

**WHO GLOBAL COORDINATION MECHANISM
ON THE PREVENTION AND CONTROL
OF NONCOMMUNICABLE DISEASES**

PROGRESS REPORT
2014–2016



World Health
Organization



TOGETHER
LET'S BEAT NCDs

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WHO/NMH/NMA/GCM/17.03

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ABBREVIATIONS

ECOSOC	Economic and Social Council of the United Nations
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
NCD	noncommunicable disease
NGO	nongovernmental organization
ODA	official development assistance
SDG	Sustainable Development Goal
UNIATF	United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases
WHO	World Health Organization

Message from the Assistant Director-General



It has been two years since the Director-General of WHO established a Secretariat within the office of the Assistant Director-General for Noncommunicable Diseases and Mental Health to support the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (WHO GCM/NCD). Since then, the GCM/NCD has moved rapidly to achieve impressive global progress on many fronts to address the devastating health and socioeconomic impacts of NCDs – raising awareness, disseminating knowledge and information, providing a platform to identify barriers and propose solutions, mobilizing stakeholders to accelerate the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, and helping Member States to translate global commitments into action.

The GCM/NCD is part of an expanding agenda of measures to combat the rapidly emerging threat of NCDs, including the WHO Global Action Plan; the WHO Global Monitoring Framework for Noncommunicable Diseases; and development of tools and guidance by WHO, the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF) and other partners to support formulation of national policies and strategies to counteract NCDs.

The inclusion of the NCD targets in the 2030 Agenda for Sustainable Development means that the work of the GCM/NCD will be even more important as a means of fostering partnerships in line with its mandate to “facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels”.

This report highlights the achievements of the GCM/NCD over the period 2014 to 2016, thanks to the efforts of Member States, United Nations agencies, colleagues across all clusters and levels of WHO, and other stakeholders who have engaged with the GCM/NCD in helping countries to achieve the nine voluntary targets of the Global Monitoring Framework and reduce the burden of NCDs and their shared risk factors, including unhealthy diet, lack of physical activity, tobacco use and harmful use of alcohol.

The interconnectedness of the Sustainable Developmental Goals (SDGs) reflects the new reality that the challenges facing present-day society, including NCDs, can only be combated through policy integration balancing social development, economic growth and environmental protection. Innovative solutions engaging all stakeholders, supported by whole-of-government and whole-of-society mechanisms, are essential to curb NCDs in the context of the SDGs.

We can be proud of what the GCM/NCD has accomplished in a short time, and we look forward to its continued progress towards achievement of its ambitious goals.

A handwritten signature in black ink, appearing to read 'Oleg Chestnov', written in a cursive style.

Dr Oleg Chestnov

Assistant Director-General
Noncommunicable Diseases and Mental Health
World Health Organization

Message from the Head of the Secretariat



It gives me great pleasure to introduce the WHO GCM/NCD Progress report 2014–2016. It has been truly an honour to lead the GCM/NCD from its inception in 2014, when the Sixty-seventh World Health Assembly endorsed its establishment as a multistakeholder engagement mechanism at WHO to spur action at local, national, regional and global levels.

The GCM/NCD has been given an ambitious mandate by the WHO Member States, and its fulfilment depends on the contributions of many stakeholders. To accomplish our objectives, we work with representatives of our Member States, United Nations agencies, non-State actors and WHO colleagues from different programmatic areas at all levels of the organization, both within and outside the health sector. We provide several platforms of engagement, such as Member State-led working groups, multistakeholder dialogue meetings, webinars and other web-based platforms, including expert-led communities of practice. We have also recently launched a Global Communications Campaign on NCDs to show that it is feasible to make measurable progress towards globally agreed NCD targets and to continue raising awareness of and advocating resource mobilization and multistakeholder and multisectoral action.

We are proud of what we have achieved so far. Over the past two years we have actively involved over 70 Member States in our activities, worked closely with UNIATF and engaged more than 130 non-State actors and participants globally, representing organizations whose work makes a difference in tackling NCDs. These organizations encompass intergovernmental and nongovernmental organizations, the private sector, philanthropic foundations and academic institutions. This is just the beginning, and we are aware that more needs to be done to facilitate and enhance action to achieve the NCD and SDG targets.

The road to a world free of NCDs is challenging and calls for innovative solutions and joint action. Many countries still lack the capacity to act, due to the shortage of financial resources, as well as the limited technical expertise and human workforce to deliver on the high-level commitments and act nationally and locally. The capacity to act is particularly limited in the same countries that suffer most from developmental challenges, including NCDs.

However, the vicious cycle of poverty and disease can be broken. At the GCM/NCD, we are addressing the role of international cooperation to overcome “one of the biggest development challenges” of our century. WHO, through the GCM/NCD Secretariat, will work hard to ensure that action goes beyond the health sector to address the root causes of NCDs.

The message is clear: NCDs are everybody’s business, and we want everybody on board. We are here to engage, to partner, to facilitate and to convene. Together, let’s make this happen!

A handwritten signature in black ink, appearing to read 'Bente Mikkelsen'.

Dr Bente Mikkelsen

Head of the Secretariat for the WHO Global Coordination Mechanism on
the Prevention and Control of NCDs (WHO GCM/NCD)
Noncommunicable Diseases and Mental Health
World Health Organization

AT A GLANCE: THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

MANDATE AND SCOPE OF THE WHO GCM/NCD

The [WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases \(GCM/NCD\)](#) was established by the WHO World Health Assembly in 2014 with a mandate to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors in order to prevent and control noncommunicable diseases (NCDs) at the local, national, regional and global levels, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest.

The strategic foundation for the establishment of the GCM/NCD was laid at the [First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control](#) held in Moscow in 2011, followed by two landmark outcomes – the [United Nations Political Declaration on NCDs \(2011\)](#), and the [United Nations Outcome Document on NCDs \(2014\)](#).¹

The GCM/NCD is a global Member State-led coordinating and engagement platform with the task of bringing together multiple stakeholders, fostering multisectoral accountability for high-level NCD commitments, and accelerating the implementation of the [WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020](#). In addition, the GCM/NCD aims to advance the NCD-related targets of the [2030 Agenda for Sustainable Development](#).

