

NCD Alliance Briefing – WHO Zero Draft Terms of Reference for a Global Coordination Mechanism for NCDs, 14 August 2013

WHO and Member States have made significant progress in fulfilling their commitments in the 2011 *UN Political Declaration on Prevention and Control of NCDs*. Two years on, we have an agreed, comprehensive set of global NCD targets that provide our vision for what we want to achieve by 2025; we have an ambitious Global NCD Action Plan (GAP) 2013-2020 which provides our roadmap for action; and we have a formalised UN Task Force on NCDs which will coordinate a UN system-wide response to NCDs.

What is urgently needed now is a global mechanism that truly caters for the unique scale, complexity and multisectoral nature of the epidemic. As mandated in the UN Political Declaration, the NCD response demands a **multi-constituency mechanism that brings together, in one place, the key partners focused on preventing and controlling NCDs to coordinate action**. This final phase of WHO-led consultations, which is focused on defining the Terms of Reference (ToRs) for a global coordination mechanism (GCM) on NCDs, is our opportunity to shape an ambitious global initiative that will drive change for the millions of people living with or at risk of NCDs.

Key Points

- **Draw from lessons learnt:** Lessons learnt from NCDnet (2009-2011) and other global health partnerships should inform the development of the GCM. History has shown that weak, loose and under-resourced structures have been ineffective in the NCD response, contributing instead to a piecemeal response.
- **A clear value proposition:** The ToRs currently do not make clear the *added value* or *value proposition* of the GCM. NCDCA recommends the value proposition for the GCM is that it is ***the only multi-constituency mechanism that brings together, in one place, the key partners focused on preventing and controlling NCDs***. It will enable partners to achieve more in NCDs together than they would have been able to achieve individually.
- **An action-oriented purpose:** The value proposition should help frame a more ambitious and action-oriented purpose (or mission statement) than in the current ToRs. Drawing upon agreed language, including from the Political Declaration on NCDs, NCDCA proposes: ***To convene and mobilise partners to achieve the objectives in the Global NCD Action Plan 2013-2020 and the overarching “25 by 25” NCD mortality target through collective and coordinated action***.
- **Operational principles:** Currently the ToRs are lacking ***operational principles***. These should be an extension of the value proposition, and should guide the objectives of the GCM. NCDCA recommends four additional principles:
 - **Partner-centric approach:** The success the GCM relies on the active engagement of its partners and their work. The *partner-centric* approach mobilises, engages and empowers the different partners, encouraging mutual accountability;
 - **Continue political momentum:** The priorities of the GCM must be aligned with existing NCD political commitments, and leverage new opportunities – including post-2015;
 - **Focus on convening** (i.e. providing a forum for partners to discuss and agree on ways to align their existing and new activities), **brokering** (i.e. actively brokering knowledge, innovations among partners), and **action** (i.e. inspiring new collaborations and initiatives at global and national levels);
 - **Driven by country demand and regional priorities:** National governments should be a key constituency of the GCM, and will ensure the GCM can learn from and support national and regional activity.
- **Replace “functions” with “strategic objectives”:** NCDCA recommends focusing on ***“strategic objectives”*** rather than ***“functions”***. A small, clear set of strategic objectives should reflect the suggested value proposition and principles, and would provide a framework for specific activities. NCDCA recommends four strategic objectives:
 - **Promote accountability of resources and results:** Recommend arrangements for global reporting, oversight, and accountability.
 - **Mobilise resources and facilitate technical support:** Conduct/commission research on sustainable financing mechanisms; provide guidance for national resource mobilisation; support technical assistance and capacity building in countries; increase access to treatment and care;
 - **Global advocacy and awareness:** Maintain political leadership; build public demand for action; support social movement; integrate NCDs into universal health coverage, primary health care, and post-2015 agendas;

