

Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases

Proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017

Report by the Director-General

1. The Sixty-seventh World Health Assembly endorsed the terms of reference of the global coordination mechanism on the prevention and control of noncommunicable diseases, as set out in Appendix 1 to document A67/14 Add.1, and noted the proposed work plan for that global coordination mechanism covering the period 2014–2015, including the terms of reference of its Working Groups, as contained in the Annex to document A67/14 Add.3 Rev.1.¹
2. Pursuant to paragraph 15 of the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases, the Director-General hereby submits the second draft work plan covering the period 2016–2017 to the Executive Board for its consideration before onward transmission to the Sixty-eighth World Health Assembly.
3. This report sets out the activities of the global coordination mechanism, including those of time-bound Working Groups, covering the period 2016–2017. The work plan takes into account the terms of reference for the global coordination mechanism, the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020,² the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases³ and the Outcome document of the high-level meeting of the United Nations General Assembly on the

¹ See document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2.

² Endorsed by the Sixty-sixth World Health Assembly in resolution WHA66.10.

³ Adopted by the United Nations General Assembly in resolution 66/2 (2011).

comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.¹

4. The work plan is organized around five objectives (paragraphs 8–12), in line with the five functions of the global coordination mechanism stated in its terms of reference. It will be implemented between January 2016 and December 2017 in line with the time frame of the Proposed programme budget 2016–2017 and the budgetary provisions related to the activities of the global coordination mechanism included in that programme budget. This work plan will be fully integrated into outcome 2.1 of the Proposed programme budget 2016–2017, which will be operationalized through the Category 2 Network and Programme Area Network 2.1, in accordance with established operating procedures.

5. As with the work plan covering the period 2014–2015,² the draft second work plan covering the period 2016–2017 aims to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at local, national, regional and global levels, in order to contribute to implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, in line with the terms of reference of the global coordination mechanism.

OBJECTIVES AND ACTIONS

6. **Objective 1. Advocate for and raise awareness of the urgency of implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and mainstream the prevention and control of noncommunicable diseases in the international development agenda.**

Action 1.1: Develop a global communications campaign in the first half of 2016, and start implementing the campaign in the second half of 2016, advocating the feasibility of achieving the nine global targets for a world free of the avoidable burden of noncommunicable diseases by the 2025 deadline provided that countries and partners alike follow through on their shared commitments to put in place the necessary policies and resources.

Action 1.2: Conduct a dialogue in 2016 on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases in the post-2015 era. The dialogue will result in a report with recommendations.

Action 1.3: Conduct a dialogue in 2017 on how governments can promote policy coherence between different spheres of policy-making that have a bearing on noncommunicable diseases. The dialogue will result in a report with recommendations.

7. **Objective 2. Disseminate knowledge and share information based on scientific evidence and/or best practices regarding implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.**

¹ Adopted by the United Nations General Assembly in resolution 68/300 (2014).

² Contained in document A67/14 Add.3 Rev.1.

Action 2.1: Expand the broad engagement of Participants through the web-based platforms to be established in 2014 and 2015,¹ and hold a new series of webinars for Participants.

8. Objective 3. Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to promote sustained actions across sectors.

Action 3.1: Establish a Working Group in 2016 to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of noncommunicable diseases 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,² including as part of wider efforts to strengthen and orient health systems to address the prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage.³ The Working Group will produce a report with recommendations.

Action 3.2: Establish a Working Group in 2016 to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on noncommunicable diseases with national plans concerning noncommunicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases.⁴ The Working Group will produce a report with recommendations.

Action 3.3: Establish a Working Group in 2017 to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for noncommunicable diseases, with a particular focus on populations with low health awareness and/or literacy,⁵ and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Working Group will produce a report with recommendations.

9. Objective 4. Advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 4.1: Continue supporting communities of practice established in 2014 and 2015 and establish new communities of practices in 2016 and 2017.

¹ See actions 2.1, 2.2, 2.3 and 4.1 of the work plan for the global coordination mechanism covering the period 2014–2015 (document A67/14 Add.3 Rev.1).

