1. The first meeting of the Working Group commenced with welcoming remarks by Dr Bente Mikkelsen, Head a.i. of the Secretariat for the Global Coordination Mechanism for the Prevention and Control on NCDs (GCM/NCD). She introduced the two co-chairs for this Working Group - HE Ambassador Mr Taonga Mushayavanhu, Permanent Representative of Zimbabwe to the UNOG and Mr Kjetil Aasland, Minister Counsellor for Health, Permanent Mission of Norway to the UNOG.

2. The two Co-Chairs explained the purpose of the working group as outlined in the GCM/NCD Work Plan 2016-2017: “The Working Group will recommend ways and means of encouraging Member States and non-State actors to align international cooperation on NCDs with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of NCDs.”

3. The Co-Chairs welcomed the nine Working Group members that were in attendance and conveyed apologies from the three members who could not attend.

4. Dr Oleg Chestnov, Assistant Director General, Noncommunicable Diseases and Mental Health, formally opened the meeting. Dr Chestnov emphasized that the WG recommendations will assist Member States to streamline international cooperation efforts and external resources with country needs and priorities, and use national NCD
plans as a platform to improve aid efficiency and accelerate progress towards overcoming the NCD challenge.

5. The co-chairs nominated Professor Eva Martos as a rapporteur. The agenda was unanimously adopted with no objections.

6. Dr Guy Fones, Advisor for the GCM/NCD Secretariat, made an introductory presentation explaining the role of GCM/NCD and the mandate of the Working Group.

Session Two

Setting the Scene

7. The first part of the session was devoted to clarifying the Working Group members’ expectations and developing their vision for the Working Group outputs. The following key issues were raised:
   a. Need to have clearly-agreed-on definitions of terms, such as international cooperation, multi-sectoral and multistakeholder partnerships, external resources (moving beyond financial aid to include other forms of resources) and national NCD plans (e.g. action vs strategic plans)
   b. Need for context-specific practical recommendations that can be adapted to countries’ needs and priorities, and potentially be implemented
   c. Need to learn from each other’s experiences and share knowledge, best practices and lessons from their respective countries
   d. Need to reach out to stakeholders in other sectors to better understand the multi-stakeholder and multisectoral approach to NCDs

Presentations

The second part of the session was devoted to presentations on the alignment of international cooperation and national NCD plans from different perspectives:

World Health Organization


Independent Expert on International Cooperation
b. Dr Daniel Lopez-Acuna (independent Public Health expert), presented (via Webex from Slovakia) on Aligning International Cooperation with National NCD Plans. Dr Acuna provided a background paper on the topic as well.

Country Cases:

Government Perspective

c. Dr. Nino Berdzuli (WG Member, Deputy Minister of Health of Georgia) delivered a presentation on the Georgian experience with international cooperation and donor coordination mechanisms. With respect to NCDs, Dr Berdzuli stressed the need to promote public/private partnerships.

NGO Perspective

d. Dr Mary Kigasia Amuyunzu-Nyamongo (WG Member, Executive Director, African Institute for Health and Development) presented on her experiences working with the African Institute for Health and Development and outlined solutions and opportunities for improved alignment of international cooperation and national planning.

Session Three

Workshop One

The final session on Day 1 was a workshop where the participants broke into two groups for more in-depth discussions. The following key points emerged from the discussion:

International Collaboration

a. Need for international mechanisms and frameworks for engaging donors
b. Emphasis on articulating the needs of both parties (nationally and internationally)

National plans

a. Need to better understand country-specific disease burdens, availability of domestic resources, government and multi-stakeholder cooperation platforms and current national policy frameworks
b. Demand for establishing national coordinating mechanisms
c. Need to mobilize political commitment
d. Realization that the NCD agenda is too broad and difficult to integrate
e. Good business and public health case to tackle the 4x4 in an integrated manner

Potential Solutions

a. Partnerships with global and regional partners to improve planning
b. Sharing responsibility and accountability with non-state actors

c. WHO to host a multi-sectoral meeting

d. Country level – identify platforms to facilitate multistakeholder and multi-sectoral cooperation

e. Community campaigns to encourage action for NCDs (branding of NCDs to galvanize action)

f. Share lessons learnt from regulatory capacities (food labeling)

g. Explore the possibility of international reporting mechanism to hold governments accountable

h. Mobilize civil society

i. Adequate coordination mechanisms at both country and global level

j. Creation of an advisory body to make business case to heads of state on NCDs

Discussion on Knowledge Gaps and the Need for Stakeholder Consultations

8. A round table discussion was held on what consultations and ideas the Working Group members felt were needed for moving forward. Key points were:

a. All relevant sectors must be involved to learn from each other and share experiences (including but not restricted to: taxation, agriculture, education, welfare, legal frameworks)

b. Analysis and identification of engagement platforms

c. Looking beyond financial support, to include technical assistance, knowledge-sharing, expertise and support for national capacity building

d. Engagement of the private sector

e. Donors (including gaining a better understanding of their priorities and motivations)

f. Theories of change in international collaboration

g. Assessing the practicality and the implementation of the current plans – challenges and success stories. Case studies – review of existing approaches, country best practice examples, priority setting at a national level, multi-sectoral meetings

h. Communication and knowledge exchange

i. Advocacy at a national and international level

In sum, a three-pronged approach is needed to address the NCD Challenge:

a. Political power (e.g. laws and regulation)

b. Social power (e.g. social movement, civil society engagement, activism, advocacy)

c. Knowledge power (e.g. research, information, best practices, partnerships North-South, South-South and triangular)
DAY 2 – 7 April 2016

Session One

Introductions and Summary of Day 1.

