a joint administrative order on active transport. The order is a legally binding tool issued jointly by government agencies and must be followed by all parties involved to establish guidelines for a specific policy or programme. It is often used for coordinating efforts and ensuring policies are aligned. As such, it serves as an essential means of promoting collaboration and ensuring the efficient implementation of policies and programmes. The joint

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administrative order on active transport calls on national government agencies and local government to build protected bicycle lanes and walking paths with facilities such as bicycle racks and changing rooms. It also outlines the roles and responsibilities of national government agencies, including: formulating policies and standards for active transport; designing and implementing strategies to promote active transport; setting targets for adoption; and monitoring and evaluating active transport initiatives (Box 3.15.1). These agencies also coordinate with local governments on infrastructure plans to ensure alignment and synergy between national and local efforts to enhance the active transport system.

Box 3.15.1. Roles and responsibilities of national government agencies under the national joint policy on active transport

- The Department of Health sets public health standards, develops guidelines for safe active transportation and monitors relevant health data.
- The Department of the Interior and Local Government promotes and monitors local active transport decrees, enforces traffic laws and ensures unobstructed bicycle lanes and walking paths.
- The Department of Transportation facilitates the integration of bicycle lanes and walkways in road networks and co-develops design standards for bicycle lanes and pedestrian infrastructure.
- The Department of Public Works and Highways ensures the provision of bicycle lanes in national roads and bridges and co-develops design standards for bicycle lanes and pedestrian infrastructure.

In addition, the administrative order on active transport establishes reporting structures and accountability measures. The Technical Working Group for Active Transport serves to establish standards, monitor the implementation of local governments and evaluate their progress, as well as oversee road safety design and compliance with established standards. The Technical Working Group includes representatives from national agencies, with the Health Promotion Bureau of the Department of Health serving as the secretariat. Participating national government agencies align their sectoral plans and report their accomplishments during the working group meetings.

As was done by the active transport programme, the healthy public open spaces programme aims to institute a joint administrative order, which will provide the legal foundation and framework for promoting healthy open public spaces in local communities. While still in its early phase, several local government units have started implementing the concept of open public spaces at the community level. For example, Taguig City was one of the first local governments to pioneer the adoption of the open healthy spaces. The project in Taguig City aims to create safe and clean areas for family events and wellness activities. The mayor signed an agreement with various government agencies, including the Department of Health, emphasizing the importance of providing open spaces for physical activity, and allocating funds for converting vacant land into parks in each *barangay* (village). Box 3.15.2 gives an overview of the government agencies involved in developing healthy open public spaces.

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Box 3.15.2. Roles and responsibilities of national government agencies under the national joint policy on healthy parks and public open spaces

- The Department of Health develops standards and protocols for parks and open spaces.
- The Department of the Interior and Local Government promotes the adoption of national standards by local government units and encourages the creation of healthy public open spaces.
- The Department of Tourism develops guidelines for tourist attractions as healthy public open spaces and assists in programming activities.
- The Department of Environment and Natural Resources establishes environmental standards and provides technical assistance for green and blue spaces as healthy public open spaces.
- The Department of Human Settlements and Urban Development offers technical support for urban planning and development of healthy public open spaces.
- The Department of Public Works and Highways creates guidelines for healthy public open spaces in roads and bridges to support pedestrian mobility, active transport and road safety.
- The Philippine Commission on Women institutes safety mechanisms to prevent gender-based harassment in public spaces.
- The National Commission for Culture and the Arts supports arts and cultural initiatives in all public open spaces.

Ways of working

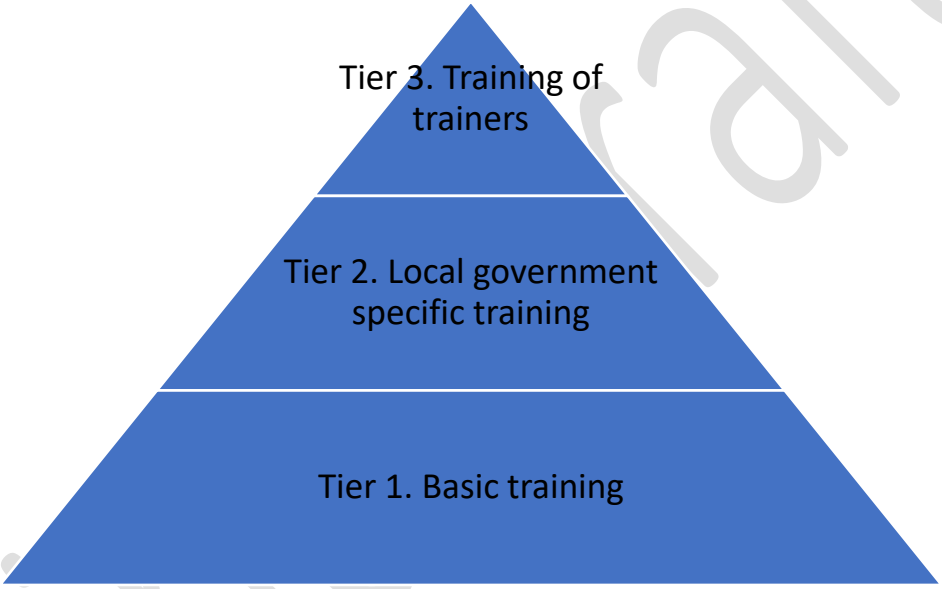
The active transport programme exemplifies the collaborative efforts among multiple government sectors and stakeholders working towards a common public health objective. While it is a single programme, all government agencies have collectively owned and integrated it into their deliverables. Each agency carries out specific subactivities within its mandates to contribute to the project's success. For instance, the Department of Health has developed playbooks, which include local ordinances, to guide local governments in implementing active transport programmes, demonstrating the commitment of local government leaders to the cause. The Department of the Interior and Local Government actively monitors the progress of local governments and has initiated activities, together with the Department of Transportation, such as the national bicycle day awards, to support the project and encourage its adoption in local governments. At the same time, the Department of Transportation has set national standards for bicycle lanes and advocated for more budget allocation for infrastructure development.

This interagency engagement has been crucial to ensuring alignment and synergy throughout the project's development. The Department of Transportation, for example, collaborated with the Department of Health through a subtechnical working group to establish bicycle path standards.

During the COVID-19 pandemic, different stakeholders, including the private sector and civil society organizations, stepped in to support the government response. The Move as One Coalition, a civil society group, for example, have played an important role as vigorous advocates of active transport. They have launched organized campaigns and initiatives, such as signature campaigns, urging the government to allocate more funds for active transport projects.

Formal knowledge-sharing opportunities have been facilitated, uniting government agencies and involving key outside bodies such as the Embassy of the Netherlands and the World Bank Group. The national government and multilateral agencies have provided training for local government implementers of the active transport programme (Figure 3.15.1). Technical assistance was provided to selected local government units in Metropolitan Manila, Metropolitan Cebu and Metropolitan Davao, for the planning of bicycle lane networks, with a particular emphasis on connectors between cities. Capacity-building activities for these local government units, covering various topics, such as technical design of the road infrastructure and implementation approaches, took place in September–October 2020. A meeting with the Department of Health, United Nations Population Fund, National Center for Transport Studies, World Bank and the Embassy of the Netherlands was arranged to discuss capacity-building efforts to support local officials in effectively implementing the programme.

