Multisectoral coordination to address NCDs through law:

Good practices from the Western Pacific Region

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WHO Collaborating Centre for Law & Noncommunicable Disease

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The McCabe Centre is the WHO Collaborating Centre for Law and Noncommunicable Disease and the only centre of its kind in the world advancing law to fight cancer and noncommunicable diseases (NCDs) and protect people affected by them.

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Foreword

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This report comes during a challenging time for the Western Pacific Region, and indeed the entire world. COVID-19 continues to spread, with devastating consequences for health and for societies more broadly.

At the same time, the pandemic is also highlighting the urgent challenge of the world's biggest killers: non-communicable diseases (NCDs). Evidence has emerged that NCDs are associated with greater risk of complications from COVID-19, and countries around the world are reporting significant disruptions to essential NCD treatments and services during the pandemic.

Given these close links, it is clear that addressing NCDs will be essential to responding to the pandemic and building back better, and that rising to meet these dual challenges will require a concerted effort from a wide range of stakeholders.

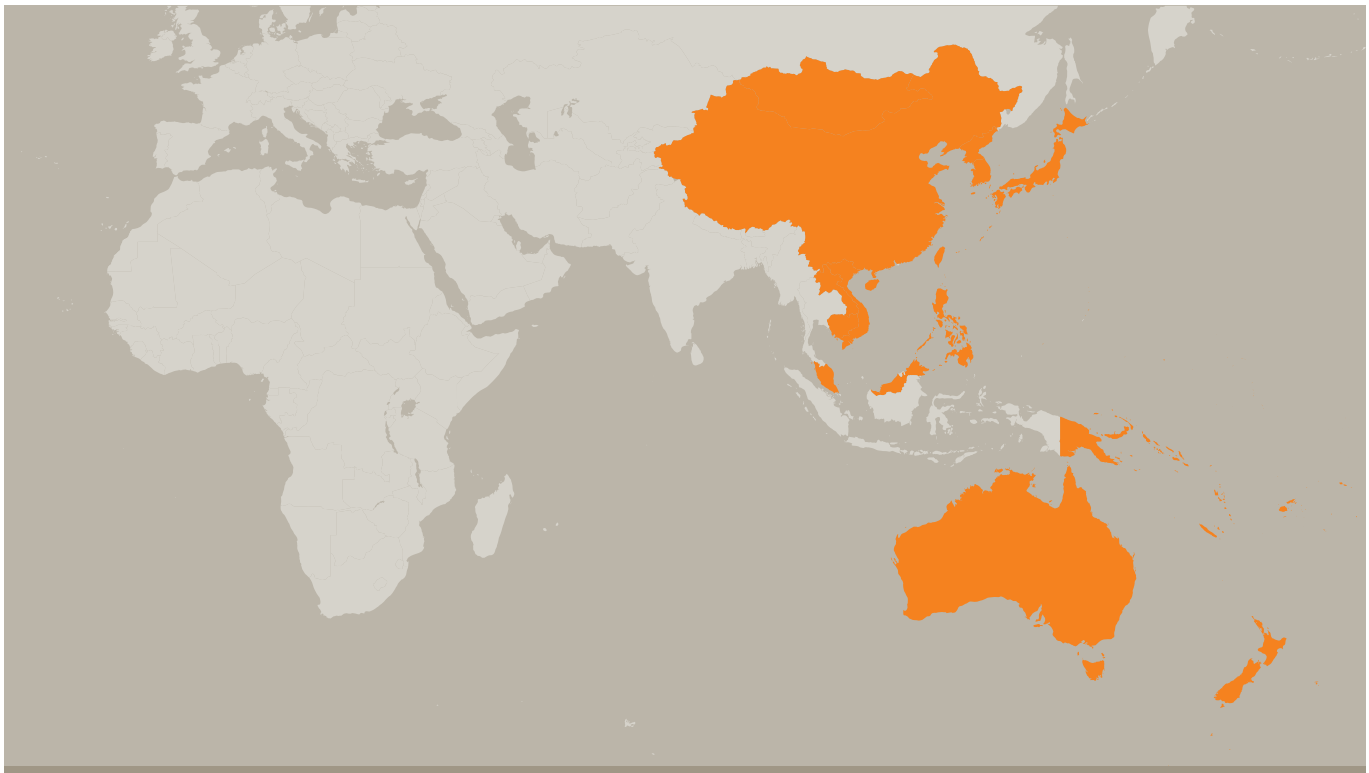
We started preparing this report well before the pandemic struck, aiming to provide insight into how countries in the Western Pacific bring together diverse sectors and stakeholders to address NCDs through law. Thanks to contributions from our alumni, we amassed a collection of good practices in multisectoral coordination that demonstrate how sectors beyond just health – including other government bodies, civil society organisations and the broader community – can and should be engaged in efforts prevent and control NCDs, and emphasise the essential role of law in these efforts.

I want to thank alumni of the McCabe Centre for Law & Cancer's International Legal Training Program for contributing to this report, and for their tireless efforts using law to influence health and sustainable development. And while the case studies described in this report come from before the spread of COVID-19, their lessons are perhaps even more relevant during this pandemic and into the future.

Though global circumstances are changing rapidly, we remain ready as the WHO Collaborating Centre on Law and Noncommunicable Disease to support member states in their efforts to address the NCD burden, share technical insights to spur practical action and foster collaboration across sectors.

These days, more than ever, we need to work together.

Methodology



The Western Pacific Region

Case studies for this report were sourced from alumni of the McCabe Centre's International Legal Training Program and from other stakeholders in the WHO Western Pacific Region.

McCabe Centre alumni were initially contacted via an online survey. Alumni from Papua New Guinea, the Solomon Islands, the Federated States of Micronesia, the Philippines, Tonga, Malaysia, Mongolia and Niue indicated either via the survey or email that they were willing to contribute. Alumni were then sent further questions and follow up via email as required. McCabe Centre legal staff also conducted desk research.

The case studies in this document are not intended to provide a comprehensive overview of how collaboration between sectors and stakeholders can occur. Approaches to multisectoral coordination depend on national context. Rather, the case studies in this document are illustrative examples of how multisectoral coordination has been facilitated in different countries in the WHO Western Pacific Region.

The McCabe Centre has made every effort to confirm the accuracy of the information contained in this document.

Executive summary

The wide-ranging impact of noncommunicable diseases (NCDs) and the interrelated factors that influence them are not limited to one sector of society. Therefore, efforts to prevent these diseases – which account for 80% of deaths in the WHO Western Pacific Region[1] – must reach beyond the health sector.

The need for a multisectoral approach to NCD prevention and control has been identified in the WHO Global Action Plan on the Prevention and Control of NCDs 2013–2030[2] (the Global Action Plan on NCDs) and the Western Pacific Regional Action Plan for the Prevention and Control of NCDs 2014–2020 (Western Pacific Regional Action Plan for NCDs).[3] Multisectoral coordination is also an essential component for achieving global priorities around health and sustainable development. In practice, multisectoral coordination has played an increasingly important role in developing, implementing and enforcing NCD prevention and control policies in the Western Pacific Region.

