

WHO Reform Process Submission - The NCD Alliance

The NCD Alliance¹, which unites over 2,000 organizations across the globe, welcomes this opportunity to comment on WHO's programmes and priority setting process, as described in WHO Executive Board Resolution EB130/5 Add.1.

The WHO reform process is also an important opportunity for the organisation to re-examine its approach to governance, enabling WHO to reconfirm and reassert its leading role in global health while safeguarding institutional integrity.

Programmes and Policy Setting

The NCD Alliance supports the position voiced by others that priority-setting should be driven by the mandate of the WHO and the burden of disease borne by its Member States, rather than allocation of resources and donor priorities.

UN Member States are in consensus that one of the major challenges to global health is the growing epidemic of NCDs², which are caused in large part by common risk factors including tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, and result in 9 million preventable deaths before the age of 60 each year. Developing countries are hit the hardest - over 90% of these preventable deaths are in low- and middle-income countries where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries.

The UN High-Level Meeting on NCDs in September 2011, coupled with the unanimous adoption of the Political Declaration³, clearly shows that NCDs are a top priority for Member States, who agreed that the burden of NCDs "constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world".

Reversing the priority setting process, from a top-down set of global priorities to a demand-led approach based on Member State needs⁴ will highlight the level of concern on NCDs among Member States. Analysis of Country Cooperation Strategies (CCS) reveals that NCDs have been given the highest prioritization at national levels: 136 countries identified 'health promotion, risk factors and healthy settings including nutrition/physical activity for prevention of noncommunicable disease' as a priority, a figure exceeding the number of countries prioritising HIV/AIDs⁵.

The NCD Alliance is therefore strongly supportive of two of the seven future priority areas proposed in Resolution EB130/5 Add.1:

2. Promoting risk reduction, prevention, treatment and monitoring of noncommunicable diseases, mental health, disability and injuries
5. Work on health information, information systems, evidence for health policy-making, innovation, and research and monitoring of trends, to include analysis and strategies to address the social, economic and environmental determinants of health

Programme Budget

The NCD Alliance concurs with the conclusion that Member State needs and programme budgets have been insufficiently aligned and welcomes WHO's attempts to strengthen connections between priority setting and resource allocation⁶. As the majority of WHO's funding is provided through extra budgetary donations, we

¹ www.ncdalliance.org

² For the purposes of this paper, "NCDs" refers to four main diseases: cardiovascular disease, cancer, chronic respiratory disease, and diabetes. These diseases share four common risk factors: tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol. A broader definition of NCDs includes mental and neurological disorders (including Alzheimer's Disease and dementia), oral, renal, eye, and other diseases.

³ A/66/L.1 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases Sept 2011

⁴ WHO, EB130/5 Add 1, para 10

⁵ WHO, WHO reform: programmes and priority setting, Document 3: Analysis of Country Cooperation Strategies, Annex

⁶ WHO, EB130/5 Add 1, paras 29-31; Document 1: Programmes and Priority Setting in WHO, para 45

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. To date there has been a skewed allocation of resources within WHO, which does not reflect the priorities or needs of its Member States. Despite continued requests for support, many donors and foundations effectively maintain a policy ban on funding NCDs. This is contrary to the principles in the Paris Declaration on Aid Effectiveness, and ignores the recent Istanbul Programme of Action for Least Developed Countries which calls on donors to support action on the growing burden of NCDs in LDC countries. Therefore, the NCD Alliance requests:

- WHO ensures NCD resources, both in-country and at headquarters, are aligned with their classification as a core category and high level priority
- The 2013 'Pledging Conference' prioritises NCDs as a neglected health issue which has received insufficient funding to date⁷
- 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 website⁸
- WHO to scale up NCD resources and increase public awareness about inequalities in health funding.

Stakeholder Engagement and Partnerships

The recommendations on reforming WHO's engagement with the expanding number of stakeholders in global health are pertinent. The Political Declaration on the Prevention and Control of NCDs calls for a whole of government and multisectoral approach to NCDs supported by a WHO led partnership on NCDs working across the UN system. The NCD Alliance strongly endorses this approach. NGOs and the private sector are willing and necessary partners in the global response to NCDs.

However, recent statements issued by WHO (EB130/5 Add. 4, inter alia) make it clear that there is a pressing need for a transparent framework to guide the engagement and interaction with external stakeholders. The NCD Alliance recognises this as a question of strategic importance for effective partnerships to impact on the NCD burden. We agree that the intergovernmental nature of WHO's decision-making must remain paramount, and that the development of WHO norms, standards, policies and strategies must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest. While consultation and collaboration present opportunities, these processes must be managed within effective, transparent and robust guidelines.

We therefore call on WHO to develop and adopt a comprehensive policy on engaging with external stakeholders. A central pillar of such a policy should address the need to recognize and appropriately manage institutional and personal interests to ensure that resources are leveraged in a transparent, ethical and efficient fashion. We recommend that the WHO revisit some good work that has already been developed by the Secretariat on these issues, including examples of principles of engagement^{9,10}.

Summary

In summary, the NCD Alliance calls on WHO to ensure its future work gives greater priority and resources to NCDs. The UN High-Level Meeting Political Declaration assigns a leadership role to WHO in tackling NCDs, yet the current resources allocated within WHO to NCDs are woefully inadequate to implement the actions requested by Member States. Our recommendations on priorities, budget and stakeholder engagement are designed to ensure that the WHO is as prepared as possible to meet these challenges.

The NCD Alliance and other civil society organisations pledge our continued support to Member States and WHO in pursuing action on the global burden of NCDs.

⁷ WHO, EB 130/5 Add 5, para 13

⁸ WHO, EB 130/5 Add 5, para 13

⁹ WHO/CSI/2002/WP6 WHO's Interactions with Civil Society and Non-Governmental Organizations, 2002

¹⁰ SCN Private Sector Engagement Policy, 2006