

The NCD Alliance

Putting non-communicable diseases
on the global agenda

The Global Action Plan for the Prevention and Control of NCDs 2013–2020

The NCD Alliance welcomes the progress made by WHO and Member States over the last year in defining the building blocks of a Global NCD Framework. With the agreement of the Global Monitoring Framework (GMF) and a set of voluntary global NCD targets, we now have a clear and ambitious vision for what we want to achieve. Now Member States have an opportunity to shape a Global Action Plan for NCDs 2013-2020 that will provide a roadmap for operationalising that vision, and a global coordination mechanism (GCM) that will provide the means to mobilise and coordinate collective action to drive progress.

The NCD Alliance calls on Member States to support four points on the Global Action Plan (GAP):

1. Leadership, aim and scope

- The lead UN agency for the plan is WHO, but the GAP should be endorsed and co-branded by all relevant UN agencies and international partners to harness the resources and expertise of the entire UN system.
- The aim of the GAP as an implementation guide for the Political Declaration will be achieved through greater specificity. To incentivise action across sectors, support a shorter GAP with concise, action-oriented language.
- The GAP should be relevant and applicable to all countries. It should include priority actions for both low- and middle-income countries (LMCs) and high-income countries (HICs).

2. Principles, objectives and action points

- Support further integration of the overarching principles and approaches (including human rights, universal access, equity and gender equality, life course, and empowerment) across the objectives and action points.
- Support greater emphasis on strengthening health systems under objective 4, particularly awareness, risk assessment, early detection/screening services at primary care level, and referral mechanisms to services at secondary and tertiary service levels.

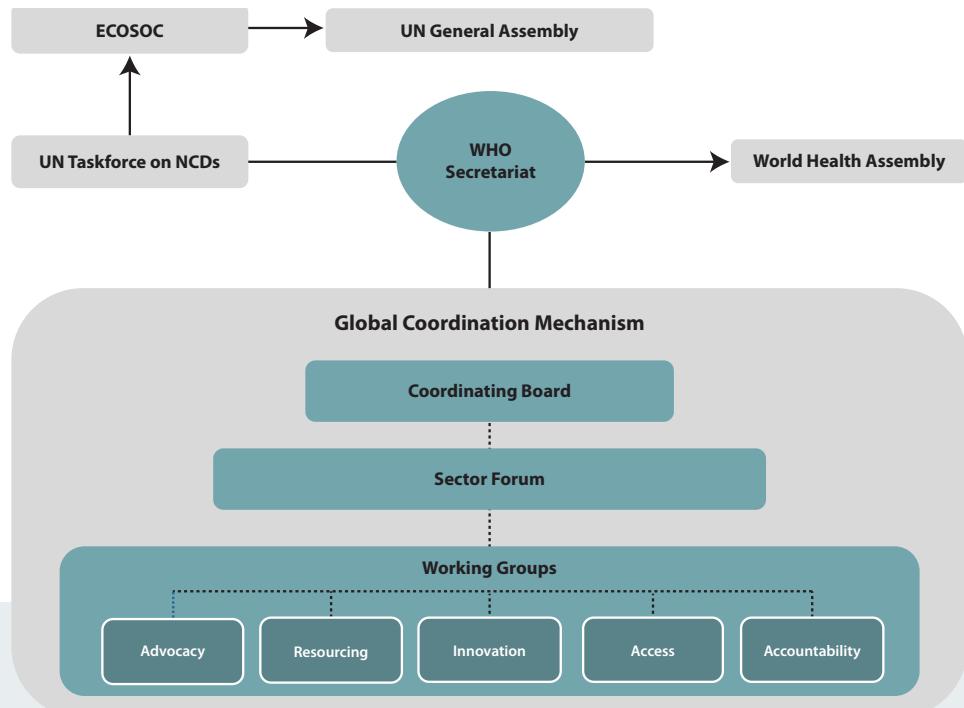
3. Resourcing and implementation

- To achieve impact and results, the GAP needs to be fully costed and adequately resourced. Support a new section in the GAP on "resourcing", with a price tag, WHO budgetary allocations, and plans for resource mobilisation.
- The plan should propose mechanisms to engage and mobilise stakeholders to support implementation, including a global coordination mechanism (GCM). Strengthen appendix 4 in the GAP in line with NCDA recommendations below.