This report takes a closer look at multisectoral coordination in the Western Pacific Region through a series of case studies. It explores the role of law, in particular, in shaping multisectoral coordination. Though multisectoral coordination varies depending on the national context, the case studies collected for this publication highlight several lessons that can help shape future multisectoral coordination efforts to prevent and control NCDs. The case studies, and lessons drawn from them, focus on multisectoral coordination at the national level, but similar considerations may be relevant at sub-national levels. While the lessons that follow are intended to provide guidance for countries, it should be noted that effective multisectoral coordination in practice will require elements beyond those identified below, such as good working relationships, clear communication, political commitment to address NCDs, sufficient resources and many more.

Lesson one: A wide range of government sectors and stakeholders should be included, but who to include will depend on the context

Multisectoral coordination bodies that include participants from beyond departments/ministries of health are most effective. In the Western Pacific Region, participants in these bodies have included representatives from a wide range of government sectors, such as treasury/finance; justice; education; sports; culture; women; internal affairs; agriculture/food; forests; fisheries; information/communications; arts; youth; human resources; housing; local governments; social welfare; development; enforcement or implementing agencies; domestic trade; and consumer affairs.

These bodies have also included:

- representatives from **religious institutions**
  - For example, Tonga's National NCDs Committee includes a representative from the National Forum of Church Leaders (see Box 7).
- representatives from **enforcement or implementing agencies**
  - These may be government departments/ministries or independent entities.
  - Samoa's National Tobacco Control Committee includes representatives from the Samoa Police Service and the customs division of the Ministry of Revenue (see Box 3).
  - Tonga's National NCDs Committee includes the Police Commissioner (see Box 7).
  - The Metropolitan Manila Development Authority and the Department of Interior and Local Government were involved in an ad hoc multisectoral committee to implement smoke-free environments in the Philippines (see Box 15).
  - In Australia, the Australian Border Force leads a multi-agency Illicit Tobacco Taskforce (see Box 16).

- representatives from **civil society and the community**
  - Bodies in Samoa (Samoa Cancer Society and Samoa National Youth Council) (see Box 3), Tonga (a representative from civil society) (see Box 7) and the Philippines (three representatives from cancer-focused patient support organizations and advocacy network) (see Box 13) include civil society representatives. Niue's Health Strategic Plan Steering Committee provides for two representatives from non-government organizations and/or the community (see Box 7).
- representatives from **other entities**
  - These can include other entities, as required in the national context, such as:
    - Representatives from Samoa's Association of Sports and National Olympic Committee included in Samoa's National Tobacco Control Committee (See Box 3)
    - Tonga's National NCDs Committee includes a representative from the commercial business sector (see Box 7) and the Federated States of Micronesia's Tobacco Control Advisory Council invites the private sector but restricts their involvement (see Box 10)
    - Medical professionals included in the Philippines' National Integrated Cancer Control Council (see Box 13)
  - Multisectoral coordination bodies can also include provision for additional members to be added as required. For example, other agencies can be called on when needed for Niue's Health Strategic Plan Steering Committee and Tonga's National NCDs Committee (see Box 7).

Lesson two: Who is *not* included in a multisectoral coordination body is just as important as who is

The WHO has acknowledged the importance of protecting public health policy from conflicts of interest, and some Western Pacific Region countries have passed laws explicitly restricting certain industries and stakeholders from participating in multisectoral coordination bodies. For example, legislation in Niue and Cambodia prohibits the tobacco industry being involved in multisectoral coordination bodies (see Box 8). In Australia, guidelines adopted by the Department of Health limit interaction with the tobacco industry in line with Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) (see Box 9).

Lesson three: High-level leadership is crucial

High-level leadership can help foster effective collaboration across government and society. Case studies from the Western Pacific Region include a multisectoral coordination body chaired by the Deputy Prime Minister of Malaysia (see Boxes 6 and 7) and multisectoral coordination bodies connected with the Presidents of Palau (see Box 4), the Federated States of Micronesia (see Boxes 4 and 10) and the Philippines (Box 15), as well as the Prime Minister of Mongolia (see Box 4). In the Philippines (see Box 15), high-level membership in a multisectoral committee has been important to implementing and enforcing smoke-free measures and restrictions on tobacco sales and advertisements.

Lesson four: Law can play an important role

A number of Western Pacific countries have used law to establish multisectoral coordination bodies (see Box 4) through mechanisms including legislation, executive orders and presidential or government resolutions.

Law can provide for certainty and clarity in regards to the membership, functions and responsibilities of a multisectoral coordination body. Law can also ensure the sustainability and standing of the body and may assist in securing resources. Multisectoral coordination can also be an important component in the NCD policy cycle. A whole-of-government, whole-of-society approach can be crucial to the development, implementation and enforcement of NCD legislation. It can also help with responding to litigation brought against NCD legislation, as it did in the case of Australia's plain packaging law (see Box 14). Australia's experience shows the importance of including relevant government departments/ministries throughout the NCD policy cycle.

Introduction to multisectoral coordination for NCD prevention

Noncommunicable diseases (NCDs) are responsible for 80% of all deaths in the WHO Western Pacific Region.[4] Also known as chronic diseases, NCDs include cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental health disorders. These complex diseases are influenced by many interrelated social, cultural and environmental factors.

Major risk factors for NCDs – including alcohol and tobacco consumption, unhealthy diets, physical inactivity and exposure to air pollution – are affected by a whole host of influences. For example, the use of alcohol, tobacco and unhealthy foods are influenced by international trade and investment, agricultural policy, level of education, workplace environments and media. Levels of physical activity, for example, are affected by transport and planning policy, which in turn can affect the level of air pollution in the environment. In some instances, the ability to implement measures to address NCD risk factors, such as fiscal policies or school-based programs, may lie outside the health sector.

The impact of NCDs is also felt beyond the health sector. They affect the economy, for example, in part because of premature NCD deaths, and because people with NCDs and those caring for them may not be able to work at full capacity. In 2010, it was estimated that NCDs, including mental health disorders, would cost the global economy nearly US$47 trillion in lost output over the next two decades.[5]

Because of these wide-ranging influences and impacts, efforts to address NCDs demand consideration across many stakeholders and sectors. The role of multisectoral coordination in preventing and controlling NCDs was recognized in the 2011 Political Declaration of the First High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2011 Political Declaration).[6] The 2011 Political Declaration recognizes the need for health-in-all policies and whole-of-government approaches that engage sectors including "health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development."[7] Subsequent United Nations

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General Assembly outcome documents on NCDs in 2014[8] and 2018[9] have continued to underscore the importance of multisectoral approaches for NCD prevention and control.

