

GLOBAL NCD NETWORK
A new network to combat noncommunicable diseases
 (NCDnet)

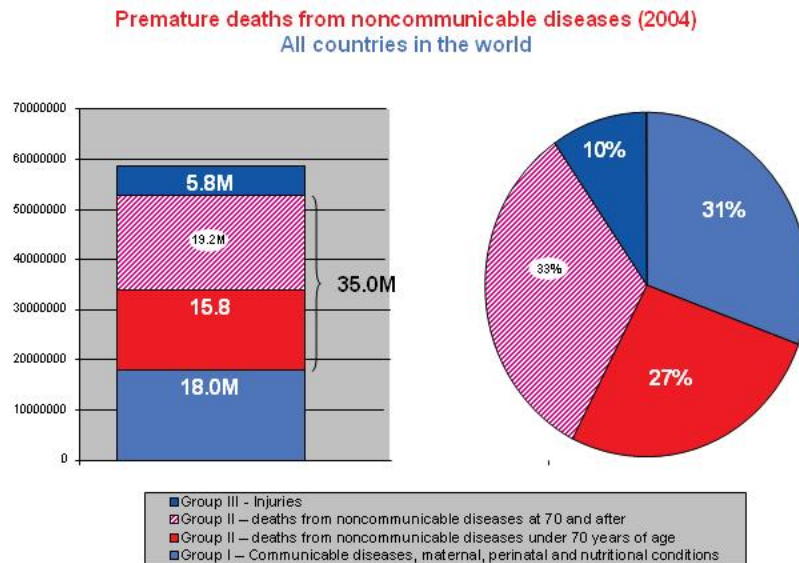
Conceptual Framework

1. Introduction

The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the 21st century. This growing challenge threatens economic and social development, as well as the lives and health of millions of people and requires concerted, coordinated action.

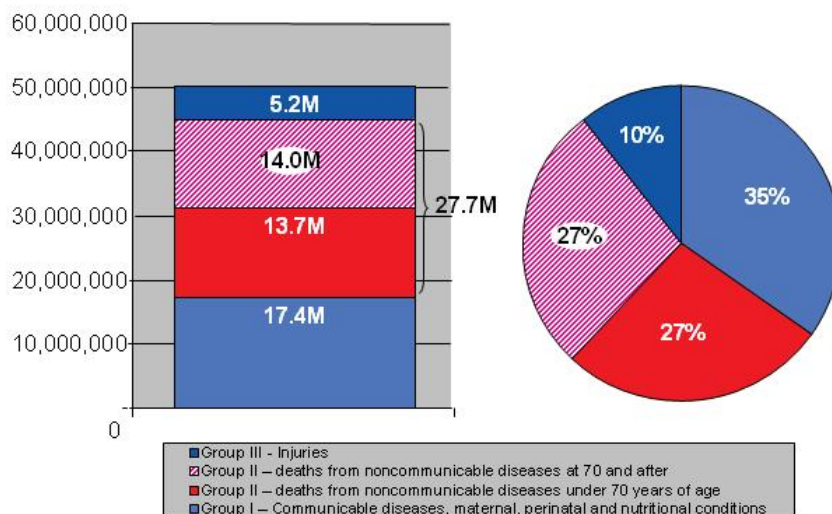
Current evidence indicates that four types of noncommunicable diseases - cardiovascular diseases, cancers, diabetes and chronic respiratory diseases -- make the largest contribution to mortality in the majority of low- and middle-income countries, as follows:

- Worldwide: Noncommunicable diseases accounted for 60 per cent (i.e. 35.0 million) of total deaths in the world (58.8 million) in 2004. An estimated 45 per cent (i.e. 15.8 million) of people who died from noncommunicable diseases, died prematurely (before the age of 70) from preventable heart attacks, strokes, diabetes and asthma.



- Low- and middle-income countries: 79 per cent (i.e. 27.5 million) of worldwide deaths from noncommunicable diseases occurred in 144 low- and middle-income countries. An estimated 50 per cent (i.e. 13.7 million people) who died from noncommunicable diseases in these countries, died prematurely from preventable heart disease, strokes, diabetes, cancers and asthma as a result of (1) increased levels of exposure to tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol; and (2) ineffective and inequitable health care services for people with noncommunicable diseases.

