Confronting a Global Epidemic: Corporate Perceptions & Trends in Non-Communicable Disease Initiatives

A GBCHealth/FTI Consulting Joint Report
Non-communicable diseases (NCDs), defined as cardiovascular disease, cancer, diabetes and chronic respiratory disease, account for over 63% of deaths in the world today. Each year, these diseases kill nine million people under the age of 60. Though historically associated with the economic development and wealth attainment most often found in high-income countries, NCDs today are as great a burden in low- and middle-income countries as well. They also have staggering socio-economic impact, due to high treatment costs and lost productivity.\(^1\)

To better understand corporate perceptions and trends on NCDs, the Strategic Communications division of FTI Consulting (FTI) and GBCHealth conducted a survey of business leaders to gauge private sector activity in two major areas – workplace programs and outward-facing corporate citizenship initiatives.

The survey revealed that companies have already begun addressing NCDs through workplace and corporate citizenship activities, often building on what they learned previously through tackling communicable diseases, such as HIV/AIDS. Education on NCDs is common in the workplace, with most companies focusing on cardiovascular disease and NCD-associated risk factors such as tobacco use and obesity. Furthermore, the study found that business leaders feel a strong sense of responsibility to address the rise in NCDs and see potential for the private sector to make an important difference. Companies expect to increase their investments in both workplace and corporate citizenship activities in the near future.

\(^1\) http://www.who.int/nmh/events/un_ncd_summit2011/en/
Our research found that in order to build successful NCD programs for employees and the greater community, companies must:

- **Combine a “risk-based” approach with a citizenship mindset**: Our research considered workplace and outward-facing corporate citizenship initiatives as distinct strategies to address health, but truly engaged companies should blend the two. Locally, companies should see what the main health issues are for employees and tailor program efforts in response. Globally, companies should strive to care about the health of their workers and their communities and consumers.

- **Continue to build on what works**: Companies are making a concerted effort to develop comprehensive approaches to health and wellness that focus on the shared risk factors for NCDs, rather than specific diseases. It is therefore important to continue building on the lessons learned from earlier infectious disease efforts, utilizing successful platforms to gain efficiencies and maximize impact.

- **Establish the business case for engagement on NCDs**: In most cases, once the business case is made, there is likely to be less resistance to allocating funding for NCD initiatives. However, companies have said they require support in establishing the business case to their management team to help drive implementation.

- **Share best practices**: Our corporate respondents stated the need for greater global engagement and networking through inclusive workshops that foster better communication and sharing of best practices. These efforts would enable all types of organizations to learn from those who have developed effective programs. Workshops can be complemented with one-on-one mentoring between companies to help them implement their own programs.

### Methodology: How the Study was Conducted

Quantitative data were collected via an online survey administered among GBCHealth member organizations and contacts during May of 2011. The data were collected, coded and analyzed using proprietary, in-house software. A total of 61 respondents participated in the survey, representing 18 countries, 5 continents and 16 industry groups. The sample of senior executives consisted of C-suite executives (12%), EVPs and SVPs (16%), Directors, Sr. Managers and Managers (72%); 31% held health or medical roles, and the remainder were engaged in other business functions.

In-depth interviews were conducted by telephone in August and September of 2011 among executives with involvement in NCD programs or initiatives in their respective companies. Each in-depth interview lasted approximately 30 minutes.

Secondary research was also conducted using outside sources from relevant literature to supplement and further develop this research project.
The World Health Organization estimates that 36 million people around the globe succumb to NCDs annually.² Often preventable and controllable, NCDs are chronic, non-infectious conditions with a generally slow rate of progression. The four main types of non-communicable diseases are cardiovascular diseases (such as heart attack and stroke), cancer, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.³ NCDs are largely the result of unhealthy diets, tobacco use, alcohol abuse and physical inactivity. NCDs have historically been associated with the economic development and wealth attainment most often found in high-income countries. Today, NCDs are as great of a burden in low- and middle-income countries as well.

