

**NCD Alliance Submission**  
**Draft Concept Note towards WHO's 13th General Programme of Work 2019–2023**

*October 2017*

The NCD Alliance welcomes the opportunity to provide feedback on the draft concept note of the WHO 13<sup>th</sup> General Programme of Work (GPW) 2019-2023. Upon consultation with our network we wish to provide the following comments:

**Key messages:**

- 1. The draft 13<sup>th</sup> WHO General Programme of Work must address noncommunicable diseases (NCDs) as a strategic priority, reflecting the global burden of disease and economic impact thereof in its priority-setting.**

The draft concept note for the 13<sup>th</sup> WHO General Programme of Work constitutes a significant departure in terms of priority-setting from the 12<sup>th</sup> GPW, in that NCDs have moved from being recognised a key priority (albeit chronically underfunded) to an insufficiently elaborated priority among many which raises grave concerns over WHO's ability to ensure sustained funding of their work on NCDs. The concept note must reflect more accurately the disease burden due to NCDs and thus urgent need to accelerate action to address the biggest cause of preventable death and disability globally. According to WHO, NCDs kill 40 million people each year, equivalent to 70% of all deaths globally. Each year, 15 million people die from a NCD between the ages of 30 and 69 years and over 80% of these "premature" deaths occur in low- and middle-income countries. Countries around the world are off track in implementing effective multisectoral NCD responses to protect the health of their citizens and economies. The WHO needs to be able to respond more effectively and at scale to Member State requests for technical assistance and prioritise NCDs within its collaborative arrangements with other UN agencies, international organisations and other relevant partners. NCDs are a social justice issue, driving and driven by poverty; they are a human rights issue; and cost-effective interventions exist to prevent millions of premature death and disability and treat disease and pain throughout the lifecourse. The cost of inaction far outweighs the cost of action and the world needs a WHO that prioritises and is resourced to support countries to achieve SDG 3.4.

- 2. More clarity is needed on how WHO seeks to place countries at the centre and become more operational.**

The focus on countries in the draft concept note is to be applauded. Countries are indeed the place where results occur and country and regional offices play a critical role in assisting countries translate global recommendations into ambitious context-specific policies and programmes. Greater investment in implementation research will establish why so many well-intentioned plans, programs and policies have not been implemented and help strengthen the role of country and regional offices.

Whilst the ambition to become more operational is welcome, it is equally important to strengthen WHO's normative and technical functions and to ensure that this work remains resourced

adequately. It is not clear at the moment what “becoming more operational” means concretely and we request that this aspect of the concept note be elaborated on.

**3. The next GPW should give strong attention to the broader determinants of health, including social, commercial and environmental determinants, and aim to improve policy coherence for health within the 2030 Agenda for Sustainable Development.**

We are pleased to see the alignment of the GPW with the Sustainable Development Goals and strong recognition of the fact that many of the health gains come from sectors outside of health and that health is particularly linked to poverty, environment, human rights and equity. Global health challenges are challenges for sustainable development perpetuating poverty and inequality. We welcome the Director-General’s focus on raising health to the highest political levels and initiating strong partnerships across sectors. WHO needs to make the case for health as an investment and must equally not shy away from highlighting the social, economic, political and environmental determinants of health and advocate for and provide evidence to support countries in implementing health-in-all-policies approaches. We wish to highlight the need to intensify WHO’s advocacy toward and collaboration with UN entities such as the UN Development Programme, Food and Agriculture Organization, UN Environment Programme, the World Trade Organization, the World Bank and others. In this context, we strongly encourage that WHO reframe health challenges such as NCDs as opportunities for sustainable development and proactively promote co-benefit solutions and investments for health with non-health sectors.

We reinforce the need for strong collaborative partnerships, including with non-State Actors and in particular civil society and patient organisations. WHO’s leadership in this area is particularly important with regards to meaningful engagement of civil society at the country and regional level. It is critical, that in as much as WHO opens itself up to multisector and multistakeholder partnerships, it also become a thought leader and set standards for how to address the broader determinants of health, in particular commercial determinants. WHO and Member States need to openly recognise that while public-private partnerships are vital, these must be in the public interest and therefore need to be lead by the public sector with full appreciation and transparency of the different roles and interests of the sectors involved. Engagement with other sectors must also be contextualised within the understanding that there are not always win-win solutions to be found and that planetary and human health and prosperity must take precedence over private profits. The challenges faced with regards to commercial determinants are shared by other public sectors such as the environment sector. WHO should work with relevant experts from across sectors to develop more strategic thought leadership and action on the commercial determinants of health and WHO should include this dimension in its programme of work.