Premature deaths from noncommunicable diseases (2004)
in (ODA-eligible) low- and middle-income countries



WHO forecasts that, between 2006 and 2015, deaths from noncommunicable diseases will increase worldwide by 17 per cent, with the greatest increase projected for the African region (27%) followed by the Eastern Mediterranean region (25%). The greatest absolute number of deaths is estimated to occur in the Western Pacific and South-East Asia regions. Low-income countries and lower-middle income-countries will be disproportionately affected.

Proven solutions now exist to save between 8.0 and 13.7 million lives per year from premature deaths from preventable noncommunicable diseases in 144 low- and middle-income countries by: (1) implementing cost-effective interventions to reduce tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol; (2) strengthening health systems to enable them to respond more effectively and equitably to the health-care needs of people with noncommunicable diseases; and (3) quantifying and tracking noncommunicable diseases and related risk factors through surveillance.

Although not included in the Millennium Development Goals, noncommunicable diseases impose a heavy burden on socio-economic development in low- and middle-income countries. Heart disease, stroke and diabetes alone are estimated to reduce GDP between 1 to 5 per cent in developing countries experiencing rapid economic growth, as people in low- and middle-income countries die younger from noncommunicable diseases, often in their most productive years. If left unaddressed, an estimated US\$84 billion of economic production will be lost between 2006 and 2015 in 23 low- and middle-income countries alone due to lost or diminished labor supply from premature deaths caused by heart disease, stroke, and diabetes. Sufficient evidence is also emerging indicating that noncommunicable diseases contribute to poverty at a household level. The poorest households often spend more than 10 per cent of their income on tobacco. The cost of caring for a family member with diabetes can be more than 20 per cent of low-income household incomes. Most essential drugs for noncommunicable diseases are inaccessible and unaffordable to the poor. Indeed, in all low- and middle-income countries and by any metric, premature death and poverty from noncommunicable diseases account for a large enough burden on the poor to merit a concerted and coordinated policy response.

Policy makers in low- and middle-income countries are increasingly challenged to formulate effective strategies to address noncommunicable diseases and the links to poverty. But requests for technical support remain largely unanswered by the international community because these problems are














beyond those targeted by the Millennium Development Goals. In order to tackle this growing impasse, a coordinated and collaborative development and public health response is required at global, regional and national levels. In addition, current efforts to provide technical support to low- and middle-income countries tends to focus on single risk factors or individual diseases, often leading to fragmentation. Efforts have been implemented on a small scale and have involved limited national and institutional budgets. Effective involvement of sectors outside health is often missing.

Donors, philanthropic foundations, UN Agencies, intergovernmental organizations (IGOs), international financial institutions (IFIs), international nongovernmental organizations (NGOs), media and the private sector need to join low- and middle-income countries in a political, social and public health movement that has a clear vision, shared objectives and concrete plans. Collective work will be required to increase awareness about the need to include noncommunicable diseases in global discussions on development and to build national capacities in low- and middle-income countries to address noncommunicable diseases with effective involvement of sectors outside health. Collective work will also facilitate the pooling of limited resources, as well as harness the activities and innovations of many partners engaged in the prevention and control of noncommunicable diseases, providing an opportunity to share experiences and exchange best practices.

At the 61st World Health Assembly, 193 Ministers of Health endorsed the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (Resolution WHA61.14). This Action Plan defines six objectives for implementation between 2008 and 2013.¹ Under each objective, there are specific sets of actions for international partners, countries and the WHO Secretariat (i.e. its Headquarters, Regional Offices and Country Offices). Objective 5 of the Action Plan specifically calls upon international partners, countries and WHO to promote partnerships for the prevention and control of noncommunicable diseases and underlines that "*The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy.*" The creation of a Global Noncommunicable Disease Network (the "**NCDnet**") is proposed in direct support of this Objective.

