
BACKGROUND

This briefing provides background and key messages on the NCD Alliance's three advocacy priorities for the 67th World Health Assembly in May 2014 – the Global Coordination Mechanism for NCDs, the UN Review on NCDs, and the post-2015 development agenda.

Global Coordination Mechanism for NCDs (GCM)

The 2011 UN Political Declaration on NCDs recognises that NCDs require multisectoral action, a whole-of government approach and collaborative partnerships at all levels. The Declaration mandated governments to work across sectors and with a range of stakeholders (including civil society, academia and the private sector) and requested the UN Secretary General to provide options to Member States for strengthening action on NCDs through effective partnerships. As a result, WHO has led a two year consultation process to define a global partnership – or a “Global Coordination Mechanism” – for NCDs.

Member States agreed the Terms of Reference for the Global Coordination Mechanism (GCM/NCD) on 23-25 April 2014. The ToRs include the purpose; functions; structure; and lifespan. The [final ToRs](#) will be adopted at WHA, together with a work plan currently being drafted.

Key Messages:

- **Purpose and functions fulfil the vision of the UN Political Declaration.** The purpose of the GCM/NCD is to “*facilitate and enhance multistakeholder engagement and action*”, and its five functions (*advocacy; brokering knowledge; innovation; multisectoral action; resource mobilisation*) are ambitious and demonstrate a clear added value by focusing on areas that benefit from active engagement of a broad base of stakeholders across all sectors.
- **Structure is not fit for purpose.** The 2012 UN Secretary General's Report on Partnerships highlighted two important lessons; 1) functions should determine the structure; and 2) weak, loose and under-resourced structures have proven ineffective in the NCD response, contributing instead to a piecemeal response. Member States and WHO have ignored these lessons and instead agreed to a weak structure that is not fit to deliver on its functions. The ToRs describe three structural components – *WHO Governing Bodies; a Secretariat in the WHO NMH cluster; and Working Groups*.
- **Fails to “walk the talk” on multisectoral action.** The three components of the structure are dominated and led by WHO and Member States. There is little opportunity for meaningful engagement of NGOs and relevant private sector entities, with the working groups representing the only way NGOs can engage. The GCM/NCD therefore reinforces the “business as usual” approach to NCDs, rather than fulfilling the identified need and commitment in the UN Political Declaration on facilitating global multisectoral action.
- **Lacks an “engine” to drive action.** The GCM/NCD is guided and overseen by the WHO Governing Bodies, which meet annually and by nature are bureaucratic and slow in decision-making. The GCM/NCD is missing a lean advisory or coordinating group, which would have served as an ongoing “brains trust” to support the small Secretariat in the delivery of the work plan. Other global health partnerships, including those housed in WHO and even WHO NCDnet from 2009-2011, described in the UNSG's paper as “*insufficient in scope and scale*”, have an advisory or coordinating body.

The unique scale, complexity and multisectoral nature of the global NCD epidemic deserved much more. We consider the GCM/NCD a missed opportunity in accelerating progress towards the “25 by 25” target.

Recommendations on the GCM Work Plan and Working Groups:

- Prior to developing the work plan for the GCM, a strategic framework should be developed to ensure GCM/NCD has clear objectives that are outcome-focused and carefully planned activities.
- The work plan should focus on activities that produce “quick wins”, in particular at the national level.

- Working groups will be the vehicle to operationalise the functions of the GCM. They should be formed on an “*as needed*” basis (guided by the work plan), to provide expertise and support to deliver specific activities. They should be time-bound, have clearly defined outputs, and be adequately resourced.
- Membership of working groups will depend on the specific mandate, but must be truly multisectoral (with careful consideration and management of conflict of interest).

UN Review and Assessment on NCDs, 10-11 July 2014

The UN NCD Review will be held on 10-11 July 2014 at UN Headquarters. It is an exceptional opportunity to take stock of progress made since the 2011 UN High-level Meeting on NCDs, accelerate momentum at global, regional and national levels, and promote NCDs as a priority in the post-2015 development agenda.

The [modalities resolution](#) for the UN Review, adopted on 13 May 2014, agreed the organisational arrangements for the UN Review. Notable details include the overarching theme – progress on NCDs and the post-2015 agenda; two roundtables – 1) National and regional capacities on NCD prevention and control, and 2) National, regional and international partnerships and cooperation on NCDs. The resolution also agrees the UN GA will convene an informal civil society hearing on NCDs, to be held no later than June 2014. Finally, the Review will result in an action-oriented Outcomes Document.