**Section I: What does the world need? (pp 1-2)**

We welcome the focus on the underserved 40% of the global population who have no access to health care without financial hardship, and the 400million who do not have access to essential health services. We recognise the value of Universal Health Coverage (UHC) as a foundation to address these inequalities through actions at the global, regional and national level.

We equally welcome acknowledgment of the threat that noncommunicable diseases (NCDs), mental health (add here: neurological conditions) and substance abuse pose to global health security alongside women’s,

children and adolescents health and climate and environmental change, and recognition of their unique causal relationship with non-health sectors. However, we note that the concept note is much more heavily weighted to responding to health emergencies and communicable diseases. We suggest that this section be improved by, at a minimum, acknowledging that NCDs are responsible for the largest share of the global burden of preventable death and disability and disproportionately affect the poorest countries and populations.

As a general recommendation for this section, we would like to suggest that what WHO considers to be its main responsibility could be summarised as protecting and promoting ‘health security’ – threatened by a number of acute and/or long-term problems as articulated in the concept note. We suggest that the authors consider reframing this section accordingly.

## **Section II: What will WHO do differently? (pp 3-4)**

We welcome the clarity of this section and recommend that bullet point 5 “put countries squarely at the centre” be moved up to the beginning. Results indeed occur at the country level and countries’ disease burden and priorities must drive WHO’s work at Headquarters, regional and country level.

### *1. Focus on outcomes and impact:*

- Outcomes and impacts, as opposed to outputs, are a shared responsibility between WHO and Member States. Measurement of WHO’s contributions to outcomes and impacts will be helpful to better understanding barriers and bottlenecks, but does not come without challenges. For example, the relatively short timeframe of the GPW must be factored into setting the outcomes that are measured. For instance, mortality/morbidity rates may not drop to a detectable degree in the timeframe allotted. WHO should therefore develop interim measurements that are achievable in the timeframe allotted, in particular for priority areas that require urgent action now but may not yield impressive improvements immediately. We look forward with interest to the development of Results Framework and Scorecard and request that non-State actors (NSAs) be given an opportunity to provide input into this development.

### *2. Align with and drive progress towards the Sustainable Development Goals (SDGs):*

- We strongly welcome the development of the GPW in close alignment with the SDGs. We are pleased to see recognition that many of the health gains come from sectors outside of health and that health is particularly linked to poverty, environment, human rights and equity.
- WHO cannot however assume responsibility equally for all SDGs, especially if it is going to focus on outcome or impact. There has to be a clearly articulated basis for establishing the priorities to be addressed within the SDGs and more specifically within the health target. Whatever the metric used, NCDs have to be high on the list of priorities which does not appear to be the case at present.
- We strongly encourage that WHO reframe health challenges such as NCDs as opportunities for sustainable development and proactively promote co-benefit solutions and investments for health with non-health sectors. WHO should provide strong leadership and act across the wider development agenda, promoting a health-in-all policies approach by ensuring attention to health impacts and providing safeguards to health, including through the setting of standards that protect health.

### *3. Set priorities:*

- We would like to stress the importance of reflecting goals and targets already endorsed by Member States, at the World Health Assembly, as well as the United Nations in New York in WHO's priority setting within the next GPW. These goals and targets must provide the foundation of the scorecard to measure WHO's results as they set out health and health-related priorities for Member States.
- We strongly agree that leadership priorities must be fully reflected in the WHO's budget. NCD's have remained chronically underfunded to date, partly due to the practice of earmarking of Member States contributions. WHO needs greater freedom to allocate funds to ensure delivery of its programme of work and we support the Director-General in his efforts to initiate a change in practice towards more unrestricted funding.

