Mandate of the Working Group

To recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of NCDs within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis, including as part of wider efforts to strengthen and orient health systems to address the prevention and control of NCDs through people-centred primary health care and universal health coverage”.

Objectives of the Meeting

• To review and incorporate evidence and conclusions from first and second meetings.
• To present an analysis of the comments received from web consultation and incorporate, as appropriate.
• To present a draft of the final report for review and consensus by working group members.
• To conclude on revised recommendations that are focused, actionable, realistic and context specific.
Opening Remarks

The third meeting of the Working Group commenced with welcoming remarks by the Co-Chair Dr. Naoko Yamamoto, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan, who outlined once again the significance and objectives of the Working Group. She reiterated to Working Group members that the meeting would be the last gathering and with that in mind encouraged members to find a consensus on the different elements that will make up the WG 3.1 final report. She proposed that through active, focused and inclusive participation over the next 2 days, working group members can agree on a comprehensive report to present to the WHO Director-General, with sound and actionable recommendations that Member States can implement at different levels and different contexts.

Dr Yamamoto conveyed the apologies of her Co-chair, H.E. Ambassador Londoño, Permanent Representative of Colombia to the UNOG, who could unfortunately not join the third meeting. She subsequently nominated Ms Sanne Frost-Helt, Chief Advisor Global Health, HIV/AIDS and Sexual and Reproductive Health and Rights, Ministry of Foreign Affairs, Denmark, to take Ambassador’s Londoño Soto place as her Co-Chair, for which there was no objection.

Dr Oleg Chestnov, Assistant Director-General for WHO’s Noncommunicable Diseases and Mental Health Cluster, added his opening remarks and warm welcome. Dr Chestnov highlighted the following:

- The working group was innovating within the NCD agenda by showcasing how countries can implement integration of NCDs through a health system approach.
- The urgency and relevance of program integration has been elevated even more by the “integrated and indivisible” SDG focus. Integration is a pillar of SDGs and countries are requesting concrete assistance and guidance on a comprehensive integration of health systems, including with NCDs.
- However, few countries have been able to move ahead with integration of NCDs even into these specific program areas, due to knowledge gaps and lack of policy guidance.

Dr Chestnov offered the NMH Cluster’s support to the working group in taking their concrete recommendations forward to countries and assisting in its implementation.
Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism for the prevention and control on NCDs (WHO GCM/NCD) presented her welcoming remarks, highlighting:

- By nominating national experts for this Working Group, WHO Member States have offered their expertise, knowledge and experience in order to ensure alignment of the outcomes of Working Group 3.1 with national priorities and needs. The GCM Secretariat will do its best to protect this alignment and will support the Working Group towards clear and concrete recommendations for all Member States.
- Dr Mikkelsen highlighted the need for the recommendations and the final report to move from a conceptual framework to a specific options of “how to” implement integration at country level and in different country contexts. Country cases and best practices can provide clear evidence for the necessary scale-up.

Dr Bente Mikkelsen presented an overview of the progress of WG 3.1 work since the first meeting of the WG and an outline of the objectives of the third meeting.

Dr Guy Fones, Adviser to the WHO GCM/NCD Secretariat presented additional details on the current agenda and a brief overview of responses from the web-based consultation on the draft Interim Report.

**Administrative Procedures**

- The Working Group agreed to appoint Dr Marcia Erazo as Rapporteur for the meeting.
- Dr Naoko Yamamoto moved for the adoption of the provisional agenda for the meeting of the Working Group, with no objections.
- Members were invited to identify any new ‘Declaration of Interests’ since submitting their information to the WHO GCM/NCD. No new information was presented.

**Stakeholder Hearing**

Dr Yamamoto outlined the structure for this very relevant session of the third meeting of the Working Group, which included three stakeholder presentations. She then introduced the stakeholders to the WG, familiarized them with the flow of the session and read out the disclaimer for the participating entities, before the session started.
On behalf of the WHO Secretariat, Dr Gerard Schmets, Coordinator, Health Systems Governance, Policy & Aid Effectiveness, presented a comprehensive overview on *Vertical vs Horizontal Integrated Approaches*, and took questions from the floor.

Dr Schmets stressed that a complementary approach between vertical and horizontal can be considered but it will depend on country context. He noted that a vertical approach is more relevant to least developed countries who still maintain strong donor funded vertical programmes, while more developed countries have already moved towards horizontal integration.

