

ZERO DRAFT

(Version dated 23 July 2013)

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**Draft terms of reference for a
global coordination mechanism
for the prevention and control of noncommunicable diseases**

INTRODUCTION

1. Resolution WHA66.10 endorsed the WHO Global NCD Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (WHO Global NCD Action Plan 2013–2020). The plan aims to operationalize the commitments from Heads of State and Government included in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (UN Political Declaration on NCDs). The WHO Global NCD Action Plan 2013–2020 comprises a set of actions which, when performed collectively by (i) Member States, (ii) international partners and the private sector, and (iii) the WHO Secretariat, will support governments in their national efforts to contribute to the attainment of 9 voluntary global targets for noncommunicable diseases by 2025. The building and coordinating of results-oriented engagement or collaborative efforts, as appropriate, including with non-health and non-State actors¹, at the national, regional and global levels for the prevention for the prevention and control of noncommunicable diseases are essential components of the WHO Global NCD Action Plan 2013–2020.

2. Operative paragraph 3.2 of resolution WHA66.10, requested the Director-General to develop draft terms of reference for a global coordination mechanism, as outlined in paragraphs 14–15 of the WHO Global NCD Action Plan 2013–2020, aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors, while safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest.

3. Operative paragraph 3.3. of resolution WHA66.10 requested the Director-General to develop the draft Terms of Reference for a global coordination mechanism through a formal Member States² meeting in November 2013, preceded by consultations with: (i) Member States, including through regional committees; (ii) United Nations agencies, funds and

¹ Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks

² And, where applicable, regional economic integration organizations.

programmes and other relevant intergovernmental organizations; and (iii) nongovernmental organizations and private sector entities, as appropriate, and other relevant stakeholders; and to be submitted, through the Executive Board, to the Sixty-seventh World Health Assembly for approval.

4. Paragraph 15 of the WHO Global NCD Action Plan 2013-2020 states that a global coordination mechanism is to be developed based on the following parameters:

- The mechanism shall be convened, hosted and led by WHO and report to the WHO governing bodies.
- The primary role and responsibility for preventing and controlling noncommunicable diseases lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.
- The global mechanism will facilitate engagement among Member States³, United Nations funds, programmes and agencies, and other international partners,⁴ and non-State actors,⁵ while safeguarding WHO and public health from any form of real, perceived or potential conflicts of interest.
- The engagement with non-State Actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly.

5. This WHO Discussion Paper outlines a draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases.

6. As agreed by consensus among Member States in May 2013, the following two reports are being made available to support the discussions around the development of a global coordination mechanism for the prevention and control of noncommunicable diseases: (i) Document A65/7 “*Options and a timeline for strengthening and facilitating multisectoral action for the prevention and control of NCDs through partnership*”;⁶ and (ii) Document A/67/373 “*Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership*”.⁷

³ And, where applicable, regional economic integration organizations.

⁴ Without prejudice to ongoing discussions on WHO engagement with non-State actors, international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations including other United Nations organizations and global health initiatives, international financial institutions including the World Bank, foundations, and nongovernmental organizations

⁵ Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

⁶ Available at apps.who.int/gb/ebwha/pdf_files/WHA65/A65_7-en.pdf

⁷ Available at www.who.int/nmh/events/2012/20121128.pdf

DRAFT TERMS OF REFERENCE

7. It is proposed that the final Terms of Reference outline the purpose and principles of a global coordination mechanism for the prevention and control of noncommunicable diseases (global coordination mechanism), as well as its functions, participants, responsibilities of participants, periodicity of general meetings, working groups, secretariat, administrative arrangements and accountability.

Purpose

8. The proposed purpose of a global coordination mechanism is described in Paragraph 15 of the WHO Global NCD Action Plan 2013–2020, as follows:

“The purpose of the proposed global coordination mechanism is to improve coordination of activities which address functional gaps that are barriers to the prevention and control of noncommunicable diseases.”

Overarching principles and approaches

9. It is suggested that a global coordination mechanism would rely on the following overarching principles and approaches and these are taken from parameters set out in Paragraph 15 of the WHO Global NCD Action Plan 2013-2020:

- The mechanism shall be convened, hosted and led by WHO and report to the WHO governing bodies.
- The primary role and responsibility for preventing and controlling noncommunicable diseases lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.
- The global mechanism will facilitate engagement among Member States⁸, United Nations funds, programmes and agencies, and other international partners,⁹ and non-State actors,¹⁰ while safeguarding WHO and public health from any form of real, perceived or potential conflicts of interest.

