Lunch Time Seminar

Reports of the Working Groups on engagement with the private sector (3.1) and financing (5.1) for the prevention and control of NCDs

Reports to be submitted shortly to the WHO Director General

Wednesday, 17 February 2016
Salle B
13.00 – 13.45

H.E. Carole Lanteri, Ambassador and Permanent Representative, Permanent Mission of the Principality of Monaco to the United Nations Office and other International Organizations
Mr Colin L McIff, Health Attaché, United States of America Mission to the United Nations
Dr Bente Mikkelsen, Head a.i., Secretariat for the WHO Global Coordination Mechanism
WHO Global Coordination Mechanism for the Prevention and Control of NCDs

Conceptual framework

Terms of Reference
(adopted by the World Health Assembly in 2014)

Work plan 2014-2015
(noted by the World Health Assembly in 2014)

Work plan 2016-2017
(noted by the World Health Assembly in 2015)
WHO GCM/NCD Mandate and Functions

The scope and purpose of the WHO GCM/NCD, as decided by member states in 2014, is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013 – 2020.

The five functions of the GCM/NCD

- Advocating and raising awareness
- Disseminating knowledge and information
- Encouraging innovation and identifying barriers
- Advancing multisectoral action
- Advocating for mobilization of resources
Purpose and Terms of Reference for Working Groups

• In May 2014, the 67th WHA endorsed the GCM/NCD terms of reference and noted its 2014-2015 work plan, including establishment of two Working Groups.

• The TORs for the two Working Groups spelt out (i) the process for nominating and appointing experts to the WGs; (ii) that Co-Chairs would be from developed and developing Member States; and (iii) the working procedures.

• The WHO GCM/NCD Working Groups are tasked with providing recommendations to the WHO Director-General on ways and means of encouraging countries to realize the commitments made by Heads of State and Government at the 2011 UN General Assembly High-level Meeting on NCDs.

• The Working Groups can consult with relevant intergovernmental organizations and non-State actors in their work.
Pursuant with the working procedures for the WHO GCM/NCD Working Groups, the two WHO/GCM Working Groups were tasked to develop a report for submission to DG.

The Co-Chairs plan to submit their reports to the DG by February 2016.
WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD)

Working Group on how to realize governments’ commitment to engage with the private sector for the prevention and control of NCDs
2011 United Nations General Assembly
Political Declaration on NCDs

• In 2011 the United Nations General Assembly adopted the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (resolution A/RES/66/2)

• Heads and representatives of States and Government committed to call on the private sector to strengthen its contribution to non-communicable disease prevention and control in five specific areas (paragraph 44):
  – producing and promoting more food products consistent with a healthy diet
  – reducing the use of salt in the food industry
  – reducing the impact of the marketing of unhealthy food and non-alcoholic beverages to children
  – promoting and creating an enabling environment for healthy behaviours among workers
  – improving access to affordable NCD medicines and technologies.
Members of Working Group 3.1

1) Co-Chairs from a developed and developing country
   • HE Carole Lanteri, Ambassador and Permanent Representative, Permanent Mission of the Principality of Monaco to the United Nations Office and other International Organizations in Geneva
   • Dr Jarbas Barbosa da Silva, Secretary for Science, Technology and Strategic Products, Ministry of Health, Brazil

2) Twelve members from each region of WHO

Dr Palitha ABEKUOON (Sri Lanka)  Professor Ambrose ISAH (Nigeria)
Dr Mariam AL-JALAHMA (Bahrain)  Professor Mary R. L'ABBÉ (Canada)
Professor Sergey BOYTSOV (Russian Federation)  Dr Urvashi D MUNGAL-SINGH (South Africa)
Dr Vang CHU (Lao PDR)  Ms Anne Lise RYEL (Norway)
Dr Jalila EL ATI (Tunisia)  Dr Supattra SRIVANICHAKORN (Thailand)
Sir Trevor HASSELL (Barbados)  Hon. Dr Leao Talalelei TUITAMA (Samoa)
Key findings 1

• There is an urgent need to scale up the contribution of the diverse range of private sector entities to national level NCD prevention and control.

• It is important that governments are clear about the role and contribution of different private sector entities in NCD prevention and control.

• There is a need to be much more discerning when considering the varied roles of the range of private sector entities to differentiate the contributions that different entities can make, and therefore the nature of engagement with those different entities.