*4. Become more operational:*

- Whilst the ambition to become more operational is to be applauded, it is equally important to strengthen WHO's normative and technical functions and to ensure that this work remains resourced adequately. It is not clear at the moment what "becoming more operational" means concretely and we request that this aspect of the concept note be elaborated on.
- While we welcome the increased focus on WHO country offices, it is essential to first clarify the roles and responsibilities of the three levels of the organisation. At the moment, the concept note does not provide sufficient detail on who, and at which level, will be responsible for what. The country offices cannot be expected to lead on normative work, for example. The development of a clear framework seems warranted.
- One of the essential elements of cooperation should be to promote research, especially implementation research which will establish why so many well-intentioned plans, programs and policies have not been implemented.

*5. Place countries squarely at the centre:*

- We suggest that this bullet point be moved up to the beginning of this section.
- NCDs are the number one priority programme area at country level<sup>1</sup> and WHO has not been able to respond to the high demands for technical assistance to countries on NCD prevention and control. "Placing countries at the centre" must translate into greater resourcing of WHO's work on NCDs.

*6. Provide political leadership:*

- Global health challenges are challenges for sustainable development perpetuating poverty and inequality. We welcome the Director-General's focus on raising health to the highest political levels, e.g. the G20 (and other political and economic blocs), and initiating strong partnerships across sectors. WHO needs to make the case for health as an investment and must equally not shy away from highlighting the social, economic, political and environmental determinants of health and advocate for and provide evidence to support countries in implementing health-in-all-policies approaches. We highlight the need to intensify its advocacy toward and collaboration with UN entities such as the UN Development Programme, Food and Agriculture Organization, UN Environment Programme, the World Trade Organization, the World Bank and others.
- The UN High-Level Meeting on NCDs next year will be a key opportunity for WHO to demonstrate its leadership on a priority global health and development issue.

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<sup>1</sup> [http://www.who.int/about/finances-accountability/budget/20170113\\_delivering-for-results\\_background-paper\\_draft.pdf](http://www.who.int/about/finances-accountability/budget/20170113_delivering-for-results_background-paper_draft.pdf)

### **Section III: WHO's vision, mission, strategy (pp 4 – 12)**

#### **a. Strategic priorities (table on p. 4):**

We welcome the table providing an overview of WHO's strategic priorities. We note that the column "country focus" is not clear and greater clarity on how the strategic priorities relate to the different levels of the organisation is required. Given the low level of specificity and information provided in the table, it is difficult to make more detailed comments at this point.

#### **b. Interrelated Strategic Priorities (pp 5 – 8)**

##### ***Health emergencies: Prevent, detect and respond to epidemics and Provide health services in emergencies and strengthen health systems***

- The health emergencies priority is at the moment focused on communicable diseases despite recognition of protracted problems such as mass migration and a focus on migrants and refugees. It is critical that under outcomes, essential life-saving health services include diagnosis and treatment of NCDs, as well as palliative care.

##### ***Help countries to achieve universal health coverage***

- We welcome that the concept note highlights NCDs as key drivers of out of pocket costs and wish to highlight that without including both the prevention and treatment of NCDs under UHC, Member States will not be able to achieve the health-related SDGs.
- While recognising the centrality of UHC to the achievement of WHO's mission of a world in which all people attain the highest possible level of health, we would ask for clarity regarding the explanation of UHC as "the umbrella that brings together the various health related SDG priorities." It is important to note that, the achievement of UHC does not necessarily equate to the achievement of all health-related SDGs. The global NCD burden weighs heavy on countries with all levels of health coverage and as a result of a range of social, economic, commercial and environmental determinants of health. There is no doubt that the provision of UHC will significantly improve health outcomes, but we encourage WHO to clarify that this is one of many necessary but not the only path by which to address preventable morbidity and mortality from NCDs and achieve the health-related SDGs.
- Importantly, the focus on UHC must not come at expense of less focus on WHO's work on health promotion and prevention, including via strong public policies, which is critical for NCDs and feasibility and sustainability of UHC.
- We request that WHO address the omission of palliative care in the definition of the spectrum of UHC essential health services within the concept note. The concept note should align with WHO's current definition of UHC, which states "UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care."<sup>2</sup>

##### ***Lead on health related SDGs***

A significant number of global health priorities has been included here. Given the scale of the burden from each, and the different policy approaches required (while integration of policies, programmes and services

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<sup>2</sup> <http://www.who.int/mediacentre/factsheets/fs395/en/>

should be pursued and co-benefits may be accrued), it must be made clear that each of the priorities is considered a separate strategic priority.

