

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Options paper on the global coordination mechanism on the prevention and control of noncommunicable diseases

Report by the Director-General

1. Decision EB148(7) requests “the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to develop, in consultation with Member States and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly”.
2. In response, this paper is the result of a consultative process launched by the WHO Secretariat on a draft options paper for the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (see Annex). Inputs received during the consultation process have been considered to arrive at the final options paper. The final options paper sets out three options on the global coordination mechanism.
3. The proposed options have been informed by the following key documents and processes:
 - the terms of reference for the global coordination mechanism;¹
 - the preliminary evaluation of the global coordination mechanism;²
 - the mid-point evaluation of the implementation of WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;³

¹ See document A67/14 Add.1.

² See document A71/14 Add.1.

³ See document A74/10 Add.1.

- the new noncommunicable diseases-related architecture¹ and the updated roles and responsibilities of the noncommunicable diseases-related departments at WHO headquarters which have resulted from WHO transformation;
- the final evaluation of the global coordination mechanism;² and
- the outcomes of the consultative process on the draft options paper for the global coordination mechanism (see Annex).

4. The three options set out in this document are aligned with both the principal recommendations and the additional recommendations contained in the final evaluation of the global coordination mechanism. They were assessed to ensure that the functions currently assigned to the global coordination mechanism can be delivered efficiently and effectively over the next 10 years, in support of the implementation of the extended period of the global action plan until 2030, the noncommunicable diseases implementation road map 2023–2030 (under development) and the Thirteenth General Programme of Work, 2019–2023 (GPW 13).

5. The main purpose of this document is to support decision-making by Member States at the Seventy-fourth World Health Assembly.

Background

6. The terms of reference for the global coordination mechanism were developed by Member States through an intergovernmental process. Member States reached consensus at a formal meeting of Member States held in 2014 and subsequently noted the terms of reference at the Sixty-seventh World Health Assembly. The terms of reference stated that the envisaged lifespan of the global coordination mechanism was set from 2014 to 2020, in line with the global action plan, and that a final evaluation would be presented for the consideration of the Health Assembly in 2021 in order to assess the effectiveness of the global coordination mechanism, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including the possible extension of the mechanism.

7. A detailed description of the global coordination mechanism's scope, purpose, functions and composition, including overarching principles and approaches, the responsibilities of its participants and the functions of its secretariat, is set out in the terms of reference.

8. In 2019, the WHO transformation agenda, along with its overall goal of ensuring that WHO is fit for purpose to fulfil its mandate and address the priorities agreed with Member States in a rapidly changing global health environment, required changes to be made across the three levels of the Organization to ensure that country needs and country impact were at the centre of WHO's work. The key transformations that occurred at WHO headquarters with regard to WHO's noncommunicable diseases-related areas of work were the following:¹

- The establishment of two divisions: (i) the Universal Health Coverage/Communicable and Noncommunicable Diseases Division, where the Noncommunicable Diseases Department is hosted, focused on noncommunicable diseases management, integrated service delivery at

¹ See relevant WHO organigrams at <http://www.who.int/news-room/articles-detail/final-evaluation-whogcmncd> (accessed 4 May 2021).

² See document A74/10 Add.2.

country level, monitoring and surveillance of noncommunicable diseases and risk factor and reporting on progress made through the WHO governing bodies and the United Nations General Assembly; and (ii) the Universal Health Coverage /Healthier Populations Division, which is focused on noncommunicable diseases risk factors.

