WHO Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases

Working Group on the alignment of international cooperation with national plans on the prevention and control of non-communicable diseases

22 -23 June 2016 – WHO Headquarters, Geneva, Switzerland

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SUMMARY REPORT BY CO-CHAIRS

Mandate of the Working Group:

To recommend ways and means of encouraging Member States and Non-State actors to align international cooperation on Non-Communicable Diseases (NCDs) with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of NCDs.

Objectives of the Meeting:

- Review evidence and conclusions from the WG April Meeting
- Consider country case studies (Thailand, Brazil, Mexico, Namibia) delivered by expert WG Members
- Conduct multistakeholder hearing for the WG, including Non-State actors
- Start shaping the structure of the WG Report
- Draft recommendations considering expert presentations and multistakeholder hearing
DAY 1 – 22 June 2016

Session 1

Opening and Presentations

Opening Remarks

Dr Bente Mikkelsen, Head a.i. of the GCM/NCD Secretariat, opened the meeting. She welcomed the participants and reminded them of the mandate of the Working Group (WG) “to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on Non-Communicable Diseases (NCDs) with national plans concerning NCDs in order to strengthen aid effectiveness and the development impact of external resources in support of NCDs.”

Dr Mikkelsen stressed that when proposing recommendations the WG should consider addressing the need for low-income countries to develop tools and strategies (e.g. national NCD plans) to adequately express their demand for international cooperation and development aid. She also highlighted the economic impact of NCDs in developing countries and the importance of focusing on this dimension of NCDs as part of the Sustainable Development Goals (SDG) agenda.

After the opening remarks, Dr Mikkelsen gave the floor to the two Co-Chairs for the WG – HE Ambassador Mr Taonga Mushayavanhu, Permanent Representative of Zimbabwe to the UNOG and Mr Kjetil Aasland, Minister Councillor for Health, Permanent Mission of Norway to the UNOG.

Administrative Procedures

The two Co-Chairs welcomed the WG members in attendance and conveyed apologies from the three WG members who were not able to attend:

1. Dr Nino Berdzuli (Georgia)
2. Dr Guna Raj Lohani (Nepal)
3. Dr Wen-Qiang Wei (China)
The Co-Chairs nominated Dr Mary Kigasia Amuyunzu-Nyamongo as a rapporteur. The agenda was unanimously adopted with no objections. There were no interests declared.

Presentations

The second part of the morning session was devoted to the presentation of country cases.

1. **Country case – Mexico**
   **Presentation:** The National Strategy for the Prevention of Overweight, Obesity and Diabetes
   Dr Eduardo Jaramillo Navarrete, Director General of Health Promotion, Department of Health, Mexico City, Mexico

   Dr Jaramillo Navarrete shared the experience of Mexico in dealing with NCDs with a particular emphasis on obesity and diabetes.

   The presentation highlighted the complexity of the problem and rising economic cost, along with the costs due to premature deaths and the quality of life lost. Dr Jaramillo Navarrete mentioned that the National Strategy is based on the three main pillars of comprehensive public policy:

   I. Public health
   II. Medical care
   III. Regulation and fiscal policy

   Dr Jaramillo Navarrete also spoke about the challenges of implementation of national strategies, such as difficulties to demonstrate effectiveness of actions, ensure active community participation, maintain the results in the long-run and involve sectors other than health and other strategic actors.

2. **Country Case – Thailand**
   **Presentation:** Tackle NCDs in Thailand
   Dr Supattra Srivanichakorn, Senior Medical Expert, Bureau of Non-Communicable Diseases, Ministry of Public Health, Nonthaburi, Thailand
Dr Srivanichakorn spoke about the burden of NCDs in Thailand and highlighted the national strategy – the “Triangle that moves the mountains”:

I. **Policy and political angle** - legalized national multisectoral mechanisms
II. **Social angle** – Social mobilization and community movement
III. **Intellectual angle** – Evidence generation and management

Dr Srivanichakorn mentioned that Thailand has made significant progress in health in terms of achieving Universal Health Coverage since 2002, devoting 20% of the health budget to health promotion and disease prevention, including NCDs in the National Thai Plan, creating multisectoral coordination mechanism under the Ministry of Health and adopting the resolution on 9 targets for the NCD prevention and control.

3. **Country Case – Brazil**  
**Presentation:** NCD Action Plan Brazil 2011 - 2022  
Professor Deborah Malta, Department of Public Health, School of Nursing, Federal University of Minas Gerais, Minas Gerais, Brazil

Professor Malta spoke about the fast demographic and epidemiological transition in Brazil and stressed the problem of the shift from malnutrition to undernutrition and obesity. She informed the group that Brazil launched its NCD Action Plan in 2011 in the aftermath of the UN High Level Meeting on the Prevention and Control of NCDs in September 2011. Professor Malta said that Brazil made good progress towards achieving the 9 global voluntary targets, particularly in terms of declining mortality from NCDs, increased physical activity and fruit consumption and stable cancer rates. However, obesity has been increasing and difficult to tackle.