2. Vision, Mission, Goals and Objectives

- **Scope:** The scope of **NCDnet** includes the four main types of noncommunicable diseases (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and their four shared modifiable risk factors (tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol), in accordance with the scope of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.

	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular				
Diabetes				
Cancer				
Chronic Respiratory				

¹ http://www.who.int/nmh/publications/ncd_action_plan_en.pdf

- **Vision:** The vision of **NCDnet** is to reduce risk, morbidity and mortality related to noncommunicable diseases and their shared modifiable risk factors through effective collaboration focused on achieving results in low- and middle-income countries.
- **Mission:** The mission of **NCDnet** is to provide support to low- and middle-income countries in implementing the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases by catalysing a concerted and coordinated response among donors, philanthropic foundations, UN Agencies, IGOs, IFIs, international NGOs, media, the private sector and low- and middle-income countries.
- **Goals:** The goals of **NCDnet** are to:
 - increase focus on the prevention and control of noncommunicable diseases in low- and middle-income countries through collective advocacy;
 - increase resource availability (both financial and human capital); and
 - catalyse effective multi-stakeholder global and regional action with an emphasis on country-level implementation, and contributions to strengthening national capacity.
- **Objectives:** The objective of **NCDnet** is to coordinate the activities of the various stakeholders with the aim of facilitating a political, social and public health movement in support of the implementation of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.

NCDnet will rely on WHO's technical norms and standards and ethical and evidence-based policy options for the prevention and control of noncommunicable diseases (in line with WHO's core functions).

3. Description of NCDnet

NCDnet is a voluntary collaborative arrangement comprised of donors, philanthropic foundations, UN Agencies, IGOs, IFIs, international NGOs and the private sector, as identified in the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. It provides stakeholders with the opportunity to discuss non-normative matters relating to the implementation of the Action Plan. **NCDnet** is not a legal entity.

WHO will play multiple roles and assume certain responsibilities in **NCDnet**. In particular, the role of WHO will include:

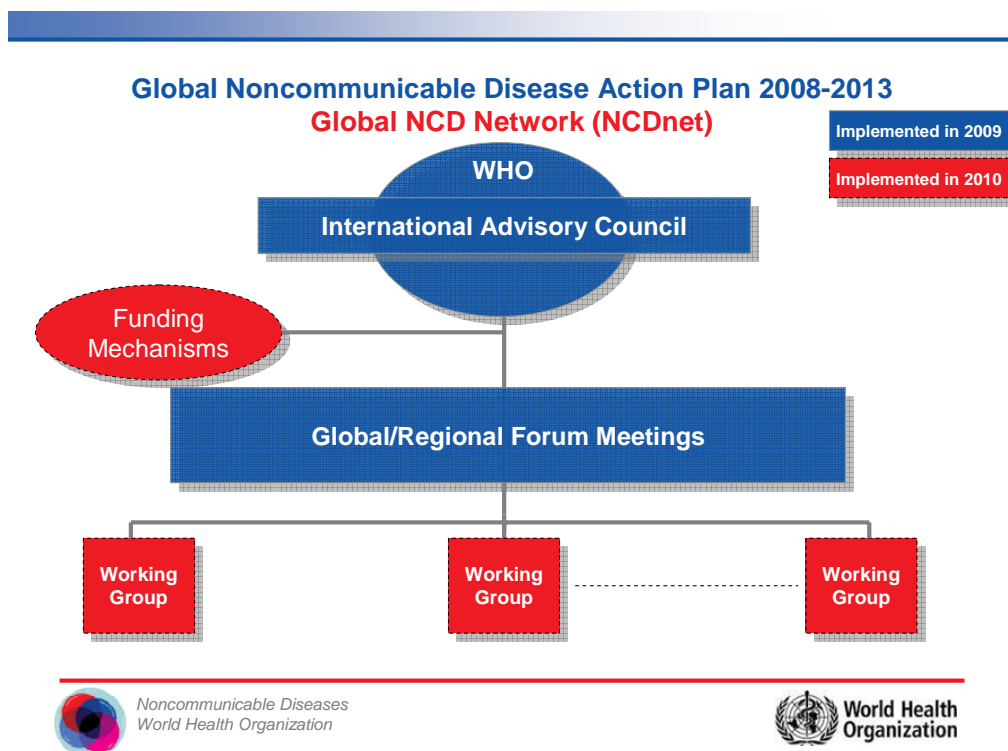
- to provide the technical backbone for the activities of **NCDnet**;
- to provide administrative and management support; and
- to convene and facilitate (in situ and virtual) meetings among stakeholders of **NCDnet**.

