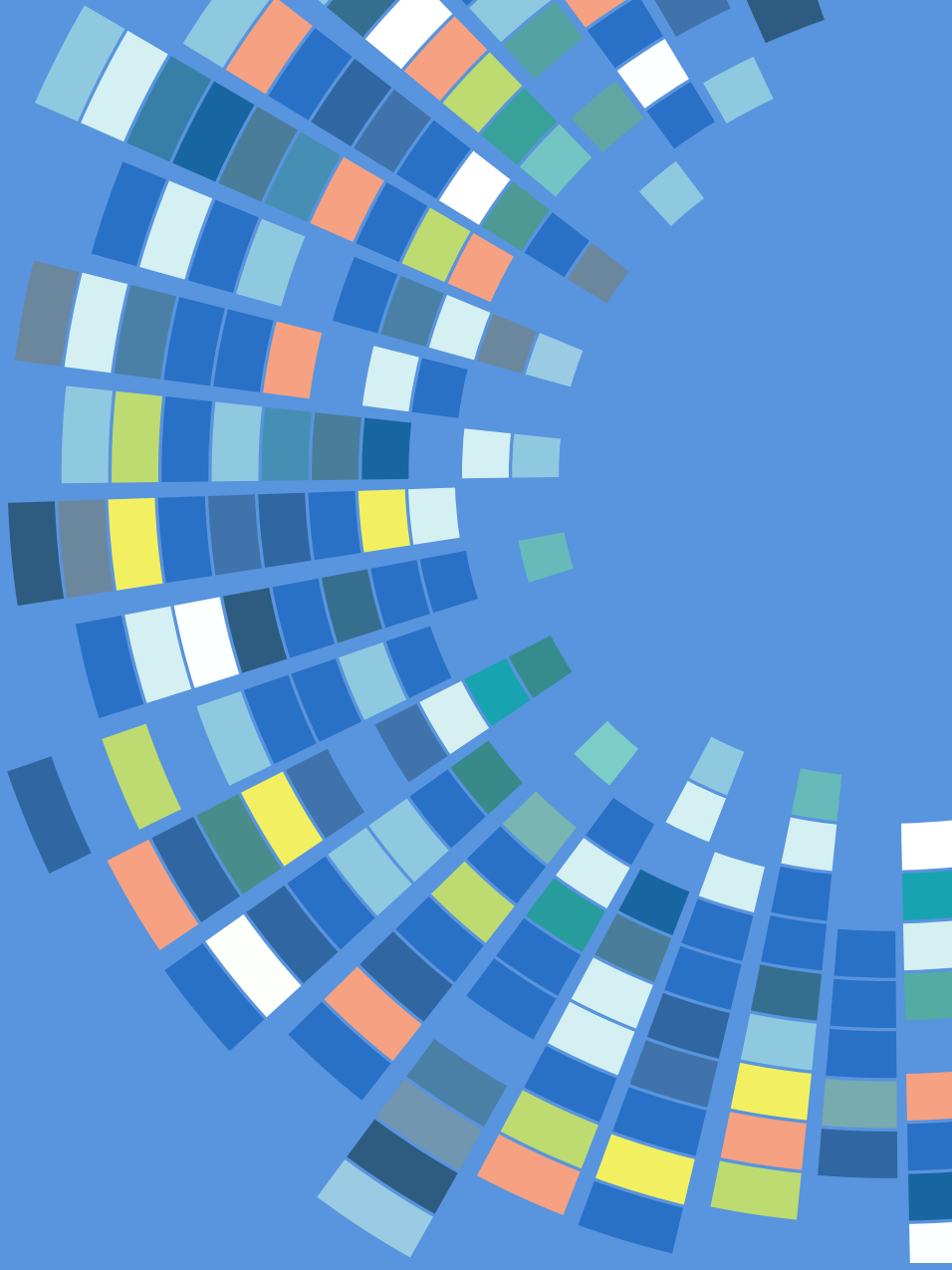

Advancing multisectoral and multistakeholder actions on noncommunicable diseases

Thematic issue briefs

World Health Organization
NCD Alliance
The George Institute for Global Health
World Obesity

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Contents

Abbreviations

COVID-19	coronavirus disease 2019
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
HPV	human papillomavirus
NCD	noncommunicable disease
SDG	Sustainable Development Goal
UN	United Nations
WHO	World Health Organization

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1 Introduction

1.1

The pressing global health and equity crisis of noncommunicable diseases

Noncommunicable diseases (NCDs) and mental health conditions continue to pose some of today's most pressing challenges to global health and equity. Heart disease, stroke, cancer, diabetes, chronic lung disease and other NCDs kill a staggering 43 million people every year, of whom some 18 million are under the age of 70 *(1)*. Some 82% of these premature NCD-related deaths occur in low- and middle-income countries *(1)*, where access to prevention and care is limited or unaffordable.

While the major risk factors for NCDs – tobacco and alcohol use, physical inactivity, unhealthy diets and air pollution – are largely preventable, they are often associated with more complex socioeconomic, environmental or commercial determinants of health *(2)*. Income, social status, the quality of education, living environment or the availability of affordable prevention and care services mean that people living in different places are at different risks, which affects the effectiveness and efficiency of NCD prevention, management and treatment.

Economically, the global NCD epidemic costs trillions of US$, causes severe economic losses and poses socioeconomic challenges. Premature deaths, disability and reduced human capital decrease economic productivity, as the costs of prevention and treatment also pose a financial burden on people and communities *(3)*. Again, people living in low-resource settings are at additional disadvantage and at immediate risk of falling into the rapidly expanding poverty trap of enduring costs of prevention, treatment and care while facing income loss *(4)*.

1.2

Implementing coherent policies, taking joint action

To address the complex interplay of NCDs, their risk factors and determinants effectively, coordinated action and coherent policies by government sectors and stakeholders are crucial. Many of the root causes and direct consequences of NCDs lie outside the immediate domain of public health. Therefore, governance and public policies in finance, trade, social affairs, economic development, treasury, technology, education and other relevant sectors must be coordinated and coherent *(5)*. This "whole-of-government" approach is captured in the concept of multisectoral action on NCDs, emphasizing coherent governance, policy and programmes for NCD prevention and control.

The complexity and scale of the NCD epidemic also call for strong, "whole-of-society" ownership, partnerships and interdisciplinary thinking. Multistakeholder collaboration results in the engagement and joint action of diverse actors, including civil society organizations and people with lived experience, academia, United Nations (UN) agencies, the private sector and other partners. They should be involved meaningfully and in an empowering way, while safeguarding public health from undue influence. Together, multistakeholder partners can drive a more effective, equitable NCD response.

Multisectoral and multistakeholder engagement can turn the tide of the global NCD epidemic. They core principles of both primary health care approaches *(6)* and universal health coverage *(7)* and are widely recognized enablers for accelerating progress towards achieving the goals of the 2030 Agenda for Sustainable Development.

1.3

The WHO Global Coordination Mechanism on NCDs

The WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) was established by Member States in 2014 to support countries in advancing their NCD response through multisectoral government action and multistakeholder engagement. The Mechanism facilitates knowledge-sharing and joint action among government sectors, non-State actors and communities and people living with NCDs, mental health and neurological conditions to ensure their meaningful engagement in shaping coherent, inclusive, equitable policies and programmes on NCDs and mental health.

With Member State and non-State actor partners, the GCM/NCD advances national, regional and global multisectoral and multistakeholder engagement by providing guidance, tools, strategic advocacy and global flagship initiatives. Recent publications include a global mapping and compendium report on multisectoral government action on NCDs *(8,5)*, the WHO framework for meaningful engagement of people living with NCDs, and mental health and neurological conditions *(9)*, a decision-making tool for engagement with private sector entities *(10)* and the Knowledge Action Portal on NCDs *(11)*, a global, multistakeholder knowledge collaboration and community platform.

1.4

Co-creating thematic issue briefs

Building on these established tools and guidance, GCM/NCD Participants representing civil society organizations identified major multisectoral and multistakeholder challenges and opportunities to be explored further in preparation for the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-being (UNHLM4) *(12)*. More than 50 representatives of different organizations participated in an exploratory survey in April 2024, from which the GCM Secretariat shortlisted key themes.

With three leading GCM participant organizations – The George Institute for Global Health, the NCD Alliance and the World Obesity Federation – the themes were grouped and prioritized for development as three thematic issue briefs, which are presented in this publication:

- institutionalizing multisectoral governance for NCDs: incentivizing and supporting sustainable multisectoral action (Issue brief 1);
- advancing data-driven, evidence-informed multisectoral action: the role of multistakeholder data-sharing and knowledge collaboration (Issue brief 2); and
- building narratives to drive multisectoral action on NCDs and mental health among stakeholders (Issue brief 3).

During November 2024, a second online survey identified promising practices at country level, priorities and implementation challenges in the global network of GCM Participants. More than 30 organizations provided detailed technical input and participated in reviewing the draft briefs.

A virtual consultation was held at the Second General Meeting *(13)* of the GCM/NCD (23–25 April 2025) *(13)*, including two dedicated pre-meeting consultations on 16 April 2025, at which more than 80 representatives of Member States and GCM participant organizations provided feedback to the issue briefs.

Each brief includes a rationale for the importance and challenges of (i) institutionalizing multisectoral action, (ii) leveraging data and evidence and (iii) strengthening multisectoral narratives on NCDs. The issue briefs also include recommendations for stakeholders and actionable key messages, and discuss latest trends, promising practices and lessons from countries, civil society actors and people with lived experience. The briefs are designed to serve as both additional technical references and strong advocacy tools to advance multisectoral and multistakeholder action on NCDs.