4. **Country Case – Namibia**  
**Presentation:** United Nations Support to Health Sector Plan  
Mr Lesley Charles Usurua, Health Programme Officer, Ministry of Health and Social Services, Windhoek, Namibia

Mr Usurua spoke about the country coordination mechanisms and cooperation with the UN agencies. He highlighted the “delivering as one” principle for the UN agencies that are operating from one building in Namibia and aligning their activities with national priorities. Mr Usurua also stressed that there are remaining challenges, such as lack of adequately trained human resources, low local absorptive capacity of available budget for intended interventions, limited community mobilization and inadequate coordination and communication mechanisms among health partners.
Key Issues Emerging from the Country Case Studies:

- Evidence of increasing burden of NCDs globally
- Demographic, epidemiological and nutritional transitions
- Recognition of joint responsibilities between Ministries of Health and other sectors: Need for a whole-of-government and a whole-of-society approaches
- Importance of political commitment at the highest level to overcome the implementation challenges
- Existence of major frameworks – policies, plans, strategies to act on NCDs – in most countries
- Taxation as a main means of domestic resource mobilization for NCDs. For example, Thai Health Promotion Foundation is funded from the Sin tax.

Presentation: Interim Report – Progress to Date
Dr Téa E. Collins, Advisor, GCM/NCD, World Health Organization, Geneva, Switzerland

Dr Collins opened by explaining the purpose of the presentation, which was to:

- Provide an overview of the background research for the WG’s interim report
- Agree on the outline of the report
- Set the stage for the stakeholder hearing taking place in the afternoon
- Seek feedback from the WG

Dr Collins spoke about the paradigm shift in development assistance from foreign aid to development assistance and cooperation. She also covered the Development Assistance for Health (DAH) and highlighted that NCDs remain one the most underfunded areas, particularly when compared to the MDG-related health areas. She emphasized that financing for NCDs will be increasingly coming from domestic sources through innovative financing mechanisms, taxes, increased efficiency and private sector involvement. However, in low-income countries, it will be important to supplement domestic resources with DAH.
Dr Collins also referred to the WG mandate and stressed the importance of national NCD plans as a tool to express demand for international cooperation and ensure aid effectiveness and development impact. She summarized the positive developments along with some concerns about global trends in this regard:

Positive trends

- Increasing institutional recognition of NCDs
- Move from disease-based program to integrated NCD programs
- Increasing inclusion of NCDs in sector-wide health plans
- Recognition of the high burden of NCDs
- Explicit acknowledgment of the need for multisectoral actions

Concerns

- NCD Plans are not always informed with local evidence — disease burden and health needs
- Weak alignment among sector-wide and NCD specific policies and plans
- NCD Plans are not developed with participation and endorsement of all the stakeholders (health and non-health)
- NCD plans lack information on financial and implementation feasibility
- National NCD plans often do not include realistic quantifiable targets

Session 2

Multistakeholder Hearing

At the first meeting on 6-7th April 2016, the WG resolved to hold a hearing with relevant stakeholders during its second session in Geneva in June 2016. The WG Members agreed that they should gather stakeholders from developmental agencies (bilateral and multilateral), non-governmental organizations, academia, professional and business associations to inform the WG’s work and aid in developing a report with “actionable recommendations” for government policy-makers and other relevant stakeholders.

Accordingly, the GCM/NCD Secretariat convened a stakeholder hearing on Wednesday, June 22\textsuperscript{nd} in Geneva, Switzerland at WHO Headquarters for an interactive discussion with the WHO WG Members. The Stakeholder hearing was moderated by the WG Members: Dr Jaramillo of Mexico, Prof Hamadeh of Bahrain, and Prof Masjedi of Iran.

Prior to the start of the meeting, the Co-Chairs read the disclaimer for participating entities.
The Hearing addressed the following broad questions:

1. What are the implications of the new SDG agenda for increased international cooperation on NCDs?
2. What can development partners, UN agencies, NGOs, academic institutions, professional and business associations do to prioritize NCDs on the international cooperation agenda?
3. What are the best examples of the alignment of external resources with country priorities and needs to ensure aid effectiveness and development impact? (Lessons from the Global Fund and GAVI)
4. Are the National NCD Plans “fit-for-purpose” to express countries’ demand for international cooperation and developmental aid in support of NCDs?
5. What are the barriers that international and national stakeholders need to overcome to make sure they are aligned and coordinated around national NCD plans? What are the possible solutions?
6. What are the human workforce implications to ensure the implementation of the Global Action Plan on NCDs (2013 – 2020)?

