WHO Global Coordination Mechanism on NCDs

Scope and purpose
Dialogue to strengthen international cooperation on noncommunicable diseases

Monday 30 November – Tuesday 1 December 2015

Venue: Executive Boardroom, World Health Organization, 20 Avenue Appia, Geneva, Switzerland
Scope

The dialogue on “How to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation” is organized by the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD), which was established by the WHO Director-General in September 2014 following the endorsement of its terms of reference at the World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD is to enhance the coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Global Action Plan on NCDs). The WHO GCM/NCD is led by the Member States, and other participants include United Nations organizations and non-State actors, such as nongovernmental organizations (NGOs) in official relationship with WHO, certain business associations and academic institutions.¹

This dialogue, organized by the WHO GCM/NCD, takes place following the adoption of the 2030 Agenda for Sustainable Development and against a backdrop of the huge imbalance between the enormous burden that premature deaths from NCDs (principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) represents – 50% of the global disease burden² – and the disproportionately small scale of resources devoted to their prevention and control in developing countries.³ The dialogue is thus part of an ambitious drive to increase resources – both domestic and global – to respond to the threat to sustainable development and human lives that NCDs constitute.

Being one of the first global meetings convened by WHO on NCDs following the United Nations Sustainable Development Summit, 25–27 September 2015, New York, United States of America, the dialogue provides an opportunity for a strategic multistakeholder discussion on how countries can leverage international cooperation to complement their domestic resources and fulfil their commitments in the context of the NCD-related targets in the Sustainable Development Goals 2016–2030.

The dialogue is a practical expression of the commitments made to address NCDs at the first and second High-level Meetings on NCDs at the United Nations General Assembly in 2011 and 2014,⁴ as well as those included in the Addis Ababa Action Agenda and the 2030 Agenda for Sustainable Development to explore how technical collaboration, within the framework of

¹ For details, see Information Note 1 (http://who.int/nmh/events/info-note1-who-gcmncd.pdf?ua=1).
² http://who.int/nmh/ncd-coordination-mechanism/Policybrief5.2docx.pdf?ua=1.
³ NCDs receive the smallest amount of donor funding of all major global health areas, accounting for only 1.23% of all donor assistance for health in 2011. See http://who.int/nmh/ncd-coordination-mechanism/Policybrief5.2docx.pdf?ua=1.
⁴ For details about the dialogue’s mandate and the commitments made by Member States in relation to the dialogue’s topic, please refer to the dialogue background paper, available shortly on the GCM/NCD website at http://who.int/global-coordination-mechanism/dialogues/en/.
North–South, South–South and triangular cooperation, can support national NCD responses in developing countries.

The dialogue is particularly timely as countries embark on the Sustainable Development Goals 2016–2030, which include the following NCD-related targets:

- by 2030, reduce by one third premature mortality from NCDs (target 3.4);
- strengthen responses to reduce the harmful use of alcohol (target 3.5);
- achieve universal health coverage (target 3.8);
- strengthen the implementation of the WHO Framework Convention on Tobacco Control (target 3.a);
- support research and development of vaccines and medicines for NCDs that primarily affect developing countries (target 3.b);
- Provide access to affordable essential medicines and vaccines for NCDs (target 3.b).

**Purpose**

The purpose of the dialogue is for stakeholders to agree on practical ways to increase and strengthen international cooperation for the prevention and control of NCDs.

**Participants**

The dialogue is relevant to all stakeholders committed to promoting sustainable development through international cooperation and enhancing synergies between NCDs and other development priorities at a national level.

The participants will be drawn from:

- Member States;
- United Nations organizations and other intergovernmental organizations;
- NGOs in official relations with WHO;
- eligible participants in the WHO GCM/NCD, including philanthropic foundations, WHO collaborating centres, academic institutions and selected private sector business associations.

**Co-chairs**

The co-chairs of the dialogue are H.E. Ambassador Jorge Lomónaco, Permanent Representative of Mexico to the United Nations; and Mr Carl Reaich, Deputy Permanent Representative of New Zealand to the United Nations.