From the donor viewpoint, integrating NCDs may be misinterpreted as a dilution of original programmatic objectives and diminished return on investment (ROI). There is a need to clearly advocate to donors on NCDs as a development priority and the clear co-benefits of integrating NCDs with vertical programmes. It will only serve to reinforce overall economic, social and health outcomes and enhance the ROI. Ultimately whatever approach is considered it should support UHC, where the co-benefits of integrating different programmes will need to be considered when defining the packages to be covered for UHC. This also underlines the need to optimize domestic resource.

Dr Kaushick Ramiaya, Steering Group Lead for Tanzania National NCD Strategy, discussed *Tanzania National Diabetes/NCD Program* and its integration with HIV and RCH services, and took questions from the floor. Dr Ramaiya’s excellent presentation showcased the different elements of implementing integration at a country level highlighting the effectiveness of starting at the primary level, building the evidence and then convincing ministerial level to scale up. The final evaluation of this project will be made public, showcasing interesting data that supports the positive impact of these initiatives at NCD service delivery.

On behalf of the World Diabetes Foundation, Global, Mr Bent Lautrup-Nielsen, Senior Programme Manager, presented integrating NCDs into other programme areas through example of WDF supported *partnerships*. Mr Lautrup-Nielsen highlighted at least seven country cases where WDF partnerships were mobilizing integration of NCDs into health systems and offered the working group concrete evidence to support the draft recommendations. He stressed that country ownership of any project or grant was essential.

**Group Working Session**
Dr. Guy Fones presented a detailed analysis of comments received from the public web consultation on the draft Interim Report, highlighting suggestions and guidance received. This comprehensive guidance was mapped out in order to support the following breakout sessions on defining the draft recommendations.

Working Group members were then invited to divide into two groups to discuss the comments from the web based consultation, and forge consensus on the guidance received agreeing on changes to the recommendations. WG members were asked to brainstorm in a very spontaneous and inclusive manner taking into consideration previous discussions, inputs, documents and their own perceptions from the Stakeholder Hearings, in order to identify governments’ needs, opportunities and challenges for integration of NCDs.

Main conclusions from breakout session: The two group facilitators Dr Johnathan Klien and Dr Rosalind Vianzon highlighted the following:

- There was major agreement on streamlining the chapters on context, overarching principles and recommendations, and aligning definitions.
- There was a concern that Member States had not reacted to the web based consultation and thus there was need to provide clear country context and country cases.
- A possible way forward to present these recommendations was to include policy options, action points for implementation and specific country cases to support each recommendation, thus eliminating the need to refer to up-stream or down-stream separately.
- Country cases should populate the whole report.
- The context of the report should be well aligned to the concepts of UHC, SDGs and the WHO GAP.
- Any consideration on a national multisectorial coordination mechanism requires strong high level political leadership and a clear guidance from the health sector.

Ms Sanne Frost-Helt concluded the day’s proceedings by thanking all Working Group members for their active engagement with the issues, and the support by all WHO Secretariat staff. Working Group members were invited to an evening dinner in WHO.
DAY 2 - 27th September 2016

Opening remarks

- Welcome from the Co-chair, Dr Naoko Yamamoto,
- A comprehensive summary of the first day of discussions was provided by the Rapporteur, Dr Marcia Erazo. The summary, which identified the many elements in this report, was accepted by the Working Group.
- The Co-chairs reminded the Working Group members of the format for the remainder of the meeting.

Global Communications Campaign

On behalf of the WHO Secretariat, Ms Louise Agersnap, Technical Officer with the Global Coordination Mechanism Secretariat, presented on WHO’s new global communications campaign on NCDs. The Campaign is designed to demonstrate to policymakers that meeting the nine NCD targets is not only necessary, but possible.

The campaign will provide clear messages and easy access to information on the diseases, risk factors, environmental factors, and health system interventions related to NCD prevention and control, along with information on the cost-effective solutions governments can implement to reduce premature deaths and improve health and wellbeing in their countries and communities. The Campaign also aims to bring the pictures and stories of people affected by NCDs to the forefront of the global narrative. Too often the human voice is lost within policy debates.

Ms. Agersnap informed the WG members that the upcoming Global Dialogue Meeting of the WHO Global Coordination Mechanism on NCDs will take place in Mauritius, on 19-21 October 2016. The topic of the Dialogue is “The role of non-State actors in supporting Member States’ efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development”.