1. The Co-Chairs and Dr Mikkelsen welcomed the group back and recapped the activities of the first day. The rapporteur Professor Eva Martos gave a presentation on the key emerged issues from Day 1:

   a. NCD risk factors are modifiable, and the cost of inaction is greater than the cost of action
   b. NCD progress monitor 2015—substantial differences in implementation according to the criteria: integrated/operational/multisectoral within main NCDs
   c. There has been insufficient progress towards NCD prevention to date, and multisectoral cooperation is needed
   d. There is a huge disconnect between the disease burden and the level of donor assistance
   e. More concrete and innovative recommendations are needed
   f. New models of innovative NCD financing to mobilize domestic resources are needed
   g. Definition of the modalities of donor assistance is needed
   h. Revised paradigm of international cooperation is needed

International Alignment Frameworks - Presentations

2. There were several presentations from different departments of WHO on the current UN frameworks for aligning international cooperation and national agendas:

   a. Dr Alexey Kulikov (UN Inter-Agency Task Force on the prevention and control of NCDs) spoke on the efforts to integrate NCDs into the United Nations Development Assistance Framework (UNDAFs).

   b. Gerard Schmets (Department of Health Governance and Financing) spoke on national health policies, strategies and plans from a health systems perspective. He emphasized that advocacy efforts and priority-setting activities should never stop, to ensure that NCDs stay high on health policy agendas and get integrated into UHC schemes.

   c. Dr Mahesh Mahalingham (Director of the Office of the UNAIDS Deputy Director) outlined some strategic parallels and differences between the HIV/AIDS and NCD
movements. He stressed the key role of communities and multidisciplinary approaches in advancing the agenda.

d. Dr Shambhu Acharya (Director, Department of Country Cooperation and Collaboration with the United Nations System) spoke on the WHO Country Cooperation Strategy. He explained that it is a tool to align and harmonize WHO’s cooperation in countries with other UN system organizations and development partners.

Session Two

Country Case

3. Dr Omar Mihat (WG Member) spoke extensively on the Malaysian National NCD Plan and gave concrete examples of different initiatives that Malaysia is taking to reduce the burden of NCDs.

Workshop Two

4. The workshop on Day 2 focused on the apparent disconnects and solutions for alignment with international cooperation and national NCD plans. Important points that emerged from the discussions were:

General Comments

a. Shared accountability is important
b. Alignment efforts are useful to identify countries needing more donor support
c. National NCD plans must serve as a common platform for international cooperation
d. There seems to be a proliferation of the UN-led coordination frameworks that may not apply to other donors (e.g. foundations, private philanthropies, bi-laterals)
e. UNDAF usefulness to NCDs is not well articulated (seems to be more cancer-focused)
f. The biggest challenge to the alignment is a mismatch of international and national priorities
g. The coordination mechanisms seem to be established at the national level in many countries, but a global coordination mechanism for international cooperation is lacking
h. Recommendations should be context-specific, depending on countries’ reliance on external financing vs domestic funding and other local capacities
i. Clustering of countries according to the extent of their reliance on donor aid and then developing specific sets of recommendations for different clusters may be helpful
j. Specific examples of country experiences/best practices are needed

International Cooperation, Coordination and Alignment
a. Global coordination mechanism for international cooperation on NCDs is needed
b. At the national level a higher-level coordination mechanism seems to be working best (above the Ministry of Health)
c. Success stories of the UN Coordination Frameworks in terms of implementation and achieving better results will be helpful
d. Cooperation – going beyond the finances: learning platforms, knowledge-sharing, technical assistance with data collection and cross-country comparisons

Multi-sectoral and Multi-stakeholder NCD Plans
a. National capacity assessment is key
b. Overarching national strategic health plans should encompass all priority health issues, including NCDs
c. To operationalize national strategic health plans, issue-specific costed implementation/action plans should be developed (e.g. Multi-sectoral and multistakeholder national NCD action plan, MCH action plan, human resources action plan, etc.)
Session Three

Meeting Wrap-up

5. The final session was a summarizing and reflecting session where the group identified the following key points:
   a. The need for community engagement and multi-stakeholder partnerships
   b. Multi-sectoral national plans/ capacity building
   c. Private sector engagement
   d. Donor coordination mechanisms at national and global level
   e. Financial management/business case/policy options
   f. Alignment
   g. Technical barriers and data and experience sharing
   h. Need for advocacy, communication and awareness building

Next Steps
   a. To hold a debriefing teleconference with the Working Group members who were unable to attend
   b. Solicit country case studies/best practices from the Working Group members
   c. All Working Group members are encouraged to join their community of practice at: http://gsmportal.org/workinggroup3-2/join
   d. Circulate a draft report outline based on the Working Group meeting outputs and seek Working Group members’ feedback
   e. Solicit names of individuals for stakeholder consultations with Working Group members during the June meeting
   f. Start planning the Second Working Group meeting taking place 22-23 June 2016

6. The meeting closed with remarks from both Co-Chairs at 16:45