

The NCD Alliance

Putting non-communicable diseases
on the global agenda

WHO Reform: Non-Member State Stakeholder Consultation on the Draft Twelfth General Programme of Work, 2014–2019

The NCD Alliance welcomes the opportunity to comment on the World Health Organization (WHO) Draft 12th General Program of Work (GPW12) which outlines the direction of WHO in a new era for global health. The NCD Alliance submission is structured around the three questions posed by the WHO online consultation, along with additional comments.

In summary, this submission:

- Supports WHO's analysis of the changed context of global health, particularly the emphasis on non-communicable diseases (NCDs) as an epidemiological threat and an internationally recognised priority. The UN Political Declaration on NCD Prevention and Control, adopted by 193 UN Member States at the UN High-Level Meeting on NCDs in September 2011, declared that NCDs "constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world".
- Commends the inclusion of NCDs as one of five high-level priorities within the GPW12, alongside communicable diseases, health through the life course, health systems, and preparedness, surveillance and response. The Political Declaration on NCDs provides political endorsement both of the importance of this priority and of the leadership role expected of WHO.
- Urges WHO to align the GPW12 with ongoing global NCD processes, including the next Global NCD Action Plan 2013-2020; the global monitoring framework, targets and indicators for NCDs; options for a multisectoral global NCD partnership; and follow-up to other decisions of the UN General Assembly in their ongoing scrutiny of global NCD prevention and control.
- Commends WHO on the focus of integrated health service delivery under the priority of health system strengthening within the GPW12, as integration was a key theme within the UN Political Declaration on NCDs. But urges for greater attention to be given to the provision of people-centred services to improve access to the prevention and treatment of NCDs.
- Calls for a stronger focus on the social determinants of health, health equity and a rights-based approach to health, as mandated by current political priorities and by the guiding principles of WHO.
- Urges WHO to provide a clear and transparent programme budget which is aligned to the proposed GPW12 priorities and open to Member State and civil society consultation. Human and financial resources within WHO remain skewed, with NCDs remaining severely underfunded. As the majority of WHO's funding is provided through extra budgetary donations, we call on Member States, bilateral and multilateral donors, and global health foundations to ensure WHO is adequately equipped to respond to future health challenges such as NCDs.
- Calls for the WHO GPW12 to clearly outline the governance role of WHO within the changing global health agenda, with particular focus on how WHO can continue to coordinate and direct authority within a complex institutional landscape of global health.
- Calls for the WHO GPW12 to reflect and respond to emerging opportunities in the 2014-2019 period, particularly the process to define the post-2015 development framework.

The NCD Alliance was founded by:



1 Does the draft GPW12 accurately reflect the new political, social and environmental realities in which WHO now functions?

The Changing Context of Global Health

The GPW12 accurately captures the changed global context of health from 2005 to 2012. The document focuses on three fundamental ways in which global health has changed – a changed epidemiological and demographic context; a changed political, social and economic context; and the shift to focus on the social and environmental determinants of health.

- We commend the prominent inclusion of NCDs in the changed context of global health. We support WHO's statement that while the epidemiological transition to NCDs is not new, the international recognition of the problem and its enormous socio-economic impact has fundamentally changed, as illustrated by the adoption of the UN Political Declaration on NCDs.
- We support WHO's statement that *"there remains a significant gap between rhetoric and reality when it comes to concrete action and the allocation of resources"*,¹ but call for the next GPW12 to provide a clear outline for how the allocation of resources will be strengthened to ensure progress in the global response to NCDs.
- We understand that although *"NCDs occupy a more prominent role (...) they should not replace the world's attention to existing concerns"*² and sustained advocacy and investment is still needed to achieve the Millennium Development Goals (MDGs). We believe that WHO needs to show leadership on the integration of health systems and the response to the MDGs and NCDs as they are interrelated, and stress a holistic approach to health rather than discussion of "replacement".
- WHO successfully captures a shift in the approach to health, increasingly focusing on social and environmental determinants which have an impact on NCDs; the need for a coordinated response to health across sectors and societies to improve health outcomes; a whole of government and society approach; the role of innovation and technology; and ensuring access to essential medicines and technologies.

The Role of WHO within this Changed Context

WHO describes the complexity of today's institutional landscape for global health, including the primacy of the intergovernmental process; the importance of Ministries of Health as a broker for health within government; the failure of many global agreements to incorporate health concerns; how new funds, donors, partnerships and alliances have made progress but diminished coherence; and the shift in development thinking from the Paris Declaration to the Busan Partnership. However, there is a lack of analysis of where WHO envisions itself in the institutional landscape for health in 2012.

- The next GPW12 draft should include an assessment of how WHO currently works with stakeholders and actors in global health, and how effective the organisation is as the directing and coordination authority in international health.
- An assessment of WHO's position will better inform the development of WHO's role in the next GPW12, and within the new political, social and environmental reality.

2 Does the draft GPW12 articulate a vision for WHO which accurately re-positions the Organization in light of a changing global health agenda?

The need for WHO to "broaden its health governance role" in response to the changing global health context is stressed on pages 14-15, however no clear overall vision for the organization is defined.

- We commend the key elements of WHO's approach to its constitutional role, focusing on equity, social justice and poverty reduction; the commitment to multilateralism; to remain a science and evidence based organisation focused on public health; maintain a position as a normative agency which provides guidelines, standards and norms; and promoting health overall and not just the absence of disease.