NCD prevention and control are also related to other global health commitments such as universal health coverage, which has seen significant momentum in recent years. In 2019, the First High-level Meeting of the United Nations General Assembly on Universal Health Coverage was held. The resulting declaration recognized that NCD prevention and control and multisectoral coordination are core components of achieving universal health coverage.[10]

NCDs have also been included in the broader sustainable development agenda. The 2030 Agenda for Sustainable Development (2030 Agenda), adopted by the United Nations General Assembly in 2015 and entering into force on 1 January 2016, includes Goal 3 on ensuring healthy lives and promoting well-being for all. Goal 3 includes targets on:

- reducing premature mortality from NCDs by one third by 2030 through prevention and treatment and promoting mental health and well-being (target 3.4)
- strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5)
- achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective,

quality and affordable essential medicines and vaccines for all (target 3.8)

- strengthening the implementation of the WHO Framework Convention on Tobacco Control (FCTC) in all countries, as appropriate (target 3.a).[11]

Beyond Goal 3, NCD prevention and control are relevant to goals and targets on ending poverty (goal 1), gender equality (goal 5), reducing inequality (goal 10) and many more. The 2030 Agenda highlights multisectoral coordination as a crucial element of its implementation, with the 17 Sustainable Development Goals and 169 targets recognized as being interconnected.[12]

In response to the 2011 Political Declaration, WHO endorsed the Global Action Plan for NCDs [13] and, at a regional level, the Western Pacific Regional Action Plan for NCDs.[14] Both highlight multisectoral coordination as an essential component in achieving nine voluntary global targets by 2025, including a 25% relative reduction in the risk of premature mortality from the four major NCDs.[15] See Box 1 for more on the recognition of multisectoral coordination in global and regional NCD governance instruments.

Box 1. *Recognition of multisectoral coordination in global and regional NCD governance instruments*

Global Action Plan for NCDs

Endorsed by the 66th World Health Assembly in 2013, the Global Action Plan for NCDs was extended at the 72nd World Health Assembly to align with the 2030 Agenda for Sustainable Development.[16] It provides a road map and menu of policy options for WHO Member States which, when implemented, contribute towards nine global voluntary NCD targets, including a 25% relative reduction in premature mortality from NCDs by 2025.

Multisectoral coordination is recognized as an essential means of achieving the action plan's goal of reducing preventable and avoidable morbidity, mortality and disability due to NCDs. Multisectoral action is also highlighted as one of nine overarching principles for the plan.[17]

Western Pacific Regional Action Plan for NCDs

Endorsed by the 64th WHO Regional Committee for the Western Pacific, the regional action plan is intended to guide the region's governments in strengthening their response to the NCD epidemic, taking into account the unique context in Asia and the Pacific.

The foreword to the regional action plan notes the need to urgently "expand and sustain multisectoral action in the fight against NCDs".[18] Multisectoral action is included as one of seven overarching principles and approaches recognizing that: "Effective NCD interventions require a number of combined elements including, as appropriate, meaningful community participation and engagement, supportive policy prioritization and settings, multisectoral collaboration, a health-in-all-policies approach and active partnerships among national authorities, nongovernmental organizations, academia and private sector."[19]

Pacific NCD Roadmap Report

The report was endorsed at the Joint Forum Economic and Pacific Health Ministers' Meeting in July 2014.

Multisectoral coordination is at the heart of the report, which provides for a "suggested Roadmap for a multi-sectoral approach for a country and regional response to the NCD Crisis in the Pacific". The role of all government ministries in addressing NCD prevention is recognized throughout the report.[20]

Governance for multisectoral coordination

Countries in the Western Pacific Region have increasingly developed national multisectoral NCD policies, strategies and action plans as well as national NCD coordinating bodies to ensure that NCD policy is coherent and accountable beyond the health sector. This section explores the mechanisms through which these multisectoral coordination bodies have been created and governed.

For the purposes of this report, "multisectoral coordination" refers to a "whole-of-government" and "whole-of-society" approach. "Whole of government" refers to coordinated action among sectors including health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, justice/security, foreign affairs, legislature, and social and economic development. "Whole of society" refers to involvement of all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and – where and as appropriate – the private sector and industry.[22]

Multisectoral instruments and bodies

Global and regional governance instruments recognize two key actions that can be taken at the national level to foster effective multisectoral approaches for NCD prevention. These are: developing national multisectoral policies, strategies and actions plans, and establishing national multisectoral coordination bodies. Beyond these, countries have also adopted informal means of collaboration whereby ministries meet to discuss topics of common interest such as the development of legislation or litigation and to reach common positions.

Except where otherwise indicated, this report uses the terms multisectoral "policies", "strategies" and "action plans" interchangeably to refer to the documents that govern multisectoral coordination.

National multisectoral NCD policies, strategies and action plans

Countries in the Western Pacific Region have increasingly adopted national NCD multisectoral policies, strategies and action plans to ensure a multisectoral approach for NCD prevention. Box 2 provides an overview of Tonga's NCD multisectoral strategy.

Box 2. *Tonga's NCD multisectoral strategy*

Tonga has taken a leading role in the Pacific region in using multisectoral coordination to address NCD prevention. In 2004, Tonga became the first Pacific Island country to publish a national NCD strategy. Since 2004, Tonga has endorsed three subsequent strategies from 2004–09, 2010–15 and the National Strategy for Prevention and Control of NCDs 2015–2020.[23]

The 2015–2020 strategy recognizes that NCDs are the biggest killer in Tonga, with 99% of the adult population facing a medium or high risk of developing an NCD.[24] The 2015–2020 strategy was the result of multisectoral coordination involving consultations with relevant stakeholders and input from key organizations and individuals.[25] Implementation of all three strategies has been the responsibility of the multisectoral National NCDs Committee.[26] The membership of the National NCDs Committee is described further below.

Multisectoral NCD bodies

Some countries in the Western Pacific Region have also established bodies to facilitate national multisectoral coordination for the prevention and control of NCDs. The type of body (i.e. task force, agency, commission, interdepartmental committee, cabinet committee, etc.), level of the body (i.e. cabinet, national, sub-national) and the scope of what it covers (i.e. health, NCDs, NCD risk factors, or a specific issue within a risk factor such as breastfeeding) vary significantly in the region.

There are, however, considerations in establishing or strengthening a multisectoral coordination body that are common across countries with such bodies. These commonalities underscore the importance of how the body is established, who has responsibility for the body and who is involved in the body. Box 3 provides an overview of Samoa's national multisectoral coordination body for tobacco control, illustrating how the country addressed these considerations.