We urge WHO to take a leadership role in delineating best practice in whole of government responses to the health related SDGs. This is particularly relevant for NCDs where leveraging synergies with other policies is critically to avoid a harmful health impacts and promote the health and wellbeing of populations.

- *Ensure women, children and adolescents survive and thrive:*
  - There is strong continued need to focus on good maternal, child and adolescent health and we agree that the Global Strategy for Women’s, Children’s and Adolescents’ health should guide WHO’s work to address old and new challenges in this area. A lifecourse approach to health, in particular recognising the “developmental origins of health,” is critical, including for the prevention of NCDs.
  - The commitment to ensuring the impacts on women, children and adolescents is highly welcome, but should be a theme running through all the stated priorities from health emergencies and disaster management to NCDs and governance.
- *By 2030 reduce by one third premature mortality from NCDs through prevention and treatment; promote mental health and well-being; strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol; and halve the number of global deaths and injuries from road traffic accidents:*
  - We note the concerning lack of detail provided in this section and lack of recognition of the intrinsic interdependence of the NCD target(s) with other health and non-health SDGs such as SDG 2.2, as well as e.g. SDGs 1, 5, 7, 10, 11, 12, 13.
  - We note omission of targets 3.9 in the measurement framework emphasising air pollution and chemical pollutants as important risk factors for NCDs, in particular in women and children and vulnerable populations.
  - We also note omission of targets 3b and 3c and wish to highlight the critical importance of the affordable access to essential NCD medicines as well as significantly improved health financing without which progress on NCDs in the poorest countries will remain out of reach.
  - We strongly encourage mention of WHO’s set of cost-effective interventions for the prevention and treatment of NCDs (WHO’s Best Buys for NCDs<sup>3</sup>) as tabled in the updated Appendix III of the Global NCD Action Plan 2013-2020. Appendix III is an important tool guiding not only countries’ priority setting but equally WHO’s technical assistance on NCDs to strengthen NCD governance across sectors, mobilise sustained financial resources, build legal, regulatory and fiscal capacity and strengthen health systems for NCDs at country level.
  - In addition to WHO’s Best Buys, we call on the WHO Director-General to prioritise comprehensive childhood obesity responses within the context of NCD prevention, including technical assistance to countries to boost regulatory and fiscal capacity and multisectoral governance.
  - In terms of tracking progress on NCDs, we wish to highlight the importance of referencing the global target of a 25% reduction in mortality by 2025. Without concerted efforts toward this milestone, the 2030 target of a 30% reduction will not be reached.
- *Protect against climate and environmental change:*

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<sup>3</sup> [http://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf?ua=1](http://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf?ua=1)





- We strongly welcome this work stream and suggest that this area also links to the New Urban Agenda and efforts underway on sustainable urbanisation, as well as sustainable food systems.
- Beyond its relevance for all countries, WHO's work should focus on where the need is greatest, e.g. Small Island Development States.

### ***Provide the world's governance platform for health:***

- As noted earlier, concerted action across sectors is an essential condition for good health and health equity everywhere. Improved policy coherence and health literacy in United Nations agencies, political and economic cooperation agencies etc is especially critical for NCDs. WHO must strengthen its capacity to pro-actively engage outside of the traditional health sphere to ensure health considerations in frameworks by other agencies and international agreements across the development, environment, food and agriculture and trade and commerce sectors.
- We welcome recognition of WHO's role as a platform on which health conventions, regulations, and frameworks are being negotiated and implemented. The Framework Convention on Tobacco Control is one such critical convention which today remains as important as at its inception in 2005.
- As a general observation, we suggest that the political leadership *per se* of WHO through the World Health Assembly should be stressed in the follow-up and review of SDG3 and other health-related targets.
- WHO should strengthen its relationship with civil society and patient organisations at all levels of the organisation. WHO's leadership in this area is particularly important with regards to engagement at the country level where the voice of civil society is increasingly marginalised<sup>4</sup>. Civil society organisations are vital partners to WHO and we encourage WHO to model UNAIDS to ensure meaningful participation/representation of civil society and the people it is serving.