PARTICIPATING ORGANIZATIONS:

1. Permanent Mission of France to the United Nations
2. World Health Organization
3. International Health Partnership+
4. The NCD Alliance
5. Harvard Medical School
6. Swiss Agency for Development and Cooperation
7. International Federation of Pharmaceutical Manufacturers and Associations
8. World Medical Association
9. Global Fund to Fight AIDS, TB, and Malaria
10. Norwegian Agency for Development Cooperation (NORAD)
11. GAVI Alliance
SUMMARY POINTS FROM STAKEHOLDER HEARING

1. **Lessons from other disease areas**
   - **Stop TB Partnership**
     - *Lesson 1*: The power of simple branded packages
     - *Lesson 2*: Well-structured partnership and working groups and a business plan for fundraising
     - *Lesson 3*: Drug access provided a carrot to countries to push for TB and was a unifier for the Stop TB Partnership
     - Need for a global procurement mechanism
   - **Global Fund**
     - *For donors*
       1. Plan ahead
       2. Ensure that country has robust epidemiological and health systems data
       3. Participate in the inclusive country dialogue process
       4. Conduct strong situational analyses
       5. Seek out strong implementers who can contribute to better program performance
       6. Identify technical assistance needs early
       7. Develop/strengthen/review/align with national health sector strategy and diseases strategic plans
     - *For countries*
       Increase domestic financing
       Leverage non-traditional donor resources
       Enhance Integration/efficiency

2. **Development cooperation**
   - **Pre-requisites for cooperation (at national level)**
     - Commitment/ health systems governance / leadership
     - Domestic funding
     - Transparency
     - Integrated approach (at PHC level)
   - **7 behaviours for collaboration and partnerships**
     - Support a single national health strategy
     - Record all funds for health in the national budget
     - Harmonize and align with national financial management systems
     - Harmonize and align with national procurement and supply systems
     - Use one information and accountability platform
- Support South-South and triangular cooperation
- Provide well-coordinated technical assistance

- **Policy options**
  - Establish principles for alignment
  - Country-led and ownership; focus on results; transparency and accountability
  - Look beyond aid
  - International cooperation includes trade, technology, capacity building; and south-south/triangular
  - Strong national governance on NCDs is essential
  - National NCD plans, NCD commissions, and targets/surveillance systems
  - Translate SDGs into national development policies and plans at both donor and recipient country level
  - Strengthen investment case for NCDs as development priority
  - Integrate NCDs into existing programmes/service delivery platforms
  - Promote policy coherence at national, regional and international levels
  - Improve data on resource flows for NCDs
  - NCD purpose in OECD CRS

- **Mechanisms**
  - National intersectoral committees
  - Health in all policies
  - National NCD plans

3. **Engagement with partners**
   - Partnerships and collaborations enabling stakeholders from different sectors (public, private, NGOs, universities) to join forces
   - Training for frontline healthcare professionals in diagnosis and treatment
   - Efforts to combat stigmatization by informing communities about the medical causes of mental disorders
   - Preferential pricing policy, including "no-profit no-loss" prices, to help make medicines accessible to the poorest (suggested by private sectors)

- **Healthcare workers**
  - Involvement of healthcare workers in development and implementation of NCD strategies and plans
4. **NCD plans**
   - MSA-NCD plan - a national roadmap
     - for facilitating activities by all relevant ministries/sectors in the country for NCD prevention and control
     - for helping to position NCDs on a national agenda
   - Bankable document
     - Prioritized and costed plan
     - Impact and feasibility
     - Move towards a prioritized and costed set of actions with well-defined outputs and outcomes
     - Multisectorality can be achieved: Meet the sector-specific primary interest – NCD prevention can be a co-benefit

**Takeaway Message**

Technical solutions alone are not sufficient. Strong political will is essential, but the moral/social responsibility to assist countries with developmental challenges is imperative.

**DAY 2 – 23 June 2016**

**Session 1**

The Co-Chairs welcomed the WG Members and explained that today’s sessions would be devoted to working on the potential recommendations. Dr Mikkelsen stressed that it was important to develop recommendations that would include language with more explicit and implementation-oriented solutions to advance the policy recommendations included in political declarations regarding NCDs and the WHO Global Action Plan on NCDs (2013-2020).

The Group agreed that during the working session they would develop a long list of potential recommendations and include all the points the WG Members propose. Afterwards the Secretariat will review the language and compare it to the WHA resolutions and other relevant documents concerning NCDs for consistency and the value-added in terms of accelerating the implementation of global commitments at a country level.
The WG broke into two subgroups. The subgroups were moderated by

Dr Mary Kigasia Amuyunzu-Nyamongo, Executive Director and Founder, African Institute for Health and Development, Nairobi, Kenya

and

Professor Eva Martos, Deputy Director General, National Institute for Pharmacy and Nutrition, Budapest, Hungary

Session 2

The two subgroups reported back on the recommendations. The recommendations were analysed and discussed and merged into final preliminary recommendations. The recommendations were considered to be a very rough draft and only indicative of the direction the WG would like to take. The GCM/NCD Secretariat will rework and reshape them in consultation with the WG Members and Co-Chairs to ensure their consistency with relevant NCD documents and the added value.

