Informal information session (briefing) for Member States
Geneva, 22 October 2015

WHO Global Coordination Mechanism on the prevention and control of NCDs (WHO GCM/NCD)
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 the end November 2015.
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
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 ABEKWOON (Sri Lanka)  
Dr Mariam AL-JALAHMA (Bahrain)  
Professor Sergey BOYTSOV (Russian Federation)  
Dr Vang CHU (Lao PDR)  
Dr Jalila EL ATI (Tunisia)  
Sir Trevor HASSELL (Barbados)  
Professor Ambrose ISAH (Nigeria)  
Professor Mary R. L'ABBÉ (Canada)  
Dr Urvashi D MUNGAL-SINGH (South Africa)  
Ms Anne Lise RYEL (Norway)  
Dr Supattra SRIVANICHAKORN (Thailand)  
Hon. Dr Leao Talalelei TUITAMA (Samoa)
WG3.1 meeting schedule 2015

1\textsuperscript{st} Session: 18-19 February
- Collating additional information for 2\textsuperscript{nd} meeting
- Contact parties for hearings during the 2\textsuperscript{nd} meeting
- Drafting up WG’s potential recommendations

2\textsuperscript{nd} Session: 17-18 June
- Provision of information requested at 1\textsuperscript{st} Session
- Consultation with other parties
- Discussion on emerging findings and recommendations

3\textsuperscript{rd} Session: 21-22 September
- Discussion on feedback on the interim report
- Refinement of the report and recommendations
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 better align private sector incentives with public goals and enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control.

**Recommendation 2**
Governments should establish a multistakeholder platform for 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 national accountability mechanism to review and ensure effective implementation of the commitments and contributions from the private sector to national NCD responses and achievement of the voluntary global 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**
Governments must protect their national public health policies for the prevention and control of NCDs from undue influence by any form of vested interest in order to harness the full range of players for NCD prevention and control; 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, including about 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
In engaging with the wide range of relevant private sector entities to protect children from marketing of unhealthy foods and non-alcoholic beverages, Governments should set a strong regulatory framework 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

Healthier food products and information for consumers

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 require food manufacturers and retailers to implement accurate, standardized, comprehensible and readable front-of-pack labelling that provides information on the content of food items that is needed for making healthy choices.

Recommendation 10
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.
Draft specific recommendations contd

Healthy workplaces

Recommendation 11
Governments should engage with the diverse range of private sector entities and other relevant stakeholders to develop comprehensive workplace health programmes combining occupational health and safety, health promotion and health care coverage, in both the public and private sector.

Recommendation 12
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 13**
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 and affordable products are available on a sustainable basis as well as availability of data on market share to support planning and service delivery.

**Recommendation 14**
Governments should actively explore opportunities through public-private partnerships to increase access to safe, effective and affordable essential NCD medicines and health technologies to support achievement of the targets of the NCD Global action plan and Universal Health Coverage.
Next steps

Revised report and recommendations to Working Group members by 8 October with feedback by 16 October.

Report finalized by end October.

Report presented to the WHO Director-General in November 2015.
WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD)

Working Group on how to realize governments’ commitment 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)
Public web-based consultation on WG 5.1 interim report 1 August-15 Sept. 2015

- All comments received are published on the website (http://www.who.int/global-coordination-mechanism/financing-on-ncds-working-group/en/).
- In total 10 comments received
- Overall positive reactions from all sides, particularly on the suggestion to engage multiple actors
- Prevention is identified as a key element
- Strong call for
  - “lessons learned” + knowledge exchange
  - more country cases
  - a practical, customized decision-making tool on financing strategies for governments
  - more data (improved monitoring + analysis)
  - technical assistance
Outcome of the third Working Group meeting, 23-24 Sept. 2015

Draft recommendations:

1) **Mobilize and allocate** significant resources to attain the NCD-related targets included in SDGs by 2030, and the WHO NCD Action Plan.

2) Effectively utilize and expand **domestic public resources** to implement national NCD responses.

3) Complement domestic resources for NCDs by scaled up, catalytic **Development Assistance for Health (DAH)** investment, consistent with country priorities.

4) Promote financing and engagement from **private sector** in addressing NCDs, consistent with country priorities on NCDs.

5) **Government plans should be coherent** and partners should align to these government plans.
Next steps

23-24 September: 3rd meeting of the WG

- Discussion on the recommendations and actions based

- Drafting of the second final report by the WHO Secretariat
- Approval by the Co-Chairs

- Submission to the Director-General of WHO: November
Thank you.

WHO Global Coordination Mechanism

www.who.int/global-coordination-mechanism