2 Issue brief 1. Institutionalizing multisectoral governance for NCDs: Incentivizing and supporting sustainable multisectoral action

2.1 Introduction

This issue brief reports on how Member States can institutionalize multisectoral action as sustainable, crisis-resilient government mechanisms to sustain coherent policies and programmes on NCDs. It provides the latest lessons on overcoming barriers, creating a conducive political environment and leveraging skills and tactics to incentivize government sectors beyond health to engage in multisectoral collaboration on NCDs.

Multisectoral initiatives in which government actors beyond the traditional health sector are actively engaged remain crucial for effective NCD prevention and control *(5)*. A common challenge is sustaining multisectoral collaboration over time and amid changing political leadership and resource constraints *(14)*. Institutionalizing multisectoral action through governance mechanisms (e.g. presidential or joint administrative orders, municipal bills, technical working groups or advisory bodies) is one of the most promising strategies for sustaining collaboration among government sectors and ensuring coherent policy for effective NCD prevention and control.

Government actors in different sectors, such as health, education, finance, trade and transport, and their political leaders are the main decision-makers in institutionalizing multisectoral action. Civil society organizations, academia and people with lived experience often provide crucial support in advocacy and capacity-building, as well as financial and political support for multisectoral governance and policy mechanisms. In many countries, multisectoral initiatives, including governance, rely strongly on public support, expertise and evidence provided by academic institutions and people living with NCDs, as well as on hands-on implementation support by civil society organizations *(5)*. International organizations and donors can further catalyse relevant activities such as capacity-building and provide financial and technical assistance to start multisectoral NCD programmes. *Multisectoral* government activities can therefore be supported and sustained through *multistakeholder* collaboration.

2.2 Rationale

Embedding multisectoral work in governance mechanisms, decision-making and budgetary processes helps to sustain Health-in-All-policies approaches *(15)*, reduces dependence on individual political leaders and facilitates long-lasting cooperation, aligned policies and resourcing. Collaborative initiatives that are not formalized are at risk of being de-prioritized, under-resourced or discontinued. Institutionalization of multisectoral approaches also engenders a culture of collaboration among a wider range of stakeholders beyond government, thus amplifying the impact and accountability *(5)*. Boxes 1 and 2 provide examples of national initiatives to promote multisectoral action.

Box 1

Promising practice 1: Sustainable financing for multisectoral action – Canada

The Quality-of-Life Framework was issued by the Government of Canada in 2021 to measure and include well-being as a priority for Canadians of all ages into Federal budgeting and decision-making. Finance Canada, with support from Statistics Canada, led data management and developed indicators. The framework was added to Government's budgeting to assist policy- and decision-makers in positioning their initiatives with respect to their impact on quality of life. The expected impact of each funded budget initiative is now reported in the Federal budget impact report. Including leadership for from Finance Canada added importance to this work and provided an incentive for the participation of other departments.

Read more about this promising practice in the WHO Compendium report on multisectoral actions.

Box 2

Promising practice 2: A national tobacco control coordination committee – Ethiopia

The Ethiopian Food and Drug Authority formed the multisectoral National Tobacco Control Coordination Committee in 2015, which included all relevant Government sectors, including health, finance and public health, as well as civil society, academia and the private sector. The objectives of the coordinating committee are to coordinate implementation of the WHO Framework Convention on Tobacco Control and to strengthen tobacco control measures in Government institutions, partners and stakeholders. High-level leadership from the Ministry of Health and the Food and Drug Authority supported the coordination committee in implementing the national tobacco prevention and control programme. The programme has helped advance tobacco control in the country, including adoption of a strong tobacco control law in 2019 that complies with the Framework Convention and implementation of tobacco control packages such as graphic health warnings and smoke-free environments.

Read more about this promising practice in the WHO Compendium report on multisectoral actions.

2.2.1. Challenges for sustainable multisectoral action

WHO's guiding framework on multisectoral action for the prevention and control of NCDs and mental health conditions *(8)* introduces four pillars for a successful approach to multisectoral collaboration: (i) governance and accountability, (ii) leadership at all levels, (iii) ways of working and (iv) resources and capabilities. While formalized coordination mechanisms and decision-making are usually categorized under governance and accountability, institutionalization requires support on all four pillars, particularly on continuous leadership, active engagement and communication with sectors and partners, and sustainable resourcing.

For each of the four pillars, institutionalization of multisectoral action poses specific opportunities and challenges. Box 3 lists common challenges reported in the country case studies of the WHO compendium report *(5)* and findings from the consultation with GCM Participant organizations.

Box 3

Challenges to sustainable multisectoral action

Governance and accountability

- absence of legislation mandating multisectoral action;
- lack of experience and knowledge in multisectoral governance;
- lobbying by health-harming industries to discourage policies and programmes that may affect profits (e.g. regulation of tobacco, alcohol, unhealthy foods); and
- incoherent policy, such as conflicting mandates between health and non-health sectors.

Leadership at all levels

- frequent turnover of political leaders, limiting continuity, or limited incentives for new political leaders to continue their predecessors' initiatives;
- lack of understanding by leaders in non-health sectors of their role and responsibility in the NCD response; and
- lack of skill in collaborative leadership, thus creating a culture of working in siloes.

Ways of working

- limited opportunity or established channels for intersectoral dialogue and collaboration;
- lack of incentives for sectors to collaborate in the long term;
- insufficiently defined roles, responsibilities and measurable outcomes among sectors;
- lack of knowledge- and evidence-sharing among sectors (also see Issue brief 2); and
- lack of a common language and concepts among sectors (also see Issue brief 3).

Resources and capabilities

- incentivization of vertical or siloed working due to external funding priorities;
- lack of dedicated funding for multisectoral action;
- limited domestic resources and overstretched budgets;
- dependence on external funding and official development assistance to sustain multisectoral actions; and
- lack of personnel and teams with the necessary remit, skills, expertise or experience.

2.2.2. Growing country support and global interest for multisectoral action

A growing body of guidance materials and promising practices can be built on by countries to design, implement and sustain multisectoral action on NCDs *(8,16-17)*. The WHO Compendium report on multisectoral actions for NCDs and mental health *(5)* documents both the challenges of institutionalizing multisectoral actions and the positive impact of sustained multisectoral collaboration in 17 country case studies.

Establishing multisectoral mechanisms has received substantial attention in both global and national health policy-making *(18)*, particularly in involving government sectors beyond the traditional health domain. Several existing coordination platforms and novel national and municipal initiatives are advancing multisectoral action. The WHO GCM/NCD, for example, convenes Member States and non-State actors to undertake multisectoral action and multistakeholder engagement nationally, regionally and globally by providing tailored guidance and knowledge collaboration platforms *(11)*. In countries around the world, governments are partnering with civil society and the private sector to accelerate multisectoral action *(19,20)*.

2.3

Recommendations

Governments

- **Create legislative and policy mandates for multisectoral action, with penalties for non-compliance.** Laws and regulations that explicitly require action in several government sectors to address NCDs are among the strongest governance elements, as they ensure that all relevant sectors participate in implementation and accountability. Penalties for non-compliance may help to reinforce such regulations. National NCD strategies should include multisectoral action as a formal, regulated requirement in all ministries, to ensure policy coherence and sustained financing for implementation.
- **Formalize partnerships among government sectors by establishing multisectoral committees or task forces with defined roles and responsibilities.** To operationalize multisectoral plans and strategies effectively, dedicated committees or task forces should be established both nationally and sub-nationally. They can involve representatives from civil society and people living with NCDs (see promising practice 3). A dedicated coordination unit can further ensure smooth day-to-day operations, drive implementation and maintain clear, consistent communication among sectors *(5)*. Formalizing partnerships between sectors, for example through a Memorandum of Understanding or other form of agreement, is another opportunity to recognize different roles, responsibilities, and decision-making processes across sectors.
- **Design and implement national multisectoral plans for NCDs with clear roles among government sectors and targets.** NCD policies and programmes should be coordinated by a dedicated, multisectoral mechanism, with clear roles and responsibilities of each sector, including specific targets, actions, and outcomes *(16)*. Joint planning and budgeting help to align perspectives and resources within a government *(16)*. National health plans should also be aligned with global health frameworks and targets (such as the WHO NCD Global Action Plan *(21)*, further supporting institutionalization and accountability.
- **Invest in multisectoral action.** Multisectoral action is a smart investment for governments and donors seeking to improve health and development outcomes. As with the financing of NCD prevention and control, multisectoral action is best sustained with domestic sources *(22)*. Health taxes are an example of a domestic resource, with the double benefit of reducing NCD risk factors, for example by taxing health-harmful products and generating revenue that can be reinvested in health programmes *(22)*. Investments in multisectoral governance should also cover cross-sectoral policies and programmes as well as adequate resources for coordination, capacity-building, monitoring and evaluation (see also Issue brief 2).

- **Establish dedicated budget lines and cross-sectoral funding mechanisms.** Cross-sectoral funding mechanisms, such as pooled or inter-ministerial funds, enable governments to better coordinate resource allocation, reduce duplication and enhance efficiency to achieve shared goals *(22)*. Multisectoral initiatives should also be reflected in routine budgeting and planning and include budget lines for coordination, training and monitoring. This ensures sustainable funding and makes initiatives more likely to withstand changes in administration and leadership (see promising practice 3) *(5)*.

Box 4

Promising practice 3: Institutionalizing leadership at all levels – Tasmania, Australia

In 2016, the Tasmanian State Government developed a Strategic Plan for Preventive Health to engage many government departments and sectors and to work with the community to improve health and well-being. The plan included establishment of the Premier's Health and Wellbeing Advisory Council, which provides leadership to advocate for multisectoral action for health and well-being across Government departments, at all levels of Government and society. It also engages community leaders to influence Government activity, supports champions and advocates for effective action in all sectors, such as education, transport, planning and social policy. The Council is composed of diverse community and academic leaders with strong knowledge and expertise in health.