- The establishment of the Global Noncommunicable Diseases Platform, a department under the Office of the Deputy Director-General that aims to coordinate and mobilize meaningful and effective commitments and contributions from United Nations organizations and non-State actors in order to support the overall strategic directions and priorities of WHO's work on Sustainable Development Goals target 3.4 and other noncommunicable diseases-related Sustainable Development Goals.
- The establishment of differentiated roles and responsibilities for each department in relation to WHO's noncommunicable diseases programme, leading to the implementation of a new, Organization-wide operating model to implement WHO's programme for the prevention and control of noncommunicable diseases.
- The establishment in 2019 of the WHO internal network for accelerating progress towards the noncommunicable diseases-related Sustainable Development Goals, under the auspices of the Deputy Director-General, as an internal WHO coordinating body for the Organization's work on the prevention and control of noncommunicable diseases.
- The establishment of a mandatory technical expert network in 2021, co-chaired by the directors of noncommunicable diseases and health promotion and with representation of country offices, all regional offices and the respective technical entities of headquarters, in order to ensure the alignment and coordination of technical inputs in preventing and managing noncommunicable diseases so as to ensure that country needs and country impact are at the centre of WHO's work.
- The establishment of output delivery teams in 2019 to ensure the coherence of the Organization's work. They are chaired by the technical departments and composed by representation of country offices, all regional offices and the respective technical entities of headquarters in order to plan and implement WHO's programme of work.
- To support national efforts to reduce risk factors for noncommunicable diseases, the WHO Programme budget 2022–2023 proposes that the technical departments work towards supportive and empowering societies through addressing health risk factors (outcome 3.2); ensure that countries are enabled to address risk factors through multisectoral actions (output 3.2.1); and ensure that countries are enabled to address multisectoral determinants and risk factors through engagement with public and private sectors, as well as civil society (output 3.2.2).
- To further support national efforts to address noncommunicable diseases as part of universal health coverage, the WHO Programme budget 2022–2023 proposes that technical departments step up their leadership role towards improving access to quality essential health services, irrespective of gender, age or disability status (outcome 1.1) by “engaging with community-based and community-led organizations, civil society and other non-health actors to strengthen the implementation of condition- and disease-specific interventions”; “establish multi-partner, in-country programme performance and accountability frameworks for priority-setting, early identification and resolution of bottlenecks and decision-making through joint policy dialogues”; and “strengthen community-led and community-based health systems,

including through co-creation with people living with or affected by noncommunicable diseases in order to achieve person-centred care” (output 1.1.2).

9. Since the period of the global action plan now extends to 2030 (to align with the 2030 Agenda for Sustainable Development), accompanied by the forthcoming implementation road map 2023–2030, as requested by Member States at the 148th session of the Executive Board, the options proposed in respect of the functions of the global coordination mechanism provide an opportunity to align it, within an equivalent time frame and with due consideration for the value of the global coordination mechanism’s supportive role, with WHO’s evolved noncommunicable diseases programme and context.

Option 1 – Strengthened operating model

10. The global coordination mechanism has evolved over the years, with the support of its secretariat, and has adapted to organizational transformations and changes across the global noncommunicable diseases landscape. However, the final evaluation highlights both the need for and the opportunity to continue evolving by making a number of further changes to its operational model.

11. The proposed changes to the operating model, as described below, build on lessons learned from the global coordination mechanism’s six years of activities and reflects the recommendations of its final evaluation. The evolved operating model defines the long-term vision for the global coordination mechanism for 2030, including the added value of the global mechanism based on the five functions and the strategic priorities and signature solutions.

12. The main elements of option 1 include:

- Extension of the global coordination mechanism’s mandate until 2030, in line with the global action plan 2013–2030, maintaining the current institutional arrangements, including leadership of the Global Noncommunicable Diseases Platform Department;
- The possibility of Member States to either extend or amend/revise its current terms of reference according to the evolved WHO, noncommunicable diseases and Sustainable Development Goals contexts;
- A revised vision for the global coordination mechanism, supported by a theory of change and results framework; improvements to planning processes according to the updated roles and responsibilities across the Organization’s three levels; and enhancements to the global coordination mechanism’s governance arrangements.
- Mid-point and final evaluations of the extended mandate of the global coordination mechanism (2021–2030) to assess the effectiveness of the new global coordination mechanism operating model, its added value, and its continued relevance.

13. Under option 1, the global coordination mechanism would enhance its functions through a strengthened inclusive multistakeholder participatory model, supporting WHO’s three strategic shifts to deliver on the GPW 13 through (i) leadership functions, (ii) global public health goods and (iii) country support, with the following impact:

- *Advocating and raising awareness.* Increased awareness of the importance of meaningful multisectoral and multistakeholder engagement and dissemination of innovative solutions at global, regional, national and local levels (e.g. global and regional multistakeholder meetings

and dialogues; stocktaking of noncommunicable diseases campaigns; mapping meaningful commitments and contributions of non-State actors to the achievement of Sustainable Development Goals target 3.4).