Figure 3.15.1. Capacity-building implemented for active transport



Tier 1	Audience: local government implementers and the public Contributors: Move as One Coalition (civil society), Department of Transportation, Public Works and Highways, Dutch Embassy and World Bank Platform: Department of Health Academy (online) Content: basic information on active transport, infrastructure and promotion
Tier 2	Audience: local government implementers and local advocates Contributor: World Bank Platform: face-to-face Content: Development of bicycle lane network and infrastructure
Tier 3	Audience: local government implementers and local advocates Contributor: World Bank Platform: mixed Content: development of capacities to teach others to build infrastructure and advocates for active transport

Source: Department of Health.

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Leadership at all levels

Implementation of the active transport and healthy open public spaces programmes arose directly from a policy reform in the Department of Health. The Universal Healthcare Act, passed in 2019, was crucial in modernizing the Health Promotion Bureau within the Department of Health. This act specifically mandates the creation of the Health Promotion Bureau and establishes its authority to conduct multisectoral collaboration and policy work *(7)*.

With a staff of about 70 people, the Health Promotion Bureau has taken the lead in developing intersectoral health promotion policies, fostering collaboration with other government sectors and stakeholders. For example, the bureau assumed leadership of the active transport programme acting as a cohesive force to align the objectives of various agencies, and served as the secretariat for the Technical Working Group on Active Transport.

Non-health government agencies have recognized the importance of active transport and have taken steps to support and implement the programme. Some agencies have established specialized units or departments dedicated to active transport initiatives, demonstrating their commitment to this cause. For instance, the Department of Transportation has created a dedicated unit within its organization to carry out active transport projects effectively. The Department of the Interior and Local Government has issued a policy and guideline to all local government executives emphasizing the need to establish active transport infrastructure within their respective areas. These measures highlight the collaborative efforts of various government entities to promote and prioritize active transport as a sustainable mode of transportation *(8)*.

Resources and capabilities

Resources are vital to promote collaboration and coordination, and to develop the necessary skills and expertise for the implementation, monitoring and evaluation of multisectoral projects. Resources ensure the sustainability and expansion of initiatives that include different stakeholders from various sectors. An important milestone was achieved when the Department of Transportation specifically allocated 1.3 billion Philippine pesos (₱) (24 million United States dollars, US$) of its national budget for 2020–2021 for the establishment and improvement of pedestrian sidewalks, protected bicycle lanes, bicycle distribution programmes, bicycle racks, and other bicycle-related facilities.

In 2022, an additional ₱ 2 billion (US$ 37 million) was allocated to develop a bicycle-sharing system, enhance end-of-trip infrastructure, and create safe pathways in the main metropolitan areas. Furthermore, for the fiscal year 2023, a budget of ₱ 700 million (US$ 13 million) has been allocated to develop an additional 470 km of bicycle lanes in various local government units *(9)*.

In addition to financial resources, the ability to promote multisectoral collaboration within the government has undergone significant changes with the establishment of the Health Promotion Bureau within the Department of Health. This new office has fostered effective communication and collaboration between different sectors. For example, to actively engage with different government agencies, the Bureau holds regular meetings and has a dedicated unit responsible for encouraging partnerships in various health promotion activities. Furthermore, the Bureau has strengthened its advocacy efforts by employing modern techniques and data-driven marketing strategies in its information campaigns.

External organizations such as multilateral institutions and nongovernmental organizations, including the World Bank, have offered valuable learning sessions to technical staff from various sectors. These

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sessions have focused on the governance and technical requirements of the active transport programme. Such initiatives have provided a platform for knowledge exchange and capacity-building, enabling stakeholders to better understand and implement effective strategies for promoting active transportation.

The combination of financial resources and greater multisectoral collaboration has paved the way for more comprehensive and effective active transport initiatives in the Philippines.

Outcomes

The active transport programme has achieved significant milestones since its inception. In 2021, the programme was implemented in the three largest cities in the country. As a result, bicycle lanes were installed in Metropolitan Manila (316 km of lanes), Metropolitan Davao (22 km), and Metropolitan Cebu (143 km) (Technical working group accomplishments, 2021, unpublished). More than 500 km of bicycle lanes are now in place throughout the country. The programme's success and multisectoral ownership have attracted sustained investment from the government general appropriations until 2023. It has also attracted interest from private sector partners and bilateral and multilateral organizations such as the Embassy of the Netherlands and the World Bank, which have provided critical resources to promote and implement the health initiative.

Based on the report of the Department of the Interior and Local Government, 26% of local governments in the country have identified roads suitable as cycling lanes and walking paths since the release of the memorandum on active transport guidelines. Additionally, 9% of local governments have issued ordinances specifically addressing cycling lanes and walking paths, although a lack of technical capacity to draft such ordinances was a challenge, despite the availability of template ordinances (Technical working group accomplishments, 2021, unpublished).

While a quantitative impact evaluation study has yet to measure the programme's effects on health behaviour and population outcomes, the initiative has already shown positive results, at least from a governance perspective. For example, it has fostered greater multisectoral collaboration in health. The ongoing drafting of a joint administrative order for healthy open spaces by various government agencies can be attributed to the programme's success, as it has enhanced the capacities and skills of the government officials to work collaboratively with other sectors. Moreover, the programme has empowered civil society organizations committed to protecting and ensuring the sustainability of health initiatives, such as active transport. These organizations have utilized the success of the programme to advocate for broader health policies, including ongoing discussions on other projects that necessitate multisectoral collaboration, such as sin tax reforms for unhealthy products.

Lastly, the programme on active transport has gained support on the national agenda, with many government agencies taking ownership of it. The country's socioeconomic strategy ensures the programme's political and financial sustainability, with active transport being included in the 2022–2026 Philippine Development Plan.

Reflections and lessons learnt

Multisectoral actions in health are not new in the Philippines, as several health programmes and policies have been adopted in collaboration with other sectors, for example, the National Nutrition Council *(10)*. However, the success of these programmes and policies has varied. One of the challenges of multisectoral actions in health in the Philippines is the misalignment of value systems and interests

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among relevant government agencies. Even when alignment exists, the limited capacity of the technical staff to sustain the collaboration often hinders the achievement of programme goals.

The two multisectoral projects discussed in this report gained multisectoral and multistakeholder support and were included in the national socioeconomic agenda (Box 3.15.3). The success of active transport was attributed to a particular window – the COVID-19 pandemic. Key policies such as the Universal Healthcare Act had been recently implemented, which provided a strong foundation for introducing innovative health promotion policies. Political actors, such as nongovernmental organizations and civil society, were well organized and strongly articulated the urgent needs and demands of the people, such as for a sustainable transportation system. The alignment of value systems and interests among different sectors was crucial, particularly for multisectoral action.

The health sector recognized windows of opportunity and strategically timed its reform efforts. Such windows are limited periods when favourable conditions align, providing policy-makers with an opportunity for successful implementation of policies. Policy-makers must be vigilant in identifying and capitalizing on these windows before they close, because shifting political landscapes and priorities can make achieving significant policy changes more challenging. Preparing for such opportunities requires the health sector to gather scientific evidence and build a coalition of supporters from the government, private sector and nongovernmental organizations. For example, the Health Promotion Bureau of the Department of Health commissioned surveys and research studies, which served as the basis for advocacy supported by the government and civil society.