For example, the global NCD burden is predicted to increase by 17% in the next ten years; in the African region, this number jumps to 27%.⁴ Younger people affected by NCDs living in low-income countries are more likely to die from these conditions than their counterparts in wealthier nations. According to the WHO, nearly 30% of NCD-related deaths in low-income countries occur under the age of 60; in high-income countries the number falls to 13%.⁵

Moreover, these chronic diseases can present burdensome costs for governments, communities and employers, adding to expenditures and threatening productivity, advancement and growth. For instance, in 2010, the burden of diabetes on the world economy reached an estimated $376 billion.⁶

---

⁴ http://www.ncdalliance.org/globalepidemic
⁶ http://ndt.oxfordjournals.org/content/26/1/28.full
In the BRICS countries, researchers estimate that 21 million years of future productive life are lost each year because of cardiovascular disease.\textsuperscript{7}

International efforts are mobilizing in response to the NCD health threat. Governments and global bodies, including the United Nations and the World Health Organization, are developing strategies, implementing programs and devising policies to both prevent and manage NCDs and their associated risk factors. The private sector is also a critical actor in the global response, with business actively pursuing initiatives and partnerships that ensure the health and well-being of their employees, the communities in which they operate and the consumers to whom they sell their products and services. GBCHealth, after a decade of successfully serving as the hub for corporate engagement on HIV/AIDS, malaria and tuberculosis (TB), has recently expanded its mandate to encompass the full health spectrum, including NCDs.

To better understand corporate perceptions and trends on NCDs, The Strategic Communications Division of FTI Consulting and GBCHealth initiated this research project to study the implications of NCDs in the business world. Through surveys and in-depth interviews of GBCHealth members, we investigated business activity on NCDs in two major areas - workplace programs and outward-facing corporate citizenship initiatives. We sought to understand the current levels of activity, the drivers behind them, challenges faced and successes earned. Our study revealed insights into what the private sector is doing to address the NCD threat today and what business needs to do to accelerate and deepen its impact moving forward.

NCDs, health and wellness in the workplace today

Traditional workplace programs use a risk-based approach to health and safety that focuses on both the prevention and response to health and safety risks for workers. Historically, the emphasis – particularly in industries such as extractives and manufacturing – has been on worker safety and the management of occupational health risks. The onset of the AIDS epidemic ushered in a new era of corporate engagement on health, focused not only on disease management and risk mitigation but also on education, awareness-raising, employee engagement and mobilization and executive-level advocacy. Particularly in low- and middle-income countries, successful workplace HIV programs paved the way for similar initiatives to combat TB and malaria. Today, with the global rise in NCDs, companies are also addressing these chronic health conditions and their associated risk factors in the workplace. As one respondent stated, “As a population, we need to start looking at NCDs. We start looking at other things and realize that cardiovascular disease...is surpassing HIV and everything else.”

Our research revealed that companies are tackling NCDs and their associated risk factors through a variety of workplace health and wellness programs. These programs may involve direct treatment, screening or management of a specific NCD or more general preventative measures designed to promote overall health and wellness and decrease overall risk. Approximately 65% of respondents said that they provide education on NCDs to employees [Table 1]. Preventative care and wellness management also scored high on the services available: over 70% of respondents cited preventative healthcare coverage, nearly 65% listed employee fitness programs, and 50% listed weight management as well as nutritional programs as part of their employee benefits. Additionally, approximately two-thirds of respondents cited addiction intervention programs (e.g. smoking cessation programs), and nearly 40% mentioned incentive structures for employees aimed at promoting healthy behavior. Over 50% offered mental health coverage, while just under 30% mentioned holistic care and wellness approaches, suggesting that these latter areas had potential for growth.

---

8 GBCHealth – HIV, TB and Malaria Management and Prevention in the Oil and Gas Supply Chain
We asked companies currently offering education on NCDs to tell us more about the health issues upon which they are focusing their workplace efforts [Table 2]. The most commonly cited issues were cardiovascular disease (81%) and tobacco use (78%), followed by diabetes, obesity and women’s health (each at 68%). Since most companies are unable to cover all major health and wellness issues under the umbrella of NCDs, many businesses select specific areas of focus based on contextual knowledge of the employee population and surrounding community.

**Table 2. Focus of Current NCD Offerings**

*Question: For which of the following non-communicable diseases and health issues are you currently educating your employees?*
Chevron: Personal Focus Propels Tangible Results

Chevron's Cardiovascular Health program aims to reduce employees' overall risk for cardiovascular disease by educating and providing employees with the necessary tools and resources to understand risk factors. To date, the voluntary, global program has been deployed in 10 countries and is offered to employees and adult dependents. The program provides an assessment that enables participants to determine individual propensity and enroll in a personal-counseling program. This comprehensive program addresses multiple factors such as: smoking, excessive stress, poor nutrition, obesity, abnormal cholesterol/triglycerides, elevated blood pressure, diabetes and sleep issues.