---

5 For Information Note 1: [http://www.who.int/nmh/events/info-note1-who-gcmncd.pdf?ua=1](http://www.who.int/nmh/events/info-note1-who-gcmncd.pdf?ua=1).
The co-chairs will lead the dialogue and the high-level segment, while selected speakers will moderate the technical sessions.

**Format**

**29 November**

Pre-dialogue caucuses will be organized independently of WHO in the lead-up to the dialogue (see GCM/NCD dialogues webpage for details). A representative from each caucus will report the outputs to the dialogue.

**30 November – 1 December**

**When:** Monday 30 November to Tuesday 1 December 2015.

**Working hours:** 09:30–12:30 and 14:00–17:00 hours.

**Venue:** WHO Executive Boardroom.

**Evening reception:** Monday 30 November 2015 from 17:00 hours.

A **high-level segment** on day 2 (1 December 2015) will receive a digest of what has been discussed on day 1 as the basis for addressing the “fitness” of the international cooperation architecture to support countries in addressing NCDs, and what needs to change in order to align it with national plans.

**Interpretation and web conferencing** will be provided in the six official languages of the United Nations. A link to the WebEx (web conferencing services) will be provided on the WHO GCM/NCD website in the week leading up to the dialogue.

**Documentation**

The following documentation will be available:

- background papers;
- case examples of successful South–South, North–South and triangular cooperation between countries in support of national NCD efforts;
- meeting reports prepared by the pre-dialogue caucuses;
- audiovisual material (videos, photography) on international cooperation on NCDs.

**Expected outcomes**

The dialogue is part of the urgent need to increase global resources (human, financial, technical) in order to respond to the necessity of implementing actions to tackle NCDs and thereby benefit from the gains associated with addressing other sustainable development priorities that come from investing in NCDs. Expected outcomes include:

---

WHO GCM/NCD Dialogue to Strengthen International Cooperation on NCDs

- a report with recommendations, including a summary of successful approaches to prevent NCDs in health and other sectors based on country experience, with roadmaps on how different stakeholder groups will work to meet the NCD targets within the broader context of the 2030 Agenda for Sustainable Development;

- a better understanding of the causes of the insufficient progress made by countries, as evidenced by data from the WHO NCD Progress Monitor 2015, for example lack of political will to translate commitments into action, or lack of access to technical expertise and aid, or a combination; and how international cooperation can facilitate the provision of smart, scaled and sustainable financing and technical expertise to achieve NCD results at the national level;

- raised awareness among development partners of how NCDs can be addressed through broader development efforts in the context of the Sustainable Development Goals and how NCDs can contribute to meeting broader development goals.

The dialogue embarks from a set of circumstances that underline why NCDs should be part of national and international cooperation efforts to attain the Sustainable Development Goals 2016–2030. They are outlined in the following section.

Where do we stand today?

- **The commitments, tools and frameworks are in place.** Heads of State and Government have made political commitments to tackle NCDs (2011, 2014, 2015): a roadmap and a menu of policy options and interventions are available, a monitoring framework has been approved, and there is readiness to move from planning to action.

- **There is compelling evidence of the economic impact of NCDs and the cost of inaction.** Sixteen million people die prematurely each year from NCDs, of whom 82% are in developing countries. Macroeconomic simulations predict that over the period 2011–2025, the cumulative global economic losses due to the four main NCDs will surpass US$ 51 trillion. The estimated cumulative lost output in developing countries associated with the four major NCDs is projected to be more than US$ 7 trillion in the same period.7

- **NCDs are a growing challenge in developing countries and threaten the achievement of the Sustainable Development Goals 2016–2030.** The probability of dying prematurely from an NCD is 4 times higher for people living in developing countries than in developed countries. This is resulting in a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs. NCDs currently represent an inexcusable “blind spot” in poverty eradication efforts. Morbidity and premature deaths from NCDs reduce productivity, curtail economic growth, and trap populations in poverty.

---

7 The outcome of the study conducted by the World Economic Forum and Harvard School of Public Health is available at http://www.who.int/nmh/publications/best_buys_summary/en/.
Linking poverty reduction strategies with NCD prevention and control strategies entails mutual benefits. The 2030 Agenda for Sustainable Development aims to eradicate poverty in all its forms and dimensions – the greatest global challenge and an indispensable requirement for sustainable development – and therefore includes the above six targets to address premature deaths from NCDs. This opens up new opportunities for international technical cooperation on NCDs.