a. Components of NCDnet

NCDnet is composed of the WHO Secretariat staff, an International Advisory Council, WHO regional NCD networks and the NCDnet Global and Regional Forum meetings. It is supported by web-based communications tools. The International Advisory Council provides strategic advice to WHO's Assistant Director-General for Noncommunicable Diseases and Mental Health (NMH) on the achievement of objective 5 of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases and the goals of NCDnet. Considering the ambitious scope

of this undertaking, a phased approach will be used to build **NCDnet**. With experience, available funding, and input from key stakeholders, NCDnet will establish various functional working groups involving Council members, Forum participants and relevant expert advisers to be confirmed by WHO. Funding mechanisms to support the functioning of the network and the implementation of the Action Plan in low- and middle-income countries is being developed.

WHO will provide the administration and management services for **NCDnet**, including facilitating the Global and Regional Forum Meetings, the working groups and in situ and virtual meetings of the International Advisory Council. WHO will also manage a website for NCDnet at www.who.int/ncdnet.



b. Global and Regional Forum Meetings

The Forums provide an opportunity for interested and committed stakeholders to support the implementation of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The roles of the Forums are:

- to provide an inclusive, participatory process by linking plans and activities of participants to the implementation of specific interventions of the Action Plan;
- to enable all participants and observers in **NCDnet** to share knowledge and information and exchange best practices;
- to consolidate and reinforce participants' commitment to the goals and objectives of the Action Plan;
- to increase the capacity for advocacy in participating organizations and individuals;
- to facilitate the elaboration of work plans that are aimed towards the fulfilment of the Action Plan; and

- to share information on progress, problems and challenges in relation to the implementation of the Action Plan.

The Forums shall include representatives from low- and middle-income countries, donors, philanthropic foundations, UN Agencies, IGOs, IFIs, international NGOs, media and the private sector involved in the implementation of the Action Plan. Criteria for involvement of organizations will be developed and will stress avoidance of conflicts of interest, engagement in global development issues, expertise in one or more disease or risk factor areas, skills in engaging sectors outside health, geographic and gender balance, participation in Global and Regional Forum Meetings, and a willingness to work collectively. Given the many diseases and risk factors concerned, the envisaged criteria will ensure balanced representation, given the limited number of representatives who will be able to attend.

The Global Forum is anticipated to meet once every two years, starting in 2010. The frequency of the Regional Forums will be determined on a regional basis. **NCDnet** will engage closely with regions where Regional Forums have been established, and will promote and support their establishment in regions that do not yet have such Regional Forums.

c. International Advisory Council

In order to provide strategic guidance, WHO will convene an International Advisory Council ("IAC") which will include representation from various constituencies to provide advice to the Assistant Director-General Noncommunicable Diseases and Mental Health on:

- the strategy for implementing **NCDnet's** goals and objectives;
- the elaboration of **NCDnet's** method of work.
- refining the needs assessment and prioritizing possible responses at global, regional and national levels ;
- ways to encourage the active involvement of existing regional and global development and health initiatives in the implementation and monitoring of the Action Plan.

The IAC will meet as needed, but no more than twice a year. Membership of the IAC will be limited to 25 members from the following groups. Members should be engaged in the prevention and control of noncommunicable diseases, in line with the Action Plan:

- Low- and middle-income countries with a high burden of deaths from noncommunicable diseases;
- Intergovernmental Organizations and International/Regional Financial Institutions;
- the World Economic Forum, representing platforms for engagement with the private sector;
- donors and representatives of development aid agencies;
- philanthropic foundations;
- NGOs and global advocates on noncommunicable diseases;
- WHO Collaborating Centres;
- WHO Regional Offices.