Building a solid and capable technical workforce within the government structure is essential. Health sector leaders should effectively communicate specific expectations from different government agencies, clarifying their roles and accountabilities in the multisectoral initiatives.

Lastly, it is crucial to establish platforms for civil society groups and nongovernmental organizations to engage with initiatives and be able to hold all parties accountable. By fostering active participation and oversight, the health sector can ensure the sustained progress and effectiveness of multisectoral initiatives.

By learning from past experiences and applying these lessons, the health sector can enhance the effectiveness of multisectoral actions in improving health outcomes and promoting sustainable development.

Box 3.15.3. Practical example – drivers of multisectoral initiatives

The two multisectoral initiatives – the active transport and healthy open spaces – represent a shared convergence of values among the relevant sectors. Despite the usual challenges faced by multisectoral efforts because of differing priorities and values, these multisectoral approaches for health in the Philippines have been successful. Several key factors facilitated their implementation and contributed to their overall success.

Window of opportunity. The COVID-19 pandemic opened a window of opportunity to prioritize health promotion in national policies. The government focused on reopening the economy as the country recovered from strict lockdowns. A key measure was encouraging alternative transportation methods such as bicycles to ensure mobility, especially for workers commuting to work. A survey in November 2020 showed that 87% of the population favoured prioritizing bicycles and pedestrians over cars after

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months of lockdown. The percentage of households with bicycles also rose rapidly from 8% in 2020 to 20% in 2021 *(11)*.

The COVID-19 safety requirements led to a high demand for open-air environments, such as outdoor markets and restaurants, in many communities. The creation of more such spaces has addressed this demand for well-being and physical activity venues, even beyond the pandemic. Metropolitan areas have also benefited from the public's increased focus on health and well-being because of the COVID-19 pandemic. While greater health literacy in all population segments is needed, the public's attitude towards healthier lifestyles and the associated interventions has improved markedly.

Rapport among government agencies. The COVID-19 pandemic fostered unprecedented collaboration among agency heads across different government sectors, leading to a realignment of priorities toward health programmes. The Philippine government adopted an inclusive approach by establishing interagency task forces, which enabled government agencies to work together to strengthen the pandemic response. This new working dynamic created social capital and rapport among government officials, which was crucial to advocating for health programmes through formal and informal channels. As a result, non-COVID programmes took a backseat, and health and the economy became the focus of the national policy agenda. This presented an opportune moment for the health sector to advance its agenda, including health promotion activities.

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3.16. Sri Lanka – Diabetes and cardiovascular disease initiative: school health programme

Abstract

The Diabetes and Cardiovascular Disease Initiative was established with support from the World Diabetes Foundation to address the increase in noncommunicable diseases (NCDs) in Sri Lanka. The objective of the Initiative was to develop an integrated approach for the prevention and control of NCDs, with a focus on diabetes and cardiovascular disease risk factors, by mobilizing non-health sectors through multisectoral partnerships. The Ministry of Health was the central implementing agency of the Initiative with the Sri Lanka College of Endocrinologists and Sri Lanka Medical Association as co-implementing partners. The Initiative instigated various interventions, including a school health programme targeting primary-school children, a lifestyle modification project targeting young women and pregnant mothers, primary prevention of NCDs using health promotion officers and community volunteers, and enhanced national screening for NCDs. Emphasis was on building the knowledge of personnel involved. The College of Endocrinologists conducted training on NCD prevention and health promotion for volunteers through collaboration with nongovernmental organizations. The Ministry of Health and Ministry of Education collaborated on the school health programme and adopted a multipronged approach including health education, behaviour change, communication and infrastructure development. Through the Initiative, screening for diabetes and cardiovascular diseases has increased, and availability of healthy food options in school canteens has improved. Data to assess the effectiveness of the multisectoral actions were lacking and a dedicated monitoring and evaluation system is needed to provide information to assess progress of the Initiative. Greater engagement and participation at multiple levels of the Ministry of Health would improve the effectiveness and sustainability of the Initiative further.

Background

Noncommunicable diseases (NCDs) are a major public health problem in Sri Lanka. Although people are living longer, morbidity associated with NCDs has increased. In 2019, life expectancy at birth in Sri Lanka was 76.9 years but healthy life expectancy at birth was only 67.0 years *(1)*.

Risk factors identified as driving NCDs include tobacco use, harmful use of alcohol, obesity due to unhealthy diet and physical inactivity and air pollution, as well as poverty, the main determinant of health. According to the most recent survey by the Ministry of Health, Nutrition and Indigenous Medicine (hereafter called the Ministry of Health), about 25% of the Sri Lankan population have hypertension or raised blood cholesterol, about 33% are overweight or obese and 7% have raised blood glucose *(2)*. To tackle the growing burden of NCDs, there is a need to improve health care services, increase public awareness, and implement effective prevention and management strategies that include multisectoral approaches.

In 2016, under the guidance of the Director-General of Health Services, the National Multisectoral Action Plan for Prevention and Control of Noncommunicable Disease 2016–2020 (hereafter called the Multisectoral Action Plan) was developed *(3)*. The Multisectoral Action Plan was the result of extensive consultations across government sectors and relevant stakeholders led by the NCD unit of the Ministry of Health, with the support of the World Health Organization (WHO) and other government agencies. The goal was to reduce the preventable and avoidable morbidity, mortality and disability burden due to noncommunicable diseases through multisectoral collaboration and cooperation at the national level. An objective of the Multisectoral Action Plan was to "reduce modifiable risk factors for noncommunicable

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disease and underlying social determinants through creation of health-promoting environments". The Multisectoral Action Plan describes specific activities, outcomes and partnerships required to achieve its targets and it highlights the importance of cooperation from relevant departments, ministries, professional colleges, civil society and other stakeholders in these efforts.

The Multisectoral Action Plan aligns with the goals and strategies of WHO's global NCD action plan 2013–2023 *(4)* ensuring consistency in approaches to prevent and control NCDs in the country.

Overview of the initiative

In 2016, Sri Lanka received support from the World Diabetes Foundation for the Diabetes and Cardiovascular Disease Initiative (hereafter called the Initiative) *(5),* to address the issue of rising NCDs, including diabetes. The impetus for the Initiative was the Multisectoral Action Plan and the acknowledgement of the need for partnerships and coordinated actions of multiple sectors to tackle the growing burden of NCDs. The Initiative covered the period 2016 to 2021.

The objective of the Initiative was to develop and strengthen an integrated approach for the prevention and control of NCDs among vulnerable populations, with a focus on diabetes and modifiable cardiovascular disease risk factors, by mobilizing sectors outside health care through multisectoral partnerships. The Sri Lanka College of Endocrinologists and Sri Lanka Medical Association acted as the co-implementing partners of the Initiative and the central fund holder was the Sri Lanka College of Endocrinologists (Figure 3.16.1). The Ministry of Education and the Ministry of Health had joint responsibility for the school health programme.