Read more about this promising practice in the WHO Compendium report on multisectoral actions.

- **Establish transparent monitoring and evaluation systems with shared performance indicators among sectors.** Shared performance indicators allow monitoring and evaluation of progress in and the impact of multisectoral collaboration and promote a culture of shared accountability (see also Issue brief 2). Targets, indicators and routine reporting should ideally be part of long-term, national NCD response plans and strategies in order to document progress and the outcomes of both the government and the public.
- **Ensure continuous political leadership at all levels.** High-level political leadership and endorsement for multisectoral governance initiatives ensure prioritization in national policy agendas, buy-in by various sectors and public support. Institutionalization of multisectoral action allows leaders to demonstrate their commitment to making progress in achieving more complex global health targets, including the Sustainable Development Goals (SDGs), and building a positive political legacy. Appointment of leaders in non-health sectors as "NCD Champions" can further facilitate institutionalization of whole-of-government approaches beyond the traditional health sector.
- **Incentivize multisectoral engagement in the civil service, and offer dedicated capacity-building.** Building a professional, adaptable civil service workforce that is aware of and committed to multisectoral governance even during political change and career transition is challenging. By providing incentives for collaboration and by promoting career mobility in all sectors, government staff can gain experience beyond their discipline and sector and develop a better understanding of the complexities of policy coherence, as part of and beyond the NCD response. Skills and competence such as in negotiating strategies, interdisciplinary communication and multisectoral policy development often require training or refreshing in dedicated capacity-building *(5)*. Building trust among actors requires a long-term strategic approach and consistent investment, including capacity-building *(23)*.

Box 5 lists the skills necessary for multisectoral activity on NCDs.

Box 5

Skills required for multisectoral action on NCDs (from a survey of GCM participants responses and WHO technical publications (5,8,24,25).

- **Leadership and strategic vision:** Securing political and administrative leadership for multisectoral governance and alignment with national development goals; strategic planning skills to design and implement long-term initiatives.
- **Coordination and negotiation skills:** Ability to facilitate dialogue and negotiation among sectors with different mandates and priorities; coordinating skills to manage and align activities across sectors.
- **Multistakeholder collaboration skills:** Resources to build and sustain partnerships among government sectors and civil society and to create spaces for meaningful engagement.
- **Communication and advocacy skills:** Effective communication skills to build narratives about the shared benefits of NCD prevention; advocacy capability to generate political will and public support for sustained collaboration.
- **Technical knowledge and expertise:** Understanding of the social, economic and environmental determinants of NCDs and their interactions with various sectors; capacity to design interventions to address determinants.
- **Resource mobilization and management skills:** Resources to secure and allocate funding and technical assets for multisectoral initiatives; efficient resource management to optimize funding and personnel in all sectors.
- **Monitoring and evaluation expertise:** Capability to establish robust frameworks to measure the effectiveness of multisectoral actions and provide feedback for improvement.

- **Capitalize on win–win opportunities.** Governments can incentivize long-term commitment to cross-sectoral collaboration by framing NCD actions as win–win scenarios for all partners, for example by highlighting increased productivity, cost savings and environmental benefits (see also Issue brief 3). Joint review (see Promising practice 4 for an example) can strengthen different sectors' understanding and buy-in for multisectoral action.

Box 6

Promising practice 4: Identifying win-win opportunities – Japan

Enlistment of a ministry to assume a central role in multisectoral actions requires proposing win-win outcomes. Before seeking collaboration from the Consumer Affairs Agency and the Ministry of the Environment to support a Strategic Initiative for a Healthy and Sustainable Food Environment, the Ministry of Health, Labour and Welfare of Japan conducted a desk review of the policies and reports developed by those agencies. They then explored and presented potential win–win opportunities that could arise from collaboration among the three government agencies. As a result, the Ministry of the Environment agreed to collaborate and extend their support to the Initiative, which is now being introduced *(26)*.

Read more about this promising practice in the WHO Compendium report on multisectoral actions.

Civil society and people with lived experience

- **Offer civil society leadership, advocacy and expertise.** Civil society organizations provide critical support to government-led multisectoral action and should actively contribute with advocacy, technical expertise and community networking *(27)*. By liaising with communities and people with lived experience, these organizations can help governments to contextualize NCD responses, identify community needs and design more effective, inclusive solutions *(28)*. By leveraging their global and regional networks and individual technical work, civil society organizations can act as both conveners and active partners in national multisectoral mechanisms and support governments by providing training and community outreach.
- **Hold governments accountable for advancing inclusive, coherent policies and programmes.** Civil society can advocate for sustainable multisectoral action and create strong narratives, mobilize communities and communication campaigns to urge governments to commit to greater policy coherence and coordinated action (see also Issue brief 3). Annual campaigns on health conditions and risk factors can be used to frame NCDs as a multisectoral challenge and a shared societal responsibility, requiring coordinated action among sectors *(29)*.
- **Strengthen continuous leadership throughout civil society and communities.** Sustained multisectoral action also depends on continuous leadership in civil society organizations and communities. This ensures that both multisectoral policies and programmes are context-appropriate, people-centred and foster local ownership and trust to sustain collaborative action (see also Promising practice 4).
- **Extend peer networks and collaborative platforms.** Knowledge collaboration platforms, such as the WHO Knowledge Action Portal on NCDs *(11)*, allow civil society and government partners to share best practices and lessons. Often, informal networks among peers can complement formal institutional structures and should be used in multisectoral initiatives.
- **Ensure the participation of people with lived experience.** Meaningful engagement of people living with NCDs, mental health and neurological conditions in all aspects of health policy- and decision-making is increasingly recognized and strategic for the design, implementation and evaluation of multisectoral policies *(9)*. Individuals living with NCDs are uniquely positioned to identify concrete challenges in health, education, social protection, employment and other areas. Their personal narratives and advocacy provide the expertise necessary for change in systems and sectors.

Academia

- **Build the evidence base for multisectoral action.** To support the case for multisectoral action for NCDs, academic institutions and researchers can contribute directly to strengthening the evidence base on the need for and co-benefits of multisectoral policies and programmes. By supporting translation of academic evidence into policy briefs, investment cases and advocacy materials, they can further contribute to evidence-informed decision-making and more coherent health policies (see Issue brief 2).

Donors

- **Incentivize countries to implement multisectoral action.** By providing long-term funding for strengthening multisectoral governance and action, investing in capacity-building initiatives and ensuring systematic inclusion of civil society and people with lived experience, donors can help start or accelerate coherent action on NCDs, particularly in low-resource settings *(30)*.

International organizations

- **Provide technical support, convene partners, and facilitate knowledge exchange and learning.** UN agencies and other international organizations, including WHO, support countries in implementing multisectoral policies and programmes by providing technical guidance and evidence-informed implementation strategies. They also play an important role by convening multistakeholder partners, including Member States and civil society, for knowledge exchange and by placing policy coherence on global health and policy agendas.

2.4

Key messages

Institutionalization of multisectoral action is critical for sustaining coherent, effective NCD prevention and control amid political change or resource constraints. Dedicated governance mechanisms, strong buy-in from government actors beyond the health sector and active support from civil society, academia and international organizations are crucial to sustain multisectoral action.

Strengthening government mechanisms, resources and leadership

1. The institutionalization of multisectoral action supports coherent NCD policies and makes joint action more sustainable and resilient to crises. As far as possible, governments should formalize multisectoral initiatives in legal mandates, dedicated committees or task forces, or in national implementation plans.
2. Effective multisectoral governance requires reliable resources, technical capacity and cross-sectoral monitoring. Governments should ensure dedicated budget lines and cross-sectoral funding for multisectoral governance and establish monitoring and evaluation systems with shared performance indicators among sectors.
3. Continuous leadership – from high-level political support to cross-sectoral implementation priorities – and sufficient staff can substantially accelerate and extend the impact of multisectoral initiatives. Governments should ensure strong incentives and dedicated capacity-building for civil servants to ensure multisectoral collaboration.

Leveraging expertise and implementation support from civil society

4. Civil society actors, academia and people with lived experience play crucial roles in delivering advocacy, capacity-building and financial and political support for multisectoral governance and policy. They can offer their leadership, advocacy and expertise to collaborate with governments, hold the public sector accountable to advance inclusive, coherent policies and programmes and ensure meaningful participation of people with lived experience.

Prioritizing country implementation and knowledge-sharing for multisectoral governance

5. Donors, civil society and international organizations should help to ensure that multisectoral policies and programmes remain a priority in global health and in national NCD responses. By providing financial and technical resources to start or accelerate coherent country action on NCDs and by supporting documentation and sharing of lessons learnt from regions and countries, they play an important role in convening strategic partners, ensuring evidence-informed interventions and fostering continuous learning.

3 Issue brief 2. Advancing data-driven and evidence-informed multisectoral action: the role of multistakeholder data- and knowledge-sharing

3.1 Introduction

The response to the alarming health and socioeconomic burden of NCDs requires a multipronged approach to address both preventable risk factors and the structural determinants of health. Cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, and mental health and neurological conditions are due to behavioural risk factors, including tobacco and alcohol use, unhealthy diets and physical inactivity, as well as metabolic and environmental factors such as obesity and air pollution. These risk factors and determinants are themselves linked to wider socioeconomic, commercial and political determinants that have considerable impacts on health and well-being *(2)*.