² In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraphs 30(d) and 30(e) of United Nations General Assembly resolution 68/300.

³ In accordance with commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(c) in United Nations General Assembly resolution 68/300.

⁴ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(ix) of United Nations General Assembly resolution 68/300.

⁵ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(iii) of United Nations General Assembly resolution 68/300.

Action 4.2: Start implementing in 2016 the approach that WHO will have developed before the end of 2015 to register and publish contributions from the private sectors, philanthropic entities and civil society to the achievement of the nine voluntary targets for noncommunicable diseases.¹

10. Objective 5. Identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels for implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 5.1: Mobilize relevant and selected participants to conduct 12 studies (two per WHO region) on the national public health burden caused by noncommunicable diseases in developing countries, the relationship between noncommunicable diseases, poverty and social and economic development, the cost of inaction, and the cost of action. The outcome of the studies will be published in 2016 and 2017.

Action 5.2: Establish a web-based platform in 2016 to map existing and potential sources and mechanisms of assistance provided by the participants to developing countries in meeting their commitments to tackling noncommunicable diseases in the post-2015 era.

GENERAL MEETING

11. Pursuant to paragraph 12 of the terms of reference for the global coordination mechanism, its participants will meet face-to-face in 2017 in order to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at all levels, as well as to promote the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to assess progress made so far by the global coordination mechanism. Member States will determine the modalities for convening this meeting when adopting the global coordination mechanism's work plan for 2016–2017 and the related programme budget for 2016–2017. Proposed modalities for the General Meeting are set out in Annex 1.

PRELIMINARY EVALUATION

12. Pursuant to paragraph 19 of the terms of reference for the global coordination mechanism, a preliminary evaluation by the Health Assembly will take place in 2017 to assess results and the added value of the global coordination mechanism, taking into account the report on progress in implementing the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the post-2015 sustainable development agenda. Proposed modalities for the preliminary evaluation are set out in Annex 2.

ACTION BY THE EXECUTIVE BOARD

13. The Board is invited to note the work plan covering the period 2016–2017 and to provide further guidance on the proposed modalities for the General Meeting of the global coordination mechanism on the prevention and control of noncommunicable diseases in 2017, set out in Annex 1, and the proposed modalities for the mid-term evaluation in 2017, set out in Annex 2.

¹ Pursuant to paragraph 37 of United Nations General Assembly resolution 68/300, the WHO Secretariat, in consultation with Member States, will develop, before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for noncommunicable diseases.

ANNEX 1

PROPOSED MODALITIES FOR THE GENERAL MEETING OF THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN 2017

1. The General Meeting will be hosted by a Member State.
2. The host country and WHO will convene the first General Meeting of the global coordination mechanism on the prevention and control of noncommunicable diseases during the first half of 2017. The duration of the General Meeting will be two days.
3. The host country and WHO will explore the interest of the World Bank, the World Trade Organization and the United Nations Development Programme to co-host the meeting.
4. The venue of the General Meeting will be decided following a call for interest to Member States to host the meeting.
5. The General Meeting will address how governments can facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding public health from any undue influence by any form of real, perceived or potential conflicts of interest.
6. The General Meeting will be held with the participation of relevant ministers. The host country and WHO will encourage all Member States to be represented at that level.
7. All Member States will be able to attend.
8. Funds, programmes and specialized agencies of the United Nations system and other international organizations that are Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases will be able to attend.
9. Non-State actors that are Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases will be able to attend.
10. The organizational arrangements of the General Meeting will comprise the following:
 - (a) an opening plenary meeting, chaired by a minister of the host country and featuring opening statements by the Head of State or Government of the host country, the Director-General, and a representative of the civil society who will be chosen from the Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases
 - (b) formal plenary meetings during the first and second day, chaired by ministers of the host country and featuring statements from Member States
 - (c) a closing plenary meeting on the second day, chaired by a minister of the host country, comprising the presentation of summaries of the round tables

(d) four round tables on the following themes:

- Round table 1. Enhance governance and improve accountability for noncommunicable diseases: how can governments mobilize civil society and the private sector to strengthen their contribution to the achievement of the nine targets for noncommunicable diseases and measure their contributions through public reporting and accountability frameworks? How can governments engage sectors beyond health? How can governments mobilize sectors beyond government? How can governments increase domestic and international financing for the prevention and control of noncommunicable diseases?
- Round table 2. Reduce risk factors for noncommunicable diseases: how can governments adopt approaches to implement a set of cost-effective and affordable interventions for all Member States to reduce risk factors in a way that involves all government departments, as well as civil society and the private sector?
- Round table 3. Enable health systems to respond through people-centred primary care and universal health coverage: how can governments engage civil society and the private sector to implement a set of cost-effective and affordable interventions for all Member States to strengthen and orient health systems for the prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage?
- Round table 4. Monitor trends and evaluate progress: how can governments mobilize civil society and the private sector to strengthen their contribution to mapping the noncommunicable disease epidemic and strengthen national surveillance systems?

(e) in order to promote interactive and substantive discussions, participation in each round table will include Member States and other Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases.

11. The General Meeting will result in a concise report.

12. In accordance with resolution WHA50.1, Member States classified as least developed countries will be eligible for financial support covering an economy class ticket of one delegate each.

13. The General Meeting will provide interpretation services in the six official languages of the United Nations.

14. The General Meeting will provide web-conferencing services for Participants unable to attend and will broadcast the proceedings over the internet.

15. Depending on the host country arrangements, it is estimated that the cost to WHO for convening the General Meeting will be between US\$3 million and US\$4 million. These figures take into account costs of previous meetings with a similar scope and purpose.

ANNEX 2

**PROPOSED MODALITIES OF THE PRELIMINARY EVALUATION OF THE
GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND
CONTROL OF NONCOMMUNICABLE DISEASES**

1. The World Health Assembly will be the commissioner and owner of the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases.
2. The objective of the preliminary evaluation is to assess whether the global coordination mechanism has produced results and provided added value. The preliminary evaluation will provide an understanding of how results and outcomes have been achieved between 2014 and 2017 and examine their relevance, effectiveness, sustainability and efficiency, taking into account the terms of reference and the work plans covering the periods 2014–2015 and 2016–2017. It will also examine achievements in relation to WHO's results chain and systematically analyse the work of the WHO Secretariat of the global coordination mechanism conducted in accordance with its work plans.
3. An evaluation management group will be convened to assist in the selection of consultants and the direction and quality control of the evaluation. It will have responsibility for developing and approving the terms of reference and providing comments on the draft report. The evaluation management group will be kept informed of progress and will be available to respond to queries from the evaluation team and should provide suggestions for consideration. The evaluation management group will consist of the Officers of the Seventieth World Health Assembly and will be supported by the WHO Secretariat in the conduct of its work.
4. The evaluation team will consist of independent external consultants with an appropriate knowledge and skill mix of the subject of evaluation, as well as experience in performing evaluations. It is proposed that the consultants be selected through a request for proposals, which will invite leading consultants to submit proposals on the conduct of the evaluation in accordance with the approved terms of reference. The proposals will be examined against criteria that are based on a combination of technical competence and cost, and which have been approved by the evaluation management group. The evaluation team will be supported by the WHO Secretariat in the conduct of its work.
5. The timeline, covering the period end-May 2017 to January 2018, is as follows:
 - Establishment of the evaluation management group by Seventieth World Health Assembly: May 2017
 - Finalization of the terms of reference of the evaluation team by the evaluation management group: June 2017
 - Issuance of the request of proposals: July 2017
 - Selection of the evaluation team by the evaluation management group: September 2017
 - Submission of the final report for consideration by the Seventy-first World Health Assembly through the Executive Board: January 2018.

6. Depending on the final terms of reference and the composition of the evaluation team, it is estimated that the consulting fees for the evaluation will be in the range US\$ 60 000 – US\$ 125 000. These figures take into account variations in consultants' rates, for example, from US\$ 1000 to US\$ 2500 per day for a two-member team, and a duration of about 30 working days. Additional resources will also need to be allocated for overheads, travel and other direct costs, estimated to be in the region of US\$ 25 000.

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