The Initiative had a well defined framework with clear roles and responsibilities assigned to various sectors and stakeholders. It aimed to achieve short-term outcomes, including conducting awareness campaigns on NCDs and implementing school health programmes. Additionally, the Initiative sought long-term outcomes, notably a reduction in the prevalence of NCDs in Sri Lanka, particularly diabetes and cardiovascular diseases. The project lead established a steering committee with diverse stakeholders from the Ministry of Health and Ministry of Education to facilitate coordination and collaboration among different sectors and stakeholders.

This Initiative builds on the successful completion of the Nirogi Lanka project (2009–2015) *(6),* funded by the World Diabetes Foundation, which focused on improving the quality of diabetes care and strengthening primary prevention of diabetes and cardiovascular disease risk factors in defined areas of Sri Lanka.

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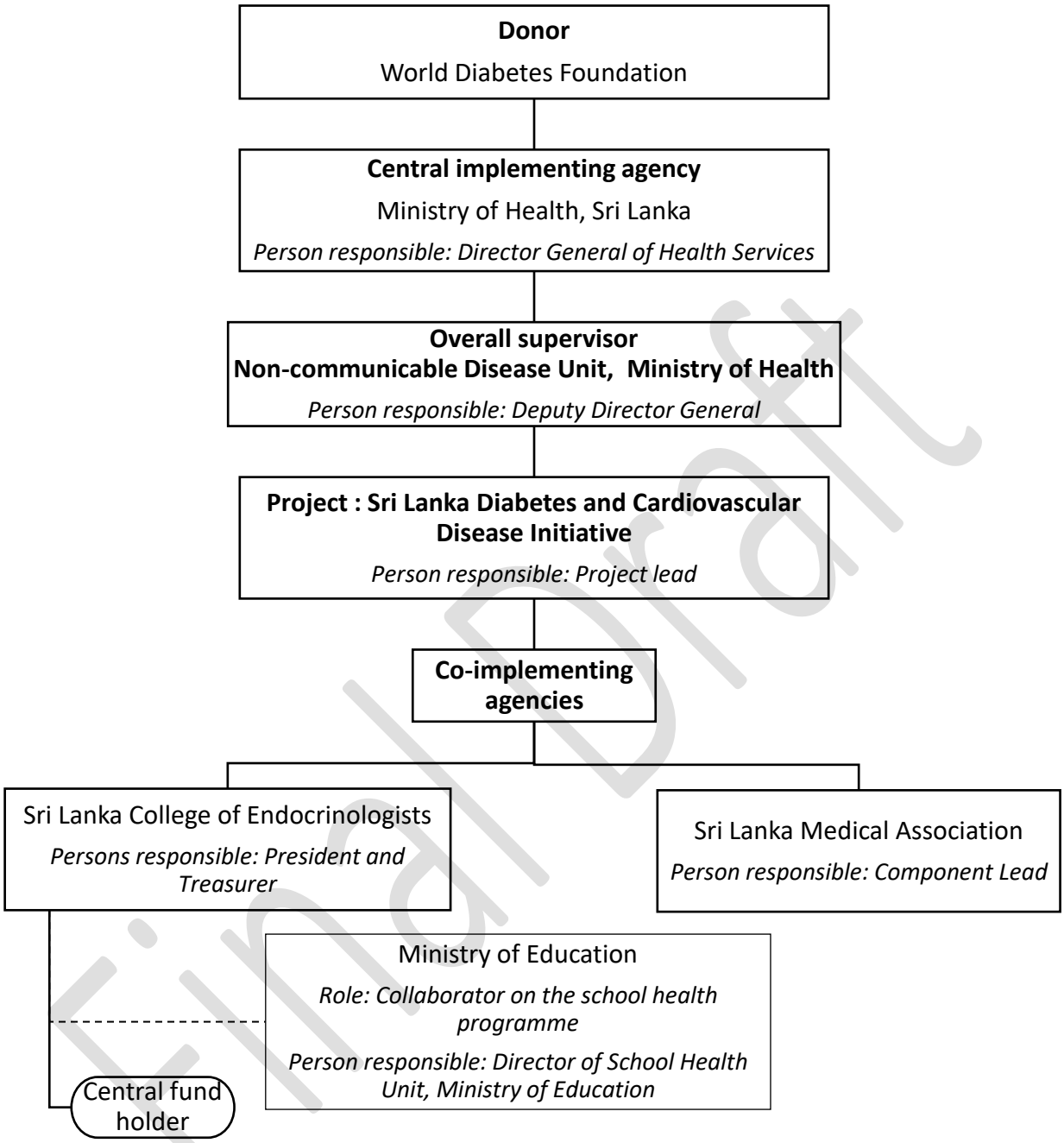

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Figure 3.16.1. Governance structure of the Diabetes and Cardiovascular Disease Initiative, Sri Lanka

The Initiative applied a comprehensive multisectoral approach to tackle diabetes and cardiovascular diseases through the implementation of the four pillars of multisectoral action: governance and accountability, leadership at all levels, ways of working, and resources and capabilities.

Additionally, recognizing that cultural beliefs influence families to encourage children to overeat, mistakenly thinking that overweight children are healthier, the Ministry of Health considered that schools

were an ideal setting to implement health interventions for children because they provide a broad platform to address both the social dynamics affecting children's well-being and the misconceptions about nutrition and health. Thus, one intervention within the Initiative was the school health programme, which adopted a multipronged approach including health education, behaviour change, communication and infrastructure development. The Ministry of Health, Ministry of Education and the Family Health Bureau collaborated to implement the activities of the school health programme to ensure that the targets of improving diet and lifestyle associated with childhood obesity are met.

Multisectoral action for supporting the Initiative

Governance and accountability

The College of Endocrinologists made use the existing cross-sectoral policy implemented by the government on a traffic-light labelling system for sugar-sweetened beverages to conduct public education campaigns to raise awareness and promote the adoption of the system. The College of Endocrinologists and the Medical Association also conducted public awareness campaigns, including media briefings, to educate the population about health risks of tobacco and alcohol and the negative impacts of industry sponsorship.

Discussions on the progress of the activities took place in an informal setting. Transparency and accountability were ensured through regular reporting by the College of Endocrinologists, which submitted comprehensive semi-annual and annual progress reports to the World Diabetes Foundation and the steering committee. These reports included indicators such as training coverage of health care providers in NCD management and the number of people screened for NCDs. Monthly reports were also submitted by project managers of the Initiative to stakeholders, allowing for close monitoring of performance within the Initiative and necessary adjustments.

Stakeholders from the Ministry of Health and Ministry of Education collaborated to implement the school health programme. The director of the school health unit (Ministry of Education), director of the Family Health Bureau, and representatives from the College of Paediatricians and College of Endocrinologists were responsible for this programme.

Leadership at all levels

The Ministry of Health, under the leadership of the Director-General of Health Services, played a central role in implementing the Initiative by allocating resources, establishing policies and creating a supportive environment.

The Ministry of Health and the Ministry of Education jointly shared responsibility for the implementation of the school health programme. During the assemblies conducted at the schools, in partnership with the College of Endocrinologists, the progress of the school health programme was discussed. These discussions involved showcasing video clips featuring teachers, parents and children who actively participated in the programme. It was particularly noteworthy that the teachers involved in the programme received praise for shouldering additional responsibilities to ensure the timely completion of activities.