Over the past three years, nearly half (47.5%) of the eligible population has completed the risk assessment, with 10,918 participants enrolled in risk reduction online/coach-based counseling and 6,578 completing a follow-up evaluation. Additionally, participants have collectively decreased their risk of developing coronary heart disease in the next ten years by an average of 10.6% overall, and by an average of 32.6% in participants with an elevated baseline risk. Participants with abnormal baseline values have achieved significant reductions in multiple risk factors, including blood pressure (19/16 mmHg), cholesterol levels (25 mg/dL), blood glucose (11 mg/dL) and weight (8 lbs).

Through integrating and leveraging existing health-related programs, taking a holistic approach and providing a broad range of illness and injury prevention training, Chevron is able to offer a comprehensive package to employees that delivers both tangible results and employee satisfaction.

Source: Chevron

To employ effective health programs, corporations must make a concerted effort to understand the contextual factors that may promote or impede such health initiatives. Business leaders revealed a number of such critical success factors, which are highlighted below.

Regional adaptations are necessary

Our research found that most workplace NCD programs are designed and implemented on a global platform. As the impact of NCDs is felt across all operating regions, efforts are underway in multiple geographies. Though health initiatives may be global in scope, regional adaptations are necessary to ensure success on a local and individual level. Higher-income countries tend to have a higher incidence of NCDs, however they are also equipped with more resources and structures (such as broadly available health insurance) for individuals to cope with them. Low and middle-income countries have a slightly lower NCD disease burden overall, but also fewer resources and governmental structures to address them. Thus, offerings that work well in a high-income setting may not work as well in a low- or middle-income one. As one respondent noted, “experience shapes the overall design of what we are now doing globally; the program now is in numerous countries but we run it on a country basis.” To maximize efficiency and increase impact, respondents also noted that workplace health policies “sought to maximize and leverage things that are available in the country.”

A holistic, comprehensive approach to health is valued

Many of the business leaders we interviewed noted that their workplace NCD efforts were in fact not disease-specific but, rather, broader in scope and more geared toward addressing shared risk factors. In fact, NCD engagement was seen as a natural progression in the overarching goal of taking a more comprehensive approach to the health and well-being of employees. As one interviewee noted, “We’re looking at doing a better job at integrating our NCD efforts with our infectious disease efforts so that we can have a much more holistic approach to health moving forward.” Respondents felt that holistic programs were effective. In treating the person, not just the symptoms, companies demonstrate that
employees are important to the organization and that their well-being is taken seriously: “We combine all (screening) now into a single service which actually makes it very cool, and saves both the employer and employee a lot of time.”

Family involvement facilitates program success

While acknowledging the need for workplace education, respondents also agreed that information and activities provided through the workplace must be carried-through at home in order to sustain positive results. Several respondents noted that treating and educating men can present more of a challenge as compared to treating women, and believed that providing care to women indirectly benefits the entire family. Business leaders expressed the need for employees “to try and sell this to their families. Even though you provide a support system within the organization, unless we start involving their families at some level we are not going to have any success.”

Drawing on past experience is key

Lessons learned from past experiences with workplace HIV, TB and malaria programs are commonly applied to roll out NCD programs. For example, the voluntary nature of programs is a common barrier. Whereas some employees are intrinsically motivated to participate, others are harder to reach. Other common barriers relate to a lack of trust and acceptance among employees, with protection of confidentiality being a key issue. Business leaders noted that addressing these employee suspicions is critical to successful programming.

Royal Dutch Shell: Local Focus Drives Global Success

Shell’s global health promotion program for employees, Be Well, aims to reduce the rise of chronic diseases* by addressing risk factors and encouraging lifestyle adaptations. In order to reduce the chronic disease incidence, a long term commitment to changing lifestyle behaviors is required. For this reason, longevity, steady growth and adaptation are central to the Be Well philosophy, strategy and program design.

Employee participation is voluntary and participants are offered a Personal Health Risk assessment and an opportunity to take part in a variety of health programs. Be Well offers interventions that are focused on nutrition, diet, physical activity and smoking cessation, all tailored to each country’s specific needs and health requirements.