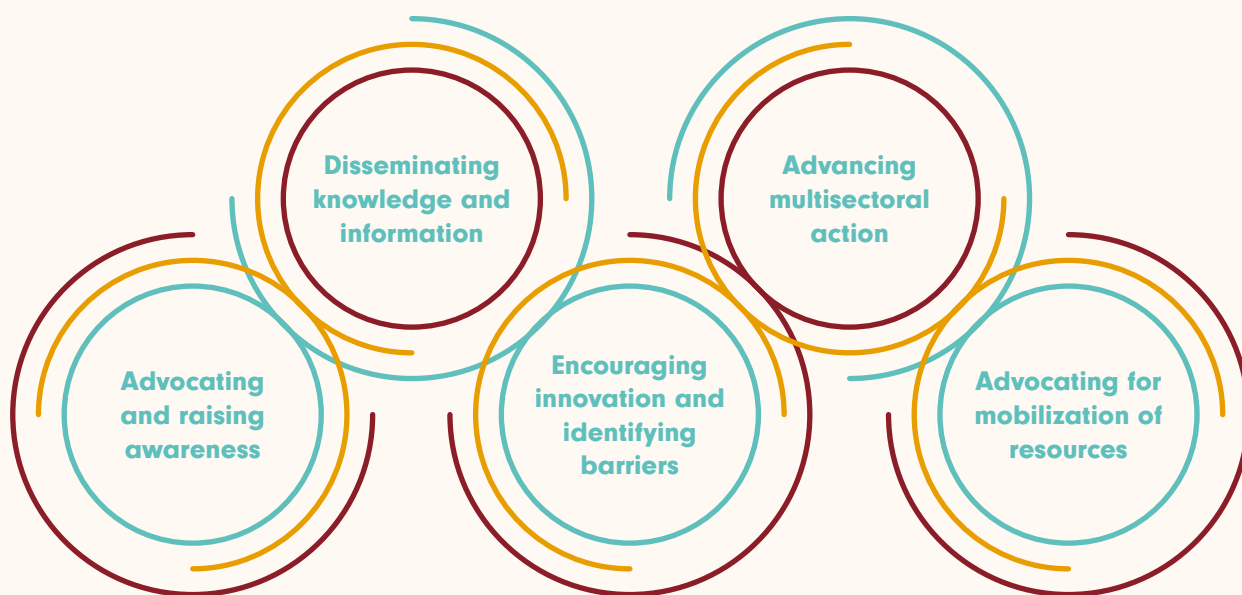
Today, the GCM/NCD unites 327 participants, composed of WHO Member States, United Nations organizations and non-State actors, around a shared agenda built on country needs and a common goal to reduce premature mortality and unnecessary suffering from NCDs, thus helping to build healthier societies globally.

¹ In full, the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), and the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014).

HOW THE GCM/NCD WORKS

The work of the GCM/NCD is organized around the five functions outlined in its terms of reference:

Figure 1. The five functions of the GCM/NCD



ACTIVITIES OF THE GCM/NCD

To deliver on its mandate, the GCM/NCD engages with Member States and external partners through a variety of mechanisms:

- **Working Groups.** Composed of leading technical experts nominated by Member States, the Working Groups meet regularly throughout the year to produce reports with actionable recommendations to accelerate implementation of national actions to combat NCDs. Each Working Group is co-chaired by high-level Member State representatives appointed by the WHO Director-General in consultation with Member States.
- **Global multistakeholder dialogue meetings.** Through these forums, key stakeholders discuss strategies aimed at helping countries to realize their political commitments, and supporting national efforts to develop and implement domestic solutions and mobilize resources to prevent premature deaths from NCDs.


- **Webinars.** These have proved an efficient platform to engage participants and disseminate knowledge and information about different aspects of and innovative solutions to address NCDs.
- **Publications and knowledge dissemination.** Outputs include the reports of Working Groups and multistakeholder dialogue meetings, numerous policy briefs and background papers, and academic publications in peer-reviewed journals. The GCM/NCD also disseminates NCD tools and research carried out by WHO staff in the NCD cluster and other relevant departments through the NCD tools webpage and the NCD global portal.
- **Communities of practice.** An online portal hosts a number of networks of technical and non-technical experts, focused on the implementation of actions on diverse NCD areas.
- **Global Communications Campaign.** The campaign aims to raise awareness and support achievement of the nine voluntary global NCD targets and the NCD-related targets of the 2030 Agenda for Sustainable Development.
- **Integrated country support.** Support is provided by all three levels of WHO, in collaboration with the United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF), and certain non-State actors, to help countries fast-track progress towards the nine voluntary global targets for NCDs by 2025 and the NCD-related SDG targets by 2030 and beyond.

HOW TO BECOME A GCM/NCD PARTICIPANT

- Member States and United Nations agencies are participants in the GCM/NCD. If you want to participate as a non-State actor, you can complete an online registration form at www.who.int/global-coordination-mechanism/participants/en/.
- To join the Global Communications Campaign and share your experience with NCDs, go to <http://apps.who.int/ncds-and-me/>.
- To subscribe to the GCM/NCD newsletter, visit <http://www.who.int/global-coordination-mechanism/news/newsletters/en/>.

SUCCESS IN NUMBERS: HIGHLIGHTS (2014–2016)

Recognizing the high impact possible through collaborative action, the GCM/NCD identifies and convenes diverse stakeholders, strengthens ties among partners, and brokers innovative solutions to one of society's most vexing development challenges. Successes in this area during 2014–2016 include the following:



The GCM/NCD engaged 194 Member States and 133 non-State actors as participants.

The GCM/NCD hosted three global multistakeholder dialogue meetings. Each meeting was attended by over 200 participants and was also broadcast on the web. The participants included representatives of Member States, United Nations agencies, nongovernmental organizations (NGOs), philanthropic foundations, academic institutions, business associations and WHO collaborating centres. The co-chairs of the multistakeholder dialogue meetings came from the governments of the following six countries: France, Luxembourg, Mauritius, Mexico, New Zealand, and Zimbabwe.

Four GCM/NCD Working Groups were launched, with members representing 42 countries in all six WHO regions. Their recommendations addressed issues ranging from NCD financing and private sector engagement to integration of NCDs into other programmatic areas, and the alignment of international cooperation and national NCD plans. The co-chairs of the Working Groups (2015–2016) included high-level government representatives of eight countries: Brazil, Colombia, India, Japan, Monaco, Norway, the United States of America and Zimbabwe.

Integrated support was provided to a number of countries engaging all three levels of WHO in collaboration with UNIATF, as well as other relevant stakeholders. Integrated support enables fast-tracking of the results in a small number of Member States that are willing to take the lead. To date, integrated support has been provided to Belarus, the Islamic Republic of Iran, Oman, Sri Lanka and Turkmenistan.

01



NCDs: the development challenge of the 21st century

Noncommunicable diseases (NCDs), which are mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, along with their shared risk factors – tobacco, harmful use of alcohol, unhealthy diets and physical inactivity – remain the leading causes of death globally, taking up to 40 million lives every year¹. More than three quarters of these NCD deaths (31 million) occur in low- and middle-income countries. About 38% of the NCD mortality is premature, taking the lives of people between the ages of 30 and 69. Many of these deaths occur in low- and middle-income countries, where nearly 87% of premature NCD deaths occur. In contrast, 13% of premature NCD deaths occur in high-income countries².

In addition to health, NCDs negatively impact human and social development and have dire economic consequences. For example, it is projected that premature NCD deaths in low- and middle-income

¹ World health statistics 2017: Monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization 2017.