Data from the WHO NCD Progress Monitor 2015 reveal insufficient progress made by countries in the implementation of key indicators for NCD prevention and control. For instance, 69 countries have yet to develop national NCD targets and indicators; 117 countries have not met targets on tobacco taxation; and 118 countries have not met targets on policies related to saturated fatty acids and trans fats policies as well as restrictions on marketing to children.

The current level of investments in NCDs will be insufficient to attain the NCD-related targets in the Sustainable Development Goals by 2030, and derail the overarching efforts of the post-2015 development agenda to end poverty and hunger. Significant additional investments are needed through domestic, bilateral and multilateral channels.

The size of such investments at national level is small, compared to the cost of inaction (US$ 7 trillion globally, 2011–2025). For instance, providing access to population-based interventions in all low- and middle-income countries would cost a total of US$ 2 billion per year. That breaks down to less than US$ 0.20 per person per year in low-income and lower middle-income countries, and around US$ 0.50 per person per year in upper middle-income countries. Similarly, providing access to individual-level NCD “best buys” costs roughly US$ 10 billion per year for all low- and middle-income countries. For the period 2011–2025, the annual per capita cost will be US$ 1 in low-income countries; US$ 1.50 in lower middle-income countries; and US$ 2.50 in upper middle-income countries.

Official development assistance (ODA) for NCDs has been negligible in comparison to their contribution to the burden of disease and its economic impact. The imbalance between the burden that NCDs places on societies and the limited resources dedicated to NCDs raises important questions about what can be done to increase the catalytic role and priority accorded to ODA to respond to the demand for technical assistance to develop national NCD responses, as currently the demand for technical assistance in this area remains largely unanswered.

Heads of State and Government have agreed to develop and implement multisectoral plans and set national targets. Multisectoral and multistakeholder involvement from outside the health sector is also necessary to tackle NCDs. It is estimated that up to two thirds of premature deaths from NCDs are linked to the above-mentioned risk factors (tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol). The overlap with sectors outside the health sector – financial, investment, trade, energy, urban planning, agriculture, development, gender equality,
human rights and others – in the prevention of NCDs is therefore inescapable. The “integrated and indivisible” nature of the Sustainable Development Goals provides an entry point for international cooperation efforts to strengthen multisectoral action on NCDs.

- **Management of NCDs at a primary health care level provides an entry point for preventing and controlling NCDs that is not being fully leveraged through international technical cooperation.** Up to half of all premature deaths due to NCDs are linked to weak health systems that do not respond to the health care needs of people with NCDs, thus resulting in the ineffective prevention and control of NCDs.

### Where do we need to go?

- **The political commitments made must be realized.** The Heads of State and Government have committed to a set of time-bound commitments but progress is limited and uneven. The commitments include to set national targets for 2025 based on national situations by 2015, develop national multisectoral policies and plans to achieve these targets in 2025 by 2015, implement very cost-effective and affordable interventions (included in Appendix 3 of the WHO Global NCD Action Plan 2013–2020) as part of national NCD plans by 2016, strengthen national surveillance systems and integrate the surveillance systems for NCDs into national health information systems.\(^8\)

- **International cooperation on NCD must be increased.** Within the next two or three years international cooperation should reflect a clear recognition of the case for investing in NCDs and its high return on investment across the three dimensions of sustainable development (economic growth, environment, social inclusion). This in turn would lead to additional investments for NCDs with scaled up and more effective ODA to complement efforts of countries to mobilize resources domestically.\(^9\)

- **Modalities for financing on NCDs should be explored and increased,** taking into account that, compared to the high cost of inaction in developing countries (US$ 7 trillion 2010–2025), the required investments in NCD action in developing countries are relatively low: US$ 170 billion (2010–2025). Member States should explore sustainable financing mechanisms from a variety of sources in order to develop and implement national policies and plans to address NCDs. Complementing national efforts, international cooperation can provide the catalytic resources to scale up support to the implementation of national action plans, their monitoring and evaluation of progress. The recommendations developed by the WHO GCM/NCD working group can give guidance.