Box 3. *Samoa's National Tobacco Control Committee*

In January 2019, amendments were passed to **Samoa's** Tobacco Control Act 2008 establishing a multisectoral National Tobacco Control Committee. The committee includes representatives from:

- Ministry of Health
- Ministry of Finance
- Ministry of Education, Sports and Culture
- Ministry of Women, Community and Social Development
- Samoa Police Service
- Customs Division of the Ministry for Revenue
- Samoa Association of Sports and National Olympic Committee
- Samoa Cancer Society
- Samoa National Youth Council.[27]

The Act further provides that the Ministry of Health representative is the Chairperson and Secretary for the committee and outlines that the committee is to meet four times a year and provide a quarterly report to the Minister of Health.[28]

The functions of the National Tobacco Control Committee outlined in the Tobacco Control Amendment Act 2019 include:

- developing a multisectoral workplan to assist the implementation of the Tobacco Control Act 2008, international obligations to the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products and any other related tobacco laws
- being an advisory committee to lead communication and advocacy within their organization or ministry about the importance of tobacco control
- supporting the coordination of input from their agency on tobacco control activities as appropriate
- liaising within their agency as appropriate to strengthen the effective implementation of tobacco control laws
- supporting advocacy strategies to promote tobacco control activities.[29]

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Design and implementation of multisectoral coordination bodies

How are multisectoral coordination bodies established?

Multisectoral coordination bodies can be established through:

- policies, strategies or action plans
- legislation/regulations
- other instruments (e.g. executive orders, by order of the Prime Minister/President).

Box 4 describes some of the ways multisectoral coordination bodies have been established in the Western Pacific Region.

Box 4. *How multisectoral coordination bodies have been established in the Western Pacific Region*

Section 29 of Republic Act No. 9211 (otherwise known as the Tobacco Regulations Act of 2003) of the **Philippines** establishes an Inter-Agency Committee – Tobacco (IAC-Tobacco) that oversees the implementation of the Tobacco Regulation Act of 2003.[30]

In **Palau**, Executive Order No. 379 adopted in May 2015 by the Office of the President establishes a multisectoral National Coordinating Mechanism on NCDs. The Executive Order further outlines the membership, functions and responsibilities of the mechanism.[31]

A multisectoral National Tobacco Control Advisory Committee was established by Presidential Resolution in 2013 in the **Federated States of Micronesia**.[32]

Mongolia's National Programme on Prevention and Control of Noncommunicable Diseases was approved by the Prime Minister of Mongolia and the Acting Health Minister in Government Resolution Number 289 of 2017. Activities included in the National Programme include establishing a local and national commission on NCDs to improve coordination and coherence of actions.[33]

Article 7 of **Cambodia's** Law on Tobacco Control 2015 provides that the Royal Government shall establish the tobacco committee to give education and reduce the use of tobacco products. The committee is to be established by sub-decree.[34] A 2017 sub-decree changed the Inter-Ministerial Committee for Education and Reduction of Tobacco Use (established in 2001) to the National Tobacco Control Committee.[35]

Who has responsibility for the multisectoral coordination body?

The instrument that establishes the multisectoral coordination body should also clearly outline who has responsibility for the body.

Generally, the relevant department/ministry of health is responsible for NCD multisectoral coordination bodies in the Western Pacific Region. See Box 5 for examples from Tonga, Niue, Brunei Darussalam and Cambodia. The examples from Tonga and Cambodia also highlight the importance of providing clear secretariat support for the body.

> *"Multisectoral coordination can function well or effectively provided the key or lead agency undertakes its role effectively and maintains close and ongoing engagement with all relevant stakeholders."*
>
> **Justin Kamupala, Senior Crown Counsel,**
> Niue Crown Law Office.

Box 5. *Examples from Tonga, Niue, Brunei Darussalam and Cambodia where multisectoral coordination bodies are led by health departments/ministries*

Tonga's Cabinet Decision No. 637 of 29 August 2014 specifies that the CEO of the Ministry of Health is the Chairman of the National NCDs Committee and the CEO for TongaHealth is the Executive Officer.[36] A Deputy Chair is appointed annually based on a rotation of CEOs from government ministries on the committee. The Chair has the responsibility of endorsing representatives from the National Forum of Church Leaders, the commercial business sector and civil society that have been selected and appointed by the Committee.[37] TongaHealth acts as the Secretariat to the National NCDs Committee.[38] The role of the Secretariat was introduced following reviews of Tonga's previous National Strategy for the Prevention and Control of NCDs 2010–2015 which found greater Secretariat capacity was needed.[39]

Niue's Multisectoral Steering Committee, established by Niue's Health Strategic Plan 2011–2021, to oversee implementation of the plan, is chaired by the Department of Health. NCDs are a key focus of the Health Strategic Plan 2011–2021.[40]

The Minister of Health in **Brunei Darussalam** chairs the Multisectoral Task Force for Health, which has five main areas of work: giving every child the best start in life; improving Brunei's food environment; supporting active communities; reducing smoking; and ensuring a mentally healthy and resilient nation.[41]

Cambodia's National Tobacco Control Committee is chaired by the Minister of Health with the National Centre for Health Promotion acting as the Secretariat.[42]

In some countries, another department/ministry may hold overall responsibility. See Box 6 for an example from Malaysia where the multisectoral coordination body is chaired by the Deputy Prime Minister while two inter-agency committees are chaired by the Ministry of Health.

Box 6. *Malaysian multisectoral coordination body led by a department other than the Ministry of Health*

Malaysia's Cabinet Committee for A Health Promoting Environment supports the implementation of Malaysia's National Strategic Plan for NCDs 2016–2025. It is chaired by the Deputy Prime Minister and supported by two inter-agency committees chaired by Ministry of Health officials: the Inter-Agency Steering Committee for a Health Promoting Environment and Healthy Lifestyle, and the Inter-Agency Technical Committee for a Health Promoting Environment and Healthy Lifestyle.[43]

Who is involved in the multisectoral coordination body?

Though sectors and stakeholders will vary from country to country, and will be different depending on the purpose or function of the body, a whole-of-government approach includes involvement across sectors such as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, justice/security, foreign affairs, legislature, and social and economic development. A whole-of-society approach to NCD prevention and control can include all relevant stakeholders, including individuals, families and communities, intergovernmental associations and religious institutions, civil society, academia, the media, voluntary associations and – where appropriate – the private sector and industry.

While it is important that a wide range of relevant sectors and stakeholders are included, this needs to be balanced against increased cost and difficulty of facilitating a large body. Multisectoral coordination bodies may benefit from being confined to those sectors and stakeholders that are necessary to achieve the purpose of the body (see the section on 'Other important considerations for multisectoral coordination bodies' below). Excessively large bodies can be difficult to facilitate and may be slower in making progress. At the same time, excluding stakeholders may mean the body is not as effective as it could be. Collaboration with the wider community, such as civil society, the private sector and local council/government, may be more effective in achieving a multisectoral coordination body's purpose than formally adding additional members.