Be Well is currently in a three year roll-out, with Key Performance Indicators (KPIs) measuring access and active participation. During this phase, participation has increased from 14,000 employees in 2009 to 45,000 in 2011. Be Well is collecting data to create a global biometric baseline which will be used to measure reductions in the program’s identified risk factors – high blood pressure, high cholesterol, smoking and overweight/obese Body Mass Index (BMI).

Shell uses global governance and KPIs to underpin the delivery of quality interventions and metrics, while ensuring the country health teams have flexibility to design programs relevant to the different cultures, lifestyles and health needs of employees in each region. Additionally, employees have taken ownership of the program through building and delivering Be Well initiatives, such as taking part in location based committees, developing sports clubs, or training as peer-educators. Thus a clear central structure combined with a country based, employee focused program design, has been key in ensuring Be Well’s success to date.

* Shell uses the largely synonymous term ‘chronic disease’ to describe NCDs

Source: Royal Dutch Shell
Incentives drive positive impact

To increase engagement, almost all respondents noted the importance of appropriate incentives and the development of creative programs to ensure success; 95% agreed that incentives for healthy behavior have a positive impact on the workforce [Table 3]. Though enticements may initially be necessary, subsequent engagement can oftentimes be maintained as part of a new routine. While acknowledging the importance of initial incentives to drive participation, health directors also reported that the same individuals have returned of their own accord to follow up with medical personnel as a result of their positive initial experience with the program.

Our research suggests that most workplace NCD, health and wellness activities are perceived to have a positive impact on employee health and worker productivity. On-site access to medical treatment, care and support ranked highest in impact among the most commonly cited sponsored programs. Roughly 78% of respondents felt that these offerings were significantly impactful [Tables 1 and 3]. Conventional healthcare insurance, which is provided by nearly 80% of respondents’ employers [Table 1], is perceived as the second-most significantly impactful intervention, while onsite testing and preventative care coverage follow in third and fourth place, respectively [Table 3]. Fewer respondents rated other popular offerings, such as addiction intervention and weight management programs, as significantly impactful; however, around 90% do rate them as at least somewhat impactful. Interestingly, education on NCDs, while a highly popular option, is perceived to have at least some impact by only a third of respondents, suggesting a demand and potential for improvement [Table 3].
Although most workplace NCD activities are perceived to be impactful, interviewees identified a common challenge in accurately measuring their true impact. As these programs are often new, there is limited consensus on the best ways to benchmark their effectiveness. The evaluative metrics cited most often in our research included: documented follow-up visits, tracking of participation rates over time, and level of participation in company sponsored health programs. Overall, these efforts share a common objective of establishing definable and measurable metrics that mirror those used to monitor communicable disease initiatives.

Table 3. Impact of Health and Wellness Offerings

*Question: What type of an impact have these programs had on the productivity of your workforce?
Elements of a Successful Program

Companies we interviewed identified the following elements as key to a successful workplace program.

A successful program is built upon three necessary prongs: evaluations of the current state of the employees’ health, measurable benchmarks and public/private collaboration.

To best position a health and wellness program for success, it is imperative to identify tools for evaluating the health needs of employees and surrounding communities. It is important to have programs that will resonate with core constituents and allow them to buy into health and wellness initiatives. The most common ways to assess employees’ health concerns include internal employee surveys, interviews with appropriate managers and a review of existing demographic and other secondary data.

To ensure community involvement and ownership, one should engage their stakeholders through partnerships and relationships prior to program implementation. Collaborating with the public sector offers companies valuable partners in the provision of health programs and initiatives at a local or regional level.

A successful program must identify the appropriate program targets and adapt initiatives accordingly. Innovative ideas, such as creating a tool-kit to execute programs tailored to a specific disease area, region and culture (e.g., “Wellness Program in a Box”), can optimize the potential success of health initiatives. Programs that work best are oftentimes those that leverage lessons learned from past initiatives, both in communicable diseases and NCDs.

Once identified, there must be metrics developed to demonstrate the effectiveness of programs, such as benchmarks for decreased absenteeism and increased employee productivity. If programs are able to evidence positive effects on the bottom-line, there is a far greater chance of program continuation and implementation of new initiatives into the future. It is vital that benchmarking begins before the program is implemented and that the program goals are both identifiable and measureable.