- WHO's response to the changed context of global health is outlined as the need to prioritise the determinants of health; adjust to a new financial reality and ensure predictability and sustainability of financing; move towards health service integration; and adjust its role in health governance. These elements of the "strategic response" need to be strengthened in the revised GPW12, with clearer objectives and aims – particularly for health governance.
- With regards to health governance, WHO infers that the Organization will move from a solely normative agency providing international conventions, regulations, resolution and strategies, and strengthen its position at regional and country levels. We recommend this section be expanded to provide more detail on the functions and role of WHO country and regional offices , as well as details around how the transition to a more substantive implementation role will be resourced.³
- The need for WHO to represent health concerns and promote health in intergovernmental processes needs to be explained in more detail. In light of the focus on the economic, social and environmental determinants of health, and the urgent need for a health-in-all-policies approach at national and international levels, WHO's leadership in this field is crucial. It should demonstrate how a multisectoral response is needed to address health issues. The future draft GPW12 needs to outline in what international forums (e.g. trade, climate change, human rights and security negotiations) WHO will be advocating for health.
- WHO's principles and approach in a new global health agenda is articulated, but what is lacking is WHO's position on working with multiple institutional actors including governments, other UN agencies and actors in the UN system, civil society, multilateral organizations, funds, partnerships, alliances and the private sector. We reiterate our call in February 2012 for WHO's GPW12 to define a comprehensive policy for engagement with external stakeholders, which sets out clear guidelines for engagement and addresses institutional and personal interests.

3 Do the vision and priorities for WHO, as expressed in the draft GPW12, align with current and envisioned global health needs?

The NCD Alliance commends the inclusion of NCDs as a high level priority within the GPW12, reflecting the global burden of disease and international agreements including the 2011 UN Political Declaration on the Prevention and Control of NCDs.

- We urge WHO to fully align the NCD priority section with the ongoing consultation process to develop the next Global NCD Action Plan 2013-2020.
- We call for a clearer delineation of WHO's priorities for NCDs 2014-2019 to clarify how WHO will align the GPW12 with the ongoing global processes for NCDs, including the next Global Action Plan, the global monitoring framework and NCD targets, options for multisectoral action through partnership, and follow-up to other decisions of the UN General Assembly in their ongoing scrutiny of global NCD prevention and control.
- We call for a balance of focus on prevention and treatment in the NCD priority section.⁴ A greater focus on treatment within WHO is particularly urgently needed in order to reduce the millions of people with NCDs worldwide suffering preventable disability and death because of a lack of essential treatment and care.
- We support the inclusion of the target to "*reduce global mortality from NCDs*" in the NCD priority section, as a means of measuring impact and progress.⁵ We call on WHO to integrate the full global monitoring framework, targets and indicators for NCDs into the "reduction of risk and access to services" section of the NCD results chain.
- We call on WHO, in the NCD priority section, to embrace the principles of patient empowerment, the alleviation of inequality and an end to discrimination for all people with NCDs. The WHO Constitution enshrines the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being. We therefore call for the rights based approach to health to be at the foundation of the entire GPW12.

- We commend the overarching theme for work in the priority of health system strengthening to be “*access and affordability of services based on the principles of primary health care.*”⁶ Essential components of health system strengthening over the 2014-2019 period will be the shift away from diseases specific programmes towards health system integration, people-centred services, and ensuring health systems can provide affordable long term care for the rising burden of NCDs.
- We therefore recommend for the corresponding “health systems” section of the WHO Results Chain to include a greater focus on health service integration and the re-orientation of health systems to provide continuing care for diabetes and NCDs, focusing particularly on training and workforce development at a primary health care level.

4 Additional comments

Resources:

The NCD Alliance supports WHO’s statement that “*there remains a significant gap between rhetoric and reality when it comes to concrete action and the allocation of resources*” for NCDs.⁷ We emphasise that this includes a severe lack of both financial and human resources for NCDs within WHO itself.

- We reiterate our call in February 2012 for financial resources within WHO to be aligned with the global burden of disease and for the programme budget for 2014-2019 to be fully aligned to the priorities within the GPW12.
- We stress that the agendas of extra budgetary donors have created severely skewed resources within the headquarters of WHO. The four NCDs which account for two thirds of the world’s mortality receive 16,300,000 USD within WHO headquarters. This is less than half the money that TB (32,000,000 USD) and HIV/AIDs (34,500,000 USD) are separately allocated.⁸
- We request that the 2013 ‘Pledging Conference’ prioritises NCDs as a neglected health issue which has received insufficient funding to date.⁹
- We call for greater transparency from WHO regarding the level of financial resources which are available or expected for the 2014-2019 period in the next draft of the GPW12. We request that that monitoring and accountability of WHO’s financing is strengthened, acting on the recommendation to provide disaggregated data on funding source, donor and outcomes on WHO’s website.

The Post-2015 Development Agenda:

The next draft of the GPW12 should clearly outline WHO’s position on the place of health within the post-2015 development agenda as a critical priority for WHO in the 2014-2019 period. This should respond specifically to:

- The UN Task Team Report from July 2012, its initial positioning of health within the ‘core dimension’ of inclusive social development and a proposed goal for reduced mortality and morbidity.
- The Global Thematic Consultation on Health proposed for 2013 for which the lead UN Agencies are WHO and UNICEF.
- The place of health within the follow up to the UN Conference on Sustainable Development (Rio+20) and the process to define Sustainable Development Goals.

¹ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 8.

² WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 9.

³ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 15.

⁴ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 23-24.

⁵ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 24.

⁶ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 27.

⁷ WHO, Not Merely the Absence of Disease – GPW12 Draft for Regional Committees, September 2012, pg. 8.

⁸ WHO, EB130/5 Add 2, WHO Reform: Progress and Priority Setting, Summary Information on the Distribution of Financial and Human Resources to Each Cluster’ Table 1

⁹ WHO, EB 130/5 Add 5, para 13