⁸ And, where applicable, regional economic integration organizations.

⁹ Without prejudice to ongoing discussions on WHO engagement with non-State actors, international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations including other United Nations organizations and global health initiatives, international financial institutions including the World Bank, foundations, and nongovernmental organizations

¹⁰ Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

- The engagement with non-State Actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly.

Question 1: Which of the above proposed principles do Member States and international partners agree with? Are there other principles that should be included?

Functional gaps that are barriers to the prevention and control of noncommunicable diseases

10. A set of functional gaps that are barriers to the prevention and control of noncommunicable diseases for a global coordination mechanism to focus on have been identified by the Secretariat through the WHO Global NCD Action Plan 2013–2020, as well as: (i) “Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey”;¹¹ (ii) preliminary results of the same survey conducted during 2012; (iii) Document A65/7, “Options and a timeline for strengthening and facilitating multisectoral action for the prevention and control of NCDs through partnership”;¹² and (iv) Document A/67/373, “Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership”.¹³

11. The following have been identified as gaps:

- Capacity building to accelerate the implementation of the set of actions included in the WHO Global NCD Action Plan 2013-2020.
- Product access and access to services.
- Product and service development and innovation.
- Innovative financing mechanisms.
- Establishing and strengthening, as appropriate, national surveillance and monitoring systems to enable reporting including against the 25 indicators of the comprehensive global comprehensive monitoring framework, the nine voluntary global targets, and any additional regional and national targets and indicators for noncommunicable diseases.

Functions of a global coordination mechanism

12. The proposed functions of a global coordination mechanism for the prevention and control of noncommunicable diseases are to facilitate coordination, collaboration and cooperation among the Participants, as follows:

¹¹ http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf

¹² Available at apps.who.int/gb/ebwha/pdf_files/WHA65/A65_7-en.pdf

¹³ Available at www.who.int/nmh/events/2012/20121128.pdf

- **Capacity building to accelerate the implementation of the set of actions included in the WHO Global NCD Action Plan 2013-2020:** To support national authorities in implementing evidence-based multisectoral action to address functional gaps in the response to noncommunicable diseases (e.g. in the areas of advocacy, strengthening of health workforce and institutional capacity, capacity building, product development, access and innovation), in implementing existing international conventions in the areas of environment and labour and in strengthening health financing for universal health coverage.
- **Product access and access to services:** Update knowledge and share experience among Participants on policy options to improve equitable access to prevention programmes at national level (such as those providing health information) and services, essential medicines and technologies for the prevention and control of noncommunicable diseases, with emphasis on medicines and technologies required for delivery of essential interventions for cardiovascular disease, cancer, chronic respiratory disease and diabetes, through a primary health care approach.
- **Product and service development and innovation:** To understand expectations, roles and contributions of Participants in supporting and facilitating research related to the prevention and control of noncommunicable diseases at global, regional and national levels, and its translation into practice, so as to enhance the knowledge base for national, regional and global action for the prevention and control of noncommunicable diseases.
- **Innovative financing and resource mobilization:** To exchange information on matters of common concern among the Participants concerning the provision of adequate, predictable and sustained resources at global, regional and national level for the prevention and control of noncommunicable diseases, through an increase in domestic budgetary allocations, voluntary innovative financing mechanisms and other means, including multilateral financing, bilateral sources and private sector and/or nongovernmental sources.
- **Establishing and strengthening national surveillance and reporting systems:** A global coordination mechanism could play an important role in establishing and strengthening, as appropriate, national surveillance and monitoring systems to enable reporting including against the 25 indicators of the comprehensive global monitoring framework, the nine voluntary global targets, and any additional regional or national targets and indicators for noncommunicable diseases.
- **Stocktaking:** To take stock of global, regional and national responses to address noncommunicable diseases, with a view to provide a global register of activities included in the WHO Global NCD Action Plan 2013-2020 which are carried out by the Participants.
- **Advocacy and awareness:** To encourage the active involvement of a broader base of stakeholders in support of implementing the set of actions included in the WHO Global NCD Action Plan 2013-2020, at global, regional and national level, while safeguarding public health from undue influence by any form of real, perceived or potential conflict of interest.