The Dialogue aims to establish a nuanced understanding and forge a consensus on the role of non-State actors (nongovernmental organizations (NGOs), the private sector, philanthropic foundations and academia) in supporting country efforts.

WHO GCM/NCD Working Group 3.2 briefing
On behalf of the WHO Secretariat, Dr Tea Collins, Adviser with the Global Coordination Mechanism Secretariat, presented on the work of Working Group 3.2 which has a mandate to 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. Ms Collins provided a brief highlight of the objectives of the third meeting of WG 3.2 which are very much aligned with those of WG 3.1, in particular in highlighting to international partners the opportunity and responsibility in addressing NCDs through the integration with other programme areas.

The expectation is that at the end of the third meeting of WG 3.2, the working group would also articulate clear recommendations that are easily adaptable to different country contexts. The WG would define international cooperation broader than the traditional donor-recipient model to include collaboration across sectors and multi-stakeholder partnerships; provide concrete advice on mechanism/platforms of engagement of international donors, as well as NGOs, civil society organizations and other relevant non-State actors, including the private sector; develop a guidance document that will address implementation challenges; and provide innovative solutions using specific examples and sharing experiences from the Working Group Members’ countries.

Final drafting session

The Co-chairs Dr Naoko Yamamoto and Ms Sanne Frost Helt jointly facilitated an inclusive group drafting session on the final recommendations that will be included in the Working Group report.

They stated that the objective of the session was to bring together the discussions and conclusions from yesterday’s sessions and define concrete, focused and precise recommendations, one at a time, until the WG members have agreed on a final set. The key outputs from the session were a revision of the nine recommendations to read as follows:

Final draft Recommendations

Recommendation 1
Governments should assess existing national health policies with a view to develop and/or strengthen strategies to ensure integration of the prevention and control of NCDs with other health programmes, with a particular emphasis on HIV, TB, MCH, SRH.
Recommendation 2
Countries should develop, disseminate and use context-specific evidence, best practices and investment cases supporting integration in order to ensure prioritization, implementation and scale up of the integration of NCDs and other program areas.

Recommendation 3
Heads of State and Governments need to realize their commitment to establish a high-level multisectoral mechanism/commission on NCDs, with clear guidance from the health sector, which should prioritize and lead an integrated approach between NCDs and all programmatic areas and sectors.

Recommendation 4
Governments should consider the engaged, focused and coordinated support of international development partners, intergovernmental organizations and NSAs in order to effectively implement the integration of the prevention and control of NCDs with other programme areas.

Recommendation 5
Governments must build adequate and sustainable health workforce that has the resources and capacities to manage and integrate NCDs.

Recommendation 6
Governments should incorporate and integrate NCD services at all levels of health care, with a particular focus in primary and community care services, applying an integrated people-centred approach.

Recommendation 7
Invest in research and implementation of innovative technologies, to support integration, scale-up and outreach of NCD strategies and programs.

Consideration of draft Final Report

The Secretariat presented a comprehensive update on the development of the draft Final Report, as per the guidance received from the Working Group members during the first and second meetings.

The aim of the presentation was to present a proposed outline for the structure of the Report and open the floor for comments on each of the chapters and elements, hoping to forge consensus on the expected content and possible follow-up actions from the Secretariat and the Working Group during the following two months.

Conclusions:

- Streamline the length of draft Final Report;
• Enhance report with additional country cases, context-specific best practices, evidence and data;
• Enhance recommendations with additional evidence, policy options/actions and relevant country cases;
• Summarize chapter on Commonalities between NCDs and the prioritized programme areas into programme-specific policy briefs, that can be used as independent tools;
• Provide more visual aid throughout the report: tables, summary boxes, key issues, etc;
• Provide update and guidance on WHO’s activities to develop an Investment Framework for NCDs

Next Steps

The next steps for the Secretariat were discussed by the co-chairs and Working Group Members. They include:

1. Extension of WG 3.1 mandate; reappointment of the WG members for one more year.
2. Final draft recommendations, with expanded policy options/actions points, supporting evidence and country cases, will be circulated to the WG by end October.
3. Virtual meeting with the WG on defining elements of Final Report.
5. Development of Policy briefs/ guidance notes on integration of NCDs with each programme area, through the WG’s Community of Practice.
6. Possible face-to-face meeting in Feb/ Jan to discuss 2017 dissemination strategy.
7. Side event during 70th WHA (2017).
8. Country commitments to implement integration, in line with guidance from WG 3.1.