International Union for Health Promotion and Education (IUHPE)
Response to the Draft Terms of Reference for
the Global Coordination Mechanism
for the Prevention and Control of Noncommunicable diseases

Introduction: Unique features of the IUHPE:

- The IUHPE is the only globally representative membership body for the field of health promotion
- The IUHPE has a strong global membership base:
  - on all continents
  - in the vast majority of countries across the world
  - with strong and growing membership representation from low- and middle-income countries.
- The IUHPE Governance includes:
  - Executive Board members from all continents
  - Regional Vice Presidents and structures on all continents
- The IUHPE as a non-governmental professional society has robust governance arrangements that enable it to move swiftly, efficiently and cost-effectively - unencumbered by bureaucracy
- The IUHPE membership comprises expertise from diverse disciplines in relation to NCD prevention and control, including public health, health promotion, epidemiology, behavioural medicine, social sciences and related disciplines employing health promotion strategies across settings and sectors.

The IUHPE aims at achieving the following goals:

- Greater equity in the health of populations between and within countries of the world;
- Effective alliances and partnerships to produce optimal health promotion outcomes;
- Broadly accessible evidence-based knowledge and practical experience in health promotion;
- Excellence in policy and practice for effective, quality health promotion; and
- High levels of capacity in individuals, organisations and countries to undertake health promotion activities.

Health promotion approaches to non-communicable disease prevention is a current priority area of work of the IUHPE.

Overarching principles and approaches

It is suggested that a global coordination mechanism would rely on the following overarching principles and approaches and these are taken from parameters set out in paragraph 15 of the WHO Global NCD Action Plan 2013-2020:
The mechanism shall be convened, hosted and led by WHO and report to the WHO governing bodies.

The primary role and responsibility for preventing and controlling noncommunicable diseases lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.

The global mechanism will facilitate engagement among Member States, United Nations funds, programmes and agencies, and other international partners, while safeguarding WHO and public health from any form of real, perceived or potential conflicts of interest.

Question 1: Which of the above proposed principles do Member States and international partners agree with? Are there other principles that should be included?

1. We agree the mechanism should be convened, hosted and led by the WHO. However, it is important that the mechanism allow opportunity for genuine connection with and participation from sectors other than health (education, food supply and systems, urban planning, transportation, agriculture, finance, etc.).

2. We agree that the primary role rests with Government, however, genuine partnership and engagement with civil society and communities will also be critical to maximise successful uptake of initiatives. Of particular concern is the representation from the most relevant professional membership-based NGOs such as the IUHPE. The work of IUHPE in capacity building, in advocacy, and in documenting health promotion effectiveness are all examples of work done by international non-governmental organisations that should be reflected into the global coordination mechanism.

3. The mechanism should only engage the private sector with appropriate safeguards and exclude corporations whose practices or products cause public health harm.

Functional gaps that are barriers to the prevention and control of noncommunicable diseases. The following have been identified as gaps:

- Capacity building to accelerate the implementation of the set of actions included in the WHO Global NCD Action Plan 2013-2020.
  - Product access and access to services.
  - Product and service development and innovation.
  - Innovative financing mechanisms.

- Establishing and strengthening, as appropriate, national surveillance and monitoring systems to enable reporting including against the 25 indicators of the comprehensive global comprehensive monitoring framework, the nine voluntary global targets, and any additional regional and national targets and indicators for noncommunicable diseases.
Question 2: Which of the above proposed functions do Member States and international partners agree with? Are there other functions that should be included?

Capacity building for NCD prevention:

Capacity building is a key priority to enable acceleration of the set of actions included in the WHO Global NCD Action Plan 2013-2020. This particularly applies to development of skills and competencies for health promotion approaches to NCD prevention. Approaches endorsed by the IUHPE are articulated in the IUHPE ‘Key messages’ document ‘A Call to Action on Healthy Promotion Approaches to Non-communicable Disease Prevention – Key Messages from the International Union for Health Promotion and Education.

http://www.iuhpe.org/images/IUHPE/Advocacy/IUHPE_CallToActionNCDs.pdf

The IUHPE recognises that NCDs present a complex picture of associated risk factors, causes, and causes of the causes, in varied social, economic and geographic contexts. To address the global crisis of non-communicable diseases (NCDs), the IUHPE calls for:

- An expanded role for comprehensive health promotion;
- Coordinated actions that impact on the determinants that underpin the NCD epidemic across populations;
- Health systems to redirect resources to health promotion and prevention of NCDs and prioritize health promotion as an essential function of the Departments of Health;
- An expansion of engagement with sectors outside health where many of the economic, social and environmental policy solutions to NCDs can be best advanced;
- An increased investment in ensuring a health promotion workforce that is prominently placed and equipped with the core competencies to implement current and new knowledge, policies and practices.
- A specific and considered approach to the three critical areas of healthy eating, physical activity and tobacco control.
- A central focus on equity both between and within nations, and a specific focus on the needs of disadvantaged groups.

In relation to capacity building the IUHPE has implemented a number of initiatives to develop capacity for NCD prevention, and NCD advocacy in low-and middle-income countries. The IUHPE has existing products, resources and skills that can be used more broadly to build workforce competency, professional standards and capacity to undertake effective NCD-related health promotion.