The analysis of the recommendations also showed that although much of the focus of development assistance tracking is at the global level, to achieve harmonization and alignment in practice, the real need and gap is at the country level. Hence, to ensure aid effectiveness and development impact, development partners should engage in a dialogue with the government and align assistance with country needs and priorities.

Draft Preliminary Recommendations:

1. The need for community engagement and multi-stakeholder and multisectoral partnerships

- Support and empower communities to engage in regulatory measures on NCD risk factors
- Look beyond aid – international cooperation includes trade, technology, capacity building and North-South, South-South and triangular collaboration
- National authorities should explore, together with development partners, opportunities for co-benefits by adding NCD-relevant components to existing programs in other fields.
2. Multisectoral national plans/capacity building

- **National NCD Plan development, implementation, review and evaluation** should involve all the key stakeholders including communities, private sector, academia, development partners and civil society. This would require national governments to adopt participatory approaches in all the processes. It should be well aligned to overarching national strategies, plans and policies.

- **The development and implementation of multisectoral NCD National Plans should take place within the framework of a national NCD committee**, led by the MOH, and involving other relevant ministries, political leaders and key partners, such as academia, civil society and the private sector.

- **Plans should be clearly costed as part of the development process**, should contain explicit engagement from other key actors and clearly define the key roles of other sectors involved in the NCD plan.

- **Plans should be based on an adequate mapping of capacities and gaps at the national level**, reflecting the particular circumstances and challenges of the country.

- National NCD plans should include information on relevant international development financial support mechanisms, and suggest ways to make the best use of these resources.

3. Private sector engagement

- Governments to put in place and implement principles that guide responsible engagement and **partnership with the private sector** (apart from tobacco). This should be under the adage of ‘do no harm’ (refer to the outcomes of the GCM working group on private sector)

4. Financial management/business care/policy options

- **Governments should be supported to develop multi-stakeholder NCD plans** that are prioritized and costed. Each NCD plan should provide an investment case that could be used by the government to allocate resources and engage with development partners in a meaningful way.

- **Governments should invest in prevention and control activities** (prevention, treatment, rehabilitation and palliation) according to the principles of PHC.

- **Governments should allocate adequate resources for NCD research**, monitoring and evaluation and include these costs in the national NCD plan.
• National NCD response can only be effective in a context of **adequate national financing of health systems**. The group strongly recommends that relevant commitments regarding health spending be implemented.

• Governments should use **innovative domestic financing mechanisms** as a catalyst to attract external financing and show commitment.

• Harmonize and align with national financial management systems to ensure **accountable and transparent use of resources**. This would include paying attention to the procurement and supply systems. Development partners should provide technical assistance to strengthen financial management systems in countries.

5. **Promote policy coherence and align NCD actions at the national, regional and international levels**

• Ensure that external resources are used in a context of **transparency and accountability**

• Identify or develop a tool for validation of alignment of the NCD actions

• **Alignment** of the NCD plan with the country **context**

6. **Develop adequate research, monitoring and evaluation capacities**

• **Make better use of academic institutions in monitoring risk factors, NCD burden** and the implementation and impact of the NCD plan

• **Incorporate the public health aspect of NCDs in the curriculum of health professional training programs**

• **Make NCD research a priority** in the national research strategy and planning based on the multidisciplinary approach

• Develop and/or strengthen **surveillance systems** for the monitoring and evaluation of targets and goals
7. Overcome technical barriers and enhance sharing of data and experience

• Make full use of taxation and regulation as a preventive tool to support the national NCD program
• Share experiences and best practices in the fields of public health, medical care and regulation
• Identify areas where donors can make a catalytic impact

8. Need for advocacy, communication and awareness building

• Countries should leverage the WHO documents for guidance on the 4 diseases and 4 risk factors
• NCD agenda should be part of key global health structures (e.g. Global Fund)
• Existing platforms should be used, such as healthy cities, healthy schools, etc. to advocate and create awareness for NCDs
• The advocacy efforts should synergize among the different risk factors and NCDs

Next steps:

• The Secretariat will compile a draft interim report in consultation with WHO colleagues
• Interim report will be posted on-line for web consultation (July 2016)
• The output of the web consultation will be incorporated into the interim report (September 2016)
• Working Group will meet on 28-29 September 2016 to discuss and finalize the draft report
• Final report will be submitted to Director General in December 2016