---

\(^8\) See paragraph 30 of the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1).

\(^9\) Interim report of WHO GCM/NCD Working Group 5.1 on Financing for NCDs (http://who.int/global-coordination-mechanism/en/).
Additional investments to implement national NCD responses should be identified, while relying primarily on domestic public resources. To that effect, ministries of health must make a credible business case and work with other ministries for public finance to underpin NCD action and prioritize budgetary allocations for NCDs, while ensuring that prevention remains the cornerstone of national efforts. Governments may also consider raising taxes on tobacco and alcohol as a source of revenue, and integrating NCDs into HIV, reproductive health and universal health coverage.10

NCDs must be integrated into broader development programmes. Countries should join up action across the 2030 Agenda for Sustainable Development to reduce NCDs and avert their threat to development gains. Given that NCD prevention largely requires addressing the key risk factors of tobacco, alcohol, unhealthy diet and physical inactivity through interventions in sectors beyond health, addressing NCDs must be integrated into broader development programmes.

Evidence-based and multisectoral responses should be promoted to combat NCDs. Around 50% of countries have adopted a multisectoral approach that engages all relevant stakeholders and sectors. The other 50% now needs to adopt this approach, benefiting from the lessons learned in countries that have already done so, not just for addressing NCDs, but in implementing the Sustainable Development Goals in general. Countries should integrate NCD strategies into financial, investment, trade, energy, urban planning, agriculture, development, gender equality, human rights and other public strategy documents, seeking to achieve greater coherence and consistency in public policies concerning health.

People-centred primary care and universal health coverage should be promoted in domestic policies and international cooperation initiatives. A shift from a vertical, disease-orientated approach to one addressing diseases in an integrated way, involving strong primary health care, is needed. This approach responds to the reality that patients frequently deal with co-morbidity or multiple morbidity, which is not effectively acknowledged through a disease-orientated approach.

ODA, including development assistance for health, must fill gaps in NCD financing on a country-by-country basis. The catalytic role of ODA should be scaled up and harnessed to develop institutional capacity. In this regard, multilateral development banks should be mobilized, and new pathways for collaboration should be elaborated.

The available policy options, tools and mechanisms to get us there

A multitude of policy options, tools and mechanisms are readily available to assist government action on NCDs in domestic and international cooperation approaches. The majority of these are described in the WHO Global Action Plan on NCDs 2013–2020. The Global Action Plan provides a set of policy options and interventions (“best buys”)

10 Ibid.
that, when implemented, will reduce premature mortality by 25% by 2025. A selection of these is mentioned below.

- **Highly cost-effective interventions underpinned by strong evidence that they prevent disease and save lives (best buys) have been identified to assist governments in their efforts to attain NCD targets at the national level.** These policy options include measures that target the population as a whole, such as excise taxes on tobacco and alcohol, smoke-free indoor workplaces and public places, health information and warnings, as well as campaigns to reduce salt content and replacement of trans fats with polyunsaturated fats, along with public awareness programmes about diet and physical activity. Other tactics focus on the individual and include screening, counselling and drug therapy for people with or at high risk of cardiovascular disease, screening for cervical cancer, and hepatitis B immunization to prevent liver cancer.\(^{11}\)

- **The United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases is in place to coordinate the activities of the relevant United Nations organizations and other intergovernmental organizations in their efforts to address NCDs.** Established in 2013 by the Secretary-General and placed under the leadership of WHO, the Task Force on NCDs supports the realization of the commitments made by Heads of State and Government in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), in particular through the implementation of the WHO Global Action Plan on NCDs 2013–2020.

- **The GCM/NCD has been in place since September 2014 to enhance global coordination and multisectoral action on NCDs in order to contribute to the implementation of the WHO Global Action Plan on NCDs 2013–2020.** The functions of the GCM/NCD are to disseminate knowledge and information; encourage innovation and identify barriers; advance multisectoral action; advocate mobilization of resources; and raise awareness, including through dialogues such as the present one on international cooperation on NCDs.