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# **Draft terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases: report summarizing the results of the discussions in the regional committees and inputs from stakeholders**

## **Report by the Director-General**

In line with the provisions of World Health Assembly resolution WHA66.10: Follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, paragraph 3.2 to develop draft terms of reference for a global coordination mechanism, as outlined in paragraphs 14–15 of the WHO global action plan for the prevention and control of noncommunicable diseases 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, without pre-empting the results of ongoing WHO discussions on engagement with non-State actors; and paragraph 3.3. to develop the draft terms of reference referred to in paragraph 3.2 through a formal Member States<sup>1</sup> meeting in November 2013, preceded by consultations with: (i) Member States,<sup>1</sup> including through regional committees; (ii) United Nations agencies, funds and programmes and other relevant intergovernmental organizations; (iii) nongovernmental organizations and private sector entities, as appropriate, and other relevant stakeholders; the Director-General has the honour to present a report that includes summaries of the results of the discussions of regional committees, and other relevant global and regional processes, and a brief account prepared by the Secretariat of inputs drawn from dialogues with relevant nongovernmental organizations and selected private sector entities (see Annex).

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<sup>1</sup> And, where applicable, regional economic integration organizations.

## ANNEX

**RESULTS OF DISCUSSIONS THROUGH REGIONAL COMMITTEES AND INFORMAL DIALOGUES WITH RELEVANT NONGOVERNMENTAL ORGANIZATIONS AND SELECTED PRIVATE SECTOR ENTITIES*****WHO African Region (Sixty-third session of the Regional Committee, 2–6 September 2013)***

1. Insufficient time precluded discussions on the first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases.

***WHO Region of the Americas (Sixty-fifth session of the Regional Committee, 30 September–4 October 2013)***

2. The first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable disease was discussed at the Regional Committee. Member States reaffirmed that the establishment of a global coordination mechanism was consistent with the commitments made in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. Member States underscored that a robust global coordination mechanism for the prevention and control of noncommunicable diseases was needed to advance multisectoral action, local to global, and encourage engagement with private sector entities to promote implementation of paragraph 44 of the Political Declaration and sets of actions for the private sector included in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Disease 2013–2020. A global coordination mechanism should therefore be designed to attract a broad range of actors, including non-State actors. The decisions by the WHO Governing Bodies on WHO's engagement with non-State actors should guide the interactions between a global coordination mechanism for the prevention and control of noncommunicable diseases and private sector entities. In addition, a global coordination mechanism for the prevention and control of noncommunicable diseases should safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest (which would go beyond protecting WHO's integrity). Terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases needed to highlight equity as an additional principle.

3. Member States highlighted that a global coordination mechanism for the prevention and control of noncommunicable diseases should identify and address functional gaps that are barriers for the prevention of noncommunicable diseases, local to global, deepen dialogue between Partners in a participatory, transparent way, and support development of legal and operational frameworks that forge multisectoral partnerships to promote cooperation at all levels among governmental agencies, intergovernmental organizations, nongovernmental organizations, civil society and the private sector to strengthen efforts for prevention and control of noncommunicable diseases. A global coordination mechanism for the prevention and control of noncommunicable diseases should focus on accelerating actions to achieve the voluntary global targets in 2025. Terms of reference should demonstrate how a global coordination mechanism for the prevention and control of noncommunicable diseases adds value to the ongoing work of the WHO Secretariat, optimizes and enhances existing resources, and avoids duplication. A global coordination mechanism for the prevention and control of noncommunicable diseases should use virtual communication, where possible. Working groups could

be established to accelerate specific assignments not covered by ongoing work of the WHO Secretariat related to (i) risk factors (ii) surveillance, evaluation and research; (iii) health promotion, communication and education; (iv) resource mobilization; (v) advocacy, stigma and discrimination; and (vi) social determinants of health. Some Member States volunteered to be part of the working groups. The possibility of regional working groups was also suggested. The mechanism should not be evaluated on outputs, but on results, such as its contribution towards the attainment of the nine voluntary global targets, as well as the accountability of its Partners.