• Governments need to safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest to effectively prevent and control NCDs.

• Many private sector entities have no direct conflict in being involved in NCD prevention and control and in fact may have objectives that align closely with those of Governments.
Key findings 2

- The building blocks of effective government engagement on NCD prevention and control with the diverse range of private sector entities are:
  - Strong regulatory frameworks, both statutory and self-regulatory
  - A multi-stakeholder platform for implementation, monitoring and evaluation
  - A robust mechanism to review and ensure effective commitments and contributions
  - The use of measures, including incentives, to encourage a strong private sector contribution
  - Transparent management of conflict of interest
  - Sharing of knowledge and data to support collective national and global action.
Draft overarching recommendations

Recommendation 1
Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.

Recommendation 2
Governments should establish a multistakeholder platform for engagement on and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.

Recommendation 3
Governments should develop a robust accountability mechanism to review and ensure effective delivery of the commitments and contributions from the diverse range of private sector entities to national NCD responses and achievement of NCD targets.
Draft overarching recommendations contd

**Recommendation 4**
Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control from the diverse range of private sector entities.

**Recommendation 5**
Heads of State and Government must protect their national policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness contributions from the full range of private sector entities; real, perceived or potential conflicts of interest must be acknowledged and managed.

**Recommendation 6**
Countries need to share knowledge and data to support collective action on NCD prevention; this includes pledges and commitments made by transnational corporations to ensure that these are applied consistently across the world, not just in high-income countries, and are tailored for local relevance.
Draft specific recommendations

• Marketing to children

Recommendation 7
Governments should set a strong regulatory framework to underpin engagement with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, so as to support the full implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.
Draft specific recommendations contd

- Promoting more food products consistent with a healthy diet and reducing the use of salt to lower sodium consumption

**Recommendation 8**
Governments should elicit clear time-bound commitments from the diverse range of private sector entities involved in the food supply chain to reduce salt, sugar, fat and trans fat in processed foods, aligned with relevant WHO guidelines and agreements.

**Recommendation 9**
Governments should work with relevant stakeholders, including private sectors entities, to provide consistent, coherent, simple and clear messages, to the public, private sector and politicians, to improve understanding of the harms of products high in salt, sugar and fats, including through accurate, standardized, comprehensible and readable front-of-pack labelling.
Draft specific recommendations contd

Healthy workplaces

**Recommendation 10**
Governments should engage with the diverse range of private sector entities and other relevant stakeholders in promoting and creating an enabling environment in order to develop comprehensive workplace health programmes combining occupational health and safety, health promotion, and health coverage, in both the public and private sectors.

**Recommendation 11**
Governments should implement a strong regulatory framework to achieve greater coherence for national workplace health initiatives in both the public and private sectors, taking into account existing international obligations to protect workers’ health in workplaces.
Draft specific recommendations contd

- Improving access to and affordability of medicines and technologies in the prevention and control of NCDs

Recommendation 12
Governments should recognize that a wide range of private sector entities are important stakeholders for the supply of essential medicines and technologies in public and private sectors, and should engage with them to ensure that safe, effective, affordable and quality-assured products are available on a sustainable basis, and that data on market share to support planning and service delivery are also available.

Recommendation 13
Governments should actively explore opportunities through public–private partnerships to increase access to safe, effective, affordable and quality-assured essential NCD medicines and health technologies to support achievement of the targets of the Global Action Plan on NCDs and contribute to universal health coverage.
WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD)

Working Group on how to realize governments’ commitments to provide financing for NCDs
Members of the Working Group

1) Two co-chairs representing developed and developing countries.
   – Dr Indrani GUPTA, Head of the Health Policy Research Unit, Institute of Economic Growth, India
   – Mr Colin McIFF, the Senior Health Attaché at the U.S. Mission in Geneva

2) Twelve members, two from each WHO region

Dr Hassan AGUENAOU (Morocco)    Dr Nabil KRONFOL (Lebanon)
Dr Gene BUKHMAN (USA)              Dr Outi KUIVASNIEMI (Finland)
Dr Jane CHUMA (Kenya)              Dr J. Jaime MIRANDA (Peru)
Ms Sue ELLIOTT (Australia)         Dr Hasbullah THABRANY (Indonesia)
Dr Amiran GAMKRELIDZE (Georgia)    Dr Senendra UPRETI (Nepal)
Dr Fastone Mathew GOMA (Zambia)    Dr Mitsuhiro USHIO (Japan)
Mobilize and allocate significant resources to attain the NCD-related targets included in the Sustainable Development Goals by 2030, and the nine global voluntary NCD targets included in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 by 2025.