Box 7 provides examples of relevant departments/ministries and stakeholders involved in multisectoral coordination bodies in the Western Pacific Region. The range of relevant sectors and stakeholders included will depend on the country context. For example, Niue, which is self-governing in free association with New Zealand and part of the Realm of New Zealand, involves the New Zealand High Commission in the Niue Health Strategic Plan Steering Committee. Other case studies provided in this report do not include reference to any direct involvement of other countries in multisectoral coordination bodies.

BOX 7. *Examples from Niue, Tonga and Malaysia of departments/ministries and stakeholders involved in multisectoral coordination bodies*

Niue's Health Strategic Plan 2011–2021 establishes a multisectoral steering committee to oversee implementation, including representatives from:

- Department of Health (chair)
- Treasury
- Public Service Commission
- Justice Department
- New Zealand High Commission
- non-government organizations and/or the community
- other agencies are able to be called on as required.[44]

Tonga's National NCDs Committee is comprised of:

- CEO for Ministry of Health (Chairman)
- CEO for Ministry of Education and Training
- CEO for Ministry of Internal Affairs
- CEO for Ministry of Agriculture and Food, Forests and Fisheries
- CEO for Ministry of Finance and National Planning
- Police Commissioner
- a representative of the National Forum of Church Leaders
- a representative of the commercial business sector
- a representative of civil society
- CEO for TongaHealth (as Executive Officer)
- Chairman of TongaHealth Board
- Secretary (minute taker)
- additional members may be co-opted as required[45]

The work of the National NCDs Committee is further supported by four advisory committees for Healthy Eating, Physical Activity, Alcohol and Tobacco. Membership of the advisory committees is made up of representatives from government, the private sector, NGOs and civil society.[46]

Malaysia's Cabinet Committee for A Health Promoting Environment is chaired by the Deputy Prime Minister and comprised of 11 ministers from:

- Health
- Education
- Higher Education
- Information, Communications, Arts & Cultures
- Rural and Regional Development
- Agriculture and Agro-based Industry
- Youth and Sports
- Human Resource
- Domestic Trade, Co-operatives and Consumerism
- Housing and Local Governments
- Women, Family and Social Affairs.[47]

Who shouldn't be involved in the multi-sectoral coordination body?

Who to exclude is another important consideration. Article 5.3 of the WHO FCTC provides that: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."[48] Guidelines for the implementation of Article 5.3 recognize that: "There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests."[49]

Countries in the WHO Western Pacific Region have taken steps to prevent the tobacco industry from being involved in multisectoral coordination bodies. Box 8 provides an overview of Niue's Tobacco Control Act 2018 and Cambodia's Law on Tobacco Control 2015 that prohibit the involvement of the tobacco industry in multisectoral coordination bodies. Box 9 briefly explores Australia's Guidance for Public Officials on Interacting with the Tobacco Industry.

BOX 8. *Niue's Tobacco Control Act 2018 and Cambodia's Law on Tobacco Control 2015*

Section 55(3) of **Niue's** Tobacco Control Act 2018 provides that: "Government agencies must not allow any person representing the tobacco industry or representing the interests of the tobacco industry to participate in any government interagency, multi-sectorial committee, coordinating mechanism, or advisory group that sets public health policy."[50]

Article 23 of **Cambodia's** Law on Tobacco Control 2015 provides that: "The Ministry of Health and tobacco control committee shall collaborate with competent authorities, local authorities, civil society and private sector not affiliated with the tobacco [industry] to enhance the program to raise the awareness of the consequences [sic] of tobacco products use."[51]

There is no article 5.3 equivalent in relation to other NCD risk factors but the Global Action Plan for NCDs recognizes the importance of protecting public health policies, strategies and multisectoral action for NCD prevention from undue influence by any form of vested interest.[54]

Box 9. *Australia's Guidance for Public Officials Interacting with the Tobacco Industry*

In November 2019, **Australia's** Department of Health issued Guidance for Public Officials Interacting with the Tobacco Industry.[52] The guidance outlines the legal obligations placed on public agencies and officials by Article 5.3 of the WHO FCTC, stating that "[t]he tobacco industry should not be in a position to influence the implementation of tobacco control measures and policies" and "[c]onsultation with the tobacco industry should be limited to what is necessary for public officials or agencies to enact effective tobacco control measures".[53]

For some NCD risk factors, WHO has provided guidance on how to include industries in multisectoral coordination bodies. In the context of unhealthy diets, WHO is currently in the process of developing an Approach for the Prevention and Management of Conflicts of Interest in the Policy Development and Implementation of Nutrition Programmes at Country Level.[55] The aim of this resource is to provide a step-by-step decision-making process to support Member States in issues related to conflict of interest in the area of nutrition. Each stage requires Member States to assess whether they should continue with the engagement or whether the engagement should end due to conflict of interest. The guidance is intended to supplement any relevant national legislation on conflicts of interest.[56] For alcohol control, one of the eight guiding principles in WHO's 2010 Global Strategy to Reduce the Harmful Use of Alcohol (Global Alcohol Strategy) includes that "public health should be given proper deference in relation to competing interests and approaches that support that

direction should be promoted".[57] In 2018, the WHO launched the SAFER technical package, designed to strengthen implementation of the Global Alcohol Strategy. SAFER recognizes that the development of public health policies needs to be protected from alcohol industry interference.[58]

Guidance for who to include in multisectoral coordination bodies can also be taken from WHO's Framework of Engagement with Non-State Actors. The framework sets out that WHO does not engage with the tobacco and arms industries and exercises "particular caution [...] when engaging with private sector entities and other non-State actors whose policies or activities are negatively affecting human health and are not in line with WHO's policies, norms and standards, in particular those related to [NCDs] and their determinants".[59]

Other important considerations for multisectoral coordination bodies

There are several other potential considerations for countries establishing or strengthening national NCD multisectoral coordination bodies, depending on their national context. Table 1 describes some of these considerations with examples.