² Data available at http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html (accessed 5 September 2017).

countries will result in cumulative economic losses of US\$ 7 trillion over the period 2011–2025, and millions of people will be trapped in poverty.³ In addition, the rise of NCDs among younger populations in low-income countries jeopardizes the benefits of the “demographic dividend” – the economic growth expected when the labour force temporarily grows more rapidly than the population dependent on it (for example due to a falling birth rate).⁴

The [Millennium Development Goals](#) mobilized the international community to combat the global burden of communicable diseases, such as HIV/AIDS, tuberculosis and malaria, but failed to mention the emerging burden of NCDs, reflecting the erroneous belief that NCDs are a problem of the developed world alone. However, the epidemiological evidence today indicates the growing prevalence of NCDs in low- and middle-income countries and their differential effect on poor communities, making NCDs one of the major challenges for development in the 21st century and undermining the achievement of internationally agreed development goals.



“NCDs can no longer be conceptualized as a rich-country problem. WHO estimates that over 80% of the burden from NCDs now falls on low- and middle-income countries, where people develop these diseases earlier, fall sicker, and unfortunately, die sooner than their counterparts in wealthier nations.”

Dr Margaret Chan, WHO Director-General (2006 – 2017)

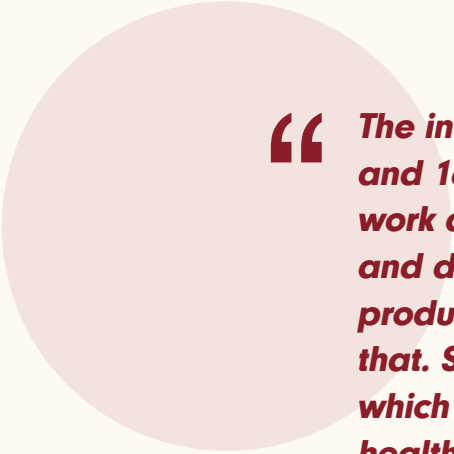
The 2030 Agenda for Sustainable Development, adopted in September 2015, recognized the critical public health importance of addressing and reducing NCDs and their risk factors as a means of achieving sustainable development. The 2030 Agenda includes a target to reduce, by one third, the premature mortality from NCDs, as well as targets to address the risk factors, such as tobacco and alcohol.

³ [From burden to “best buys”: reducing the economic impact of noncommunicable diseases in low- and middle-income countries](#). Geneva: World Health Organization, World Economic Forum; 2011.

⁴ World Bank Human Development Network. [The growing danger of noncommunicable diseases: acting now to reverse the course](#). Conference Edition, September 2011. Washington (DC): World Bank; 2011.



-  A 25% positive response to the anti-racism plan (100% positive response to the anti-racism plan)
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“ The interconnected nature of the Agenda’s 17 goals and 169 targets demands national responses which work across siloes. Win-wins are possible for health and development – take taxes on health-harming products like tobacco as a powerful example of that. Such taxes discourage people using products which harm their health. This enables people to be healthier and economies to be more productive, while also raising government revenue and reducing future health care costs.

The post-2015 development agenda is an opportunity to ensure that good health is recognized as a gateway to sustainable development progress.

Helen Clark, Administrator (2009 – 2017), United Nations Development Programme

Achieving these targets, along with the nine voluntary global NCD targets included in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, is feasible. It requires equipping health systems to respond to the challenge and, more importantly, influencing public policies outside the health sector to address the risk factors and social determinants of NCDs.

Transforming our world: the 2030 Agenda for Sustainable Development recognizes NCDs as an important part of sustainable development, as they cause unnecessary mortality and human suffering, with associated social and economic costs.⁵ The SDGs include an explicit target of one third reduction of premature mortality from noncommunicable diseases by 2030 (target 3.4), as well as other related targets (for example 2.1, 2.2, 3.5, 3.6, 3.8, 3.A, 3.B, 3.C, 3.D and 17.1). Linking NCDs to the broad and mutually reinforcing SDGs is a means to comprehensively address NCDs and their risk factors or determinants (social, economic, environmental) for sustainable development.

A “whole-of-government” and “whole-of-society” approach is needed to ensure coordinated action and policy coherence. The WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) works to make this happen by facilitating multistakeholder engagement, raising awareness, and inspiring action across all sectors, thus contributing to the implementation of the Global Action Plan at national, regional and global levels.

⁵ <https://sustainabledevelopment.un.org/post2015/transformingourworld>.