***WHO Eastern Mediterranean Region (Sixtieth session of the Regional Committee, 26–30 October 2013)***

4. The WHO Secretariat presented the draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases. Overall, Member States were supportive of the process outlined by the WHO Secretariat to complete the work on the development of terms of reference. Limited time did not allow for specific discussion related to the details contained in the WHO Discussion Paper (version dated 23 July 2013).

***WHO European Region (Sixty-third session of the WHO Regional Committee, 16–19 September 2013)***

5. The first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable disease was discussed at the Regional Committee. Member States which spoke at this session made statements that supported a lean, light-touch, global coordination mechanism for the prevention and control of noncommunicable diseases that was convened and led by WHO. They stated that a global coordination mechanism should support the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the attainment of the nine voluntary global targets in 2025. They underscored that a mechanism should report through the WHO Secretariat to the WHO Governing Bodies, which will report on progress achieved to the World Health Assembly as outlined in resolution WHA66.10. It was important that future discussions agreed on what a global coordination mechanism would not do. Some Member States considered that working groups were not required and that information sharing and discussion is the main function of a global coordination mechanism for the prevention and control of noncommunicable diseases. Safeguarding WHO and public health interests from undue influence by any form of real, perceived or potential conflict of interest, was considered key to the integrity, credibility and functioning of a global coordination mechanism for the prevention and control of noncommunicable diseases. Member States requested a comparison of functions of the WHO Secretariat, vis-a-vis a global coordination mechanism for the prevention and control of noncommunicable diseases, as well as the United Nations Interagency Task force for the Prevention and Control of Noncommunicable Diseases. Additional reporting for Member States under a global coordinating mechanism for the prevention and control of noncommunicable diseases (beyond the reporting requirements for Member States outlined in resolution WHA66.10) should be discouraged. Member States encouraged the establishment of a global coordination mechanism that was time-limited, with a mid-term evaluation review. Member States underscored that the operational procedures for a global coordination mechanism for the prevention and control of noncommunicable diseases would take into account the issues raised by nongovernmental organizations and private sector entities which attended the informal dialogues on 14 and 15 August 2013, respectively.

***WHO South-East Asia Region (Sixty-sixth session of the Regional Committee, 10–13 September 2013)***

6. The first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable disease was discussed at the Regional Committee. The Regional Committee, through operative paragraph 2(7) of resolution SEA/RC66/R6,<sup>1</sup> urged Member States to actively participate in the ongoing efforts to develop terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases aimed at facilitating engagement among Member States, United Nations Funds, Programmes and Agencies and other international partners and non-State actors. In addition, Member States, through operative paragraph 3(2) of the same resolution, requested the Regional Director to establish regional mechanisms for continuous coordination and support for Member States on the implementation of national plans for the prevention and control of noncommunicable diseases, including capacity building and sharing of good practices.

***WHO Western Pacific Region (Sixty-fourth session of the Regional Committee, 21–25 October 2013)***

7. The first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable disease was discussed at the Regional Committee. Member States supported the establishment of a global coordination mechanism for the prevention and control of noncommunicable diseases. Member States highlighted the need for the leadership of a global coordination mechanism to remain within the WHO Secretariat. There was no support to establish a vertical global financing architecture that would support national efforts for the prevention and control of noncommunicable diseases. While a broad range of stakeholders should engage around a global coordination mechanism for the prevention and control of noncommunicable diseases, safeguarding the WHO Secretariat and public health interests from undue influence by any form of real, perceived or potential conflict of interest should determine which non-State actors could engage under such a mechanism. Greater clarity was needed on the scope and purpose of possible working groups. The draft terms of reference suggested that any Partner could initiate the creation of a working group. If this was to be the case, it would be important to thoroughly consider which mechanisms would safeguard the working groups from undue influence by any form of real, perceived or potential conflict of interest. There needed to be more clarity on the duties and responsibilities of the WHO Secretariat vis-a-vis the Secretariat for a global coordination mechanism (which would be part of the WHO Secretariat) and the Secretariat of the United Nations Interagency Task Force for the Prevention and Control of Noncommunicable Diseases (which would also be part of the WHO Secretariat). Member States underscored that, as outlined in resolution WHA66.10, they will not report to a global coordination mechanism for the prevention and control of noncommunicable diseases. All reporting on progress will be done directly to the WHO Secretariat, as per standing operational procedures.