Table 1. Other considerations for establishing or strengthening multisectoral coordination bodies

Additional considerations	Examples
Purpose and functions of the body	Ensuring bodies have a clear purpose and function can help to ensure the body is effective. The purpose and function of the body will also be important in determining considerations such as the structure, membership and seniority of the body. In **Palau**, Executive Order No. 379 clearly outlines the duties and functions of the National Coordination Mechanism on NCDs, which range from developing annual action plans based on the NCD Plan to capacity building for committee members.[60] Likewise, in **Lao People's Democratic Republic** Decree no. 474 of the Minister of Health establishes a Coordination Committee of NCDs that is responsible for implementation, facilitation and coordination in order to achieve implementation of the National Multisectoral Action Plan for the Prevention and Control of NCDs 2014–2020.[61]
The structure of relevant NCD bodies	Bodies can work across NCDs or on a specific risk factors such as alcohol, tobacco or nutrition. The work of **Tonga's** National NCDs Committee is supported by four advisory committees focusing on healthy eating, physical activity, alcohol and tobacco.[62] TongaHealth, acting as the secretariat to the National NCDs Committee, is responsible for establishing advisory committees and task groups as required.[63] **Malaysia's** Cabinet Committee for A Health Promoting Environment is supported by two inter-agency committees, a steering committee and a technical committee. The steering committee provides guidance on strategic planning and implementation of NCD policies and initiatives, while the technical committee provides technical input on development, implementation and monitoring of NCD policies and initiatives.[64] In addition to the National Tobacco Control Committee, **Cambodia's** Ministry of Health is planning to establish the Tobacco Control Committee at the sub-national level.[65]

The seniority of the body	In some instances, the higher the political support for multisectoral coordination bodies, the more effective the body is likely to be. At the same time, it can be important to ensure consistent membership that does not change every time there is an election. The Pacific NCD Roadmap Report recommends prime ministers establish and chair multisectoral coordination bodies because their role may bring a sense of urgency to NCD prevention and control that will facilitate the development of effective multisectoral action.[66] **Malaysia's** Cabinet Committee for A Health Promoting Environment is a Cabinet-level committee and is chaired by the Deputy Prime Minister of Malaysia.[67] The **Philippines'** National Integrated Cancer Control Council is to be chaired by the Secretary of Health, or a designated representative, with a rank not lower than assistant secretary.[68] **Palau's** National Coordinating Mechanism on NCDs includes a representative from the President's Office designated by the President.[69]
How the multisectoral coordination body will report	Political leadership, and how and to whom it reports, are important considerations when setting up or strengthening the work of a multisectoral coordination body. Regular reporting can improve accountability. The Tobacco Control Advisory Council of the **Federated States of Micronesia** – the national coordinating mechanism for tobacco control – reports directly to the President.[70] **Niue's** Health Strategic Plan Steering Committee reports annually to government, parliament and donor agencies on the implementation of the Health Strategic Plan.[71] In addition to domestic reporting, international instruments may require reporting on multisectoral coordination. For example, as part of biennial reporting on implementation of the WHO FCTC, countries report on multisectoral action taken to implement the treaty. Multisectoral coordination bodies for tobacco or NCDs more broadly can play an important role in coordinating these reports. Countries have also reported on multisectoral coordination bodies for NCDs in voluntary national reviews submitted under the 2030 Agenda. For example, **Brunei Darussalam's** 2020 Voluntary National Review included reference to the Multisectoral Task Force on Health as part of reporting on Goal 3.[72]
How frequently the multisectoral coordination body will meet	The regularity with which a multisectoral coordination body meets is also a relevant consideration in ensuring it fulfils its functions. **Tonga's** National NCDs Committee meets every six months and as required and agreed by the National NCDs Committee and TongaHealth.[73] **Niue's** Health Strategic Plan Steering Committee and the **Solomon Islands'** Tobacco Control Multisectoral Committee meet quarterly.[74]

The role of multisectoral coordination in developing, implementing and enforcing NCD legislation

Role in developing NCD legislation

Involving all relevant sectors and stakeholders is essential for the development of effective NCD legislation. Boxes 10 to 13 provide examples of the role of multisectoral coordination in the development of tobacco control legislation in the Federated States of Micronesia, alcohol control legislation in Viet Nam, salt reduction policies in Mongolia and cancer control legislation in the Philippines.

Box 10. *The Federated States of Micronesia's Tobacco Control Advisory Council and tobacco control legislation*

The Tobacco Control Advisory Council of the **Federated States of Micronesia** was created under a Presidential Order in response to the overwhelming impact of tobacco control on the families, health care services and economy of the Federated States of Micronesia. The Tobacco Control Advisory Council advises the Department of Health and Social Affairs on reducing tobacco use and its related negative effects.

The functions of the Council, as set out in the Presidential Order, are these:

- to review and provide guidance on the Federated States of Micronesia's Tobacco Control Strategic Action Plan
- to advise on tobacco law enforcement issues
- to provide recommendations on the best ways for the Federated States of Micronesia to implement its obligations under the WHO FCTC
- to support and assist in advocacy efforts on the negative impact of tobacco use to enable law-makers to pass related laws
- to serve as an advocate or a champion of tobacco control measures.

The Council is comprised of representatives from the following government agencies: the Department of Health and Social Affairs, the Department of Justice, the Department of Finance, Department of Environment, Climate Change, Emergency & Management, the Department of Education and the Department of Resources and Management.

The private sector is invited to attend by the Council but is restricted to commenting on tobacco control measures that the Council intends to pursue. The membership of the Council is government-driven.

There are several measures that are currently being actioned or being considered by the Council, including the Tobacco Control Bill which is now called the Family Safety Against Tobacco and Smoking and an Excise Bill. Both of these Bills have been subject to ongoing scrutiny by both the Federated States of Micronesia's Congress and the National Government Executive Branch for the past five years.

The Council had held more than ten meetings to deliberate on the content of both Bills over the past five years. As part of this exercise, the Council prepared brief summaries which were attached to the two Bills to assist Congress members understand the purpose and the intended implementation of the two Bills.[75]

Box 11. *Viet Nam's multisectoral partnerships helped to pass the first comprehensive alcohol control law in 2019*

Viet Nam has experienced increased levels of alcohol use in recent years, including alarming rates of alcohol consumption among youth. Alongside this high level of alcohol consumption has been a rapid rise in NCDs and social burdens associated with alcohol consumption, such as road traffic injury and domestic violence.[76]

Recognizing the need for effective multisectoral coordination in implementing alcohol policies or integrating alcohol into other policies (such as drugs, mental health and NCDs), the Ministry of Health organized a technical workshop in 2018 to seek comments on a draft alcohol law, with the support of the WHO Representative Office in Viet Nam.[77]

Seventy participants from various ministries (health, justice, culture, trade and industry, planning and investment, and transport) and other related government offices participated in the workshop, providing input that focused on regulation of alcohol availability, advertising and drink-driving control.[78]

Coordination with different sectors and stakeholders helped shape the Law on the Prevention of Alcohol Harms, which was passed in June 2019 as the country's first comprehensive alcohol control law.[79] Viet Nam is set to develop a multisectoral national action plan to implement the law in 2020, in accordance with the WHO SAFER technical package of the most cost-effective priority interventions or "best buys" in alcohol control.[80]

Box 12. *Mongolia develops salt-reduction strategy following regional and national multisectoral consultations*

According to the WHO, in 2015 **Mongolia** had the highest rate of raised blood pressure in the Western Pacific Region (29%).[81] Salt consumption is a major contributor and salt-reduction interventions have been identified as "best buys" for NCD prevention in Mongolia, with the highest estimated return on investment over a period of 15 years.[82]