Question 2: Which of the above proposed functions do Member States and international partners agree with? Are there other functions that should be included?

Participants

13. The Participants of a global coordination mechanism would be as follows:¹⁴

- Member States, and where applicable, regional economic integration organizations.
- International partners, defined for this purpose as: public health agencies with an international mandate; international development agencies; intergovernmental organizations including other United Nations organizations and global health initiatives; international financial institutions including the World Bank, foundations, and nongovernmental organizations; UN organizations; intergovernmental organizations; and international financial institutions.
- Non-State actors including academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry.

Responsibilities of the Participants

14. The responsibilities of the Participants are to:

- Commit to implementing actions included in the WHO Global NCD Action Plan 2013-2020.
- Support national efforts for prevention and control of noncommunicable diseases, inter alia, through exchange of information on best practices and dissemination of research findings.
- Be guided by WHO normative guidance and technical tools to support the implementation of the WHO Global NCD Action Plan 2013-2020.

Periodicity of general meetings

15. It is envisaged that the global mechanism would meet twice per year. It is proposed that the general meetings would be co-chaired by WHO and a representative from a Member State. Efforts should be made to rotate meetings between Geneva and other WHO regions, in order to increase the visibility of the WHO Global NCD Action Plan 2013-2020 across the world. Additional regional and ad hoc meetings could also be held as necessary.

16. The meetings would enable the Participants to:

- Exchange information on progress, problems and challenges in relation to the prevention and control of noncommunicable diseases in general and collaborative projects.
- Review overall progress towards implementing WHA66.10 and the WHO Global NCD Action Plan 2013-2020.
- To identify and plan for new events, initiatives and activities, including establishing ad hoc working groups.

¹⁴ Taken from paragraph 15 of the WHO Global NCD Action Plan, 2013-2020

Working groups

17. Working Groups could provide a way for group of participants with similar interests to exchange information and collaborate under the umbrella of the global mechanism on activities or projects in line with the WHO Global NCD Action Plan 2013-2020.

18. Creation of working groups could be proposed by any participants. Working groups should have terms of reference, clear objectives, work plan, planned publications, and an end-date.

19. A global coordination mechanism would assign between four to six working groups to take forward critical areas of work as appropriate that are in line with the WHO Global NCD Action Plan 2013-2020. Working groups would be expected to report on progress at regular intervals. The activities of the working groups would need to be financed by the working group participants themselves.

Question 3: *Are there a set of initial working groups that Member States and international partners would like to see established?*

Secretariat for a global coordination mechanism

20. WHO shall provide the Secretariat for a global coordination mechanism, which will be part of WHO's Noncommunicable Diseases and Mental Health Cluster.

21. The main responsibilities of the Secretariat could be:

- Encouraging and facilitating strategic alliances in line with the WHO Global NCD Action Plan 2013-2020.
- Developing and maintaining a central repository of information and documents relevant to the WHO Global NCD Action Plan 2013-2020.
- Acting as a point of enquiries and information regarding activities being undertaken by participants working on the WHO Global NCD Action Plan 2013-2020.
- Organizing general and working group meetings, including preparation and distribution of documentation for meetings.

Question 4: *Are there additional responsibilities that Member States and international partners would like to see the Secretariat undertaking?*

Administrative arrangements

22. Participants should, in principle, be responsible for meeting their own expenses in relation to activities under a global coordination mechanism (including, but not limited to, travel and subsistence for attending meetings and participating in working groups).
23. The WHO Programme Budget 2014-2015 will include budgetary provisions to finance the work of the Secretariat for a global coordination mechanism.
24. Activities of the Secretariat for a global coordination mechanism would need to be financed by voluntary contributions from the Participants, in accordance with standing WHO practices.
25. Financial support from the commercial sector, including donations (in cash or in kind), should be consistent with standing WHO practices.

Accountability

26. Resolution WHA66.10 requests the Director-General to submit reports on progress made in implementing the WHO Global NCD Action Plan 2013-2020, through the Executive Board, to the Health Assembly in 2016, 2018 and 2021, and reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026.
27. Reports on the progress achieved in implementing a global coordination mechanism for NCDs, will be included in reports on progress made in implementing the WHO Global NCD Action Plan 2013-2020 in 2016, 2018 and 2021.
28. For transparency and accountability purposes, it is proposed that State and non-State Participants should report their work and results in implementing the actions included in the WHO Global NCD Action Plan 2013-2020 to the global coordination mechanism.