In addition to networking with professionals from the Ministry of Education, the College of Endocrinologists engaged with civil society organizations (Lanka Mahila Samithi and Leo Club of Colombo Millennium) and international nongovernmental organizations (Lions Club and Rotary Club) to conduct NCD awareness programmes in the community. The College of Endocrinologists provided materials for

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these sessions, while Lanka Mahila Samithi and Leo Club of Colombo Millennium funded the awareness programmes. Collaborating with Lions Clubs International, the College of Endocrinologists and Sri Lanka Medical Association initiated the Walk for Diabetes, Run for Life campaign, uniting different groups for a common objective.

Ways of working

The Initiative used various means of communication through formal and informal activities to promote collaboration and engagement across sectors. Regular steering committee meetings were held, supplemented by email updates and one-on-one meetings, when necessary, to ensure effective communication and stakeholder involvement. This approach facilitated open lines of communication, early identification of challenges and ongoing engagement.

The Ministry of Health and Ministry of Education recognized the importance of working together to co-develop and implement the school health programme and shared joint responsibility for it. Additionally, they fostered engagement with specialists in child health, education, nutrition and childhood obesity. The joint effort allowed them to create an appealing programme for children with a focus on positive role models. The collaboration also allowed the Ministry of Health to approach schools with diverse ethnic backgrounds and scale up the project across the country. The Director of the school health unit in the Ministry of Education played an important role in resolving challenges and ensuring smooth implementation of the school health programme. Through this collaboration, one of the benefits for the Ministry of Education was that teachers had the opportunity to enhance their knowledge of the importance of lifestyle modification in tackling childhood obesity.

The Ministry of Health and Ministry of Education also joined forces to organize assemblies, specifically designed to foster awareness and understanding of the school health programme. These assemblies were strategically planned to cater for diverse audiences, including teachers, children and parents, ensuring that everyone involved had an opportunity to participate and gain valuable insight into the importance and benefits of the school health initiatives.

Resources and capabilities

The Initiative's resource allocation was overseen by the Director-General of Health Services, with assistance from the Ministry of Education's Director in the case of the school health programme. The College of Endocrinologists provided training programmes to enhance the capabilities of various personnel engaged in the Initiative.

To ensure effective implementation of the Initiative, emphasis was placed on building the knowledge of personnel involved. The College of Endocrinologists appointed project managers who received on-the-job training in multisectoral collaboration, specifically project management fundamentals, sector-specific knowledge, stakeholder management, risk management, financial management and quality control.

Recognizing the importance of personnel with expertise in health promotion and diabetes prevention, the College of Endocrinologists conducted training sessions on NCD prevention and health promotion for volunteers through collaboration with nongovernmental organizations, such as Lanka Mahila Samithi and Lions Clubs International. These training activities were a valuable resource, empowering volunteers to organize prevention and awareness programmes in schools, workplaces and communities, thus increasing public awareness. The Initiative identified dedicated individuals who could actively promote diabetes

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prevention and influence others within their communities by leveraging the strong grassroots presence and community influence of these nongovernmental organizations.

The Ministry of Education provided resources and support for the school health programme. Teachers were identified as influential in disseminating health messages, and Lions International trained them to integrate health education into the curriculum. Given the Ministry of Education's willingness to extend the school health programme across the country, the Ministry of Health took the initiative to train in-service advisers of the Ministry of Education from all districts on effectively implementing the programme. These advisers, in turn, trained the teachers within their respective districts.

Outcomes

The multisectoral approach adopted for the Initiative has brought together different government sectors and relevant stakeholders such as in health, nutrition, education, women and child affairs and nongovernmental organizations, among others, to collaborate on addressing the growing NCD burden in Sri Lanka. These efforts have resulted in:

- greater reach of the Initiative's key messages within the community through the involvement of diverse groups of stakeholders;
- optimum use of the Initiative's budget to implement multisectoral actions through shared objectives on NCDs of different stakeholders such as the Ministry of Health and Ministry of Education, thereby increasing the efficiency of its implementation at a relatively lower cost;
- greater sustainability of the programme outcomes as other relevant stakeholders engaged in the Initiative and shared common objectives, such as
    - 30% increase in the screening of patients for diabetes and cardiovascular diseases in the healthy lifestyle centres[24]
    - scale up of diabetes foot care clinics to multireferral, multispecialty clinics
    - continued support of healthy lifestyle clinics by NCD medical officers at the district level, even after completion of the Initiative;
- increased understanding of the social determinants of health and equity by all stakeholders involved in the Initiative;
- improved availability and accessibility of healthy food options in school canteens, and the creation of environments conducive to physical activity through awareness-raising among schoolchildren and their parents and promotion of healthy behaviours within the school health programme *(7)*.

Reflections and lessons learnt

Collaboration helped to ensure that policies, programmes and interventions used in the Initiative were evidence-based, effective and sustainable. Interest and involvement of higher levels of authority in the Ministry of Health has continued after the Initiative ended. The Ministry of Health and the Ministry of

[24] The Ministry of Health established healthy lifestyle centres with the goal of reducing the risk of NCDs by detecting risk factors early and providing people with the information and resources they need to make healthy lifestyle changes. The centres provide measurement of fasting blood sugar, lipid profiles, blood pressure monitoring, height, weight and body mass index evaluation, and lifestyle modification guidance. A total of 707 healthy lifestyle centres are operational across Sri Lanka providing screening for NCDs.

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Education are planning to institutionalize the school health programme and trainings in the education sector, following the re-evaluation of the strategies and objectives (Box 3.16.1).

The Initiative embraced several key principles of collaboration to support its implementation.

- Flexibility and adaptability. The programme adjusted its implementation based on feedback provided by different sectors. For example, in the school health programme, when sticker books, which were an integral part of the programme, could not be provided, scrapbooks were used instead after discussion with the teachers at the schools.
- Respect and responsiveness to partners' needs. To ensure meaningful contribution from all stakeholders, emails were sent and one-on-one meetings held when some stakeholders could not attend regular steering committee meetings. In the case of the school health programme, videos featuring testimonials from teachers and parents convinced the Ministry of Education to expand the programme despite initial hesitation to accept the positive results of the programme such as increased awareness among schoolchildren about healthy food choices.
- Transparent and open communication. In the school health programme, videos of parents describing the positive effects the programme were used to demonstrate its usefulness for the children and the community.
- Skilled workforce for multisectoral action. Project managers, appointed by the College of Endocrinologists, were trained in multisectoral implementation and communication. The dedication of specific individuals within the Ministry of Health and Ministry of Education played a vital role in the success of the school health programme
- Adoption of joined-up approaches. Collaboration between the Ministry of Health and Ministry of Education and development and implementation of multisectoral actions were essential to the success of the school health programme.
- Increased ownership and responsibility. Collaboration in the school health programme fostered greater ownership and responsibility by the Ministry of Education and the schoolchildren themselves, which supported achievement of its goals.

As described before, certain aspects of the Initiative were successful; however, the long-term sustainability of certain activities posed challenges. For example, diabetic education nursing officers trained through the Initiative were effective when supervised and motivated by the College of Endocrinologists; however, after transfer to other hospitals as a part of their routine rotations within the Ministry of Health, these trained nurses did not continue with their previous roles as previously. Additionally, the Ministry of Health does not have permanent positions for health promotion officers who were part of the Initiative funded and trained through the Sri Lanka Medical Association. Involving both the training units and other units such as the administration unit within the Ministry of Health can help ensure that the trained human resources are retained and used effectively after the initial implementation period.