Outward-facing corporate citizenship and NCDs

Corporate citizenship – or corporate social responsibility – initiatives are another expression of business engagement on a social issue. Like workplace health efforts, these initiatives are an opportunity for companies to exercise leadership on a health topic but with an external orientation, most often targeting local communities in need. Our research revealed that about half (46%) of corporate citizenship initiatives are devoted to health and wellness. Of these, about one third (37%) are focused on NCDs [Chart 1]. These NCD initiatives include philanthropic and community investment programs (49%), advocacy and leadership-oriented activities (29%) and the utilization of core competencies (22%) [Chart 2].
Chart 1. Health and Wellness Initiative Breakdown

*Question:* Of the portion of your corporate citizenship initiatives that is devoted to health and wellness issues, how much is dedicated to communicable diseases versus non-communicable diseases?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable diseases</td>
<td>63%</td>
</tr>
<tr>
<td>Non-communicable diseases</td>
<td>37%</td>
</tr>
</tbody>
</table>

Chart 2. NCD Corporate Citizenship Initiative Breakdown

*Question:* What corporate citizenship initiatives does your company have in place related to non-communicable diseases (e.g., diabetes, heart disease, cancer)?

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philanthropic/Community Investment</td>
<td>49%</td>
</tr>
<tr>
<td>Advocacy/Leadership</td>
<td>29%</td>
</tr>
<tr>
<td>Use of Core Competencies</td>
<td>22%</td>
</tr>
</tbody>
</table>

(products and services)
Bristol-Meyers Squibb Foundation: Targeting Type 2 Diabetes to Reduce Health Disparities

The mission of the Bristol-Myers Squibb Foundation (BMSF) is to reduce health disparities and improve the health outcomes of populations disproportionately affected by diseases and conditions around the world. BMSF programs address both non-communicable and communicable diseases and are undertaken in geographic areas where disease burden is the greatest: cancer in Central and Eastern Europe; type 2 diabetes and mental health in the U.S.; HIV/AIDS in Africa; and hepatitis in Asia. All programs take a strengths-based approach to communities and support efforts to strengthen community-based health care worker capacity, integrate medical care and community-based supportive services, and mobilize communities in the fight against disease.

One of the Foundation’s primary NCD initiatives is Together on Diabetes®: Communities Uniting to Meet America’s Diabetes Challenge (ToD). Launched in November 2010, and funded at $100 million over 5 years, ToD targets diagnosed and undiagnosed adults living with type 2 diabetes in the U.S. Since diabetes management and control is largely based on self-management that takes place in the patient’s home and community, the initiative aims to strengthen patient self-management education and care navigation, as well as community supportive services and mobilization efforts. ToD is also encouraging a radical rethink of the way diabetes control efforts are approached, designed, implemented and measured given the current and future scale of the epidemic and the long duration of the patient’s disease journey.

To date, ToD has made $32.7 million in grants to a diverse group of 17 national, regional and community organizations working in 23 states and the District of Columbia. Some of these projects are rolling out evidence-based practices for self-management to disparate communities. Others are attempting to bend the curve of the diabetes burden in a specific catchment area through an integrated and comprehensive response and control plan that spans public health, clinical services, patient self-management education and support, food and fitness environments, and community organizing and mobilization. Still others are addressing the heavy disease burden found in certain high-risk groups like racial and ethnic minorities. For example, in 2011, five $300,000 grants were made to specifically address the needs of African-American women living with diabetes, and in 2012, BMSF created a partnership with Johns Hopkins Center for American Indian Health to adapt and implement community evidence-based diabetes practices and a Family Coach model in Navajo and White Mountain Apache communities in the Southwest.

Finally, to provide technical assistance and to ensure that learnings from the projects are shared on an ongoing basis, BMSF also facilitates the ToD Learning Collaborative for all grantees and gathers the grantees and national diabetes and health disparity leaders for a summit each year in partnership with the National Network of Public Health Institutes.

Source: Bristol-Meyers Squibb Foundation
Why do companies invest in NCD initiatives?

Our survey research finds that a central motivating factor among corporations implementing health initiatives was maintaining a fit workforce. Over 80% of all respondents said that a healthier workforce was their impetus. Whereas this rationale benefits the companies themselves, it also has positive implications for families and communities as improvements in health can translate from employee to the family and broader community. Another important motivator for companies is corporate responsibility, which, at 75%, ranked as the second most commonly cited factor inspiring companies’ health and wellness offerings [Table 4].