Effectively and efficiently utilize and expand domestic public resources to implement national NCD responses, including by making greater use of revenue from tobacco and other health-related taxes to achieve national health objectives.

Complement domestic resources for NCDs with official development assistance (ODA) and catalyse additional resources from other sources to increase health expenditure on the prevention and control of NCDs, consistent with country priorities.

Promote and incentivize financing and engagement from the private sector to address NCDs, consistent with country priorities on NCDs.

Enhance policy coherence across sectors in order to ensure that the expected outcomes of national NCD policy are achieved, including by assessing the health impact of policies beyond the health sector.
Outcome of the third Working Group meeting: Elements of a blended stream of financing

- **NCD financing**
  - Generate new resources
    - Raise public funds
      - Sales / excise taxes
        - Example: Tobacco tax (Philippines)
    - Raise private funds
      - Payroll taxes
      - Lottery fund
    - Access global funds
      - Bonds
      - Financing facility
        - Example: Global Financing Facility
  - Manage existing resources
    - Improve public sector performance
      - Debt buy-back / swaps
      - Results-based financing
      - Public-private partnerships

World Health Organization
Outcome of the third Working Group meeting:
Approaches and tools for assessment and implementation of national NCD financing options

A five-step process for assessing NCD financing options
1. Step 1: NCD disease and risk factor burden assessment
2. Step 2: National health system assessment
3. Step 3: Domestic macroeconomic and fiscal assessment
4. Step 4: Assessment of resource needs for national NCD prevention and control
5. Step 5: Identification and selection of financing mechanisms
Outcome of the third Working Group meeting:
Three scenarios that could emerge from the proposed five-step assessment process

<table>
<thead>
<tr>
<th>Resource setting</th>
<th>Disease burden / resource needs</th>
<th>Health system profile</th>
<th>Macrofiscal situation</th>
<th>Policy options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Low-income country</td>
<td>Modest but growing NCD burden</td>
<td>Poor service coverage and access and high out-of-pocket spending NCDs a low priority</td>
<td>Weak and reliant on external development assistance High debt-to-GDP ratio</td>
<td>Raise revenues (enhance tax base) Increase prepayment and revenue pooling International financing loan and development bond</td>
</tr>
<tr>
<td>2 Lower middle-income country</td>
<td>Modest but growing NCD burden NCD plan has been costed</td>
<td>Low service coverage; moderate financial protection Policy commitment to integrate NCDs into primary care</td>
<td>Favourable (high economic growth) Relatively low spending on health</td>
<td>Raise revenues (excise via excise taxes, allocate more money for health from general revenue taxes) Strengthen financial protection Improve service efficiency (via task sharing)</td>
</tr>
<tr>
<td>3 Upper middle-income country</td>
<td>High and escalating Resource needs not estimated</td>
<td>NCD services not well integrated Relatively high (or full) financial protection</td>
<td>Stagnant economy, but open to investors High and rising debt levels</td>
<td>Raise revenues (via greater tax compliance) Pursue market-based financing (ineligible for ODA)</td>
</tr>
</tbody>
</table>
Conclusion and next steps to support countries for implementation of their national NCD financing options

Countries are encouraged to **undertake actions under each of the five recommendations**, as well as to **review and to share experiences** that strengthen national capacity to use the available tools set out in the report for assessing needs and capacity for financing NCD prevention and control.

There is a need to develop a **stepwise process** to facilitate financing for NCDs at a country level and to increase capacity and knowledge to use all available tools.

The WHO GCM/NCD together with partners will further explore ways to create an enabling environment and address the information and knowledge gaps (chapter 5), namely:

- identify and share **information on country demands** and existing and potential sources of finance and cooperation mechanisms;
- develop **technical assistance** to evaluate capacity and prepare NCD needs assessments;
- develop a **comprehensive investment framework for NCDs**;
- create a **global investor platform** (“marketplace”);
- further support **advocacy**, set up a **community of practice** and develop **knowledge sharing**.
Thank You!

WHO Global Coordination Mechanism

http://www.who.int/global-coordination-mechanism/en/