Question 5: *Do Member States and international partners agree with proposed approach with regards the accountability for a global mechanism? How would participants be accountable to a global coordination mechanism for reporting on their activities? How could a global coordination mechanism create synergies with the Secretariat's reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026?*

Conflict of interest

29. With a view to strengthening its contribution to NCD prevention and control, paragraph 44 of the UN Political Declaration on NCDs¹⁵ call upon the private sector, where appropriate, to:
- Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and nonalcoholic beverages to children, while taking into account existing national legislation and policies.
 - Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labeling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content.
 - Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans.;
 - Work towards reducing the use of salt in the food industry in order to lower sodium consumption.
 - Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs.

30. Resolution WHA57.17 (Global strategy on diet, physical activity and health)¹⁶ requests the Director-General to cooperate with civil society and with public and private stakeholders committed to reducing the risks of NCDs in implementing the Global strategy on diet, physical activity and health and promoting healthy diet and physical activity, while ensuring avoidance of potential conflicts of interest. The Strategy underlines that WHO will hold discussions with the transnational food industry and other parts of the private sector in support of the aims of the Strategy.

31. Resolution WHA 63.13 (Global strategy to reduce the harmful use of alcohol)¹⁷ highlighted that the WHO Secretariat will provide support to Member States by, inter alia, continuing its dialogue with the private sector on how they best can contribute to the reduction of alcohol-related harm. Appropriate consideration will be given to the commercial interests involved and their possible conflict with public health objectives.

32. As acknowledged in the Secretariat's report on external governance related to WHO's engagement with non-State actors (document EB 133/16)¹⁸, the fundamental challenge for WHO is as to how it can work with the wide range of non-State actors that currently have a significant role in global health in ways that benefit population health, advance the Organization's objectives, contribute to better health governance, and, at the same time, use

¹⁵ http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

¹⁶ http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R1-en-res.pdf

¹⁷ http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf

¹⁸ http://apps.who.int/gb/ebwha/pdf_files/EB133/B133_16-en.pdf

engagement with non-State actors as a tool to pursue the strategic objectives set by the governing bodies and protect the Organization's decision-making, policy processes, and normative work from any vested interest.

33. Document EB133/16 sets out the elements towards a framework for engagement with non-State actors, including (i) a set of overarching principles applicable to any form of engagement with any kind of non-State actor; (ii) a typology of interactions; (iii) rules of engagement (policies and procedures) that relate to each type of engagement; (iv) specific tools to increase overall transparency and specifically to manage conflicts of interest; and (iv) systems for compliance, reporting and that enable senior management and WHO governing bodies to systematically oversee all elements of engagement with non-State actors.

Question 6: *What are the main approaches that public health interests can be safeguarded from undue influence by any form of real, perceived or potential conflict of interest in a global coordination mechanism?*

Name for a global coordination mechanism

Question 7: *What do Member States and international partners consider would be a suitable name for a global coordination mechanism?*

Links with the UN Interagency Taskforce on the Prevention and Control of NCDs

34. In accordance with a resolution adopted by ECOSOC on 22 July 2013,¹⁹ the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases will coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations, to support the realization of the commitments made by Heads of State and Government in the United Nations Political Declaration on Noncommunicable Diseases, in particular through the implementation of the WHO Global NCD Action Plan 2013-2020.

35. Similarly, the ECOSOC resolution requests the UN Secretary-General, in close collaboration with the Director-General of WHO, and in full consultation with Member States through WHO, to develop the terms of reference for the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, incorporating, but not limited to, the work of the UN Ad Hoc Interagency Task Force on Tobacco Control and the current work of the WHO Secretariat to develop a division of tasks and responsibilities, as exemplified by appendix 4 to the WHO Global NCD Action Plan 2013-2020, and also requests the UN Secretary-General

¹⁹ http://www.who.int/mediacentre/news/notes/2013/ncds_ecosoc_20130722/en/index.html

to include the terms of reference in his report on the implementation of the present resolution for the consideration of the Economic and Social Council at its substantive session of 2014. Accordingly, WHO will convene a formal meeting with Member States on 13 November 2013 to complete work on developing a terms of reference for the UN Interagency Task Force.

36. Taking into account that this Task Force will be convened and led by WHO, the Members of the Task Force would be participants in a global coordination mechanism, in line with paragraph 13.

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