The lasting impact of the coronavirus disease 2019 (COVID-19) pandemic, the intensifying climate crisis, geopolitical conflicts, economic instability, persisting global inequalities and demographic shifts such as urbanization and ageing populations have exacerbated and accelerated the NCD crisis. Globally, NCDs account for some 43 million or 75% of global deaths every year, with a disproportionate impact in low- and middle-income countries, where 80% of NCD-related deaths before the age of 70 occur *(1)*. Nearly 1 billion people worldwide live with mental, neurological or substance use disorders, including one in seven young people aged 10–19 *(30)*. Together, NCDs and mental health and neurological conditions account for the majority of global morbidity and disability. They also have enormous health-care costs and loss of productivity, resulting in a negative economic impact *(33)*.

The complex drivers of the global NCD epidemic call for a multisectoral, interdisciplinary, evidence-informed approach *(5)*. Effective NCD policies and programmes must consider not only traditional clinical and population health and behavioural indicators but also the socioeconomic, environmental and political contexts of health challenges and the best available intervention strategies. Combinations of data sources, types of evidence and interdisciplinary perspectives can provide a basis for a coordinated, coherent NCD response and ensure multisectoral governance *(5,31)*.

Sourcing cross-sectoral, interdisciplinary data derived by dedicated reporting and monitoring and their systematic use as a basis for NCD policies and programmes poses a challenge for producers, intermediaries and users of data and evidence. At country level, significant gaps persist in the capacity, resources and collaboration for systematic sourcing, sharing and applying multisectoral data of government sectors, civil society, health-care professionals, communities, people with lived experience, the private sector and academia *(5)*.

This issue brief discusses strategies for multisectoral data-sharing among government sectors and other stakeholders and for the analysis and synthesis of actionable evidence to ensure effective, evidence-informed and coherent multisectoral NCD prevention and control.

3.2

Rationale

3.2.1. Multisectoral data and evidence on NCDs, risk factors and determinants of health

Diverse data sources, types of evidence and forms of expertise are relevant for effective decision-making in NCD prevention and control. As risk factors and determinants of health are often complex and interlinked, NCD policies and programmes should be informed by evidence from beyond the traditional health sector. In multisectoral government programmes on NCDs, ministries of health often collaborate with, for example, ministries of education, children and youth affairs, economy and finance, recreation and sports *(8)*.

Box 7 provides a non-exhaustive list of relevant data and sources for the assessment of and response to specific NCD challenges from a multisectoral and interdisciplinary perspective.

Box 7

Multisectoral data sources for NCD prevention and control

- **Health data**, including routine facility-based and surveillance data, health facility assessments or population and household surveys. The sources may include health management information systems, routine surveillance, non-routine and population-based surveys and analysis of electronic health records on NCD prevalence and mortality and access to screening, diagnostics, treatment and follow-up care *(32)*.
- **Socioeconomic and demographic data** collected by census bureaux, labour departments and ministries include information on age, gender, education, income distribution, employment rates, housing quality and other population demographics.
- **Data on nutrition and agriculture can be collected** from agriculture departments, food supply chains and retail markets to assess food production, availability, pricing or consumption trends.
- **Environmental data** collected by environmental protection or urban planning agencies and climate research organizations include air pollution levels and other NCD-related effects on the climate and on the availability of public transport and green spaces.
- **Data on education** are provided by education ministries, academic institutions and social research organizations, documenting individual or community education and literacy.
- **Data on economic development** are collected by ministries of finance, economic development and trade, including health budgets allocated for NCD prevention and control, taxation of health-harmful products, subsidies for healthier options and regulations on product labelling and marketing restrictions.
- **Data on occupational health** can be obtained from labour departments and organizations on occupational hazards, the availability of health programmes at workplaces, job-related stress or physical activity levels, or employees' health status.
- **Technology and digital data** from Internet platforms and technology developers reveals access to information, digital health literacy, mobile health applications and digital tools developed for monitoring NCD risks.
- **Data on commercial determinants of health,** including tobacco, alcohol and sugar-sweetened beverage marketing and consumption, are often cross-referenced by socioeconomic status, availability, affordability and consumption patterns.

Effective decision-making in NCD prevention and control also relies on evidence from the full "evidence ecosystem", which encompasses both evidence creation (e.g. through data collection, review and research) and its application (e.g. synthesizing and applying findings in policy-making) *(33)*. In evidence-informed decision- and policy-making, "data" represent a primary level of evidence that includes largely unprocessed facts, figures or information collected from health records, administrations or observational studies. Data from research, systematic reviews and modelling constitutes secondary "evidence", which can be further synthesized and presented to decision-makers in briefs, decision aids or guidelines, as tertiary "evidence"[a].

The evidence ecosystem includes data or evidence producers, knowledge intermediaries and evidence users *(33)*. When applied to NCD prevention and control, these roles are aligned – and sometimes intersect – with those of stakeholder groups including and beyond government actors. Government actors such as ministries and health system organizations, for example, are usually both data producers and evidence users. Civil society organizations may support synthesis and application of global evidence to a local context or may themselves directly collect data or conduct research. People living with NCDs, mental health and neurological conditions may search databases and summaries of evidence to learn more about their health conditions, but they themselves also have valuable expertise in contextualizing interventions. Multisectoral evidence production, exchange and application therefore often relies on multistakeholder collaboration, involving civil society, people with lived experience, academia and, when appropriate, the private sector.

3.2.2. Gaps and challenges in multisectoral data- and evidence-informed decision-making

Despite increasing commitment to governance through multisectoral action on NCDs, interdisciplinary data-sharing and knowledge translation are often difficult in practice. Government actors and their multistakeholder partners often work in siloes, have limited access to multisectoral data sources or lack the capacity and expertise to translate interdisciplinary evidence into multisectoral narratives and action (see also Issue brief 3).

Government sectors, including health, social services, education and urban planning, all collect and use data that could be used to support a coherent NCD response. Typically, however, ministries of health oversee monitoring of NCDs and their risk factors, including in disease-specific registries, patient information systems and national surveys *(34)*. Sourcing and applying multisectoral evidence for making decisions require additional interdisciplinary and analytical skills and may therefore be more resource- and time-consuming. Monitoring the socioeconomic dimensions of NCDs, for example, may require combining health indicators (e.g. prevalence) with a tracer or composite indicator (e.g. universal health coverage index) and demographic or socioeconomic dimensions of inequality (e.g. age, education status) *(35)*.

[a] While the concepts of "data" and "evidence" emphasize the advantage of contextualizing primary data with secondary evidence, decision-makers often rely on limited data and evidence, or are missing the resources or capacity to invest in further evidence synthesis. In practice, primary "data" can also be used for decision-making, and as such presents a form of "evidence".

Box 8

Promising practice 5: Integrated system of information for public management in Paipa, Colombia

The integrated information system for public management in Paipa, Colombia, represents a whole-of-government approach to addressing social, economic, housing, environmental and health requirements by data-driven, collaborative decision-making. Established in 2016 and formalized in 2019, it operates on three principles: data-sharing, multisectoral collaboration and community empowerment. Leaders use local multisectoral data on NCD risk factors, housing conditions, economic activities and dietary habits to prioritize needs and design solutions. Transparent discussions in municipal government councils lead to shared responsibility, so that officials creatively pool resources and address community challenges, despite limited budgets. This approach has strengthened cross-sectoral collaboration and co-responsibility among officials and communities.

Read more about this promising practice in the WHO Compendium report on multisectoral actions.

Limited interoperability and inconsistent standards for data collection and processing among sectors and lack of resources to collect, combine and act on multisectoral insights can limit translation of relevant evidence into coherent policy and effective programmes. NCD surveillance differs widely among countries, and low-income countries lag significantly behind. In 2023, only 32% of low-income countries reported that they had conducted national surveys covering at least eight of nine key NCD risk factors, while, in the same year, 53% of high-income countries had done so. Similarly, many low- and middle-income countries still rely on paper-based health information systems, which limits effective data-sharing and analysis *(34)*.

Routine collection of data disaggregated by sex, gender and other intersecting characteristics is another crucial but challenging prerequisite for ensuring actionable multisectoral evidence. Data disaggregation is fundamental to achieving health equity, particularly as it reveals hidden trends and patterns in marginalized populations, so that programmes and resource allocation can be tailored accordingly *(35,36)*. Disaggregated data on NCDs and their risk factors in different segments of the population remain limited in many countries *(37)*. Similarly, approaches to disaggregate data on NCD financing and public spending, which is crucial for effective multisectoral governance, differ significantly among countries *(38)*.

Proven principles and comprehensive guidance on data governance are available for NCD surveillance and evidence-informed policy-making. When such resources are used systematically, they can help countries to address these challenges. WHO's data principles *(39)* and the UN Secretary General's data strategy *(40)* outline the principles of treating data as a public good, of strengthening the capacity of data and health information systems, of addressing data gaps and of forming multistakeholder partnerships and strategic governance.

Specific guidance on monitoring NCDs, such as the latest guidance on global monitoring for diabetes prevention and control *(41)* or the HEARTS-S module for country hypertension indicators *(42)* increasingly include wider indicators of health systems and risk factors or are being updated to reflect multisectoral indicators of health equity. Global data-sharing platforms on NCDs on the prevalence of risk factors and health inequality, including the WHO NCD Data Portal *(43)* and Health Inequality Data Repository *(44)*, and multistakeholder collaboration platforms such as the WHO Knowledge Action Portal on NCDs *(11)*, also support data- and evidence-informed multisectoral action.

3.2.3. Meaningful multistakeholder collaboration in the evidence ecosystem

The challenge of systematically generating and applying multisectoral evidence for effective NCD prevention and control is not the responsibility of the public sector alone. Non-state actors, including civil society organizations, academia, the private sector and people with lived experience, bring essential competence and perspectives. Their contributions are critical in producing, translating and applying evidence in a truly equitable multistakeholder approach.

Box 9 lists multisectoral partners and their roles in ensuring multistakeholder data and evidence for the NCD response.