- **Promote knowledge exchange and galvanise multisectoral action:** Exchange best practices on what works; build consensus on policies and interventions; support operational research; promote implementation of existing global NCD strategies, guidelines, and treaties, including the WHO Framework Convention for Tobacco Control (FCTC);
- **Change “participants” to “partners”:** NCDCA recommends changing *participants* to *partners*. The GCM should be underpinned by a partner-centric approach that incentivises, engages and empowers a broad range of partners. In addition to UN organisations, UN entities should also be added (in order to incorporate the WHO FCTC Secretariat).
- **Coherent organisational structure:** In the current ToRs, the organisational structure of the GCM is weak and draws heavily from the NCDnet model. The GCM must have a robust organisational structure with transparent decision-making, reporting, and accountability systems. NCDCA recommends four structural elements:
 - **Coordinating Board:** To provide leadership and strategic direction. Co-chaired by WHO and government representative. Board membership includes governments, UN/international organisations and NGOs. A selection of permanent seats and rotating seats. By proposing a Board, we are *not* suggesting WHO loses executive authority over NCDs, nor that the GCM is a WHO-hosted partnership. Instead, we are proposing a model that draws from the WHO Special Programme of for Research and Training in Tropical Diseases (TDR). This structure will strengthen the capacity of WHO, remaining within and reporting to WHO’s governing bodies.
 - **Global Forum:** To serve as a consultative and idea-sharing body for all GCM partners. It could meet on an annual basis, and would provide an opportunity to share NCD good practice and experience, ensure communication amongst the spectrum of the NCD community, exchange global and national practices, and provide GCM partners with an opportunity to contribute to, or be involved in, GCM activities.
 - **Working Groups (WG):** WGs are a critical element of the GCM, enabling partners to lead and engage in specific activities. WGs must be aligned with the strategic objectives of the GCM - therefore we recommend against the suggestion that “WGs could be proposed by any participant”. To ensure WGs are effective, they must be sufficiently resourced. Therefore, recommend WG activities included in the GCM work plan and financed by the core budget – but that WGs are also able to mobilise external resources for their work.
 - **Secretariat:** NCDCA fully supports WHO as the host and secretariat for the GCM. However, placing the GCM secretariat in the Non-communicable Disease and Mental Health (NMH) cluster would require careful management. The ToRs for the GCM should clearly outline how the core work of the GCM and the WHO NMH Cluster will differ, to ensure coordination and non-duplication. NCDCA recommends additional responsibilities including - servicing the governance structure; managing communications and information sharing; assisting in resource mobilisation for GCM activities; representing the GCM at meetings; providing administrative and technical support; and reporting on GCM.
- **Phased approach:** NCDCA recommends the GCM is progressively built up in a *phased approach*. Specifically, NCDCA proposes **3 discrete phases for the GCM:**
 - **Consultation Phase (2013):** Final phase of WHO consultations on the GCM, completed by end of 2013.
 - **Consolidation Phase (2014):** GCM approved at EB and endorsed via WHA Resolution in 2014. Remainder of 2014 used by secretariat and partners to consolidate, plan and prepare for the GCM (including organisational development, coordinated resource mobilisation, strategic planning, stakeholder engagement etc).
 - **Operational Phase (2015-2025):** NCDCA recommends the GCM is time-limited, with a sunset clause of 2025 (to tie in with the global NCD targets timeframe). This would mean the GCM has a lifespan of a decade – which could be framed as a *Decade of Action*.
- **Inspiring title, descriptive strap line:** NCDCA strongly recommends avoiding using the term *Global Coordination Mechanism* as the title. Recommend a catchy and short title that will inspire and motivate, along with a more descriptive strap line which could be “*The Global Coordination Mechanism for the Prevention and Control of Non-Communicable Diseases*”. For the catchy title, NCDCA proposes two approaches:
 - **25 x 25:** As we are suggesting the GCM is time limited (to 2025), could incorporate 2025 or 25 by 25 into the title. For example, *Vision 2025; Getting to 2025; 25x25 NCD Initiative*. This proposal draws from the **Countdown to 2015 Initiative**.
 - **Visionary words:** An alternative approach is to use visionary words to set the tone for the work of the GCM. This proposal draws from the **Every Woman, Every Child Initiative** and other global campaigns (e.g. **Make Poverty History, ONE Campaign, IF Campaign**). As has been shown in other global initiatives, it doesn’t necessarily have to have “NCD” in the title. A few initial suggestions include - *Healthy People, Healthy Planet; Act on NCDs*.