

NCD Alliance Advocacy Briefing

138th WHO Executive Board, January 2016

This briefing note provides background and key advocacy messages on the NCD Alliance's main priorities for the 138th WHO Executive Board (EB), including calling for accelerated progress towards the global NCD targets, promoting accountability for commitments, resources and results in NCDs, implementation of NCDs in 2030 Agenda and WHO's framework for engagement with Non-State Actors (NSAs).

Agenda Item 6: Noncommunicable Diseases (NCDs)

Agenda item 6.3: Responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018

This report outlines the foundations for preparations for a successful UN High-Level Meeting on NCDs in 2018, as well as reporting on progress towards the global NCD targets, the Global NCD Action Plan, and fulfilment of key WHO assignments.

Key messages:

- **Insufficient progress towards 2025:** Reporting on the global NCD targets (Annex 3) shows an alarming lack of progress towards the 2025 targets. Member States are severely off-track. In the case of diabetes/obesity, prevalence is actually increasing rather than decreasing. Furthermore, the report highlights a severe lack of data to monitor progress towards the 2025 targets. Seven of the nice targets are missing baselines and/or 2014 data, and this is particularly an issue for the health systems targets. It is time to get serious. WHO and Member States must fast-track action in order to achieve the 2025 targets, by prioritising, implementing and improving surveillance and monitoring systems.
- **Preparations for the 2018 UN High-Level Meeting on NCDs starts now:** In order to ensure concrete outcomes by the next UN HLR in 2018, discussions at the EB must highlight the following critical opportunities to uphold commitments and accelerate country-level progress in 2016:
 - **Implementation of four time-bound commitments:** The achievement of the four time-bound commitments for 2015 and 2016 made at the 2014 UN NCD Review are critical to achieve the 2025 and 2030 NCD targets. In 2016, countries must therefore prioritize setting national NCD targets, implementation of national NCD plans and establishment of national multisectoral NCD commissions, and implementation of policies and interventions outlined in Appendix 3 of the Global NCD Action Plan to reduce NCD risk factors and strengthen health systems, including through Universal Health Coverage.
 - **Strengthen monitoring and surveillance systems:** Only 29% of countries have systems in place to report against the nine global targets. As mandated in the 2011 UN Political Declaration, international collaboration is urgently required to strengthen country-level NCD surveillance and monitoring, including the development of population-based registries and the integration of NCD surveillance into national health information systems.
 - **Participation in WHO NCD Directors Meeting 15-17 February 2016:** WHO is convening the first-ever global meeting of national NCD Programme Directors, in order to forge strategic alliances among peers on how countries can develop ambitious national responses to the NCD-related targets in the SDGs, and fulfill the four national time-bound commitments. Active participation by all Member States is paramount in this meeting.
 - **Improve tracking of official development assistance (ODA) for NCDs:** The way that ODA for health is tracked and reported is severely inadequate for NCDs. It is important that Member

States uphold their commitment made at the 2014 UN Review on NCDs and support the development of a purpose code for NCDs in OECDs Creditor Reporting System (CRS).

- **Update of Appendix 3 of Global NCD Action Plan:** The updating of GAP Appendix 3 to ensure new scientific evidence is reflected is an important process. We support listing interventions in order of their cost-effectiveness ratio, as opposed to setting a threshold for inclusion. In identifying interventions for analysis, we recommend consideration of a policy option's impact on intermediary outcomes (along the pathway of effects to a health outcome) and not to exclude policies without a quantifiable effect size on future health (e.g. sugary drink tax). The process must incorporate official and transparent consultations with civil society and other relevant actors.
- **Registry of commitments by NSAs:** The secretariat will develop, in 2016, an approach to register and publish contributions made by the private sector, philanthropic entities, and civil society toward the achievement of global NCD targets. We welcome the proposed process and timeline and call for official and transparent multi-stakeholder consultations to encourage the development of a mechanism that both incentivizes stakeholders and is based on rigorous indicators and regular reporting of commitments.

Agenda Item 7: Promoting health through the life course

7.2 Health in 2030 Agenda

The 2030 Agenda for Sustainable Development, adopted at the UN General Assembly in September 2015, provides governments and the international community with an ambitious set of 17 goals and 169 targets to end extreme poverty, fight inequality and injustice, and protect our planet by 2030. Three out of the nine health targets are focused on NCDs. The EB provides an important platform to reinforce the importance of health and NCDs within the context of the 2030 Agenda, as well as explore the implications of this new agenda for WHO and global health more broadly.

Key Messages:

- **Prioritise NCDs in regional and national development plans and frameworks:** Successful implementation and achievement of the SDGs relies on country ownership of the 2030 Agenda. As such, Governments must adapt and integrate all aspects of the SDGs into their own regional and national development plans. Integration of NCDs into development plans and frameworks is essential for ensuring sustainable health outcomes in all countries.
- **Ensure adequate and sustainable domestic resources for NCDs:** As recommended by the Addis Ababa Action Agenda (AAAA), Governments must strengthen efforts to raise domestic resources for health and NCDs. While Official Development Assistance (ODA) will still remain an important source of catalytic funding for some countries, progressive realisation of the commitments set forth in the Addis Ababa Action Agenda and the recommendations in the GCM/NCD Report on Financing, particularly those on tax, will support resource mobilisation.
- **NCDs and Universal Health Coverage (UHC):** As set forth in the 2030 Agenda and recognised in agenda item 7.2, UHC is the target that underpins and is key to the achievement of all other health targets under SDG 3. UHC supports the development of health systems that provide integrated, equitable, people-centred care, and increases coherence in the health sector. NCD treatment and care is a crucial element of a robust health system, and can be achieved through UHC.
- **Integration of NCDs with other health and sustainable development priorities:** In light of the establishment of a new GCM/NCD Working Group on integration of NCDs with other thematic areas, 2016 will be an important year to harness the synergies between the NCD response and other health and development priorities, including the new Global Strategy for Women's, Children's and Adolescents' Health (agenda item 7.3); the WHO HIV Global Health Sector Strategy and UNAIDS Strategy 2016-2021 (agenda item 9.2); follow-up to the Second International Conference on Nutrition

(ICN2) including in the context of the 2016 Nutrition for Growth Summit (agenda item 6.1); and health and the environment (agenda item 7.5).

Agenda Item 5.3: Framework of engagement with non-State actors

A central element of WHO's governance reform is the development of a framework for engagement with non-state actors (FENSA). NSA's include nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions and are vital to the work of the organization within today's global health and development landscape.

Going into the fourth year of deliberations on FENSA the lack of clarity on WHO's engagement with non-state actors (NSAs) has posed great challenges to the organisation's work on NCDs, especially to the work of the Global Coordination Mechanism on NCDs (GCM/NCD). We commend Member States for achieving agreement of most parts of the framework and urge the adoption of FENSA at the 69th WHA in May 2016 with the provision of a comprehensive evaluation of the framework in 2018.

Outlined below are some remaining concerns with regards to the following areas:

- **Paragraph 44bis:** The introduction of paragraph 44bis reflects Member States's recognition of the adverse impacts of some industries' products and practices on health outcomes, in particular on NCDs. We strongly encourage the retention of this paragraph.
- **Secondments:** WHO is under-resourced, particularly for NCD prevention and control, which has remained one of the largest funding gaps in the WHO programme budget. NSAs, particularly NGOs and academia, have a wealth of expertise that could be effectively leveraged by WHO through secondments. We therefore applaud Member States for considering provisions to the proposed framework allowing for secondments from NGOs and academic institutions.