Box 9

Multistakeholder partners in an evidence-informed NCD response

- **Academia and research institutions** conduct rigorous research, synthesize and validate evidence and shape research agendas on NCDs, risk factors and determinants of health.
- **Civil society and nongovernmental organizations** often work with communities, producing and using data for advocacy, or commission research or evaluation of relevant aspects of health policy and programmes.
- **Data and technology experts** use digital tools, artificial intelligence and machine learning to improve data collection, analysis and application for predictive modelling and data simulation.
- **Donors and philanthropic organizations** help to address funding and capacity gaps for surveillance and research on NCDs and mental health, particularly in low- and-middle-income countries where resources are scarce.
- **International organizations** provide guidance and international standards and can facilitate knowledge- and data-sharing on international platforms.
- **Media and communication professionals** translate evidence into public narratives and coin the way in which data and evidence are interpreted and visualized.
- **Government departments, agencies and public agencies** (including those for health, transport, education, environment and finance) collect national data and monitor relevant health-related interventions. They can commission research and use the resulting evidence for policy-making and programming.
- **People with lived experience and their communities** can participate meaningfully in data collection and can inform policy-making by ensuring that interventions reflect the needs of diverse populations and settings.
- **Private sector companies** can share data and fund and support public health work with innovative tools, infrastructure, commodities or expertise, although they usually also pursue their commercial interests, which may have health-harmful consequences, including marketing, commissioning research and lobbying against regulations.

Academic researchers can facilitate multistakeholder collaboration throughout the evidence ecosystem. They can act as intermediaries between government agencies, data analysts and communities during research. Researchers, however, may also be constrained by their siloed disciplines, which hinder interdisciplinary and multistakeholder collaboration. Strengthening

national and regional implementation research is widely recognized as a promising approach, as it enables better understanding of how NCD policies and interventions address contextual determinants of health, particularly in low- and middle-income countries *(45,46)*.

Collaborative data-sharing and knowledge translation between public, private and civil society actors can maximize stakeholder capacity to monitor risk factors, track health determinants and evaluate the impact of policies. In low- and middle-income countries, where monitoring and research capacity is often limited, additional data and insights from multistakeholder partners can help to fill gaps and increase work to reduce mortality from NCDs and health inequity (see examples of promising practices). Multisectoral governance mechanisms should commit to the harmonization of data sources and to ensure that all stakeholders have access to comprehensive, actionable insights to guide targeted interventions and evidence-based, inclusive policies.

Box 10

Promising practice 6. Transforming food choices in Mexico: a multistakeholder approach

In the Sonoran Desert region of Mexico, high rates of obesity and type 2 diabetes are particular health challenges. A joint research project was conducted by the George Institute for Global Health, Imperial College London, the Mexican Ministry of Health, local nongovernmental organizations, food providers and retail staff to reduce the consumption of high-fat, sugary and salty foods and sugar-sweetened beverages, which contribute to both conditions and also to environmental degradation.

A comprehensive, multisectoral food product database was developed, and food items were assessed in both a nutrient profiling model and the NOVA classification system *(47)* to determine its nutritional quality and degree of processing. The environmental impact of each product was also assessed, with respect to greenhouse gas emissions and other measures of sustainability. Integration of these data sources was used to identify foods that are both healthy and environmentally sustainable. This evidence was used to co-design interventions, and a local supermarket chain was persuaded to pursue socially responsible company certification, improving their national reputation and competitivity.

This project illustrates how integrated data and cross-sectoral collaboration can result in practical, scalable solutions for preventing diet-related NCD risks. By combining behavioural insights, regulatory frameworks and corporate engagement, the project contributed to aligning public health goals with business and environmental objectives.

Read more about this promising practice on the research project's website *(48)*.

Donors and philanthropies that fund NCD programmes and related research could prioritize inclusive, interdisciplinary research and surveillance by ensuring community engagement and disaggregation of data in funded projects for more inclusive, impactful research outcomes.

People living with NCDs, mental health or neurological conditions can be both a source of data and contribute to providing people-centred insights for more effective, inclusive policies and programmes. The WHO framework for meaningful engagement of people living with NCDs, mental health and neurological conditions *(9)* and the key messages from the recent WHO Symposium of lived experience *(49)* strongly advocate for recognition of lived experience as a form of expertise in decision-making. In evidence-informed policy-making, citizen engagement is increasingly acknowledged as enhancing the effectiveness of policy by providing a platform for deliberating on policy issues *(50)*.

Inadequate health and data literacy may, however, be a challenge for people and their communities, limiting their understanding of the causal relations between risk factors and health conditions *(51)*, which is a barrier to accessing, interpreting and using data to advocate for NCD interventions and policies. A stronger collective focus should be placed on strengthening the capacity of governments to meaningfully engage and support communities as partners in data collection, sharing and dissemination by ensuring that communities have access to relevant training and information, including the latest data, statistics and evidence-informed tools for assessing and managing NCD risk throughout the life course, with consideration of different levels of language, data and health literacy.

Promising practice 7 describes a strategy for increasing vaccine uptake through a data-driven, multistakeholder strategy.

Box 11

Promising practice 7. A multisectoral, multistakeholder approach to increasing vaccine uptake and NCD prevention in Brazil

Brazil has used a multisectoral strategy to improve vaccine coverage, including against human papillomavirus (HPV), a common virus that causes certain cancers, and common infectious diseases such as hepatitis B, influenza and COVID-19. The Brazilian Ministry of Health uses public data platforms to monitor vaccination coverage by both public and private providers. The platforms provide information for targeted interventions by tracking variables such as age, health status and occupation, allowing contextualized, tailored, timely vaccination.

In 2024, for instance, influenza vaccine uptake was less than 30% among people living with NCDs, prompting an earlier vaccination campaign. Similarly, low HPV vaccination rates among adolescents aged 9–14 years stimulated scaling up of school information strategies and vaccination.

Multistakeholder collaboration is central to Brazil's approach. Medical associations and civil society organizations are important in public outreach, leading awareness campaigns for individuals and communities affected by NCDs. They also help to create training resources and host events to educate health-care providers and system managers about the importance of vaccination. Some companies provide free influenza vaccines to their staff, with their decisions guided by publicly available data on areas of low vaccine uptake. This integrated, multistakeholder model has proven effective in adapting to emerging health challenges and improving immunization coverage.

Read more about this promising practice on Ministry of Health Influenza Vaccination Campaign Dashboard *(52)*.

3.3

Recommendations

By establishing multisectoral data-sharing systems, multistakeholder engagement and using evidence-informed strategies, countries can ensure a more effective, coherent, inclusive NCD response. The following recommendations are for actionable steps by governments, researchers and civil society, including people with lived experience, to foster collaboration and develop data-driven solutions with a strong multisectoral focus.

Governments

- **Develop coherent multisectoral governance frameworks:** Create cross-sectoral frameworks that include guidelines for data governance and facilitate responsible exchange of multisectoral information beyond the traditional health system and public health monitoring. Encourage data-sharing through joint budget allocations and interoperable programme platforms, while ensuring data privacy and ethical use of evidence.
- **Use standardized data systems:** Establish interoperable, standardized data systems to ensure secure sharing and storage of information. To facilitate uptake, enhance data integration, and ensure joint accountability. Multisectoral data repositories can be directed or promoted by heads of state or government offices, with the active collaboration of key ministries. (See also Issue brief 1).
- **Prioritize disaggregation of data:** Ensure that data that are collected are disaggregated by sex, gender and other intersecting characteristics in order to address the barriers faced by marginalized or underrepresented groups.
- **Strengthen internal capacity for evidence-informed decision-making:** Strengthen the capacity of ministries for data collection, analysis and dissemination. Ensure technical expertise and robust infrastructure to prioritize evidence-informed policy-making.
- **Prioritize investments in data infrastructure and capacity:** Invest in data collection and analysis systems to promote equitable access to NCD prevention and care. Allocate targeted funding for data collection in low-resource settings, and implement capacity-building programmes for local government actors and partners to collect and interpret data from a multisectoral perspective.
- **Partnerships with communities and civil society:** Engage communities, civil society and people with lived experience to ensure meaningful engagement and shared decision-making in NCD initiatives. Leverage the data and expertise of civil society organizations to strengthen evidence-informed, multisectoral action for more effective NCD prevention and care.
- **Create regional multisectoral collaborative platforms:** Establish councils or committees to facilitate meaningful dialogue, co-design, implementation and monitoring of data-sharing among countries and regions. These platforms should promote data-sharing, skills-building and technology transfer, ensuring alignment of work among sectors.

Academia

- **Leverage implementation research:** Use implementation research to demonstrate the direct and indirect health benefits of multisectoral action in NCD prevention and control, including how, why and under what conditions multisectoral interventions are most effective.
- **Engage and collaborate with communities, civil society and health workers:** As important partners in both data collection and evidence, they can be engaged by participatory research methods and digital health tools. This ensures that data are relevant, timely and contextually accurate and facilitates uptake of evidence-informed recommendations after the research.

- **Prioritize disaggregated data analysis:** As often as possible, routinely analyse data disaggregated by sex, gender, location, socio-economic status and other intersecting characteristics. This helps to track progress and to address barriers that impede marginalized groups from accessing health promotion, prevention, diagnosis, treatment and care, including women, girls and other vulnerable populations.
- **Use diverse data sources and methods:** Encourage the use of diverse types of data and sources of evidence, including lived experience as a form of expertise. Explore advanced analytical methods for analysing multisectoral data, identifying patterns, predicting outcomes and simulating policy implementation.
- **Strengthen interdisciplinary research networks:** Build and strengthen interdisciplinary research networks, and use digital platforms to build cross-sectoral communities of practice, enabling collaboration among research institutions in both the public and the private sectors.