Although the UN Review is not an official agenda item, the week offers a strategic opportunity to promote our priorities for UN Review preparations and outcomes. Initial NCD Alliance priorities are outlined below:

Priorities for the arrangements of the UN NCD Review:

- Ensure Member States **attend the Review at the highest level possible** (Ministers of Health, Foreign Affairs and Planning);
- Facilitate the **meaningful involvement of civil society** in all preparations and official proceedings of the Review, including inclusion in **official government delegation** to the Review;
- Ensure Member States attend the informal interactive civil society hearing (June 2014), as an opportunity to listen to the priorities of NGOs and private sector for the Review;
- Support and agree to **strong commitments in the action-oriented outcome document**, particularly focusing on **time-bound targets for national action on NCDs**.

Recommendations for outcomes of the UN NCD Review:

- Develop, by 2015, **national targets for NCDs**, taking into account the 9 global voluntary targets adopted at the 66th World Health Assembly;
- Develop, by 2015, **national multisectoral NCD plans**, taking in account the WHO *Global Action Plan for NCDs 2013-2020*;
- Establish, by 2015, a high-level **national multisectoral commission**, agency or task force for the engagement, policy coherence and accountability of sectors beyond health;
- Implement, by 2015, as part of a multisectoral national plan, cost-effective interventions to **reduce the exposure to risk factors for NCDs**;
- Implement, by 2015, as part of a multisectoral national plan, cost-effective interventions to **enable health systems to respond to the NCD challenge**;
- Mobilise **adequate, predictable and sustained resources** for NCDs, through domestic, bilateral, regional and multilateral channels, including innovative financing mechanisms;
- Hold **periodic UN High-level Review Meetings on NCDs** at the UN General Assembly, with the participation of Heads of State and Government, starting in 2018;
- Recognise **NCDs as a priority in the Post-2015 Development Agenda** and support a specific stand-alone NCD mortality target adapted from the agreed “25 by 25” global target.

Health and NCDs in the Post-2015 Development Agenda

As the end date of the Millennium Development Goals (MDGs) draws near, there is now a process to define priorities for the post-2015 development framework. Official inputs into the post-2015 process, including the UN High-level Panel Report (May 2013), the UN Secretary General report *A Life of Dignity for All* (July 2013), and the Open Working Group on Sustainable Development Working Document (May 2014), have all recognised NCDs as a priority for the post-2015 era and agenda.

The WHO governing bodies are important opportunities to promote the importance of health and NCDs in post-2015 with Member States. There is a WHA agenda item and [report](#) on health in post-2015. The NCD Alliance key messages on post-2015 are outlined below.

Key messages:

- To safeguard progress made on the MDGs and drive sustainable and equitable development, **health must be at the heart of the post-2015 framework**. Health is a precondition for, an outcome and an indicator of sustainable human development.
- NCDs disproportionately impact on low- and middle-income countries (LMICs), and the human and economic costs are undermining development gains made to date. NCDs are linked to all three pillars of sustainable development: social, economic, and environmental.
- There is a **strong political mandate for the inclusion of NCDs in the post-2015 development agenda**. The 2011 UN Political Declaration on NCDs and all official UN processes on post-2015 to date have recognised NCDs as a priority.
- Greater emphasis is needed on a life-course approach as a guiding principle to health in post-development, in order to drive **action on early childhood exposures and healthy ageing**.

Recommendations on post-2015 targets and goals:

- An **overarching health goal** for post-2015: **“Maximise healthy lives at all stages of life”**. This overarching outcome-focused health goal is universally applicable, will measure healthy life expectancy across the life-course, and encompasses mortality, morbidity and disability;
- A **sub-set of health goals/targets** to underpin the overarching health goal: These must reflect the **“unfinished business”** of the health-related MDGs (e.g. MDG 4, 5 and 6), and **new and emerging epidemiological trends, most notably the growing NCD burden**.
- A **standalone NCD target**: **“By 2030, achieve a 34% relative reduction in premature mortality from NCDs through prevention and control, and reduce injuries and mental and neurological disorders”**. This is adapted from the WHO Global Monitoring Framework on NCDs which all governments have already adopted.
- **Two critical enablers for health: Universal Health Coverage (UHC) and the Social Determinants of Health (SDoH)**. These two enablers will be important instruments in achieving health outcomes. Although UHC is important, it is an indirect indicator of health status. Action on a much broader front is needed, beyond the health sector and across the social determinants of health.
- Ensure **health and NCDs are integrated across all dimensions** of post-2015: NCDs are a multisectoral issue and impact poverty reduction and economic development, social development, and environmental sustainability. **This will require NCDs and health to be considered in the formulation of all goals** (including poverty, education, gender equality agriculture, sustainable cities, economic growth), **and the incorporation of health sensitive indicators across the dimensions**.