02

About the GCM/NCD

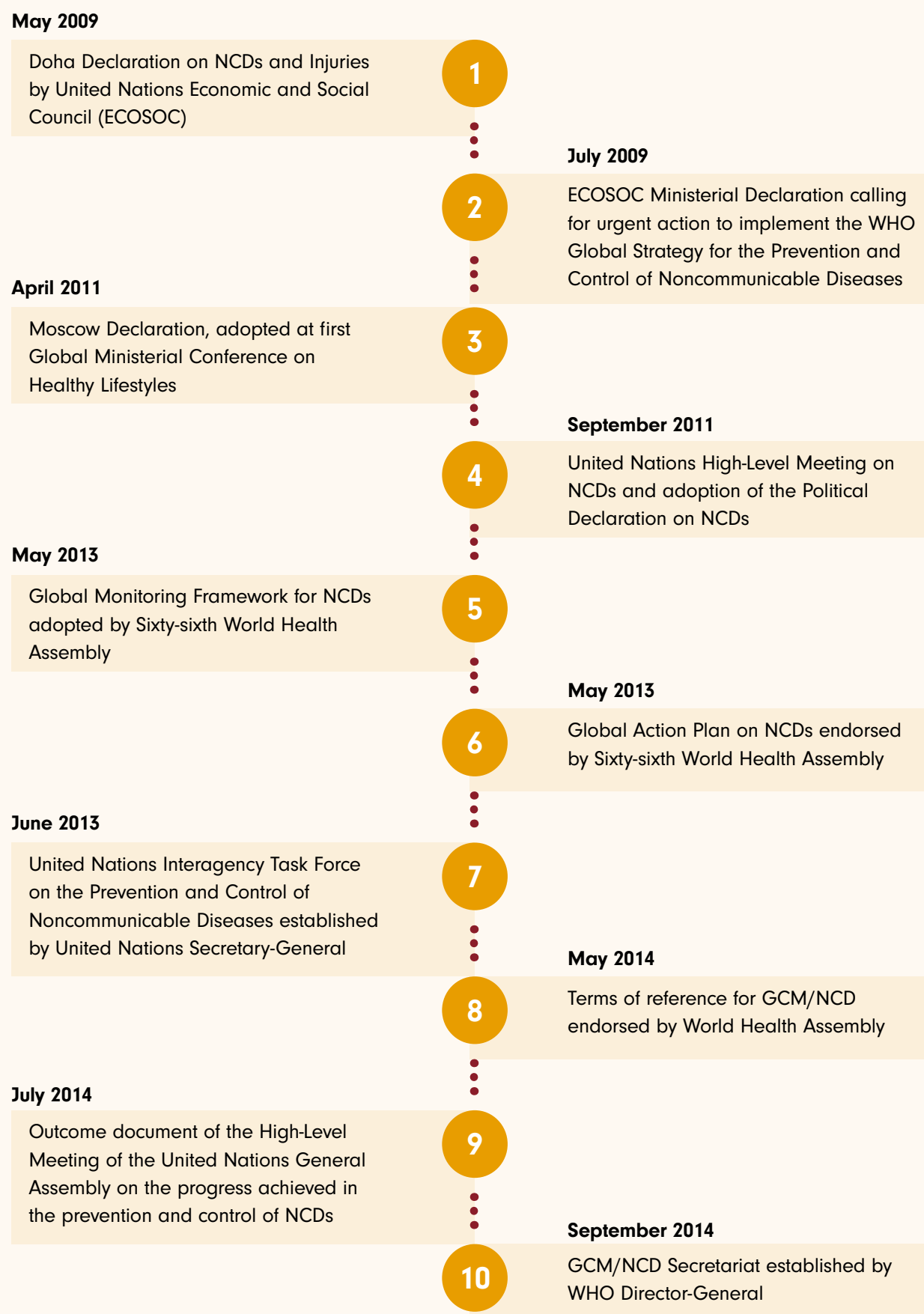


The GCM/NCD was established by a World Health Assembly resolution in 2014, following tireless efforts over many years by the NCD community to create a global coordinating body that could help align multistakeholder efforts at national, regional and global levels, and keep NCDs high on the political and development agendas. The establishment of the GCM/NCD was preceded by a number of high-level events, political declarations and resolutions that created the basis for its creation and operating structure (Figure 2). As mandated by the United Nations General Assembly and the World Health Assembly,⁶ the WHO Director-General established on 15 September 2014 a separate Secretariat within the office of the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health to support the GCM/NCD, with a mandate to enhance the coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global Action Plan on NCDs 2013–2020.⁷

⁶ Paragraph 11 of [United Nations General Assembly resolution A/RES/68/300, 10 July 2014](#); agreement of the Sixty-seventh World Health Assembly to endorse the terms of reference for the WHO Global Coordination Mechanism on the Prevention and Control of NCDs.

⁷ http://www.who.int/nmh/events/ncd_action_plan/en/.

Figure 2. Major global NCD-related events preceding the establishment of the WHO GCM/NCD



03

Added value of the GCM/NCD



The role of the GCM/NCD is unique. It is the only global Member State-led coordinating and engagement platform with a mandate to bring together multiple stakeholders, foster multisectoral accountability for high-level NCD commitments and accelerate the implementation of the WHO Global Action Plan on NCDs. As part of WHO, the leading organization in global health, the GCM/NCD is strategically placed to advocate greater action on NCDs by promoting multisectoral partnerships and acting as the knowledge hub for consolidating evidence and encouraging innovation in NCD responses.

“ The scope and purpose of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest.

From the terms of reference for the GCM/NCD⁸

⁸ <http://who.int/global-coordination-mechanism/terms-of-reference.pdf>.

“ The GCM/NCD will build on country needs and will ultimately aim at supporting country efforts across sectors to implement the WHO Global NCD Action Plan 2013–2020.

From the terms of reference of the WHO GCM/NCD

The GCM/NCD brings together 327 actors (2016) as participants, comprising WHO Member States, United Nations organizations and non-State actors in both the public and private sectors, including NGOs, philanthropic foundations, professional and business associations and academic institutions. These stakeholders share a common goal to reduce premature mortality and unnecessary suffering from NCDs and build healthier societies globally. In practice, the work of the GCM/NCD revolves around country needs and aims to support country efforts to realize the high-level commitments on NCDs reflected in political declarations and relevant WHO documents (Figure 1). However, consistent with the GCM/NCD terms of reference, the authority of the WHO governing bodies over the activities of the GCM/NCD are guaranteed in all instances.

“ At the UN level, the role and leadership of WHO – as the leading technical agency for health – remains paramount. However, because of the multisectoral nature of NCDs, the expertise and knowledge of the whole UN system must be harnessed.

Robert Beaglehole, Ruth Bonita, Richard Horton

04

GCM/NCD participants



The GCM/NCD's strength is its participants. Interested organizations or entities go through a formal preregistration process to be considered for acceptance as a GCM/NCD participant. The GCM/NCD is led by Member States; other participants include the United Nations funds, programmes and organizations, other relevant intergovernmental organizations, and non-State actors.

Non-State actors that complete the preregistration process will be screened to safeguard WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest, in line with the framework for engagement with non-State actors. If preregistration is completed and the proposed participant is eligible, they will be sent a formal acceptance letter.

In accordance with paragraph 22 of the GCM/NCD terms of reference, participants who are engaged in the activities of the GCM/NCD will share, as appropriate, their related work and results, including through the GCM/NCD website. Information provided by participants does not imply endorsement by WHO. Participants are also invited to make a commitment to the activities of the GCM/NCD in support of the implementation of the WHO Global Action Plan on NCDs 2013–2020 and the realization of SDG target 3.4 on NCDs, other NCD-related SDGs targets, and the nine voluntary global NCD targets of the Global Monitoring Framework.

Participants will be sent regular GCM/NCD newsletters and invited to participate in webinars. Other formal engagement includes consultations and dialogues, such as those held in conjunction with the GCM/NCD Working Groups.

A full list of current GCM/NCD participants is included in Annex 1.



05

How the GCM/NCD works



The GCM/NCD's work is guided by the objectives of the WHO Global Action Plan on NCDs 2013–2020, and is organized around the five functions outlined in its terms of reference (Figure 3). Those functions are reflected as objectives and actions in the work plans of the GCM/NCD.

Figure 3. The GCM/NCD Five Functions



In supporting Member States to combat NCDs, the work of the GCM/NCD highlights the multidimensional nature of NCDs, and the relationship between NCDs and such cross-cutting themes as financing; engagement with non-State actors; poverty and development; international cooperation and multisectoral action; the 2030 Agenda for Sustainable Development; particular target groups, such as women and youths; and the environment. As the work of the GCM/NCD expands and more participants are accepted, additional NCD themes will emerge through the various work streams of the GCM/NCD. The GCM/NCD supports the work of Member States and the technical departments and units of WHO in collaboration with its participants, and aims to further develop the themes through working groups, dialogues, communities of practice, and repositories on the GCM/NCD portal, as well as through the Global Communications Campaign.



06

Activities of the GCM/NCD



To deliver on its mandate, the GCM/NCD engages with Member States and external partners through a variety of mechanisms:

- **Working Groups**
- **Global multistakeholder dialogue meetings**
- **Webinars**
- **Publications and knowledge dissemination**
- **Communities of practice**
- **Global Communications Campaign**
- **Integrated country support**

1

Working Groups



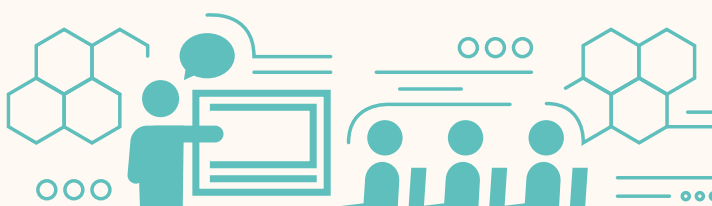
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Global multistakeholder dialogue meetings



3

Webinars



4

Publications and knowledge dissemination



5

Communities of practice



6

Global Communications Campaign



7

Integrated country support



07

Working Groups

The Working Groups are crucial for delivering on the objectives of the GCM/NCD. The purpose of the Working Groups is “to 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 action across sectors”,⁹ and guidance on their operation is set out in the terms of reference of the GCM/NCD.