These findings were further emphasized in the interviews conducted. Business leaders expressed a sincere desire to make difference in the health of both employees and their communities. Furthermore, they acknowledged the links between the two, noting that a healthy local population provides for a healthy workforce. A strong return on investment was also cited as a key motivating factor. One medical director cited several industry studies, emphasizing that “every dollar you invest in the health of an employee pays you back between three and six dollars.”
Moreover, our research reveals a general consensus among business leaders on the importance of the private sector in addressing NCDs. As one respondent said, “[Our] activities should make a lasting contribution to the public good in all communities in which we operate.” Business leaders were particularly mindful of the need to acknowledge their potential role in adversely affecting public health in the communities in which they operate. Notably, a rise in wealth associated with increased employment opportunities in formerly low-income communities can lead to more sedentary lifestyles and unhealthy eating and drinking habits among local populations. As one business leader stated, “We’ve kind of helped set up that scenario and that’s why we feel that we should be doing something…They can afford to drink more, so they drink more, and they can afford to eat differently, so they eat differently; and suddenly we are starting to look at [our employees] and think we have created a monster.”

Consequently, many low- and middle-income countries are now facing a “double burden” of disease: while they continue to deal with infectious disease, they are simultaneously experiencing a rapid upsurge in non-communicable disease risk due to the changes in dietary practices and physical inactivity that accompanies socio-economic development.9

---

The global response to the NCD crisis is multi-sector in nature, comprised of public, private and civil society actors. Our research revealed insights into corporate opinions on both the public/government and private/business sector’s involvement in the NCD response. Survey respondents and interviewees believe that both business and government have the ability to positively impact the health of employees but in different ways.

Instances where equal or greater corporate impact was perceived include obesity, diabetes, physical inactivity, cardiovascular disease, alcohol abuse and comprehensive wellness. Of those areas, obesity (20%) and diabetes (21%) scored the highest in terms of NCD issues where the combined efforts of both the private and public sector can have a positive effect [Table 5]. Respondents thought that overall, both private and public sectors could make an impact on NCDs, as well as influence areas such as comprehensive wellness, alcohol abuse and physical inactivity. The data reveal varying opinions on the extent to which either the private or public sector, alone, could make a difference on these topics. The potential for corporate impact alone was considered the greatest in the areas of comprehensive wellness (28%) and physical inactivity (17%). For tobacco use, more respondents thought that government alone could have a positive impact (20%) than private sector alone (<10%). When addressing other health, wellness and social development issues, respondents noted that government agencies had the greatest potential to make an impact on clean water sources (43%), tuberculosis (26%) and maternal and child health (26%).
*Question: Which group has the ability to make the biggest positive impact when it comes to the following health and wellness issues for employees?*

Interviewed business leaders who felt that the private sector could have a greater impact than the government in addressing certain NCDs and their associated risk factors among employees cited following reasons:

- Employees are, in effect, a captive audience
- There are multiple touch points throughout daily activities in the workplace
- There is an added element of peer pressure as employees are likely to join a program if their colleagues are doing so
- Companies can generally spend more money than governments on programs
- Employees typically place greater trust in their employer than in governments

Perhaps not surprisingly, there are parallels in observed beliefs regarding which sectors have the greatest impact and who should be responsible for leading specific types of health and wellness programs. As might be expected, respondents stated that the private sector has greater accountability to address the health and wellness of its workforce than the government. Private sector responsibility scored the highest in the areas of physical inactivity (17%) and comprehensive wellness (14%). In addition, 14% and 12% of respondents stated that corporations have the obligation to address alcohol abuse and tobacco use, respectively. Once again, respondents thought that government had a greater responsibility for clean water (36%), tuberculosis (22%) and maternal and child health (22%) [Table 6].
**Table 6. Responsibility on Health and Wellness Issues**

<table>
<thead>
<tr>
<th>Health and Wellness Issues</th>
<th>Corporate Responsibility</th>
<th>Government Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of clean water</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Maternal and child</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Nutritional deficiencies</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Malaria</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>HIV/Aids</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Chronic respiratory</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Cancer</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Question: Which group has the responsibility to address the following health and wellness issues among an organization’s employees?*