WHO's selection of IAC members shall be based on:

- demonstrated commitment and ability to facilitate the implementation of the Action Plan in low- and middle-income countries;
- willingness to work in a multi-stakeholder environment;

- political outreach and organizational skills;
- experience in the field of noncommunicable diseases, public health and development;
- ability to access resources for the implementation of the NCD Action Plan.

d. Working Groups

WHO will establish a set of specific, results-based Working Groups, taking into account the advice of the IAC, as well as the recommendations which may surface at the Global and Regional Forum Meetings. These working groups will identify options for actions to be taken by WHO and partners and can involve selected members from the IAC, as well as participants from the Global and Regional Forums. Similar to the IAC, membership of the Working Groups will be confirmed by WHO based on established criteria. The Working Groups will report their findings to the WHO, the International Advisory Council and Global and Regional Forums for discussion.

e. Global NCD Network Website/Communications Platform

Taking into account the breadth of the topic and the envisaged large numbers of interested participants, the WHO Secretariat will facilitate and implement a web-based communications platform, including a website (www.who.int/ncdnet), an electronic newsletter and related tools (e.g. listserv, password-protected website with coordinates of key partners) to share information and to link all participants, including those involved in Global and Regional Forum Meetings.

4. Additional issues:

a. Terms-of-Reference

Terms-of-reference corresponding to the components of **NCDnet** will be published separately.

b. Resource Mobilization

While being cognizant of the financial constraints of the current times, a fundraising strategy will be developed during 2009 to mobilize resources for the implementation of **NCDnet**, in accordance with WHO rules, regulations, procedures and standing practices.

During the first half of 2010, a working group will be established by WHO to identify possible innovative funding mechanisms which would be deployed to mobilize financial resources to provide support to low- and middle-income countries in establishing and strengthening national plans for the prevention and control of noncommunicable diseases in the context of existing national plans and health systems, and to support their implementation.

c. Effectiveness, alignment and harmonization

In line with the Paris Declaration on Aid Effectiveness², **NCDnet** will promote complementarity and a pragmatic approach to the division of labour and burden sharing in encouraging efforts to scale up technical support to low- and middle-income countries, thereby avoiding excessive fragmentation.

² The Paris Declaration on Aid Effectiveness, endorsed on 2 March 2005, is an international agreement to which over one hundred Ministers, Head of Agencies and other Senior Officials adhered and committed their countries and organizations to continue to increase efforts in harmonization, alignment and managing aid for results. A copy is available at <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

NCDnet will work together with existing cross-cutting global health initiatives, in particular the International Health Partnership (IHP+). **NCDnet** will make full use of the respective comparative advantages of relevant existing global health initiatives to ensure alignment of its advice with existing initiatives.

NCDnet will also promote the harmonization of activities among its members, including upstream analysis, joint assessments, joint strategies, coordination of political engagement, and practical initiatives such as the establishment of joint projects.

d. Expected Results and Monitoring and Evaluation

Because demonstrating real progress in low- and middle-income countries is critical, **NCDnet** will periodically assess, qualitatively as well as quantitatively, its progress in implementing its advice at national, regional and global levels. Accordingly, a first framework will be developed to articulate and agree on short-, medium- and long-term expected results of joint action, aligned with the Action Plan. Similarly, a second framework will be developed to measure the performance of **NCDnet**. Both frameworks will be developed in a participatory manner and may include national capacity assessment tools and self-assessment tools for participating organizations.

e. Engagement with the private sector

All interactions with the private sector shall be in accordance with all applicable WHO rules, policies procedures and standing practices.

f. Sunset clause

The Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases outlines an implementation agenda from 2008-2013. Taking into account that **NCDnet** will be launched in 2009 and will become fully operational in 2010, it would be appropriate to evaluate the impact of **NCDnet** in the 2012-2013 biennium.

Note: For additional information please contact ncdnet@who.int