Members of the Working Groups are leading technical experts nominated by Member States through the WHO regional offices and appointed by the Director-General. Each Working Group is composed of 12 members (two from each of the six WHO regions). The Working Groups aim to “foster results-oriented work under the five functions of the WHO GCM/NCD in line with the principles and six objectives of the WHO Global NCD Action Plan 2013–2020” (terms of reference). The Working Groups are chaired by prominent government officials from developed and developing countries. The co-chairs are appointed by the WHO Director-General in consultation with Member States.

The Working Group experts meet throughout the year to share their experience and knowledge and come up with “actionable recommendations” that will help WHO Member States to accelerate their progress towards the implementation of the Global Action Plan on NCDs 2013–2020, and support governments to meet their commitments.

Multistakeholder hearings and web consultations are held as part of the Working Group activities. The hearings are intended to inform the work of the Working Groups from various multistakeholder perspectives.

⁹ Objective 3 of the GCM/NCD work plan 2016–2017 (http://www.who.int/global-coordination-mechanism/working-groups/gcm_who_a68_2016_2017apr15.pdf?ua=1).

7.1 2015 WORKING GROUPS

NCDs and the private sector (2015)

A working group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 (engagement with the private sector) of the United Nations Political Declaration on NCDs (2011).¹⁰

CO-CHAIRS

H.E. 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, Jr.**

Secretary for Science,
Technology and Strategic
Products, Ministry of
Health, Federative
Republic of Brazil

The Working Group report provided actionable recommendations on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs, with overarching recommendations followed by a menu of actions, country cases and a suggested way forward.

OVERARCHING RECOMMENDATIONS

1. Governments need to establish sound national statutory and regulatory frameworks to enable more concrete contributions from the diverse range of private sector entities to NCD prevention and control goals and targets.
2. Governments should establish a multistakeholder platform for engagement on and implementation, monitoring and evaluation of NCD prevention and control that involves all relevant stakeholders, including relevant private sector entities.

¹⁰ Paragraph 44 of United Nations resolution A/RES/66/2 reads as follows: "With a view to strengthening its contribution to non-communicable disease prevention and control, [Heads of State and Government and representatives of States and Governments commit to] call upon the private sector, where appropriate, to:

- a. Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;
- b. 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 labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;
- c. 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;
- d. Work towards reducing the use of salt in the food industry in order to lower sodium consumption;
- e. Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases."

Financing for NCDs (2015)

A working group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the United Nations Political Declaration on NCDs and explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

CO-CHAIRS

Mr Colin L McIlff

Health Attaché, United States of America Mission to the United Nations, Geneva, Switzerland

Dr Indrani Gupta

Head of Health Policy Research Unit, Institute of Economic Growth, New Delhi, Republic of India

SPECIAL ADVISER

Professor Liming Li

Professor of Epidemiology, Executive Vice President, Chinese Academy of Medical Sciences & Peking Union Medical College, China

The Working Group report provided actionable recommendations on how to realize governments' commitments, with overarching recommendations followed by a menu of actions, country cases and a stepwise approach for countries to finance NCDs.

OVERARCHING RECOMMENDATIONS

1. Mobilize and allocate significant resources to attain the NCD-related targets included in the Sustainable Development Goals by 2030, and the nine global voluntary NCD targets included in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 by 2025.
2. Effectively and efficiently utilize and expand domestic public resources to implement national NCD responses, including by making greater use of revenue from tobacco and other health-related taxes to achieve national health objectives.
3. Complement domestic resources for NCDs with official development assistance (ODA) and catalyse additional resources from other sources to increase health expenditure on the prevention and control of NCDs, consistent with country priorities.
4. Promote and incentivize financing and engagement from the private sector to address NCDs, consistent with country priorities on NCDs.
5. Enhance policy coherence across sectors in order to ensure that the expected outcomes of national NCD policy are achieved, including by assessing the health impact of policies beyond the health sector.

7.2 2016–2017 WORKING GROUPS

Inclusion of NCDs in other programmatic areas (2016)

A working group to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of NCDs 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, 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.

CO-CHAIRS

H.E. Beatriz Londono Soto

Ambassador Extraordinary and Plenipotentiary;
Permanent Representative of the Republic of Colombia to the United Nations Office at Geneva

Dr Naoko Yamamoto

Assistant Minister for Global Health and Health Strategy, Japan

PRELIMINARY RECOMMENDATIONS

The Working Group met three times in person throughout 2016, and progress is under way for the final Working Group report on the inclusion of NCDs within other programmatic areas, including the finalization of actionable recommendations. The Working Group draft recommendations focused on seven key areas:

1. The assessment of existing national health policies to develop and strengthen strategies that ensure integration of NCDs with other health programmes, in particular HIV/AIDS, tuberculosis, maternal and child health, and sexual and reproductive health.
2. The development, dissemination and provision of context-specific evidence, best practices and investment cases to support integration of NCDs.
3. The requirement to establish a high-level multisectoral mechanism on NCDs, with clear guidance from the health sector.
4. The support of international development partners, intergovernmental organizations and non-State actors to effectively integrate NCDs into other programmatic areas.
5. The development of an adequate and sustainable health workforce with the resources and capacities to manage and integrate NCDs.
6. The integration of NCD services at all levels of health care, with a particular focus on primary and community care.
7. The investment in research and implementation of innovative technologies to support integration, scale-up and outreach of NCD strategies.

"The urgency and relevance of program integration has been elevated even more by the 'integrated and indivisible' SDG focus. Integration is a pillar of SDGs and countries are requesting concrete assistance and guidance on a comprehensive integration of health systems, including with NCDs. However, few countries have been able to move ahead with integration of NCDs even into these specific programme areas, due to knowledge gaps and lack of policy guidance."

Dr Oleg Chestnov, Assistant Director-General of Noncommunicable Diseases and Mental Health

"The Working Group recommendations will provide specific options of 'how to' implement integration at country level and in different country contexts. Country case studies and best practices can provide clear evidence for the necessary scale-up."

Dr Bente Mikkelsen, Head of WHO GCM/NCD Secretariat

Alignment of international cooperation with national plans on NCDs (2016)

A Working Group on the alignment of international cooperation on NCDs with national NCD plans in order to strengthen aid effectiveness and the development impact of external resources in support of action on NCDs.