Respondents believed that the private sector holds greater influence than government on workplace health. They also highlighted the need for a cooperative, collaborative relationship between companies, local government and national government. This is particularly true when tackling NCDs outside of the direct workplace. Respondents stated that companies cannot be the sole providers of health initiatives for the community. While it is imperative for companies to be involved, many felt it is impossible to launch and develop any full-scale initiatives if the government does not also take part. If companies are the sole provider of these services, there will be a “black hole” in care and wellness in the region, should the company decide to exit the area. Thus companies may be concerned that their efforts have the unintended consequence of allowing government to abdicate responsibility in the community. This is particularly the case for large extractive companies operating on natural resources such as minerals, petroleum (oil) or gas. In this sector, companies tend to make more extensive community investments than firms in other industries. At the same time, extractives are mindful of their exit strategy out of a geography, recognizing that they will leave the community once resources have been fully mined.\(^{10}\)

Therefore, most surveyed believed that working collaboratively with government agencies provides the best benefit to the community. As one business leader noted:

> *The government should always be the one that steps up; we work in concert with them, but we should not be leading the effort. There are going to be times where we may not be there anymore and we may exit that business and we may exit that country. Then what are the people left with?*

\(^{10}\) Caroll, Cynthia. “Human Sustainability: Why Health is the Anchor of CSR.” GBCHealth 10th Anniversary Conference and Awards Dinner. June 2, 2011.
I feel very strongly about that. I feel very strongly that this is not a corporate issue; this is the government’s issue and that we work in concert to help them solve it. We’ve got the processes in place; the business sense and the know-how to do it and work in concert with them and help them in partnership.”

Interestingly, our research found no significant difference in the extent of belief in the private sector’s responsibility to provide care in low- and middle-income countries versus high-income ones. While many initiatives originate in advanced economies, recognition of a corporate duty in all regions of the world was evident across various types of health initiatives, with a slight bias towards low- and middle-countries, with the exception of nutritional and addictive behavior-related programs. [Table 7]. Regardless of the stage of economic development, business leaders generally expressed similarly high levels of obligation with respect to providing health programs to their employees and surrounding communities.

Table 7. Responsibilities of Corporations in Lower to Middle-and High-Income Countries

*Questions: Thinking about lower and middle income countries, do corporations have a responsibility to offer any of the following in the communities in which they operate?; Thinking about higher income/industrialized countries, do corporations have a responsibility to offer any of the following in the communities in which they operate?
In our survey, 40% of respondents expected their organizations to increase investment in outward-facing corporate citizenship programs targeting NCDs in the near future [Chart 3]. Key motivations to raise investment include improvements in workforce health and productivity, as well as living up to a sense of corporate responsibility.

Chart 3. Changes in Resources Related to NCDs

*Question: Over the next two years, does your organization plan to change the percentage of resources from its corporate citizenship initiatives that are devoted to non-communicable diseases?
In the workplace realm, respondents envisioned an integrated approach to healthcare in the future and did not believe they would pull resources away from communicable diseases to fund NCD initiatives. In fact, education on communicable diseases will continue to be fundamental. The types of programs offered going forward will depend upon local disease and risk prevalence. Survey respondents noted that they plan to most frequently add the following workplace health and wellness activities in the next two years: weight management, preventative care coverage, holistic care, on-site testing/screening and nutritional programs.

One of the ultimate objectives of future initiatives is to make programs more accessible throughout the company’s geographic footprint. While there was no distinct accord regarding how to accomplish this goal GBCHealth and FTI Consulting offer a number of suggestions in the conclusion of this report.

Table 8. Health & Wellness Benefits Organizations are Considering over the Next Two Years

*Question: Which, if any, of the following health and wellness benefits or programs is your organization considering adding to its focus over the next two years?
What we recommend

With cardiovascular disease, diabetes, cancer and chronic respiratory disease rates rising around the world, actors across the spectrum including governments, technical organizations, NGOs, the private sector and civil society have an imperative to act to address these health threats. While some of the following recommendations may be more relevant to one sector over another, they can be applied across all players in the NCD arena.

Our research revealed that business is already engaged in a number of activities in both the workplace and corporate citizenship areas. We found that companies believe that the private sector has both the responsibility to act and the ability to make a positive impact. Finally, business leaders plan to ramp up their activities in the coming years, increasing programs for their employees and investments in their communities. As discussed in the executive summary, GBCHealth and FTI recommend the following actions based on the research for businesses.

