



Informal dialogue with relevant NGOs on a global monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs

(Geneva, 15 December 2011)

1. The World Health Organization held an informal dialogue with representatives of relevant international Nongovernmental Organizations (NGOs) on 15 December 2011. This dialogue was a component of the preparatory process for an informal consultation with Member States and UN Agencies (planned for 9-10 January 2012 at WHO in Geneva) to provide input into WHO's ongoing work to develop a comprehensive global monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs, in accordance with paragraphs 61 and 62 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs (resolution 66/2).
2. 23 NGOs participated in the informal dialogue. Participants welcomed the Political Declaration that resulted from the High-level Meeting held in New York in September 2011. Participants also welcomed Member States' commitment to develop a global monitoring framework and set of voluntary global targets and indicators.
3. This summary of the informal dialogue is available as an additional resource for Member States as they develop the global monitoring framework and set of voluntary global targets and indicators.
4. The Agenda (Annex 1) and the List of Participants (Annex 2) are attached.
5. The meeting started with opening remarks from the WHO Secretariat. WHO highlighted to participants that the dialogue with NGOs was important: engaging effectively with NGOs in support of national efforts for NCD prevention and control is crucial in order to improve the effectiveness of these efforts at local, national and global levels. The relevant operative paragraphs of the Political Declaration were then reviewed with participants.

6. The WHO Secretariat indicated that the Member States' expectation was for WHO to develop, through its Governing Bodies, a global monitoring framework and recommendations for a set of voluntary global targets. In this respect, the Secretariat described the results to date of its on-going work on NCD targets. The Secretariat will make available a draft report for discussion at the consultation in January 2012. An initial version of this will shortly be published on the web to enable an electronic consultation with Member States.

7. The WHO Secretariat then shared examples of possible targets and indicators in three areas: outcomes, exposures, and health systems response. The suggested targets had been identified and assessed using specific criteria such as public health relevance, coherence with the Political Declaration and Global Strategy for the Prevention and Control of NCDs, availability of effective interventions, achievability and feasibility for countries, availability of data and measurability. The WHO Secretariat emphasised that the work done, so far, aims to provide the technical basis for discussion with Member States and that a concrete proposal on the set of targets will be developed based on the input received during the January 2012 Consultation. Until then, there is no "set position" on targets and indicators.

8. Subsequent interventions from NGOs focussed around six themes.

Realism and achievability

9. Participants highlighted the importance of ensuring that targets and indicators were both realistic and achievable. Participants also considered it important that these targets and indicators were linked to actions that were cost-effective and sufficiently low-cost for resource-poor countries to adopt. The importance of creating political will to achieve the targets was also mentioned. A suggestion was made that the targets could be presented in a stepped approach with a core and subsequent set which Member States could choose from depending on country specific applicability and resources. Some highlighted that the target around multi-drug therapy may be unrealistic at a global level. Others highlighted that vaccination may be a more feasible way of tackling cervical cancer than screening.

Links to the MDGs and the post-2015 UN development agenda

10. A number of participants highlighted the need for NCD targets and indicators to be aligned with future global health targets that result from the outcomes of the ongoing UN System-wide preparations for an United Nations development agenda beyond 2015. Many considered it important that there was alignment across not only these two areas, but also other global health indicators e.g. other communicable diseases and maternal and child health. One suggestion was that an audit of all existing global health indicators and targets (NCD and others) could be compiled to ensure effective alignment across them.

Whole-of-government approaches and intersectoral action

11. A number of participants described the need to identify targets and indicators that would hold all of government accountable. Some encouraged the thinking to be outside "the health box". Particular areas of interest included urban planning, food system, physical activity, trade and integrated childhood approach. The latter was echoed strongly throughout the meeting: "early years" was a most important time to prevent NCDs. There was also some mention of social determinants of health and the need for an effective intersectoral response, and that targets and indicators needed to be found to measure this. Participants said that it was important to involve other UN agencies when developing these wider targets and their indicators.

Breadth of the Political Declaration

12. A number of participants highlighted the breadth of the Political Declaration. For some participants, the Political Declaration's broad scope suggests that the targets and indicators should be equally broad. Access to medicines was given as one example. Some participants considered that examples should be presented alongside the indicators already developed. One example suggested was an indicator to monitor the percentage of health budget allocated to NCDs.

Number of targets and technical issues

13. Participants made no specific comments on the ideal number of targets, although there was recognition that clearly not every issue could be included. Some participants highlighted the importance of also having interim targets in 2015 and 2020 as suggested by the secretariat. This was considered important to galvanize Member State action in the short- and long-term.

14. Some participants highlighted the importance of ensuring that the targets were a good measure of health system performance. One representative described the value of having a target on stroke. There were more detailed discussions on the targets on diabetes and alcohol. A number of participants highlighted the importance of having a target on physical activity. As this is a new area of public health there has not been the time to develop an evidence base that is as robust as other areas. Nevertheless participants argued that there was no doubt that physical activity was a significant risk factor for NCDs and should be included as a target. Another representative highlighted the opportunity that would come from identifying targets that measured multiple effects and dental caries was given as an example. Again identifying targets for children was highlighted as important in this context.

Efficiencies, process and civil society engagement

15. Representatives commended WHO Secretariat's on its work to date. They also encouraged WHO to ensure it was maximizing work it had previously undertaken when developing a global monitoring framework and targets. For example, utilizing baseline data previously collected by WHO. A number of participants asked for further clarity on the process of getting the framework and targets endorsed by Member States at the World Health Assembly in May 2012, and whether there is a requirement to forward on to the UN General Assembly (there is none). There was also a desire for greater clarity on how global targets would be transposed to national ones. NGOs highlighted their desire to be fully engaged in these processes. They described their technical expertise and their ability to support Member States in their deliberations. In addition, some highlighted the links that NGOs have to ministries outside the health sector.

16. The fundamental conflict of interest between some of industry and public health was raised. A number of participants expressed concern that industry may not like the setting of targets and would be lobbying governments in advance of both the informal consultation with Member States in January 2012 and the World Health Assembly in May 2012.

17. The NCD Alliance offered to collate NGO responses to the WHO Discussion Paper in advance of the Member State consultation in January 2012. WHO confirmed that a presentation from a representative from the NGO community summarizing the outcomes of the informal dialogue with NGOs could be provided to Member States during the consultation on 9-10 January 2012. Note: In addition, the presentation would also provide an opportunity to briefly summarize the responses from NGOs on the WHO Discussion Paper.

18. Some participants requested whether it would be possible for NGOs to make a brief presentation during the upcoming informal consultation with Member States and UN Agencies in January 2012 for a time-limited session. Another possibility raised was an option instead an open evening dialogue between NGOs and Member States on the margins of the meeting.

19. WHO confirmed that a report of this meeting would be written and a summary will be presented to Member States. The report would also be made available as a resource and that NGOs would continue to be involved in the consultation.

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ANNEX I

Provisional Agenda

15 December 2011
WHO Conference Room B (3rd floor)

09:30 - 09:45	<i>Coffee and tea available</i>
09:45 - 10:15	Welcome and Introductions Approach for the day
10:15-11:00	Presentations: Progress since the UN High-Level Meeting on NCDs, including WHO's approach to develop a global monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs
11:00-11:15	<i>Break: Coffee and tea available</i>
11:15-12:00	Questions concerning the presentations
12:00 - 13:00	<i>Lunch: Sandwiches and fruits available</i>
13:00 - 15:00	Open discussion
15:00 - 15:30	Closing remarks
15:30	<i>Meeting adjourns: Coffee and tea available</i>

ANNEX II

List of Participants

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