

Public-private partnership reduces noncommunicable diseases and injuries

Inaugural WHO Partners Forum Case Study

Challenge

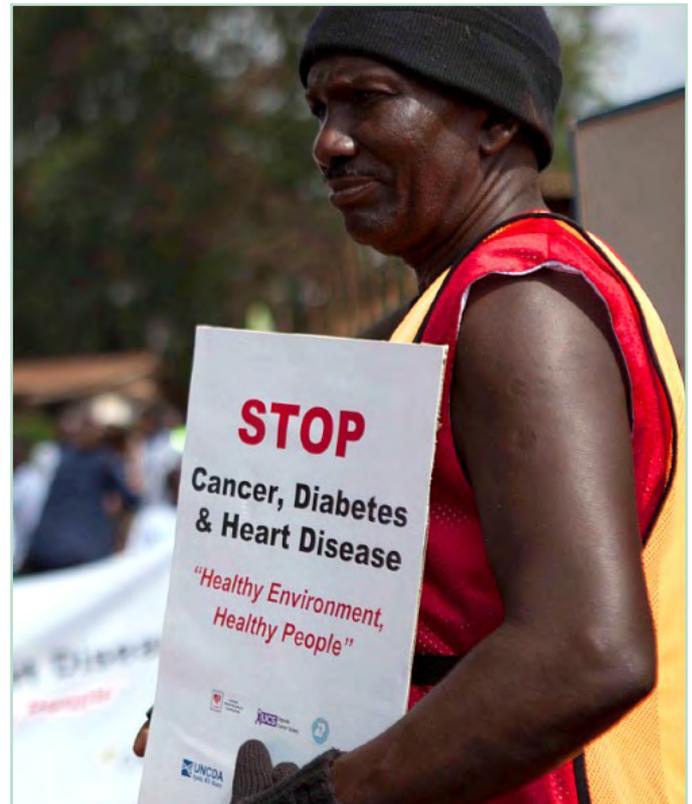
Noncommunicable diseases (NCDs) and injuries are both the largest and least funded challenge facing global health. More than two thirds of all deaths in 2016 were due to NCDs¹ and tobacco use is the single greatest cause of preventable deaths globally. Many risk factors for NCDs can be avoided through simple, cost-effective solutions, but funding is extremely limited. Before 2010 only 0.8% of total aid for health was devoted to this area of work.

Solution

In 2007 Bloomberg Philanthropies² identified tobacco and injuries as the largest, most underfunded public health issues where the most lives could be saved. The selection was based on global WHO data showing both high mortality rates and in-country need. As a result, Bloomberg Philanthropies began a partnership with WHO to support tobacco control and injury prevention. It was also an attractive investment as cost-effective, high-impact interventions already existed, but were not being implemented and scaled up in countries.

The success of the collaboration has led to engagement and further funding for many areas of work. In 2009, a multimillion-dollar road safety grant was announced to assist countries in changing laws, improving trauma care and communications, and monitoring progress. This was by far the largest investment in international road safety efforts. It was followed by other investments in drowning prevention, data for health, NCD prevention at the urban level, household air pollution and cardiovascular disease prevention.

Since the partnership began, Bloomberg Philanthropies has supported the identification, development and implementation of packages of cost-effective measures based on WHO guidelines. Countries are then provided



with WHO technical assistance to implement best practice programmes and policy. These prevention packages are designed to be easily accessible by key stakeholders, including governments, health workers and the public. Over the past decade Bloomberg Philanthropies has invested more than US\$ 200 million to support WHO's work on NCDs and injuries.

Capacity building ensures that programmes are embedded in health systems and networks of global and local partners are created to support the work. Through the partnership, WHO has been able to place fully dedicated road safety and tobacco control staff in its country offices for the first time. Progress for all programmes is monitored and shared through regular status reports, such as the Global Status Reports on Road Safety and the biennial WHO Report on the Global Tobacco Epidemic. Finally, joint advocacy is undertaken to raise global awareness

¹ https://www.who.int/gho/ncd/mortality_morbidity/en/.

² Bloomberg Philanthropies was founded by businessman and former Mayor of New York City Michael R. Bloomberg and focuses on five areas for creating lasting change: public health, environment, education, government innovation, and arts and culture.

of the strategic importance of these issues to global development. For example, more than 2 000 journalists globally were trained in better reporting on road safety.

The two organizations have combined skills to make this happen: WHO provides the technical content, but both organizations use their power as conveners to create and maintain networks of stakeholders and technical experts to support countries in introducing, maintaining and evaluating programmes. The close working relationship between the donor and WHO has also been extremely productive in allowing exchanges on choosing, implementing and learning from projects.

Impact

In tobacco control, WHO's impact has been maximized through policies and specialized country programming with a strategic focus on four priority countries with the largest burden of tobacco users: Bangladesh, China, India and Indonesia. Overall, Bloomberg Philanthropies' support for tobacco control has enabled WHO to reach 4.7 billion people – 63% of the world's population – through tobacco control measures. This is an impressive result, considering that in 2007 only one billion people were covered. These policies are calculated to have saved millions of people from early death.

Drowning is the third leading cause of unintentional injury-related death worldwide. WHO supported the governments of the Philippines and Viet Nam to implement policies and practices that follow the WHO best practice manual on drowning prevention. WHO also spread awareness among the media and the general public with the launch of the first global report on drowning.

The WHO Global Status Report on Road Safety has been designated as the definitive monitoring tool for the UN Decade of Action on Road Safety. Since 2009 3.3 billion people have benefitted from stronger road safety laws. Countries where WHO has dedicated technical support have made significant gains: seatbelt use in Russia increased from 50% to more than 80%, and in Turkey it rose from less than 5% to more than 50%.

Through the Partnership for Healthy Cities, the inhabitants of more than 50 cities are now covered by at least one effective intervention to prevent NCDs and road injuries.³

These results would not have been possible without the partnership of Bloomberg Philanthropies. They have provided the largest contribution to date to address NCDs. Programmes are results-oriented to demonstrate the impact of donor funding. As the WHO Global Ambassador for NCDs and Injuries, Michael R. Bloomberg's advocacy and commitment have inspired many organizations and individuals to become supporters and advocates for NCD and injury prevention. Bloomberg Philanthropies has been formally designated as a Non-State Actor in Official Relations with WHO, marking more than a decade of strong, effective partnership.

Conclusion

The relationship between WHO and Bloomberg Philanthropies has resulted in a major decrease in NCDs and injuries, demonstrating how two organizations can change the narrative of global health. Together they have transformed static guidance on best practices into living programmes that affect millions. The approach of converting guidelines to user-friendly packages, and helping countries use and monitor these, is an element that could be easily and successfully replicated. Thanks to a focus on data and evidence, investments have centred on low-cost, high-impact interventions maximizing the number of people protected while also meeting Member State demands. This sets a strong precedent for the collaboration to contribute to the WHO General Programme of Work, and in particular the goal of one billion more people enjoying better health and well-being by 2023.⁴ To achieve this, scale, efficiency, and cost-effectiveness will all be required.

³ Each city has a minimum population of one million; in total, around 216 million people are estimated to be covered.

⁴ http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1.