These activities and their related intellectual property are useful existing tools that can be generalised and applied globally. Furthermore the IUHPE can mobilize its members, networks, regional structures and Working Groups to aid in this development.

Developing a competent health promotion workforce is a key component of capacity building for the future and is critical to delivering on the vision, values and commitments of global health promotion. Capacity building for health promotion is a key priority for the
IUHPE and it is addressed through a Global Working Group (Competencies and Workforce Development Group – CWDG) and a number of projects. One of the key achievements in this domain is the achievement of a European consensus on health promotion competencies and progress towards development of a Europe-wide Accreditation System for Health Promotion Professionals and Courses.

Establishing and strengthening, as appropriate, national surveillance and monitoring systems to enable reporting:

The IUHPE supports the development of national risk factor surveillance (RFS) and monitoring as a tool for evidence-based public health, acknowledging the importance of this information source to inform, monitor and evaluate disease prevention and health promotion policies, services and interventions.

The IUHPE supports the need to build and/or strengthen capacity of countries to collect, compile, analyse and communicate key NCD-related data, so as to provide relevant information for decision making processes. Through its Global Working Group on Surveillance, the IUHPE has developed significant expertise to provide a better understanding of the role of surveillance in health promotion and to guide all those willing to participate in the development of surveillance systems. Surveillance is a valuable tool for public health but the information extracted from a surveillance system is only as good as the data it is based on. Maintaining the highest quality in sampling, collection, maintenance and weighting ensures that the information from the system is relevant, reliable and robust.

*Question 3: Are there a set of initial working groups that Member States and international partners would like to see established?*

The IUHPE recommends establishment of Working Groups be directly linked to the strategic objectives and priorities of the Global Coordinating Mechanism. We suggest Working Groups be considered in the following areas:

1. **Health in All Policies**
   With a particular focus on physical activity and nutrition.
2. **Monitoring, surveillance and evaluation**
   With a particular focus on health promotion and health inequities. See Question 2.
3. **Workforce Development and Capacity Building**
   This should have a specific focus on Low- and Middle Income Countries (LMIC). The IUHPE can contribute through its experience in running capacity building workshops building the case for NCD prevention in Africa, Cardiovascular health promotion and chronic disease prevention in Africa, and NCD advocacy skill development in Thailand and Colombia.
4. Sustainable finance

Innovative financing mechanisms are required in an environment of fiscal constraint. The IUHPE suggests a funding mechanism that includes levies on products that cause harm – earmarked for a health promotion fund. Health Promotion Foundations are a successful mechanism for sustainable financing, innovation and product and service development. These have been successfully implemented in a number of countries.

5. NCD Advocacy

NGOs and academics have an important key responsibility in relation to advocacy. An advocacy working group could agree on models for building capacity for NCD advocacy and mechanisms for rapidly expanding capacity. To achieve the bold objectives of the Global Action Plan and the NCD Targets and indicators agreed by WHO will require an accelerated pace for professional capacity building. The IUHPE has developed a model for training in NCD advocacy in low- and middle-income countries, and has tested this model with workshops in Colombia and Thailand.

6. Health promotion approaches to NCD prevention

7. Development and implementation of national NCD policies and plans, including 1-4 above and incorporating, food, physical activity, tobacco and alcohol

Question 4: Are there additional responsibilities that Member States and international partners would like to see the Secretariat undertaking?

The IUHPE fully supports the WHO being the host agency for the Global Coordinating Mechanism. Such a host secretariat needs to be well resourced including adequate personnel to support its vital functions and related travel, training, infrastructure and information technology supports. The secretariat plays a critical coordinating and managing function for communication; advocacy; governance of committees, board and working groups; evaluating and reporting progress.

Question 5: Do Member States and international partners agree with proposed approach with regards the accountability for a global mechanism? How would participants be accountable to a global coordination mechanism for reporting on their activities? How could a global coordination mechanism create synergies with the Secretariat’s reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026?

The administrative arrangements need to make financial provision for the participation of NGOs. NGOs such as the IUHPE have abundant access to expertise but are poorly resourced to support travel, accommodation and meeting costs. Financial arrangements should not be a
barrier to equitable participation. The voluntary contribution of expertise should not be underestimated in its value.

**Question 6: What are the main approaches that public health interests can be safeguarded from undue influence by any form of real, perceived or potential conflict of interest in a global coordination mechanism?**

The mechanism’s engagement with the private sector should only occur with appropriate safeguards. This should exclude all corporations whose practices or products cause public health harm. An ethical framework is required to govern the engagement of non-state actors. This will need to operate in accord with the WHO guidelines on conflict of interest (WHA, 2010).

**Question 7: What do Member States and international partners consider would be a suitable name for a global coordination mechanism?**

We do not consider ‘Global Coordinating Mechanism’ to be a suitable title for the entity but rather a sub-title to follow a shorter title that is an inspiring call to action. We suggest a ‘brief’ be written that captures the agreed principles, and this brief be provided to a professional communication agency tasked with developing alternative titles for testing, consultation and ultimate adoption by the WHO.

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