Moreover, the lack of ongoing data collection to assess the effectiveness of wide-reaching multisectoral actions was a great limitation of the Initiative. The establishment of a dedicated monitoring and evaluation system that collects and analyses quantitative and qualitative data would provide vital information to assess progress.

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Furthermore, the hierarchy of the Ministry of Health affected the pace of implementation of new activities related to the Initiative. This, coupled with the lack of institutionalization of the Initiative within the government, made the sustainability of projects difficult and dependent on the interest and dedication of the individuals involved. Enhancing engagement and participation of multiple levels of the Ministry of Health and integrating the projects into the existing structures could have improved the effectiveness, sustainability and scalability of the Initiative further. In additional, the coronavirus disease (COVID-19) pandemic disrupted the implementation plans and hindered the scale-up of the Initiative.

In conclusion, despite the challenges, the Initiative demonstrated effective collaboration across different sectors and stakeholders and provides useful lessons for other countries seeking to address NCDs, targeting the school environment.

Box 3.16.1. Practical example – school health programme

The school health programme has been one of the most successful and unique projects undertaken by the Ministry of Health, represented through the College of Endocrinologist, in Sri Lanka, together with the Ministry of Education, National Institute of Education and Lions International. It was a novel approach to educate and motivate primary-school children in grades 1 and 2 to be more aware of healthy eating and to empower them as agents of change to promote a healthier lifestyle within their own families. The material for the programme was conceptualized and developed by stakeholders specialized in child health, education, nutrition and childhood obesity. Implementation of the programme was coordinated through Lions International, under supervision of the College of Endocrinologists. Engagement of multiple sectors ensured: (i) wider coverage for the programme; (ii) efficient implementation; and (iii) effective feedback from multiple stakeholders on the programme's strengths and weaknesses.

Involvement of teachers through the Ministry of Education ensured better compliance with the programme requirements and continuous reinforcement of lifestyle modifications for schoolchildren. Positive feedback from parents and teachers on the programme's acceptance, viability and effectiveness suggests that it has been a successful and popular strategy to improve eating habits of young schoolchildren between the ages of 5 and 7 years *(7)*.

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3.17. United Republic of Tanzania – Building a full-scale national response to NCDs with a focus on diabetes

Abstract

To address noncommunicable diseases (NCDs) including diabetes, the United Republic of Tanzania launched the National NCD Programme. Implementation of the programme utilizes multisectoral action to address NCD socioeconomic and behavioural risk factors. The Prime Minister's Office is the main coordinator for cross-sectoral collaboration, and sectors involved include Ministry of Health, Ministry of Education, Science and Technology, Ministry of Information, Communication and Information Technology, Ministry of Culture, Arts and Sports, and the Regional Administration and Local Government under the President's Office. Through the programme, NCD research evaluation projects have been conducted using a multisectoral approach to reduce dietary risk factors for NCDs. To expand the National NCD programme at the primary care level, multisectoral actions have been undertaken to support team-building and skill enhancement of state and non-state actors, such as training on management of NCDs for clinical staff and awareness-raising of NCD risk factors among the community. To sensitize communities on the importance of a healthy lifestyle and regular health check-ups, the Ministry of Health together with the Prime Minister's Office and regional administrative leaders regularly organizes and promotes World Diabetes Day and NCDs commemoration week. Multisectoral action for the prevention and management of NCD, including diabetes is still emerging and requires strategic planning and monitoring systems to sustain and extend this approach. Dedicated human resources and funding for multisectoral action are also required.

Background

In the United Republic of Tanzania, the burden of diabetes is on the rise *(1,2)* in both rural and urban areas *(3)*, contributing to significant mortality *(4,5)* and disproportionately affecting poorer households who are at increased risk of catastrophic out-of-pocket health expenditure *(6)*.

With a reported prevalence of 12.3% in the population aged 20–79 years *(5)*, diabetes is one of the four main targeted NCDs in the United Republic of Tanzania *(7–9)*, and is associated with comorbidities such as renal, ophthalmic and neurological problems *(2)*. Most cases of diabetes remain undiagnosed due to limited awareness and quality of diabetes care *(10)*. The many known risk factors for diabetes, such as smoking, physical inactivity and unhealthy diet, which are common to all NCDs, led to the recognition that addressing diabetes would also contribute to tackling the main drivers of NCDs, which lie outside the health sector and require multisectoral collaboration *(7–11)*.

Since 2000, the Ministry of Health has recognized the value of multisectoral action in addressing diabetes. In 2013, the Ministry developed the National Diabetes Control Programme (2013–2017) using a multisectoral approach for diabetes prevention and control, and engaged with multiple partners for its co-design and implementation. The programme is being implemented by the Ministry of Health under the NCD section and is directly under the National NCD Steering Committee *(11)*.

The Department of Policy Coordination and Government Administration at the Prime Minister's Office coordinates all multisectoral activities related to health in the country, except for NCDs. Multisectoral action for NCDs, including diabetes is coordinated by the Department of Disaster Coordination under the Prime Minister's Office, in close collaboration with the National NCD programme of the Ministry of Health. The sectors involved in multisectoral action include the Ministry of Health, Ministry of Education,

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Science and Technology; Ministry of Information, Communication and Information Technology; Ministry of Culture Arts and Sports; the Prime Minister's Office and the Regional Administration and Local Government under the President's Office. They collaborate with the National NCD programme to coordinate NCD prevention activities and other events such as World Diabetes Day in the country. The implementation of the National NCD Programme utilizes multisectoral action to address the NCD socioeconomic and behavioural risk factors. An important guideline supporting the NCD programme and multisectoral efforts to reduce NCDs is the Strategic Plan and Action Plan for the Prevention and Control of NCDs (2021–2025) in the United Republic of Tanzania *(12)*.

Overview of the initiative

Adoption of a multisectoral approach is growing in the United Republic of Tanzania. Several initiatives are being coordinated by the Prime Minister's Office and the Ministry of Health to ensure strong advocacy for implementing multisectoral action across government sectors at national and subnational levels, including health and non-health sectors, as a means to support sustainable implementation of NCD prevention initiatives, including those focused on diabetes.

Under the coordination of the Prime Minister's Office, a multisectoral collaboration involving the President's Office Regional Administration and Local Government, Ministry of Health, Tanzania Diabetes Association (the main implementing partner), the NCD alliance, and other non-health sectors has resulted in specific national and local multisectoral actions to tackle NCDs, including diabetes. For example, the Ministry of Health in 2019 established the National NCD week culminating on 14 November – World Diabetes Day. On the same day, the Prime Minister of United Republic of Tanzania, the Honourable Kassim Majaliwa Majaliwa, launched the National NCD Programme to encourage health and non-health sectors to work together to tackle NCDs in the country, and institutionalized multisectoral action for diabetes prevention and management. The NCD week aimed to raise awareness and mobilize regional and district NCD coordinators responsible for developing NCD-related activities. The Tanzania Diabetes Association and the Tanzania NCD Alliance collaborated with the Ministry of Health, the Regional Administration and Local Government and other partner ministries (Education, Science and Technology; Information, Communication and Information Technology, Culture Arts and Sports) to make the National NCD week a success, including hosting the National NCD Conference in partnership with the Muhimbili University of Health and Allied Sciences.