CO-CHAIRS

H.E. Ambassador

Taonga Mushayavanhu

Permanent Representative of the Republic of Zimbabwe to the United Nations Office at Geneva

Mr Kjetil Aasland

Minister Counsellor for Health, Permanent Mission of the Kingdom of Norway to the United Nations Office at Geneva

SPECIAL ADVISER

Dr Hussain Abdul

Rahman Al Rand

Assistant Undersecretary for Health Centers and Clinics and Public Health, Ministry of Health, United Arab Emirates

PRELIMINARY RECOMMENDATIONS

The Working Group met three times throughout 2016 in person, and progress is under way for the final Working Group report on the alignment of international cooperation on NCDs with national NCD plans. The Working Group draft recommendations addressed specific areas and the barriers they create:

1. Governments should develop or expand existing and emerging forms of development cooperation beyond the traditional donor-recipient model to address NCDs through North-South, South-South and triangular cooperation.
2. Governments should urgently develop and implement high-quality, multisectoral integrated plans that are prioritized and costed in close collaboration with relevant stakeholders, including non-State actors.

3. Governments should build their institutional capacity to engage effectively with development agencies to ensure aid efficiency, mutual accountability, and development impact of external resources to support national NCD plans.
 4. Governments should develop NCD investment frameworks to communicate the urgency for accelerated and targeted investments in NCDs as part of the 2030 Sustainable Development Agenda.
 5. Governments should invest in adequate surveillance, monitoring and evaluation, and research systems to provide evidence for effective interventions, inform advocacy efforts, and support resource mobilization for NCDs.
 6. Governments should promote and enhance cooperation with non-State actors, including civil society organizations, to strengthen advocacy and mutual accountability, and ensure the implementation of national NCD plans.
-

STATEMENTS FROM THE CO-CHAIRS

"We must call upon development agencies and donor countries to prioritize NCDs in their portfolios and help low-income nations strengthen their health systems to achieve the NCD targets."

H.E. Ambassador Taonga Mushayavanhu, co-chair

"I am delighted with the interest that the Member States have shown in the outcomes so far from the Working Group. It is encouraging as we look towards translating the recommendations into actions and results."

Mr Kjetil Aasland, co-chair

The mandates of the Working Groups on the inclusion of NCDs into other programmatic areas and the alignment of international cooperation with national NCD plans were extended to 2017 by the WHO Director-General. The extension of the mandate will allow for sufficient time for the Working Groups to consolidate the evidence and enrich their work with additional case studies and best practices, and consult relevant stakeholders to support the final recommendations. Both Working Groups have opened communities of practice on the topics concerned.

NCDs and health literacy (2017)

A working group to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for NCDs, with a particular focus on populations with low levels of health awareness or literacy, and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the Global Action Plan.

CO-CHAIRS

Dr Lixin Jiang

Assistant Director of the National Research Centre for Cardiovascular Diseases; Co-Director of the China Oxford Centre for International Health Research; Editor-in-Chief, *The Lancet*, China

Professor Sergey Boystov

Director, National Research Centre for Preventive Medicine, Ministry of Health Care of the Russian Federation

In 2017, the Working Group on NCDs and health literacy will meet three times in order to propose recommendations to promote health education and health literacy for NCDs.

WORKSHOP TO PREPARE FOR THE FIRST WORKING GROUP MEETING ON NCDs AND HEALTH LITERACY, BEIJING, CHINA, 26–27 NOVEMBER 2016

In preparation for the first meeting in February 2017 of the Working Group on NCDs and health literacy, a workshop was held in Beijing, China, for the Working Group members to discuss such issues as the definition of health literacy and its scope, and the outcomes emerging from the Shanghai Conference on Health Promotion and their implications for enhancing the Working Group's recommendations.

A community of practice on health literacy and health education has been established, moderated by Professor Richard Osborne, Deakin University, Australia.

**POSTER ON HEALTH LITERACY PRESENTED BY CHINA AND THE RUSSIA FEDERATION
AT THE NINTH GLOBAL CONFERENCE ON HEALTH PROMOTION HELD IN SHANGHAI,
CHINA, NOVEMBER 2016**



08

Global multistakeholder dialogue meetings

Global multistakeholder dialogue meetings are part of the GCM/NCD's advocacy efforts to raise awareness of the urgency of implementing the Global Action Plan on NCDs and the recommended means for doing so. Dialogue meeting participants come from Member States, United Nations agencies and non-State actors, including NGOs, the private sector, philanthropic foundations and academic institutions. The outcomes of the dialogue meetings are documented in meeting reports with specific recommendations, which are made available on the GCM/NCD website.

During 2015, as set out in the GCM/NCD work plan 2014–2015, two global multistakeholder dialogue meetings were held:

- A dialogue on how to engage the continued inclusion of noncommunicable diseases in development cooperation agendas and initiatives

This dialogue involved 180 participants, including representatives of 60 Member States, 55 NGOs, and 8 United Nations organizations.

- A dialogue on how to strengthen international cooperation on NCDs

This dialogue involved 200 participants, including representatives of 90 Member States, 18 embassies, 11 United Nations organizations, 90 NGOs, 10 WHO collaborating centres, and 40 other organizations.

The GCM/NCD 2016–2017 work plan includes a further two multistakeholder dialogue meetings:

- Dialogue on the role of non-State actors in supporting Member States in their national efforts to combat NCDs

This dialogue involved 161 participants, including 58 people on WebEx, and 48 speakers sharing examples from at least 16 countries or organizations. The 98 audience participants were broken down as follows: 19 Member States, 1 United Nations representative, 61 NGOs, 7 business association delegates, 2 philanthropic foundation delegates, 3 from academia and 5 from WHO collaborating centres. Over 50 countries were represented across all 6 WHO regions, and 410 tweets used the #BeatNCDs hashtag during the three-day conference.

- Dialogue on how governments can promote policy coherence among different spheres of policy-making that have a bearing on NCDs (October 2017)

More information on the dialogues is contained in the following subsections.

8.1 2015 DIALOGUES

NCDs and development cooperation: 20–21 April 2015

Dialogue on how to encourage the continued inclusion of NCDs in development cooperation agendas and initiatives, internationally agreed development goals, economic development policies, sustainable development frameworks and poverty reduction strategies.

CO-CHAIRS

H.E. Mr Jean-Marc Hoscheit

Permanent Representative of the Grand Duchy of Luxembourg to the United Nations Office at Geneva

H.E. Ambassador Taonga Mushayavanhu

Permanent Representative of the Republic of Zimbabwe to the United Nations Office at Geneva

The multistakeholder dialogue meeting on NCDs and development cooperation was the first of its kind organized by the GCM/NCD. It drew a large and diverse audience of 180 people, including 60 representatives from Member States, 55 NGO representatives, 8 United Nations organizations and a significant number of relevant philanthropic foundations, WHO collaborating centres and academic institutions, as well as the private sector, who actively contributed their wealth of experience and knowledge during the two-day dialogue meeting.

The main focus of the dialogue was to convene stakeholders to discuss how to support countries in their national efforts to build domestic solutions that will prevent premature deaths from NCDs. Outcomes included suggested actions for different NCD stakeholders concerning budgetary allocations for NCDs within national development plans, the requirement to map the demand for technical assistance from developing countries for NCDs, greater prioritization of NCDs in programmes, clarification of the private sector's role and enhanced knowledge sharing.