4. Measuring progress, reporting and accountability

- Each of the six objectives should have dedicated targets and indicators to measure progress, including drawing from the set of targets in the Global Monitoring Framework (GMF) and additional process indicators.
- The GAP must have clear reporting cycles to measure progress and hold key actors to account. Support biennial reporting to the World Health Assembly (WHA) and reporting every five years to the UN General Assembly.
- Leverage both the UN Secretary General's Progress Report on the Political Declaration in 2013 and the UN comprehensive review and assessment in 2014 to take stock on progress against the GAP.

Proposed Structure for the Global Coordination Mechanism for NCDs



The Case for a Global Coordinating Mechanism for NCDs

The absence of a formal mechanism at the global level to catalyse multisectoral UN, government and civil society action and collaboration on NCDs has been a major weakness in the global NCD response to date.

Since 2009, the NCD Alliance has recommended the establishment of a light-touch global coordination mechanism (GCM) for NCDs to address this gap.

The GCM would be a **multi-constituency mechanism that brings together, in one place, the key actors focused on the prevention and control of NCDs**. It would enable actors to share strategies, align objectives and resources, and drive progress towards the ambitions and targets in the Global NCD Action Plan. The GCM will also enable actions to achieve all ambitions in the Political Declaration, toward wider health system strengthening and further linking NCDs with social and economic development policies and frameworks.

In 2011, the UN Political Declaration on NCDs:

- called for multisectoral action, whole-of-government approach and mandated governments to work with "*all relevant stakeholders*"
- requested UN Secretary General to provide options to Member States for strengthening action on NCDs through effective partnerships

In 2012, WHO led a consultation process and reported findings to the UN Secretary General, who presented options for national and global mechanisms to the UN General Assembly in November.

The NCD Alliance has developed and refined these recommendations for Member States to consider and discuss.

Proposed Mission and Strategic Objectives for the GCM

Mission: To convene relevant sectors to align their strategic directions and resources, and catalyze collective and coordinated action to achieve the objectives in the Global NCD Action Plan 2013-2020.

Strategic objectives: These five objectives will support achievement of the Global NCD Action Plan 2013-2020 and are shaped to leverage new opportunities, including integrating NCDs into the post-2015 development agenda.

1 Global advocacy and awareness	2 Strengthen engagement of new and existing partners	3 Promote knowledge exchange, innovation and best practice	4 Financing, resource mobilisation and technical support	5 Promote accountability of resources and results
Strengthen advocacy efforts by harnessing the contribution of a diverse range of stakeholders and focusing attention on specific priority issues	Facilitate participation and engagement of a variety of health and non-health actors, including governments, intergovernmental organisations, civil society (including people with NCDs), and where appropriate the private sector	A vehicle for collecting, translating and disseminating important NCD knowledge, best practice, research, policy development and implementation, globally and in countries	Recommend a range of sustainable financing mechanisms, provide guidance for national resource mobilisation, support technical assistance and capacity building in countries	Recommend arrangements for global reporting, oversight and accountability

Proposed Structure of the GCM and Role of WHO

The GCM will *not* be a new UN NCD agency or a global financing mechanism. But it will need to be a formal structure, led by Member States and with the support of the UN system, civil society and other sectors. Loose networks and piecemeal approaches to date have fallen short of what is required for the global NCD response.

The GCM will be housed within WHO. The activities of the GCM would be aligned and be synergistic with the WHO technical norms and policies, and would add value and support to WHO's NCD programme and initiatives.

By serving as the GCM Secretariat, WHO's roles would include providing the technical backbone for activities, providing administrative and management support, and convening and facilitating meetings/forums/working groups among stakeholders of the GCM.

The GCM will be composed of the WHO Secretariat staff, a coordinating board, a sector forum, and a number of results-based working groups:

- The **coordinating board** will provide strategic input and guidance to the Secretariat. It will include representatives from various constituencies.
- A **sector forum** involving Member States, multilateral and bilateral agencies, NGOs, academia, media and the private sector to share knowledge, promote information exchange and best practice, and take stock of progress.
- A number of specific, results-based **working groups** will be established to spearhead action on priority issues.

Any mechanism that includes WHO, Member States and the private sector must operate within the WHO guidelines on conflict of interest, as endorsed by the World Health Assembly in 2010. Additionally, the NCD Alliance recommends the development of an ethical framework, a code of conduct for all sectors to comply with, and firewalls policy development from the private sector.

A Phased Approach to Building the GCM

Given the current resource-constrained environment, the GCM would be progressively built in a phased approach. Based on existing examples, the GCM could operate effectively with limited start-up funding for global advocacy and technical support and a small staff team in the WHO secretariat.