***United Nations organizations and international organizations***

8. During the First Meeting of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (Geneva, 2–3 October 2013), participants underscored that

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<sup>1</sup> <http://www.searo.who.int/mediacentre/events/governance/rc/66/r6.pdf>.

representatives from United Nations organizations and international organizations should be part of a global coordination mechanism for the prevention and control of noncommunicable diseases.

### ***Written submissions***

9. Written contributions were received from a number of Member States, United Nations organizations and international organizations, nongovernmental organizations and private sector entities in response to first WHO Discussion Paper (version dated 23 July 2013) on draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases. All contributions received by the WHO Secretariat before 31 October 2013 have been published on WHO's website [www.who.int/ncd](http://www.who.int/ncd).<sup>1</sup>

### ***Informal dialogue with relevant nongovernmental organizations in official relations with WHO***

10. An informal dialogue with relevant nongovernmental organizations in official relations with WHO was held at WHO in Geneva on 14 August 2013. Twenty five representatives from nongovernmental organizations participated. Participants considered that the purpose for a global coordination mechanism should be more ambitious and more visionary. Participants welcomed the multisectoral approach and had a preference for using the term "partners" rather than "participants". It was considered that professional organizations be explicitly included in the list of partners. Participants highlighted that the terms of reference needed to be explicit on the added value of a global coordination mechanism. Participants recommended that working groups were formed as soon as possible and that they needed to be adequately financed. Participants highlighted that a global coordination mechanism must have good governance practices, including transparent decision making, reporting and accountability systems, be flexible and responsive to needs, and be evaluated on an ongoing basis. Many at the informal dialogue encouraged WHO to develop a coordinating board with rotating membership. Participants requested that the terms-of-reference to be more explicit with regard to how resources would be mobilized and financial sustainability would be ensured. Sustained funding and sufficient staff were said to be critical to the effectiveness of the work of the Secretariat of a global coordination mechanism. A summary report of the informal dialogue is available at WHO's website.<sup>2</sup>

### ***Informal dialogues with selected private sector entities***

11. An informal dialogue with selected private sector entities was held on 15 August 2013. Thirteen representatives from umbrella organizations for industries and private sector entities participated in the informal dialogue. Participants supported the principles set out in the discussion paper, but considered that more active language needed to be used to encourage a more ambitious global coordination mechanism. Participants highlighted the need for the same rules of accountability and transparency for all non-State actors and this also applied to declaration and conflict of interest. Participants suggested that few, if any organizations or individuals, would be free of perceived or potential interests and this included Member States. Participants highlighted that issues around declarations and conflicts of interest were wider than just around engagement with private sector entities and that all partners needed to be treated equally. Participants suggested that the terms of reference should be explicit in terms of what success looks like. Participants suggested that WHO could learn lessons from the

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<sup>1</sup> And [http://www.who.int/nmh/events/ncd\\_coordination\\_mechanism/en/index.html](http://www.who.int/nmh/events/ncd_coordination_mechanism/en/index.html).

<sup>2</sup> [http://www.who.int/nmh/events/2013/ngo\\_summary.pdf](http://www.who.int/nmh/events/2013/ngo_summary.pdf).

Scaling up Nutrition initiative in terms of functions, and UNEP's work on analysing multistakeholder engagement. Participants encouraged a global coordination mechanism to use innovative and modern communication technologies to support meetings. Participants said that it was important that a Secretariat for a global coordination mechanism was financed by Member States through WHO's Programme Budget and that there should be voluntary contributions available for projects and programmes. A summary report of the informal dialogue is available on WHO's website.<sup>1</sup>

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<sup>1</sup> [http://www.who.int/nmh/events/2013/summary\\_privatesector.pdf](http://www.who.int/nmh/events/2013/summary_privatesector.pdf).