"A world free of the avoidable burden of NCDs is achievable, but only if rich and poor countries alike follow a shared commitment to put in place the necessary policies and resources for the prevention and control of NCDs, and place action to address NCDs higher on the national and global political agendas, in collaboration with all stakeholders."

Final dialogue report

"Can children be blamed for an addiction to nicotine when single cigarettes are sold at the gates of their schoolhouse? Can parents be blamed for their overweight children when cities have no green spaces or the crime rate is so high that children are not safe playing outdoors? For the millions of people living in so-called 'urban food deserts', healthy eating is simply not an option."

Dr Margaret Chan, Director-General, WHO (2006 – 2017)

"The responsibility for the rise in NCDs does not fall on individuals who choose to eat, smoke and drink too much or opt for a sedentary lifestyle. The responsibility falls on the environments in which these choices are made."

Final dialogue report

NCDs and international cooperation: **30 November–1 December 2015**

Dialogue on how to strengthen international cooperation on NCDs within the framework of North-South, South-South and triangular cooperation.

CONVENERS

H.E. Jorge Lomónaco Tonda

Ambassador, Permanent Representative, Permanent Mission of the United Mexican States to the United Nations Office at Geneva, Switzerland

Mr Carl Reaich

Deputy Permanent Representative, Permanent Mission of New Zealand to the United Nations Office at Geneva, Switzerland

The multistakeholder dialogue meeting on NCDs and international cooperation was the first global meeting convened by WHO on NCDs following the United Nations summit for the adoption of the post-2015 development agenda (New York, 25–27 September 2015). The dialogue provided an opportunity to explore how countries can fulfil their NCD commitments in the context of the SDGs 2015–2030.

The dialogue brought together over 200 participants, who offered their expertise and ideas across the two-day dialogue, including representatives from 90 Member States, 18 embassies, 11 United Nations organizations, 90 NGOs, 10 WHO collaborating centres and 40 other organizations, including business associations, philanthropic foundations and academic institutions. For the first time, prior to the meeting, three pre-dialogue caucuses were held, which focused on specific stakeholders, principally from the United Nations system, NGOs, philanthropic organizations and the private sector.

The resounding theme of the dialogue was the vital need for innovative solutions and international cooperation to end the devastating effects of NCDs by reducing the disconnect between the scale and complexity of NCD problems and the lack of resources allocated to them. Key conclusions drawn at the dialogue included the need for new forms of international cooperation and new sources of domestic financing for NCD solutions as ODA becomes a smaller stream of revenue in the NCD response.

“Business as usual will not work. The emphasis is on implementation that brings measurable results within countries. Let me highlight three words: country, implementation, results.”

Consensus is growing that SDGs, including national NCD responses, will not be funded primarily from aid budgets. Moving forward, countries are expected to make their tax systems more efficient and introduce measures to combat tax evasion and illicit tax flows.”

Dr Margaret Chan, Director-General, WHO (2006 – 2017)

“As the root causes of NCDs lie in non-health sectors, prevention depends on this kind of broad collaboration and cooperation.”

Vertical silos of thinking, whether across governments, policies or community movements, remain major barriers to effective collaboration, resulting in missed opportunities for effective integration and synergies.

More than philanthropy is needed: the private sector must engage not only to act responsibly, but also engage because it is good business, and makes engagement and investments long-term and sustainable.

There is a high return on investment in NCDs, in terms of economic / social inclusion and environment.”

Final dialogue report

8.2 2016 DIALOGUES

Virtual discussion forum: follow-up to the second dialogue on NCDs and international cooperation, 18–27 January 2016

CONVENERS

Sir George Alleyne

Director Emeritus,
Pan American Health
Organization, United
States of America

Dr Bente Mikkelsen

Head of the Secretariat of
the Global Coordination
Mechanism on NCDs,
Office of the Assistant
Director-General,
Noncommunicable
Diseases and Mental
Health, World Health
Organization, Switzerland

On 18–27 January 2016 the GCM/NCD convened a virtual discussion forum as a follow-up to the dialogue on international cooperation to further engage the experts and participants of the dialogue meeting. Both the dialogue and the follow-up virtual discussion forum were aligned with the GCM/NCD mandate to provide opportunities to stakeholders to meet the commitments articulated in major political declarations.

“Knowledge and data for mobilizing action and advocacy on NCDs must be adapted to the country context and focused on long-term sustained transformation in policy and practice.”

To capitalize on and sustain political will, it is essential at the implementation level to foster interpersonal collaboration and support from within the health professions, public health organizations and other sectors to effectively implement strategies and achieve identified targets.

There is an urgent need to focus our efforts on an integrated approach, in line with the imperatives of the Sustainable Development Goals, which themselves are integrated and indivisible.

Our goal is to build opportunities for sharing knowledge and collaborative learnings for effective, collective and accelerated action on NCDs.”

Virtual discussion forum

Virtual discussion forum

Around 100 countries were represented by 414 members. A total of 229 actively registered for the discussion or accepted the invitation.

CONTRIBUTIONS

Sixty-seven contributions were made from 20 countries. Three thematic issues were discussed: multisectoral cooperation and collaboration, integrated NCD response across the life course, and improving access to and translation of knowledge into practice.

WHO REGIONAL PARTICIPATION

Contributors represented all six WHO regions, with representatives from Afghanistan, Argentina, Australia, Belgium, Botswana, Canada, China, Denmark, Germany, India, the Islamic Republic of Iran, Malaysia, Norway, South Africa, Sweden, Switzerland, Uganda, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Zimbabwe.

Thirty-nine members submitted high-level contributions. The virtual library was extremely valuable and active, with 1068 downloads. Most frequently downloaded materials included documents submitted by other participants to the forum (28%) and documents synthesizing the discussion (20%). Contributors from 30 countries shared success stories of effective multisectoral collaboration. Of contributions, 54% were from NGO representatives, and 26% were from academic institutions and WHO collaborating centres.

NCDs and non-State actors: 19–21 October 2016, Mauritius

Dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development.

CO-CHAIRS

Dr Maryam Timol

Director of Health Services, Ministry of Health and Quality of Life, Government of the Republic of Mauritius

H.E. Mr Gilles Huberson

Ambassador of the French Republic

The global multistakeholder dialogue meeting on NCDs and non-State actors was the third GCM/NCD dialogue and the first to be held outside Geneva. A total of 161 participants were convened, and a further 58 people followed the meeting via WebEx. Of those present in Mauritius, 48 spoke in the programme, sharing concrete examples of successful non-State actor engagement across at least 16 countries and organizations. Of the 98 audience participants, there were 19 Member State representatives, 1 United Nations representative, 61 NGO representatives, 7 representatives from business associations, 2 from philanthropic foundations, 3 from academic institutions and 5 from WHO collaborating centres. In total, representatives came from over 50 Member States and all six WHO regions.

The dialogue provided a forum to develop an understanding of multistakeholder collaboration in the areas of governance, planning, monitoring and multisectoral mechanisms.

Upon completion of the meeting, the Governments of France and Mauritius jointly issued a co-chairs' statement. This statement reflects the position of the co-chairs on the roles of non-State actors, such as NGOs, the private sector, philanthropic organizations, and academic institutions, and includes specific recommendations for each group of actors as they support governments in advancing NCD prevention and control.