Multisectoral action supporting the initiative

Governance and accountability

The Prime Minister's Office plays a key role in coordinating and facilitating interministerial and multisectoral actions to address various issues and challenges that span across different government areas in Tanzania. In the context of NCDs, a coordinator within the Prime Minister's Office supports the NCDS programmes, including diabetes, that require multisectoral action. The Ministry of Health has established a governance structure to oversee implementation of its various programmes, and the NCD focal points in the Ministry of Health and in the Regional Administration and Local Government are responsible for ensuring optimum multistakeholder participation. They are supported by the National NCD Programme Steering and Technical Committees, established by the Ministry of Health, which meet annually (Figure 3.17.1).

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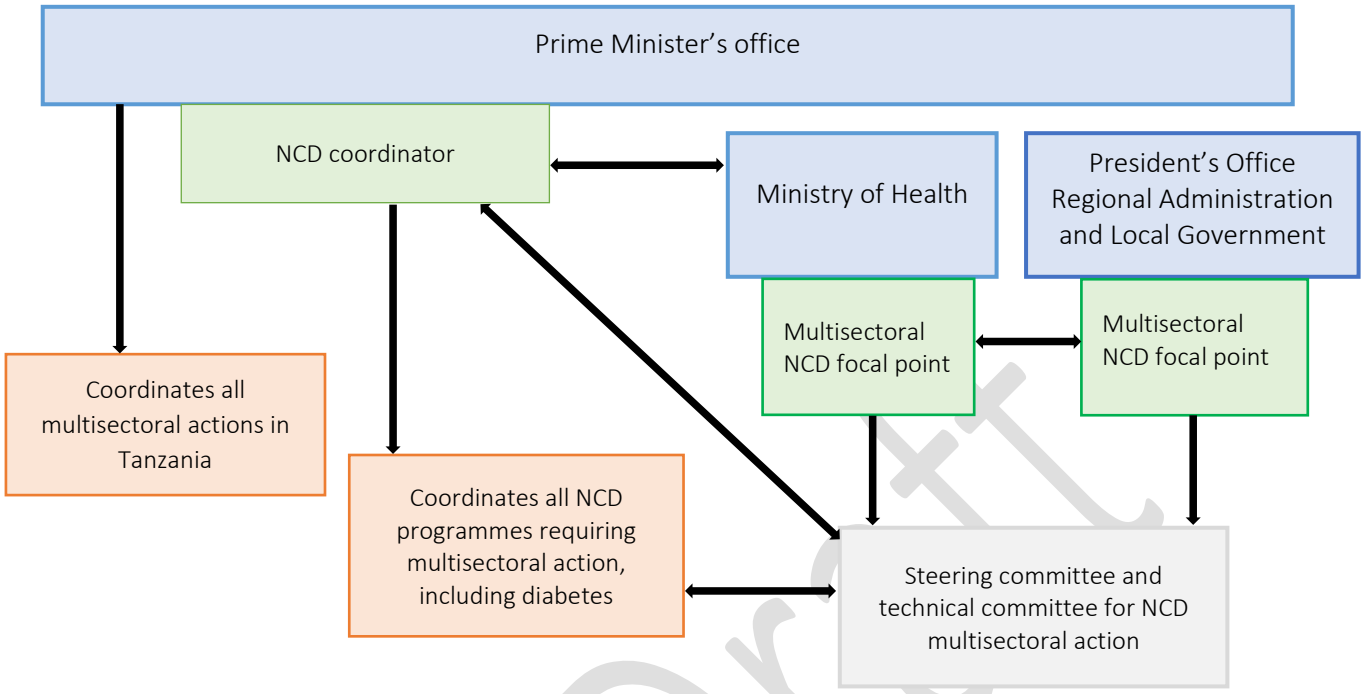

Figure 3.17.1. Governance structure for noncommunicable diseases, United Republic of Tanzania

The Steering Committee is the main decision-making body on policy and action related to NCDs, including diabetes. It is co-chaired by the Chief Medical Officer at the Ministry of Health and the Director of Health, Nutrition and Social Services at the Regional Administration and Local Government, and includes representation from health and non-health sectors (such as Ministry of Education, Science and Technology; Ministry of Information, Communication and Information Technology; Ministry of Culture Arts and Sports, and the Regional Administration and Local Government). A programme implementation subcommittee, which meets at least four times a year, oversees day-to-day multisectoral activities. It is co-chaired by the head of the NCD programme at the Ministry of Health and President's Office Regional Administration and Local Government. Participating partners and ministries fund their own representatives to attend the meetings, and additional support is provided by development partners such as WHO and the Tanzania Diabetes Association, if needed.

Capitalizing on cross-sectoral policies, the Prime Minister's Office is coordinating the work of focal points on Health in all Policies assigned to every sector (including non-health sectors) to mobilize non-health ministries to actively engage in addressing the underlying social determinants of health for NCDs. This includes ensuring that the prioritized social determinants of health are integrated within the existing sectoral monitoring and evaluation frameworks. The focal points are also expected to mobilize resources to support the actions on the social determinants of health within their specific sectors.

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Steps have been taken to hold sectors accountable for their commitments to address NCD prevention. For example, the Ministry of Finance and Planning has initiated a reporting system that requires involved ministries and partners to provide feedback on their actions on NCDs, including diabetes.

Leadership at all levels

Political support has been vital in the fight against NCDs, including diabetes. The Prime Minister's explicit endorsement as the coordinating body for all multisectoral actions illustrates the strong leadership and support for multisectoral action. The Prime Minister's Office also established a permanent director position responsible for multisectoral coordination for health. This institutionalization of multisectoral actions within high levels of government is expected to further consolidate the gains made in addressing NCDs, including diabetes. Diabetes prevention activities at the primary health care level are coordinated by the Regional Administration and Local Government, Ministry of Health and the Ministry of Education, Science and Technology. Another example of high-level leadership in promoting multisectoral collaboration is evident in the activities for World Diabetes Day. The Minister of Health, in collaboration with the Prime Minister's Office and with support from non-health sectors, has been actively leading this initiative and advocating for a healthy lifestyle to prevent diabetes. During the 2022 NCD week, speaking on behalf of the Prime Minister, the Administrative Secretary for Mwanza region emphasized annual health checks for everyone aged 40 years and older to support early detection of NCDs. He further emphasized that noncommunicable diseases must be included in government meeting agendas in all sectors and at all levels. Since its inception in 2019, the annual NCD week has concluded with a National NCD Scientific Conference, with participation of diverse political figures and stakeholders.

Ways of working

The National NCD Programme aims to foster collaboration among different sectors beyond health towards a common goal: the successful launch and expansion of the National NCD programme at the primary care level, encompassing more than 700 health centres across the country. This has entailed multisectoral actions to encourage transparent communication and knowledge collaboration such as planning workshops, protocol-writing meetings, and capacity-building and sensitization sessions to support team-building and skill enhancement of state and non-state actors, including with the parliamentary committees on HIV, tuberculosis, substance abuse and NCDs, and the Ministry of Education. These activities include training on management of NCDs for clinical staff, awareness-raising of NCD risk factors among the community, and sensitization on the burden of NCDs and the policy changes required for effective regulations on prevention of NCDs.