After the 2010 Regional Consultation on Strategies to Reduce to Salt Intake, convened by the WHO Regional Office for the Western Pacific, [83] Mongolia's Ministry of Health started developing a national salt-reduction strategy.[84]

In 2011, the Ministry of Health held a country consultation that convened government, industry and manufacturers to plan salt-reduction initiatives. The first steps of these initiatives to develop a national action plan included the establishment of an intersectoral working party, a series of bilateral meetings and visits to factories as part of a two-week consultation and training program.[85]

In 2012, Mongolia implemented a pilot intervention called Pinch Salt to reduce the salt content in factory workers' meals and an initiative to reduce salt content in bread products. After meetings with the Ministry of Health, a local bread company reduced the salt content in its leading product by 12%, and other bakeries followed suit. Other sectors, such as the meat industry and mass catering services, also reformulated their products.[86] The interventions resulted in the salt intake of factory workers being reduced, the salt content of bread in 10 bakeries declining by an average of 1.6% and consumer awareness about salt consumption improving.[87]

The data gathered from the interventions were used alongside the results of baseline surveys and stakeholder consultation to inform the National Salt Reduction Strategy 2015–2025[88]. In 2015, the government endorsed the National Salt Reduction Strategy 2015–2025, with the objective of a 30% reduction in population salt intake by 2025.[89]

Box 13. *The Philippines passes its first comprehensive cancer control law with strong mechanisms for multisectoral coordination in cancer control*

Cancer is one of the leading causes of death in the **Philippines**, causing more than 86,000 deaths in 2018.[90] To prevent cancer and improve cancer survivorship, the Philippines passed the country's first-ever comprehensive cancer control law through Republic Act No. 11215, known as the National Integrated Cancer Control Act, in February 2019.[91]

The law created the multisectoral National Integrated Cancer Control Council to serve as the policy-making, planning and coordinating body on cancer control. The Council is chaired by the Department of Health and includes representatives from the ministries of social welfare and development, labour and employment, and interior and local government. The Council also includes representatives of the Philippines Health Insurance Corporation, the Food and Drug Administration, oncologists and three representatives from cancer-focused patient support organizations and advocacy network.[92]

The Council is also tasked to: "Establish mechanisms and platforms for multisectoral and multistakeholder collaboration, coordination and cooperation, especially in health promotion, disease prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization."[93]

The passing of the law and the development of its implementing regulations were accelerated by the active involvement of other ministries of government, as well as civil society – including medical societies, cancer control advocacy groups and patient support organizations.

The regulations, adopted in August 2019, further reiterate the multidisciplinary nature of cancer care and designate a bureau of the Department of Health to develop and implement a Cancer Awareness Program. The program includes multisectoral and multi-stakeholder initiatives focused on cancer literacy through public education, behaviour change communication and social mobilization, in collaboration with other stakeholders.[94]

Collaboration between relevant sectors of government at the policy development stage can also help pre-empt future concerns and challenges. This potential was recognized in Niue's Health Strategic Plan 2011–2021, which sets out a multisectoral coordination strategy for managing and reviewing Department of Health legislation that involves the Department of Health and the Attorney-General's Office.[95] In Australia, coordination between the Department of Health, Australian Government Solicitor, Attorney General's Department and Department of Foreign Affairs and Trade has been important to developing and defending NCD measures, as demonstrated in Box 14.

Box 14. *Defending tobacco plain packaging in Australia*

A number of **Australian** Government departments were involved in defending tobacco plain packaging laws when the tobacco industry brought three legal challenges against the measure. The legal challenges included:

- a domestic challenge based on the Australian Constitution
- an international investment law challenge based on a 1993 agreement between the Government of Australia and the Government of Hong Kong for the Promotion and Protection of Investments
- an international trade law challenge before the World Trade Organization (WTO).

The Australian Government Solicitor – now part of the Attorney-General's Department – worked with the Australian Department of Health in developing the Tobacco Plain Packaging Act 2011 and associated regulations.[96] Subsequently, the Australian Government Solicitor was involved in successfully defending tobacco plain packaging when the tobacco industry brought a domestic legal challenge against the validity of the Act under the Australian Constitution.[97]

The Australian Government Solicitor, Department of Health, the Attorney General's Department and the Department of Foreign Affairs and Trade worked together to prepare Australia's Statement of Defence and to prepare for a preliminary objection hearing in response to the international investment law challenge brought by Philip Morris Asia.[98] On 18 December 2015, the international investment tribunal issued a unanimous decision in favour of Australia that the tribunal did not have jurisdiction to hear the claim.[99]

A whole-of-government approach was also instrumental in defending the tobacco plain packaging measure before the WTO when Ukraine, Honduras, the Dominican Republic, Cuba and Indonesia initiated a dispute against Australia over the measure. The Department of Foreign Affairs and Trade led the whole-of-government defence team that included the Department of Health, the Attorney-General's Department and the Australian Government Solicitor. The Department of Foreign Affairs and Trade also relied on its global network to support the defence, working closely with other governments and non-governmental organizations. In June 2018, the WTO panel found that plain packaging was not in breach of WTO rules.[100] On 9 June 2020, the WTO's Appellate Body dismissed an appeal filed by the Dominican Republic and Honduras, upholding the 2018 decision.[101]

Role in implementing NCD legislation

> *"A multisectoral approach is the best and most effective way of ensuring that NCD regulations are implemented and enforced."*
>
> **Nathaniel P Liberato, Attorney, Food and Drug Administration, Philippines**

The involvement of relevant sectors and stakeholders is essential throughout the policy cycle. Box 15 highlights the important role of multisectoral coordination in implementing tobacco control measures in the Philippines.

Box 15. *Using an ad hoc multisectoral committee to implement an executive order on smoke-free environments and other tobacco control measures in the Philippines*

In May 2017, the President of the **Philippines** issued Executive Order No. 26 Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places to strengthen the implementation of existing tobacco control measures on smoke-free environments and restrictions on tobacco sales and advertisements.[102]

The Office of the President convened an ad hoc multisectoral committee to synchronize government efforts in implementation and enforcement, with an emphasis on more stringent implementation of smoke-free environment policies. It was composed of high-level officials from the following government agencies:

- Department of Health – the lead agency tasked with issuing implementing regulations, such as more stringent guidelines for designated smoking areas
- Civil Service Commission – the central personnel agency of the government responsible for a 100% smoke-free policy for all government offices nationwide
- Department of the Interior and Local Government – the agency tasked with overseeing the local implementation of tobacco control laws in provinces, cities and municipalities
- Department of Transportation and its attached agency, the Land Transportation Franchising and Regulatory Board – the agencies responsible for a 100% smoke-free policy in all public utility vehicles and land transportation terminals
- Department of Education – the agency responsible for the implementation of the absolute ban on smoking in schools, colleges and universities
- Metropolitan Manila Development Authority – the agency that monitors and coordinates the actions of cities and municipalities within Metropolitan Manila, including the implementation of local tobacco control ordinances.