### **Section IV: How will WHO deliver on this strategy? (pp 8-12)**

- ***Countries at the Centre:*** We support this section, especially with regards to country demand driving WHO 's work. With regards to a shift to more work and resources on the ground we underline the need to recognise that currently many WHO country offices are struggling with varying levels of dysfunction and inefficiencies. This is a challenge that urgently needs to be addressed. As mentioned earlier in this submission greater clarity over the roles and responsibilities of the organisation will also be required to make the shift to more presence at country-level.
- ***Value for Money.*** We welcome the concept but note that this notion is also limited by what can be measured. Where impact data does not already exist – or exists from sources that would not be recognised by WHO – there is a danger of delayed early action. Hence, decisions on value for money should be cognizant of this limitation. Additionally, “Budget Impact Analysis” must be considered as a complement to decisions made around cost-effectiveness. Specifically, the field of health economics has recognised that “cost-effectiveness” may not always be affordable, and the short term and longer term impacts of budget investments must be considered.

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<sup>4</sup> <http://oxfamblogs.org/fp2p/can-ingos-push-back-against-closing-civic-space-only-if-they-change-their-approach/>



- **Workforce of Excellence.** We note with appreciation the commitment to recruitment and retention of more women leaders and nationals from developing countries, as well as improvement in staff performance assessment linked closely to organisational performance. We encourage WHO to become the first UN agency to meet the gender parity target. Gender parity should be reflected at all levels of the organisation, task forces, expert groups etc. and be encouraged to be reflected by Member State delegations as well.
- **Re-engineering Data Architecture.** We strongly support the intention of WHO to provide ‘robust technical support to countries to measure SDG indicators and improve national health information systems including civil registration and vital statistics’. We agree that data and global statistics underpin the concept note’s goal to create a ‘demand-driven’ and responsive WHO. We note that there is no reference to the use of big data, digital technology, nor of ‘Leave no one behind’ or ‘reaching those furthest behind first’ and how to measure them. With regards to disaggregation of data, we encourage the collection of disaggregated data going beyond national averages and beyond income inequity, and attending to all the social groups as agreed in the SDGs 74(g) and also laid down in SDG 17.18, namely disaggregation “by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.
- **Strengthening health diplomacy, resource mobilisation, and communications:** We strongly support the suggested elevation of health diplomacy to country offices.
- **Promoting policy coherence.** We welcome the intention to strengthen ‘internal coherence between programmes and geographies of the organisation’. In order for WHO to “walk the talk” of placing the SDGs at the centre of what it does, the GPW must elaborate how the organisation will improve synergistic collaboration across its own departments, and as an extension, with other UN agencies and external partners.
- **Strengthening and expanding partnerships.** We reinforce the importance of collaborative work with civil society as a critical partner to WHO across advocacy, accountability and service delivery. We encourage that the draft GPW separate different non-State Actors, including more specific appreciation of how WHO will work with each.

In as much as WHO opens itself up to multisector and multistakeholder partnerships, it must become a thought leader and set standards for how to address the broader determinants of health, in particular commercial determinants. Fundamental to achieving this objective is recognition of the fact that it needs to do so in close consultation and coordination with global development partners and the trade, commerce, environment, and food and agriculture sectors. WHO and Member States need to openly recognise that while public-private partnerships are vital, these must be in the public interest and therefore need to be lead by the public sector with full appreciation and transparency of the different roles and interests of the sectors involved. Engagement with other sectors must also be contextualised within the understanding that there are not always win-win solutions to be found and that planetary and human health and prosperity must take precedence over private profits.

The challenges faced with regards to commercial determinants are shared by other public sectors such as the environment sector. WHO must work with relevant experts from across sectors to



develop more strategic thought leadership and action on the commercial determinants of health and WHO should include this dimension in its programme of work.

- **Suggest ADDING a bullet point on: Support and reinforce accountability:** Strong mechanisms for accountability already exist at WHO level, in terms of measuring progress on both reducing disease burden and the development of national policies. However, with innumerable global commitments for different health issues established, renewed emphasis must be placed on tracking progress towards delivering on agreed goals. In recognition of WHO as an impartial entity, we recommend that WHO considers and supports long term collaborations with academia and with civil society who are ideally placed to assist with independent accountability in order to build even further on the impact of key WHO publications such as the 2017 NCD Progress Monitor through complementary monitoring and evaluation.