- *Disseminating knowledge and information.* Increased knowledge collaboration among global coordination mechanism participants to co-create, enhance and disseminate evidence-based information to build the capacity of governments and non-State actors on effective multisectoral and multistakeholder approaches (for example, the WHO Knowledge Action Portal on Noncommunicable Diseases, a webinar series on noncommunicable diseases voices in the Decade of Action, thematic publications and communities of practice).
- *Encouraging innovation and identifying barriers.* Increased stocktaking of multistakeholder action at country level and the co-design and scale-up of innovative solutions to strengthen capacity for meaningful multisectoral and multistakeholder action, including with civil society and people living with noncommunicable diseases (for example, stocktaking of successful approaches to multisectoral and multistakeholder action; global expert multistakeholder working groups; and noncommunicable diseases laboratories on such themes as “People living with noncommunicable diseases”, “Noncommunicable diseases and the next generation” and “Women and girls and noncommunicable diseases”).
- *Advancing multisectoral action.* Increased knowledge, capacity and actions of Member States and non-State actors to develop national multistakeholder responses (for example, guidance on establishing national multisectoral and multistakeholder coordination mechanisms for noncommunicable diseases; the final report of the global coordination mechanism’s working group on health education and health literacy for noncommunicable diseases; a framework for the meaningful engagement of people living with noncommunicable diseases).
- *Advocating for mobilizing resources.* Increased support for WHO efforts via knowledge, expertise and resources from global coordination mechanism participants and other relevant stakeholders (for example, youth engagement; the WHO Civil Society Working Group on Noncommunicable Diseases; People Living with Noncommunicable Diseases Initiative).

14. Option 1 builds on the recommendations of the final evaluation of global coordination mechanism, as follows:

- A strengthened engagement and partnership-based global coordination mechanism will further add value to its mandate by defining a clear theory of change, a results framework and outcomes that best support the global action plan 2013–2030, as well as the forthcoming noncommunicable diseases implementation road map 2023–2030.
- The new operating model will strengthen its value as a participatory multistakeholder engagement and knowledge collaboration mechanism within WHO, with a focus on further leveraging meaningful and effective contributions from its diverse participants to the implementation of national noncommunicable diseases responses.

Option 2 – Hybrid model: building on the foundations of the global coordination mechanism

15. The final evaluation states that “as the functions originally envisaged for the global coordination mechanism remain valid and relevant contributions to the global action plan, the GPW13 and the

Sustainable Development Goals targets to 2030, these functions should be continued” and “new means to maintain and, where possible, strengthen efforts to deliver the important functions of the global coordination mechanism need to be considered”. Option 2 seeks to discontinue the formal WHO Member State-led mechanism but to ensure the absorption of all of the functions and activities of the global coordination mechanism into WHO’s Global Noncommunicable Diseases Platform Department. This would ensure alignment with the establishment of the Department, in response to the WHO Transformation agenda, as a WHO department for coordinating and mobilizing meaningful and effective commitments and contributions from United Nations organizations and non-State actors.

16. The main elements of option 2 include:

- Discontinuation of the formal WHO Member State-led,¹ participatory-based mechanism aimed at facilitating multistakeholder engagement, cross-sectoral coherence, information-sharing and knowledge collaboration in the area of noncommunicable diseases.
- Under this option, the Global Noncommunicable Diseases Platform Department would assume the following functions:
 - an operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level by raising awareness and promoting knowledge collaboration among Member States and non-state actors and by co-creating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches;
 - an enabler for the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action;
 - a global facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of noncommunicable diseases; and
 - a convener of civil society, including people living with noncommunicable diseases, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses.

17. Option 2 builds on the recommendations of the final evaluation of global coordination mechanism , as follows:

- There is limited added value of the global coordination mechanism’s participant-based mechanism, and therefore the need to discontinue its mandate and replace it with an alternative approach.

¹ See document A67/14 Add.1, paragraph 7: “Member States will provide oversight and guidance to the GCM/NCD through the Executive Board and the World Health Assembly, as well as through periodic consultations and/or briefings organized by the WHO Secretariat. National NCD focal points nominated by Member States will facilitate coordination and exchange of information”; and paragraph 20: “The authority of WHO’s governing bodies over the activities under the GCM/NCD will be guaranteed in all instances.”

- As the functions originally envisaged for the global coordination mechanism remain valid and relevant contributions to the global action plan, the GPW13 and the Sustainable Development Goals, these functions should be continued.
- The establishment of the global coordination mechanism functions and activities within the Global Noncommunicable Diseases Platform will ensure the functions are effectively carried forward by WHO.

Option 3 – Discontinuation and absorption of functions elsewhere within WHO Secretariat

18. Option 3 considers discontinuing the global coordination mechanism, as structured by Member States in its terms of reference, and distributing or establishing the functions and activities of its secretariat elsewhere across several relevant departments of the WHO Secretariat, given that the formats or elements of the current functions and activities can be implemented across WHO.

19. Option 3 builds on the following:

- the assumption that limited added value is derived from the global coordination mechanism's participant-based mechanism and therefore that there is a need to discontinue its mandate, which as stated in the final evaluation, "primarily rests on its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes at the global, regional and national levels"; and
- the need to put in place arrangements that ensure the functions currently performed by the global coordination mechanism Secretariat will continue to be performed effectively and efficiently by distributing them across other parts of the WHO Secretariat.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to note the report.