As a result of two high-level consultative meetings hosted at the Office of the President in July and September 2017, the Department of Health issued Administrative Order 2017-0023 in December 2017, which was developed in close consultation with the members of the ad hoc committee. The Administrative Order (i) sets out guidelines for the effective implementation of the order, (ii) directs coordination between the Department of Health, the Department of the Interior and Local Government and local smoke-free task forces in implementing the order and (iii) establishes the National Smoke-Free Steering Committee to institutionalize the collaborative work and mechanism commenced by the ad hoc committee.[103]

Role in enforcing NCD legislation

The involvement of enforcement agencies throughout the policy process is important. Relevant agencies will vary from country to country and could include police, finance, border security and others. Box 16 provides an example of the role of enforcement in multisectoral coordination to address illicit tobacco in Australia.

BOX 16. *Using multisectoral coordination to tackle illicit trade in Australia*

Tobacco use is **Australia's** leading risk factor contributing to disease burden and deaths. The Government of Australia has identified illicit tobacco as a threat to its efforts to reduce tobacco consumption. Illicit tobacco is generally defined as tobacco products that have been grown domestically or illegally imported, and where no excise or duty is paid.

Seeking to remove opportunities for illicit trade of tobacco, the government engaged various departments that have responsibility for tobacco-related matters, including:

- the Department of Health (Health), which administers the Tobacco Plain Packaging Act 2011 and the Tobacco Advertising Prohibition Act 1992 and their associated regulations
- the Australian Border Force (ABF), which collects customs duty and taxes on imported tobacco products and has responsibility for detecting, deterring and disrupting illicit trade at the border
- the Australia Taxation Office (ATO), which is responsible for domestically grown or manufactured illicit tobacco as well as excise laws
- State/Territory agencies, which administer local laws including smoke-free zones, age restrictions, retail display requirements and licensing schemes.

The government's multisectoral response included periodic meetings between relevant departments to discuss illicit tobacco matters as part of an Inter-departmental Committee on Tobacco Control. The ABF also liaised closely with Treasury, the ATO, Health and other stakeholders in developing its revised approaches to tackle illicit tobacco at the border. Through a collaborative approach, the ATO determined a consistent and repeatable estimate of the quantity of illicit tobacco, which is published in the ATO's Tax Gap Report annually.

This cross-agency collaboration made possible a number of policy measures related to illicit tobacco in the government's 2018–19 budget, including:

- establishing the multi-agency Illicit Tobacco Taskforce (ITTF), led by the ABF. In its first year of operation, the ITTF detected and seized more than 262 tonnes of illicit tobacco, with an estimated excise value of more than $AU270 million.
- prohibiting the import of tobacco without a permit, allowing the ABF to seize and destroy prohibited imports and infringe smugglers
- discontinuing bonded warehousing for tobacco products, meaning excise must be paid upon importation, removing the opportunity for leakage from warehouses to the black market
- strengthening powers relating to illicit tobacco offences by introducing offences that relate to "reasonable suspicion" that taxes or duty have not been paid, and lowering the burden of proof to "recklessness" rather than "intention" or "knowledge".[104]

Conclusion

As the 2011 Political Declaration and the subsequent Global and Regional NCD action plans highlight, multisectoral coordination plays an essential role in NCD prevention and control. However, it is important to understand how that role works in practice. The case studies in this report, sourced from the WHO Western Pacific Region, demonstrate the many ways multisectoral coordination bodies have been established and have contributed to developing, implementing and enforcing NCD legislation. They show that country context is important – what is appropriate for one country might not suit another – yet they also illustrate some common considerations, including:

- how coordination bodies should be established (by policy/strategy/action plan, legislation/regulation or some other means)
- who has responsibility for the body (the health department/ministry or another department/ministry)
- who should and shouldn't be involved (government departments/ministries, private sector, civil society, academia, religious institutions, etc.).

Other important considerations include the purpose and functions of the multisectoral coordination body, the structure of relevant NCD bodies (multiple advisory bodies or working groups under a main coordinating body?), the seniority of the committee (how senior are members and is there high-level support?), how the multisectoral coordination body will report and how frequently it will meet.

While the case studies make clear that there are many different answers to these questions, some clear lessons also emerge about to how to implement effective multisectoral coordination for NCD prevention and control.

- **Countries should consider including all relevant government sectors and stakeholders, as appropriate, to achieve the purpose of the body.** There can be many different participants, depending on country context, but there is no universal recipe for success. This is highlighted well in the cases of Tonga's National NCDs Committee, which incorporates representatives from the National Forum of Church Leaders, and Niue's Health Strategic Plan Steering Committee, which includes the New Zealand High Commission.
- **Who is not included in multisectoral coordination bodies is just as important as who is.** Western Pacific Region countries have started to introduce legislative measures prohibiting the involvement of the tobacco industry in multisectoral coordination bodies in line with Article 5.3 of the WHO FCTC. However, none of the case studies in this report included similar considerations with respect to other industries involved in other NCD risk factors.
- **High-level leadership is crucial.** As the Pacific NCD Roadmap Report explicitly acknowledges, high-level leadership can help to bring a sense of urgency to NCD prevention and control. The example from the Philippines demonstrates how high-level leadership can drive the implementation of NCD prevention measures.
- **Law can play an important role.** Multisectoral coordination bodies can be established in a variety of ways including by using law. Ensuring multisectoral coordination bodies have a clear purpose and function is essential. Law can play an important role in ensuring this clarity. Effective multisectoral coordination can in turn contribute to developing, implementing and enforcing effective NCD legislative and regulatory measures. While law is just one policy option to establish multisectoral coordination bodies, it can play an important role in answering and enforcing the considerations noted above. Further, the Australian case study demonstrates how multisectoral coordination is essential in ensuring a harmonized and effective response to any litigation brought against NCD measures by industry.

At this point it is also important to reiterate the limitations of this report. The case studies described are not intended to be a comprehensive overview of how collaboration between sectors and stakeholders can occur. Rather, these case studies are illustrative examples of how multisectoral coordination has been facilitated in different country contexts in the WHO Western Pacific Region. They are primarily drawn from formal national multisectoral coordination bodies and do not reflect the many examples of effective informal coordination for NCD prevention, which are outside the scope of this report. Furthermore, the multisectoral coordination bodies included in this report may not operate as they are envisaged or described in this report, or their processes or stakeholders may have changed over time.

Challenges to multisectoral coordination have not been addressed in detail in this report, but it is important to highlight that even where the above lessons are considered, factors such as political will, communication, working relationships and resources can all impact the effectiveness of multisectoral coordination in a country. With those limitations in mind, the case studies and lessons from this report are intended to encourage ideas and discussion on effective multisectoral coordination for NCD prevention and control across the Member States and areas in the Western Pacific Region.

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