Box 12

Promising practice 8: The Coalition for Access to NCD Medicines and Products

The Coalition for Access to NCD Medicines and Products, launched in 2017, is a multi-stakeholder initiative for improving access to affordable, good-quality NCD medicines and technologies in low- and middle-income countries. It brings together governments (such as those of Kenya, Senegal and Uganda), nongovernmental organizations, UN organizations, academia, civil society, the private sector and philanthropic foundations to address inequity in the availability and affordability of essential medicines. The Coalition seeks to improve access to NCD medicines and products by strengthening capacity for NCD care and supply chains, by identifying and addressing financial and by costing barriers and global, regional and national advocacy.

The Coalition's work has led to significant progress, such as development of 5-year costed forecasts for NCD medicines in Ghana, Kenya and Uganda with a forecasting tool developed by the Coalition, and advocating for increased NCD budgets and availability of medicines and medical products. For example, in Uganda, a Parliamentary motion was passed to provide NCD medicines and increase the NCD budget, while, in Ghana, the Coalition's work demonstrated substantial gaps in priority investments.

The Coalition exemplifies how multistakeholder collaboration, data-based planning and innovative programmes can align stakeholders towards shared goals and help to ensure equitable access to NCD medicines and products.

Read more about this promising practice on the Coalition for Access to NCD Medicines and Products website *(53)*.

Civil society

- **Establish working groups and data-sharing platforms:** Form working groups, and support data-sharing platforms for stakeholders in different sectors to align responses, share data and resources and exchange best practices at national, regional and global levels.
- **Provide training and develop capacity-building resources:** Offer training and develop capacity-building to assist stakeholders in different sectors and disciplines in data integration, analysis and interpretation and in policy application.

- **Include and advocate for the role of diverse populations in the evidence ecosystem:** Ensure the inclusion of diverse populations in evidence production and use by accounting for differences in age, gender, disability, socioeconomic status and other factors. Engagement of people with lived experience and community groups, such as older people's associations and intergenerational self-help clubs, provides insights into barriers to access to health care and other social determinants of health, ensuring that policies are tailored to the needs of all segments of the population.
- **Enhance multisectoral support through multistakeholder collaboration:** Support enhancement of national and subnational capacity for multisectoral collaboration by identifying opportunities for non-State actors, including the private sector, to contribute to the global response to NCDs in data collection and knowledge-sharing. Gaps in NCD prevention, treatment and care can be addressed by using the private sector's expertise in problem-solving, innovation and infrastructure. Safeguard against conflicts of interest by using WHO technical tools and other risk mitigation strategies to ensure ethical collaboration *(10)*.

International organizations

- **Provide guidance and standards on collaborative platforms:** Maintain and promote guiding principles of governance and comprehensive guidance on NCD surveillance and evidence-informed policy-making, and support countries in addressing challenges in multisectoral data collection and analysis, including by sharing knowledge and joint learning.

3.4

Key messages

The complex drivers and the global burden of the NCD epidemic call for decisive multisectoral, interdisciplinary, evidence-informed action. Cross-sectoral data platforms, mechanisms for translating evidence and multistakeholder expertise and collaboration are approaches that governments and civil society could use to jointly advance an evidence-informed, effective NCD response.

Building platforms and strengthening capacity for multisectoral data and evidence

1. **Coherent NCD policies and programmes build on accurate data and best-available evidence from different sectors, including and beyond health.** Governments should develop and strengthen coherent multisectoral data governance and evidence frameworks that include standardized, interoperable data collection systems, systematically disaggregated data and sufficient monitoring and data processing capacity at country level.
2. **Governments should invest in technical capacity and infrastructure for routine production, analysis and action on multisectoral evidence as part of their NCD response.** To facilitate uptake, improve data integration and ensure joint accountability, multisectoral data repositories should be led or promoted by the offices of heads of state or government, with active collaboration from relevant ministries.

Leveraging multistakeholder collaboration for data-sharing and knowledge translation

3. **Multisectoral evidence production, exchange and application can be supported by multistakeholder collaboration.** Governments should engage communities, civil society and people with lived experience to ensure their meaningful engagement and shared decision-making in NCD initiatives. Civil society organizations can directly support national and subnational data analysis and knowledge translation or advocate for the active engagement of diverse populations in the evidence ecosystem.

4. **Lived experience should be recognized as a form of evidence in order to contextualize interventions and ensure people-centred, inclusive NCD policies and programmes.** The involvement of health workers, civil society and people living with NCDs, mental health or neurological conditions contributes important data on effectiveness and community impact. Government and civil society actors should recognize lived experience as expertise and strengthen the data and health literacy of people and communities to facilitate their meaningful engagement.

Building on multisectoral governance and evidence-informed decision-making

5. **Systematic use of the best available data and evidence for health policy- and decision-making is fundamental for an effective NCD response.** Promotion of evidence-informed health policies and programmes encourages multisectoral, interdisciplinary, multistakeholder production and use of evidence. National governments should strengthen their capacity for evidence-informed decision-making and multisectoral governance, while academic partners could prioritize interdisciplinary research methods and networks.

4 Issue brief 3: Building narratives to drive multisectoral action on NCDs and mental health among stakeholders

4.1 Introduction

Multisectoral, whole-of-government approaches to NCD prevention and control are critical to fostering political will, shaping policies and ensuring accountability among government stakeholders. Narratives that accurately reflect the complex interconnection of risk factors, determinants and challenges of NCDs in different sectors and disciplines can result in a more coherent response. Discourse of policies and programmes plays a major role in providing context and arguing for the relevance of specific actions in policy debates and programme practice.

This brief identifies challenges and recommendations for building narratives (see Box 13) to promote multisectoral NCD action, using collaborative benefits and ensuring government responsibility for people's right to health. It addresses the role of sector-specific communication tools, government-wide leadership, policy coherence, protection from undue influence and the supporting roles of other stakeholders for effective multisectoral action.

Box 13

Definition of "narratives" from a public policy perspective

Development of public health policies often implies political debate and deliberation, in which each participant seeks to convey their arguments, facts and evidence. During such debates, the way in which NCDs, their prevalence, burden and response strategies are framed and discussed has a major impact on the outcomes. Narratives can be understood as structured discourses used by those involved in policy, such as policy-makers, advocates and citizens, to frame issues, persuade audiences and influence policy outcomes. Narratives thus help to transform complex policy issues into relatable, compelling or controversial issues that can mobilize the support of diverse people in different sectors *(54)*.

Multisectoral collaboration is more than a promising practice in NCD prevention and control. Its principles are rooted in the universal right to health, described in the Constitution of the WHO (1946) *(55)*, the Universal Declaration of Human Rights (1948) *(56)*, the Declaration of Alma-Ata on primary health care (1978) *(57)*, the Convention on the Rights of the Child (1989) *(58)* and other documents. These international commitments reflect governments' duty to protect and promote the health of their populations, including by addressing the social, environmental, economic and commercial determinants of NCDs.

Recent guidance and technical publications by WHO, including the Toolkit for developing a multisectoral action plan for noncommunicable diseases *(16)*, the Global mapping report on multisectoral actions *(8)* and the Compendium report on multisectoral actions on NCDs *(5)* further emphasize the importance of better integration of governance and accountability, fostering leadership at all levels and mobilizing sustainable resources to ensure coherent, multisectoral NCD prevention and control policies and programmes.

Most countries are off track to meet the target of SDG 3.4 to reduce premature mortality from NCDs by one third by 2030, and low- and middle-income countries are at particular risk of falling behind *(59,60)*. SDG target 3.4 is associated with several other SDGs and thus also requires progress in reducing poverty (SDG1), addressing hunger and sustainable food systems (SDG 2), improving education (SDG4) and gender equality (SDG5), tackling inequality (SDG10) and climate action (SDG13) (59). This reflects a common multisectoral challenge for addressing NCDs by prevention and control, thus requiring the engagement of sectors beyond health, through narratives to highlight the urgency and impact of multisectoral action on NCDs and the co-benefits of joint action.

Despite the significant burden of NCDs on national economies, many countries have yet to prioritize their prevention and control *(61)*. Low- and middle-income countries are disproportionally affected by NCDs but often lack the financial and human resources necessary to invest in NCD prevention and control. Investment in well-prioritized, cost-effective NCD policies such as the NCD "best buys" *(62)* and other recommended interventions has been shown to yield high returns *(63)*. Narratives grounded in evidence for the roles and responsibilities of multiple government sectors and the strategic gains of multisectoral action against NCDs can result in effective, inclusive decisions.

The world is facing a "polycrisis" of interconnected extreme situations, including economic turmoil, the climate crisis, armed conflicts and population displacements – all occurring at the same time, to the detriment of human and planetary health. For coherent NCD policies, narratives must emphasize the fundamental role of multisectoral government action in addressing this polycrisis and emphasize impacts beyond health, to support global, national and local priorities.

Even in countries in which NCDs are high on the policy agenda, it is difficult to engage sectors beyond health. Often, NCDs are perceived solely as a public health issue, and sectors such as finance, education, trade, agriculture, environment, welfare and social protection find difficulty in recognizing their role in an effective NCD response. Narratives should frame NCD action as a win–win solution for several sectors and highlight the co-benefits and returns on investment.

Several global platforms and initiatives support countries in advancing multisectoral action on NCDs, including the WHO Global Coordinating Mechanism on NCDs and the UN Interagency Task Force on NCDs, in line with the Global Action Plan on NCD prevention and control *(22)* and the political declarations of several UN high-level meetings on NCDs. There is also growing recognition of crucial multistakeholder support to multisectoral action on NCDs, particularly by civil society, people with lived experience, academia and relevant private sectors.

4.2

Rationale

Strengthening multisectoral narratives to create buy-in and to strengthen the accountability of various ministries, government offices and multistakeholder partners is crucial to support more coherent interdisciplinary NCD initiatives.