An NCD research evaluation project has been conducted under a multisectoral approach to reduce dietary risk factors for NCDs. This venture was coordinated by the Ministry of Health's Policy and Planning Department and undertaken by the Ifakara Health Institute. It aimed to assess the extent to which the Tanzanian health food environment (policy and infrastructure) *(13)* is addressing dietary risk factors for NCDs, including identifying opportunities to improve the policy and regulatory environment for prevention of dietary risks for NCDs. The Ifakara Health Institute worked in collaboration with several non-health actors such as the President's Office Regional Administration and Local Governments, Ministry of Agriculture, Tanzanian Bureau of Standards, Ministry of Education and Sokoine University of Agriculture. As an example of co-design and co-benefit approaches, the Ministry of Agriculture appointed a focal point to participate in all project meetings and provide information on how the Ministry of Education could contribute to policies and actions addressing dietary risk factors for NCDs, including diabetes.

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The Tanzania Diabetes Association holds monthly meetings with the Ministry of Health and the Regional Administration and Local Government. These meetings have helped to identify bottlenecks and potential solutions, and facilitated the implementation of the programmes to train health care providers on NCDs. The members of subcommittees also participate in the NCD steering committee meeting for multisectoral action where they raise all the issues that emerged in their own meetings.

Resources and capabilities

Financial resources and expertise to support implementation of multisectoral actions are being provided by various development partners, primarily by WHO and the Tanzanian Diabetic Association. The Tanzania Diabetes Association has supported meetings to enhance knowledge and discuss areas of joint collaboration in addressing diabetes, including educating people about the importance of physical activity for prevention of NCDs.

For diabetes, funding has been mobilized from multiple sources and stakeholders in addition to some allocation from the national health budget. A strong multistakeholder collaboration, led by the Tanzania Diabetes Association has effectively allocated funding to support multisectoral actions for diabetes prevention and control. Collaborators included the Ministry of Health, Regional Administration and Local Government and other donors such as the World Diabetes Foundation, Novo Nordisk Foundation, Life for a Child, Changing Diabetes in Children, Roche pharmaceutical company and Health Action International. In addition, the Tanzania Diabetes Association and Tanzania NCD Alliance work with several non-state actors and community-based organizations, such as local branches of Lions and Rotary, in implementing various community-based advocacy and screening programmes for diabetes, hypertension, cardiovascular diseases and obesity.

Outcomes

Several achievements have been realized in the ongoing efforts to embed multisectoral action in programmes and activities to tackle NCDs, including diabetes. Multisectoral action is being integrated in the National Strategic Plan for Noncommunicable Diseases, 2021–2025 *(14)*, as well as in the Health Sector Strategic Plan V which clearly states that, "the increase in NCDs, in particular, demands an integrated approach with all sectors" *(15)*. Furthermore, specific initiatives undertaken include: performance of a review of policy, legislation and regulations on nutrition, alcohol, physical activity and establishment of a parliamentary committee on substance abuse and mental health; development of policy briefs on trans fats, physical activity, and integration of nutrition and dietary guidance as part of universal health coverage; and implementation of an advocacy campaign for the development of an action plan to change cooking methods to avoid indoor air pollution and consequently respiratory diseases.

A focus on multisectoral action for the prevention of NCDs has also resulted in a greater understanding of the underlying social determinants of health. WHO in collaboration with the Ministry of Health and Prime Minister's Office supported the training of all focal points across several government sectors on Health in all Policies. For example, in one of the meetings organized by the Prime Minister's Office, focal points from the Ministry of Land agreed to improve road infrastructures to create space for physical activity (e.g. walking and biking), and the police force committed to preventing road traffic incidents and ensuring the safety of motorcycle passengers.

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Efforts are underway to establish effective public–private partnerships to ensure that private partners take an active role in addressing NCDs in the United Republic of Tanzania, including in the workplace.

Reflections and lessons learnt

Successful implementation of multisectoral action for NCDs in United Republic of Tanzania can be attributed to several factors, including the community and policy-makers awareness of NCDS and their readiness to work together, under the guidance of the NCD coordinator in the Prime Minister's Office. As noted earlier, joined by the Prime Minister's Office and regional administrative leaders, the Minister of Health has led the way on World Diabetes Day in sensitizing communities on the importance of a healthy lifestyle and having regular health check-ups.

Interdisciplinary research findings have provided crucial evidence on risk factors common to all NCDs, underscoring the importance of addressing diabetes and other NCDs through multisectoral action.

The integration of multisectoral action is a prerequisite to the successful implementation of these plans. Lessons learnt from implementation of multisectoral actions for nutrition and HIV/AIDS (for example, the importance of coordination, tracking of clients (data), patient follow-up and evidence-based planning) have been central to the development of multisectoral action in the United Republic of Tanzania.

The role entrusted to the Prime Minister's Office as the main coordinator of multisectoral collaboration, and the appointment of a high-level NCD coordinator to oversee the multisectoral coordination processes were strategic decisions that spearheaded the development of multisectoral action in the United Republic of Tanzania. The collaborative process created trusted partnership between the health and non-health sectors, encouraged adaptability and facilitated the setting of achievable and feasible objectives.

The inauguration of the annual NCD week by the Minister of Health gave the necessary political impetus to the NCD multisectoral action, placing it high on the national agenda (Box 3.17.1). The active engagement of the Minister, together with other political figures and stakeholders in this annual event, further strengthened partnerships between the health and non-health sectors, and engagement of the public and private sectors and the research community.

A number of challenges were encountered in operationalizing multisectoral action in efforts to address NCDs including diabetes. Despite its importance, the implementation framework for multisectoral action has yet to be institutionalized. Furthermore, there are no specific monitoring and evaluation mechanisms with indicators for multisectoral action to assess the performance of the multisectoral activities for NCDs, including diabetes in the United Republic of Tanzania. In addition, while the political will to tackle NCDs through a multisectoral approach is evident, the lack of sufficient resources and absence of a clear action plan for a coordinated approach hindered implementation of multisectoral action, as did intersectoral politics and competing interests.

In summary, effective multisectoral action to address NCDs in the United Republic of Tanzania is attainable and could be enhanced in the following areas: (i) having clear terms of reference for activities to be carried out; (ii) having a formal monitoring and evaluation plan to assess progress in multisectoral action with clear expected outputs and outcomes; and (iii) working as a team.

Box 3.17.1. Practical example – annual NCD week

In 2019, the United Republic of Tanzania began commemorating a NCD week every year. The event overlaps with the World Diabetes Day on 19 November. The Prime Minister inaugurated the first event in

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2019, highlighting the importance of addressing NCDs, including diabetes, as emerging diseases in the United Republic of Tanzania and the need for an urgent and a collaborative response. Various government ministers and secretaries from multiple sectors are actively involved in the annual event, including those from the Ministry of Education, Ministry of Health, Prime Minister's Office, President's Office Regional Administration and Local Government, and Ministry of Sports and Culture, as well as other stakeholders from across the country, such as regional officials, and other institutions. Together, they raise community awareness of the increasing burden of NCDs in the country, the underlying risk factors and the importance of preventing NCDs through physical activity and healthy diets, while also addressing obesity and harmful alcohol consumption.

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