ANNEX

OUTCOMES OF THE CONSULTATIVE PROCESS ON THE DRAFT OPTIONS PAPER FOR THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Consultative process

1. Decision EB148(7) requested “the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to develop, in consultation with Member States and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly”.
2. In response, the WHO Secretariat prepared a draft options paper for the WHO global coordination mechanism on noncommunicable diseases and launched a consultative process to enable Member States, United Nations organizations and non-State actors to provide their views on the draft document during the inter-sessional period before a final options paper was submitted for consideration by Member States at the Seventy-fourth World Health Assembly.
3. The consultative process comprised:
 - A web-based consultation with Member States and global coordination mechanism participants:¹
 - 15 March to 23 April 2021;
 - Virtual consultations (via Zoom) for discussion and further comments:
 - 26 March: with global coordination mechanism participants (non-State actors);
 - 1 April: with Member States;
 - A final options paper reflecting the outcomes of the consultation process:
 - 1 May 2021: submitted to the Seventy-fourth World Health Assembly for consideration by Member States.
4. Inputs received during the consultative process on the draft options paper for the global coordination mechanism have been considered in arriving at the final options paper.

¹ For all inputs received during web-based consultation, the presentation offered by WHO Secretariat and additional relevant resources, see <http://www.who.int/news-room/articles-detail/final-evaluation-whogcmncd>.

Overview of inputs received during the consultative process

General

5. The participation across the consultative process was as follows:

- 30 Member States;
- 50 non-State actor participants in the global coordination mechanism.¹

6. The majority of inputs, across constituencies, recognized that any option considered should support and align with the extended period of the global action plan, the 2030 Agenda for Sustainable Development; the WHO transformation agenda, including the updated roles and responsibilities of the noncommunicable diseases-related departments at WHO headquarters; the GPW13; and the forthcoming noncommunicable diseases implementation road map 2023–2030.

Member States

7. The following are general comments received from Member States:

- There was recognition of the value of a Member State-led participatory mechanism for multistakeholder engagement and knowledge collaboration, but also that the mechanism needs to evolve towards an action-oriented model.
- There was an acknowledgment of the global coordination mechanism as a neutral platform to include a diverse set of stakeholders to support evidence-based action.
- It was highlighted that there is a continuous need to rationalize and streamline current noncommunicable diseases-structures within WHO, acknowledging that the absorption of the functions and activities of the global coordination mechanism secretariat into WHO's Global Noncommunicable Diseases Platform could result in better and more effective outputs.
- The need to provide closer attention to improving cross-sectoral collaboration at the country level was highlighted.
- There was an acknowledgement of the need for the global coordination mechanism to strengthen its “partner centric” model in its full capacity, with enhanced participation and oversight of Member States, whereby actions can be co-created with the participants in particular with Member States to understand how the mechanism can have a better impact at country level, enhancing a bottom-up approach.
- It was highlighted that strengthening the governance model could enhance the ability of Member States to have greater role, ownership, and involvement in the global coordination mechanism both at the policy level and on the ground and implement continuous monitoring to

¹ NGOs: 76%; academic institutions: 11%; philanthropic foundations: 2%; and private sector entities (international business associations): 11%.

ensure results are delivered against the strategies, goals and the mission of the global coordination mechanism.

- The need to improve the visibility of the future work plans and needs of the global coordination mechanism to deliver its mandate was raised with a view to helping build stronger consensus on the future of the mechanism.
- Member States requested the WHO Secretariat to provide the financial implications of the options proposed.

Non-State actors

8. The following are general comments received from non-State actors:

- There was broad recognition of the value of a Member State-led participatory mechanism for multistakeholder engagement, cross-sectoral coherence, dialogue and knowledge collaboration.
- It is recognized that the evolved global noncommunicable diseases landscape, triggered by the high-level political commitments after 2014, Sustainable Development Goals target 3.4, the GPW 13, the extension of the global action plan to 2030 and the development of the forthcoming noncommunicable diseases implementation road map 2023–2030 offers an opportunity to strengthen the global coordination mechanism’s operating model towards a more focused approach to the delivery of its mandate within this evolved context.
- There was broad support for the use of a more “partner-centric” model, including the establishment of an advisory body, in order to foster co-design and joint ownership of global coordination mechanism initiatives.
- It was acknowledged that the discontinuation of the mechanism, i.e. sunseting the global coordination mechanism, would misrepresent the global commitment to addressing noncommunicable diseases through multistakeholder models.
- Some inputs indicated that a strengthened operating model for the global coordination mechanism should serve as a catalyst to push greater action at the community level, while at the same time pushing for the top-down approach to strengthen governance and policy changes.

= = =