4.2.1. Major challenges to amplifying multisectoral narratives

Creating and amplifying such narratives is difficult, for several reasons.

- **Lack of awareness and understanding:** Limited understanding of the burden of NCDs and their impact on sectors beyond health by both the public and policy-makers and advocates is a major barrier to an effective multisectoral response *(5)*. Often, information on NCDs, such as policy briefs and public communication materials, are too narrowly focused on public health aspects and impact (see also Issue brief 2). A health literacy development approach (Box 14) could help address this challenge.

Box 14

Strengthening narratives through health literacy development

Narratives built on development of health literacy, creating an enabling environment for people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being, have proven effective in tackling lack of awareness and understanding of NCDs. They can empower both communities with lived experience and policy-makers in other domains to engage in the NCD response *(64)*.

- **Siloed government structures:** The absence of multisectoral mechanisms and formalized governance structures to sustain cross-sectoral collaboration often results in siloed policies, planning, budgeting and programme implementation (see also Issue brief 1). This limits the number of potential partnerships and their support in addressing the complex, interrelated challenges of NCDs. Siloed government structures also tend to result in fragmentation of messages on NCDs, weakening policy coherence and resulting in over-reliance on the health sector. The resulting limited number of narratives that promote a multisectoral approach to NCDs reinforces such fragmentation and perpetuates siloed government structures.
- **Industry interference:** Health-harming industries, including those that promote tobacco, alcohol and unhealthy food and beverages, can obstruct and slow NCD policy development and implementation *(65)*. Their strategies include questioning evidence-informed health policy measures (Box 15), funding biased research and using tailored marketing strategies to counter public health narratives. Typically, health-harming industries do not limit their lobbying to ministries of health but actively engage other government sectors as well. Such interference undermines narratives for multisectoral action. Furthermore, contradictory messages from public health structures and industry increase mistrust among partners. This challenge is one of those most frequently reported by Member States and civil society partners in building narratives for multisectoral action *(66)*.

Box 15

Industry narratives about risk factors

The tobacco industry has challenged public health initiatives to reduce tobacco consumption, including funding and promoting biased research to support misleading narratives that downplay health risks *(67)*. Despite evidence that even a low level of alcohol consumption entails health risks *(68)*, the alcohol industry has promoted the narrative that moderate drinking is safe and may even be beneficial for health *(69)*. The food industry has published narratives to weaken and defeat taxation policies on ultra-processed foods *(70)*.

Civil society and academia can play important roles in debunking health-harming narratives that seek to undermine public health campaigns, including by promoting multisectoral collaboration, developing evidence-based counter-arguments, exposing industry-funded research groups and identifying attempts to influence government officials unduly.

- **Political challenges:** Conflicting political agendas between different ministries or government partners can significantly weaken sustainable NCD prevention and control. Often, they disrupt not only policy implementation and stakeholder collaboration but put permanent pressure on advocacy activities. In practice, NCD narratives are often adapted to meet shifting political environments and government turnover. While the significant cost of inaction on NCDs requires fostering political will, this is often overshadowed by shortsighted economic arguments, commercial interests or competing short-term political agendas that result in "de-prioritization" of action against NCDs. In addition, NCD leadership and priorities may change with political administrations, weakening long-term commitments (see also Issue brief 1). Narratives to drive multisectoral action should focus on the importance of the NCD agenda to various government sectors, rather than relying on the leadership of the health sector.
- **Funding challenges and influence on narratives:** Governments often find it difficult to secure sufficient resources to implement a comprehensive range of NCD policies and programmes. While funding from donors and philanthropic organizations is helpful, their priorities are often focused narrowly on health and not on the broader role and impact of other sectors in advancing the NCD agenda through multisectoral action. Funding-oriented narratives can, however, favour multisectoral action. Recognition of such imbalances is important to ensure a comprehensive, cohesive approach to NCD prevention and control.

4.2.2. Key enablers to reframing NCDs

Reframing NCDs from the point of view of public health to a broader development priority is challenging but crucial for sustainable, effective action on NCDs. Several enablers and supporting partners can help to catalyse such a change,

- **Strong, independent academic research** is crucial for shaping effective narratives and providing reliable evidence for NCD prevention and control. Studies conducted in collaboration with governments and civil society are widely recognized as providing reliable evidence that could guide policies and refute industry influence (see also Issue brief 2). For example, imposing health taxation requires multisectoral collaboration; research can reframe the arguments as tried-and-tested interventions to improve health outcomes, reduce health-care costs and generate revenue for the government *(71)*.
- **Promising narratives** should include the roles and responsibilities of relevant sectors in lifting the burden of NCDs, identify common objectives and include **cost–benefit analyses** to highlight the broad impact of NCDs on society as a whole and to emphasize win–win scenarios for governments.
- **Formalized multisectoral governance structures and processes** are essential for fostering sustained cross-sectoral and interdisciplinary dialogue (see also Issue brief 1). Setting up multisectoral committees and allocating resources for effective engagement involves sectors beyond health and stakeholders beyond government. Institutionalizing multisectoral collaboration also facilitates inclusion of coherent narratives in durable policy frameworks and sustained action. Governments with strong multisectoral governance are also better placed to extend and use multistakeholder engagement, for instance by data-sharing and collaboration with civil society and other partners *(5)*.
- **As guardians of accountability and inclusion, civil society** organizations can help to ensure that all stakeholders in the NCD response remain committed, can design inclusive, accessible interventions, safeguard against conflicts of interest and meet their responsibilities. By mobilizing communities, civil society plays an important role in shaping evidence-based narratives and advocacy for policy change.

4.3

Recommendations

Guaranteeing the right to health and effectively addressing NCDs require coherent policies, compelling narratives and joint action. Clear, coordinated communication, common understanding of the challenges, broad engagement with diverse stakeholders and strong safeguards to protect public health from undue influence are fundamental for shaping engaging narratives and improving the impact. The purpose of the recommendations below is to galvanize multisectoral narratives and action in government sectors and by strategic stakeholders. The recommendations also highlight the complementary roles of different stakeholders in multisectoral action on NCDs.

Governments

Governments can directly implement and sustain multisectoral NCD action and policy coherence in their countries through integrated governance and accountability. Thematic narratives can be used in political debates and discourse and in public information. Governments can also form collaborations with stakeholders, including civil society and private sector actors who support and adhere to public health-oriented goals, although they must safeguard policy development and implementation from conflicts of interest.

What to talk about:

- Raise awareness about the urgency of addressing NCDs as a development and economic issue, showing how action on NCDs can advance government priorities beyond health, such as protecting children's rights or improving the country's economy.
- Engage other government sectors, including humanitarian assistance and development and environmental and economic departments and trade to extend the narrative on NCDs beyond a public health issue.
- Highlight the co-benefits of multisectoral action, the cost of inaction and the impact of health-harming products and practices on health.
- Emphasize that the prevention and control of NCDs provides a return on investment for various government sectors by framing NCD policies as win–win approaches.

With whom to co-develop narratives:

- Promote meaningful engagement of people living with NCDs, mental health and neurological condition according to WHO guidelines (9) to ensure that the narratives reflect their expertise and that future policies respond to their needs.
- Collaborate with civil society to develop strong multisectoral and interdisciplinary narratives, and counter industry interference. Organizations working in fields beyond the health domain should be engaged in order to ensure integration of their perspectives and expertise for more inclusive narratives.
- Draw on the narrative strategies and technical resources of WHO, such as those developed by the Global Coordination Mechanism on NCDs and the UN Interagency Task Force on NCDs.
- Safeguard evidence-based public health narratives and initiatives from undue influence by stakeholders with vested interests, using WHO (10,72) and other guidance to manage conflicts of interest while building trust among sectors.

Who to target:

- Develop clear communication strategies tailored to different government sectors, emphasizing the win–win approach and the right to health as a whole-of-government responsibility.

What to build on and how to sustain action:

- Find effective narratives to drive the engagement of different sectors and stakeholders for future reference and use.
- Promote transparency in decision-making, and ensure that collaboration is grounded in best-available evidence, as both are necessary for narratives that foster trust among partners.
- Identify policies that are not yet considered to support NCD prevention and control, such as a school meal programme under a social protection scheme, and build compelling narratives to reinforce the multisectoral approach and its value from the perspectives of health and social and economic advantage with the relevant authorities.

The follow promising practice examples demonstrate strategies to multisectoral framing of NCDs prevention and control measures.

Box 16

Promising practice 9 – Philippines: Initiatives for active transport and open spaces

In the Philippines, a campaign to promote physical activity was reframed as an initiative to promote active transport and open spaces, presenting a health concern as a challenge for transport and urban planning. This approach was aligned with the interests of multiple sectors, including the Departments of Transport, Public Works and Highways and the Interior and local governance agencies, by emphasizing the co-benefits of active transport. This narrative shift supported the building of more than 500 km of new bicycle lanes across the country and improvements to pedestrian lanes and bicycle lending programmes.

Read more about this promising practice in the WHO Compendium report on multisectoral actions *(5)*, pp. 150–9.

Box 17

Promising practice 10 – India: Air pollution as a risk factor for NCDs

Air pollution has long been recognized as a public health issue in India. The National Multisectoral Action Plan for Prevention and Control of Common NCDs 2017–2022 identified air pollution as an important risk factor for NCDs, thus giving it national relevance. As India is one of the countries with the most polluted air in the world, this change in narrative led to collaboration on air pollution as a public health threat among the Ministries of Environment, Forests and Climate Change, of Law and Justice, of Petroleum and Natural Gas, of New and Renewable Energy and of Rural Development. Framing air pollution as an NCD risk factor strengthened the case for multisectoral action to improve air quality and contributed to establishment of a Coordination Mechanism for Multi-sectoral Action on Air Pollution Mitigation *(73)*.