Business:

- **Combine a “risk-based” approach with a citizenship mindset:** Our research considered workplace and outward-facing corporate citizenship initiatives as distinct strategies to address health, but truly engaged companies should blend the two. Locally, companies should see what the main health issues are for employees and tailor program efforts in response. Globally, companies should strive to care about the health of their workers and their communities and consumers.

- **Continue to build on what works:** Companies are making a concerted effort to develop comprehensive approaches to health and wellness that focus on the shared risk factors for NCDs, rather than specific diseases. It is therefore important to continue building on the lessons learned from earlier infectious disease efforts, utilizing successful platforms to gain efficiencies and maximize impact.

- **Establish the business case for engagement on NCDs:** In most cases, once the business case is made, there is likely to be less resistance to allocating funding for NCD initiatives. However, companies have said they require support in establishing the business case to their management team to help drive implementation.

- **Share best practices:** Our corporate respondents stated the need for greater global engagement and networking through inclusive workshops that foster better communication and sharing of best practices. These efforts would enable all types of organizations to learn from those who have developed effective programs. Workshops can be complemented with one-on-one mentoring between companies to help them implement their own programs.

To achieve their global health goals, businesses often partner with non-corporate stakeholders, who contribute their knowledge, expertise and other assets towards supporting private sector engagement on health. These stakeholders include business-serving groups (e.g. membership and trade organizations), expert organizations (e.g. technical agencies, academia and implementing NGOs) and the government. To facilitate effective business action on health, GBCHealth, based on overall knowledge and understanding of the global health landscape, recommends the following actions for these stakeholder groups:

**Business-serving organizations:**

- **Facilitate knowledge-sharing:** Membership and trade organizations can provide platforms for companies to share best practices and knowledge, including workshops, conferences and other convening mechanisms. These groups can also help companies benchmark their efforts against the leading programs.
Expert organizations:

- **Provide monitoring and evaluation expertise:** Measuring program impact was cited as a key challenge—technical experts in this field can knowledgeably guide companies on assessing the impact of their efforts and then, working with business-serving organizations, collect and share data and results.

- **Help companies increase the effectiveness of their NCD education activities:** Expert organizations are particularly suited to helping corporations design more impactful educational activities. These activities ranked high among the most popular offerings by respondents, but rated lower on perceived impact. There is, therefore, a large potential for increased collaboration between businesses and expert organizations to improve education activities. Implementing NGOs in particular should consider business partnerships around NCD education (or even in other areas) as vehicles to pursue their own mandate and meet their own health goals. Accordingly, where possible, they should bring their own resources to bear in the spirit of partnership and co-investment.

Government:

- **Share national guidelines and standards with companies to foster compliance and alignment with recommended protocols:** Workplace NCD programs should meet the standards and criteria laid out by the national government and, where possible, the WHO. As done for TB and other infectious diseases, governments should make every effort to engage corporate healthcare providers and policymakers and ensure that recommended protocols are communicated, understood and acted upon.

- **Drive partnerships and collaborations that ensure long-term success at the local level:** Respondents believed that the private sector does not currently have the capacity to implement community-based programs on a broad platform. Companies are also concerned with creating a “black hole” should the company implement a program and later decide to exit the area. Governments should develop cross-sector efforts to ensure that initiatives are successful on a broader scale and for the long-term.

For information contact:

**GBCHealth**
Pamela Bolton
(212) 584-1616
pbolton@gbchealth.org

**FTI Consulting**
Ed Harnaga
(212) 850-5606
ed.harnaga@fticonsulting.com
GBCHealth and FTI Consulting would like to thank GBCHealth member companies for participation in the survey and interviews that provided the foundation for this whitepaper.

We offer a special thanks to the following companies for providing individual case studies:

- Chevron
- Royal Dutch Shell
- Bristol Myers-Squibb Foundation

We would like to thank Michael Schreiber, David Alport and Neeta Bhandari from GBCHealth, as well as John Watts and Neil Benedict from FTI Consulting for their contributions to this project.

Study authors:

**GBCHealth**
Pamela Bolton
Jenny Hsi
Shuma Panse

**FTI Consulting**
Kate Economou
Jocelyn Landau
Joshua Newborn
Shauna Wreschner