Read more about this promising practice in the UNDP publication on the Coordination mechanism for multi-sectoral action on air pollution mitigation: a knowledge document for Gurugram & Amritsar, India *(74)*.

Civil society

Civil society plays a pivotal role in the local, national, regional and global response to NCDs. For decades, civil society organizations have been raising awareness about the global burden of NCDs, emphasizing the importance of addressing their risk factors through inclusive policies and programmes.

What to talk about:

- Raise the voices of people living with NCDs. Civil society and people with lived experience can strengthen public policy narratives by telling their stories, transforming abstract numbers into the reality faced by millions of people living with NCDs and other chronic conditions worldwide *(75)*.
- Identify industry narratives that seek to undermine public health messages, and develop evidence-informed counter-arguments to advance multisectoral collaboration on NCDs.

With whom to co-develop narratives:

- Build trust among stakeholders, engage meaningfully with people with lived experience, and ensure and promote accountability and transparency among sectors and partners. Engagement of civil society organizations in multisectoral collaboration has proven to be effective in fostering trust in government sectors *(76)*.
- Share knowledge, expertise and resources to support narratives on multisectoral action on NCDs and multistakeholder collaboration.
- Form partnerships with nongovernmental organizations in different disciplines and specialities, including those working in humanitarian assistance and environmental protection, to co-create narratives that reflect lived experience of the polycrisis and integration of NCDs prevention into various agendas.

What to build on and how to sustain action:

- Prepare advocacy materials (including sector-specific resources) that provide a long-term perspective of the impact of NCDs on society and on how to drive engagement to foster multisectoral action.
- Promote multisectoral narratives among government sectors and with civil society actors to ensure their sustainability, particularly with changing political agendas and government administrations.

Box 18

Promising practice 11 – Mexico: Advocating for taxation of sugar-sweetened beverages: a case study

In Mexico, civil society helped to frame the introduction of a sugar tax as a measure to protect child health rather than a fiscal policy. This people-centred approach resonated among the various actors, leading to engagement of government sectors beyond health. In the intense debate on taxation of sugar-sweetened beverages, the coalition of civil society, academia and public institutions withstood attempts of the industry to interfere. The change in narrative resulted in widespread acceptance and in a 7.6% reduction in consumption of sugar-sweetened beverages within the first year after introduction of the tax.

Read more about this promising practice in the case study on advocating for sugar-sweetened beverage taxation *(77)*.

Box 19

Promising practice 12 – Sri Lanka: Diabetes and cardiovascular disease initiative: school health programme

Sri Lanka's National Multisectoral Action Plan for the Prevention and Control of Chronic Non-communicable Diseases 2023–2027 includes an educational initiative for prevention of cardiovascular diseases and diabetes. Two main narratives were used to encourage multisectoral action. First, **education** was framed as a tool for prevention, a long-term investment in human capital and a cross-sectoral responsibility, rather than just a function of the Ministry of Education. Secondly, a whole-of-society approach was emphasized, with **shared roles** and inclusive implementation as an argument for engaging not only Government sectors but civil society, academia and the private sector.

Read more about this promising practice in the WHO Compendium report on multisectoral actions *(5)*, pp. 160–9.

Private sector

The private sector comprises a wide range of industries, some of which can contribute positively to public health through beneficial products and strategies, while others are engaged in health-harming practices and produce and promote goods that worsen health *(78)*. Engagement with the private sector can take various forms and can be important, for example, in promoting healthy workplaces, improving health system efficiency, promoting innovations in health, ensuring access to good-quality medicines and health-care services, introducing new treatment and developing innovative care for people living with NCDs. To ensure that collaboration with the private sector is safeguarded from risks, including conflicts of interest, WHO has published a practical tool *(10)* supporting Member States with informed decision-making on whether to engage with private sector entities in preventing and controlling NCDs.

What to talk about:

- Emphasize the economic case for NCD action and use of private sector expertise and support to ensure healthier populations, the impact on productivity, reduced health-care costs and sustainable development
- Support NCD policy initiatives in communications and with political support and expertise in implementation, including by highlighting evidence of health-driven practices and profits.

With whom to co-develop narratives:

- Use in-house communication platforms and marketing expertise to describe pro-health narratives that are people-centred, rights-based and based on reliable, transparent, unbiased evidence.
- Collaborate with governments and academia to use relevant, anonymized consumer and market data to add trends in markets, purchasing power and health to narratives (see also Issue brief 2).

Box 20

Promising practice 13 – Finland: NCD prevention as an economic investment

In Finland, framing of NCD prevention as an economic investment rather than a cost helped to engage sectors beyond the Ministry of Social Affairs and Health. A "health in all policies" approach, with clear messages about economic benefits led to creation of the Advisory Board for Public Health, which has been the basis for collaboration on NCDs among several Government sectors, academia and civil society. It also fostered extensive support for implementation of a resolution on promoting well-being, health and safety by 2030 and its implementation plan.

Read more about this promising practice in the WHO Compendium report on multisectoral actions *(5)*, pp. 78–86.

Academia

Academic research partners generate evidence on the effectiveness and impact of measures for the prevention and control of NCDs. Strong multisectoral narratives should be verified with the best available evidence and the latest data from different settings and implementation contexts (see also Issue brief 2).

What to talk about:

- Extend the scope of NCD research priorities to include multisectoral action to support narratives that advance action on NCDs among government sectors and stakeholders.
- Provide independent scientific evidence that is free of conflicts of interest to debunk myths and emphasize the importance of collaboration on NCDs among government sectors and stakeholders.

With whom to co-develop narratives:

- Collaborate with government sectors and other relevant stakeholders to conduct research and generate compelling evidence to change or strengthen narratives on multisectoral action.
- Collaborate with civil society and knowledge intermediaries to translate academic findings into clear, relatable language that can be used in narratives and reach an audience beyond public health experts.

International organizations

International organizations develop normative guidance, set global standards and

convene countries to share knowledge, align policy priorities and support governments in implementation of national NCD responses. The technical expertise and convening power of these organizations allow building of coherent, evidence-based, multisectoral approaches. International organizations can lead long-term partnerships and collaborations beyond government administration periods and withstand sudden political changes.

What to talk about:

- Strengthen diplomacy and advocacy to position NCDs as a cross-cutting priority for international development and for environmental, gender, trade and economic agendas.
- Advocate for the inclusion of lived experience, youth and women in various cultures and socioeconomic levels around the world as legitimate, essential voices in shaping NCD policies and narratives.
- Highlight the importance of addressing the burden of NCDs in the response to humanitarian, environmental, economic or political crises to ensure narratives that lead to multisectoral action on NCDs beyond individual emergencies.

With whom to co-develop narratives:

- Provide tailored resources to support development of effective multisectoral narratives, not only to Member States but also to civil society, academia and the private sector.

What to build on and how to sustain action:

- Document and share evidence of the long-term benefits of bringing together government agencies, civil society and the private sector in governance frameworks based on principles.

Box 21

Promising practice 14 – WHO framework on lived experience

Several stakeholders collaborated in establishing guidelines and recommendations for the WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases, and Mental Health and Neurological Conditions *(9)* to build a human rights-based narrative. Central to this narrative are the right to health and the right to participation, leaving no one behind, promoting health equity and including the unique perspectives of those directly affected by NCDs, mental health disorders and neurological conditions. This narrative not only centres on lived experience but also emphasizes the responsibility of all sectors and stakeholders to take action that is inclusive and equitable and reflects people's realities.

Read more about WHO's work on lived experience on the Knowledge Action Portal on NCDs *(79)*.

4.4

Key messages

Narratives that accentuate the complex challenges of NCDs and promote multisectoral governance and collaboration beyond the traditional health domain are key to mobilizing the interconnected roles and responsibilities of different stakeholders. They are a powerful means for building trust and reducing siloed structures, competing priorities and industry interference.

To create and amplify strong, interdisciplinary narratives, governments, multilateral organizations, civil society, academia and the private sector should ensure the following.

1. **Highlight the co-benefits of multisectoral action to address the NCD epidemic:** Stress the economic gains for the finance sector, equity for social services, the positive environmental impact and advantages for governance for political leader.
2. **Emphasize the costs of inaction on NCDs for all sectors and stakeholders:** Present compelling local, national and international economic evidence to trigger multisectoral action.

3. **Leverage crises as catalysts for multisectoral change:** Use global and national crises such as the climate crisis, the COVID-19 pandemic and major disease outbreaks, financial instability and humanitarian crises as a narrative opportunity to show how NCD prevention and control can support necessary policy changes.
4. **Reiterate shared roles and responsibilities to act on NCDs:** Citing the universal right to health, engage relevant government sectors and other stakeholders with tailored arguments about why and how they can engage.
    - **Governments:** Ensure that people's right to health is seen as a shared responsibility for all government sectors. Strong multisectoral narratives that show the collective benefits and fulfilment of obligations by unified efforts on NCDs can lead to engagement.
    - **Civil society:** Make the voices of the people with lived experience, youth and women heard, and provide strong arguments to counter health-harming narratives, in defence of the public interest.
    - **Academia:** Provide unbiased evidence that is free of conflicts of interest and brings insights on the co-benefits of multisectoral action on NCDs.
    - **Private sector:** Support governments and relevant partners in addressing the burden of NCDs through an equitable approach based on evidence and principles *(10)*. Build trust by demonstrating reliability and commitment in multisectoral and multistakeholder partnerships, ensuring no undue influence.
    - **International and multilateral organizations:** Continue to provide global advocacy, leadership and normative guidance on multisectoral actions for NCDs. Highlight the importance of long-term commitment in all government sectors to policy coherence, and convene relevant actors for discussions, negotiation and technical support.

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