"It is not up to individuals alone to beat NCDs – it is everyone's responsibility to prevent and treat them. It's time not only to act, but to act together."

Dr Timol, co-chair

"Let us agree today that what we lack is not political commitments to address NCDs, but collective and multisectoral action."

H.E. Mr Huberson, co-chair

"The era of empty rhetoric and inaction is over. We will collectively be held accountable by future generations for our ability to reverse the number of premature deaths caused by NCDs, prevent exposure to NCD risk factors, and to improve the lives of all people living with, at risk or affected by NCDs."

Co-chairs statement

"Progress cannot happen without multisectoral, multistakeholder participation and partnerships, and the actions, resources, knowledge, expertise and services of non-State actors to complement the efforts of Governments."

Co-chairs statement

8.3 PRE-DIALOGUE CAUCUSES

Pre-dialogue caucuses are informal meetings convened in the lead-up to a dialogue to focus participants' attention on a specific theme or stakeholder group. The caucuses contribute to the dialogue by engaging participants in preliminary joint analysis, prompting discussion about future action amongst similar stakeholders. Representatives of each caucus report back to the dialogue on the outcomes of their deliberations.

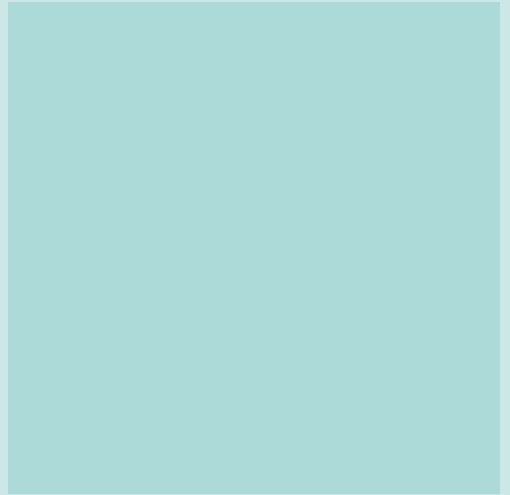
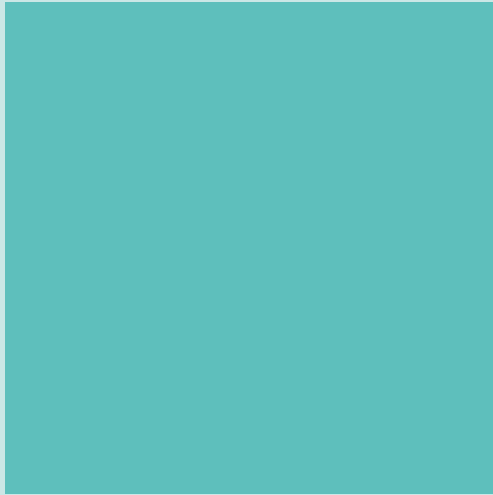
The 2015 global multistakeholder dialogue meeting on the role of NCDs and international cooperation was preceded by three separate pre-dialogue caucuses:

- **United Nations system: delivering integrative responses for NCDs**, organized by UNIATF and the United Nations Office for South-South Cooperation, 27 October 2015
- **Nongovernmental organizations and the next generation: advocacy and accountability for NCDs**, organized by the NCD Alliance and the Young Professionals Chronic Disease Network, 29 November 2015
- **The complementary contribution of the private sector and philanthropic foundations**, organized by the World Economic Forum and Aga Khan Development Network, 29 November 2015.

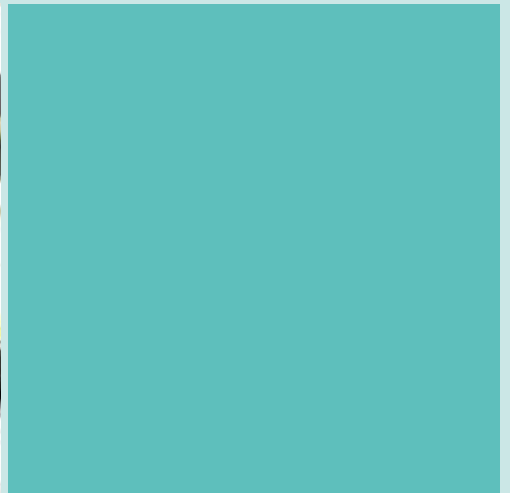
Prior to the 2016 global multistakeholder dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle NCDs, four separate pre-dialogue caucuses were held:

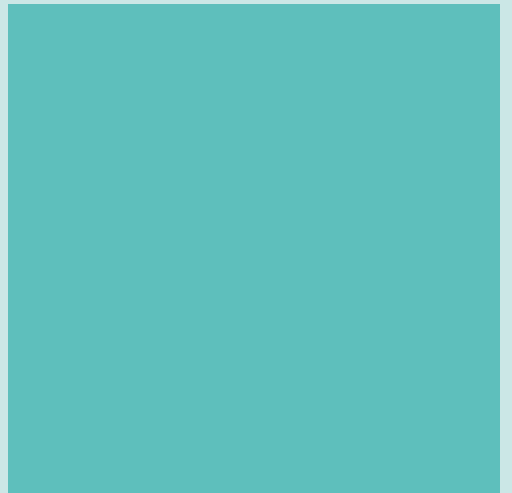
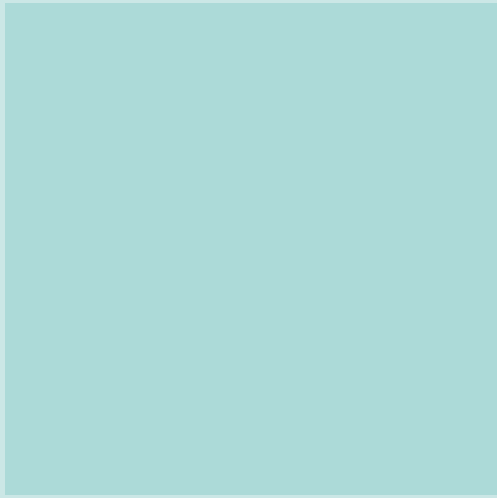
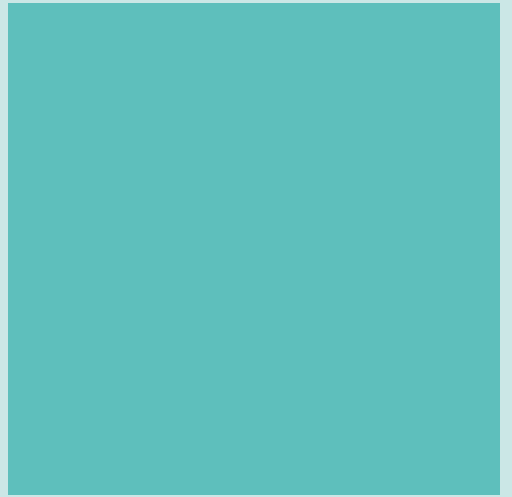
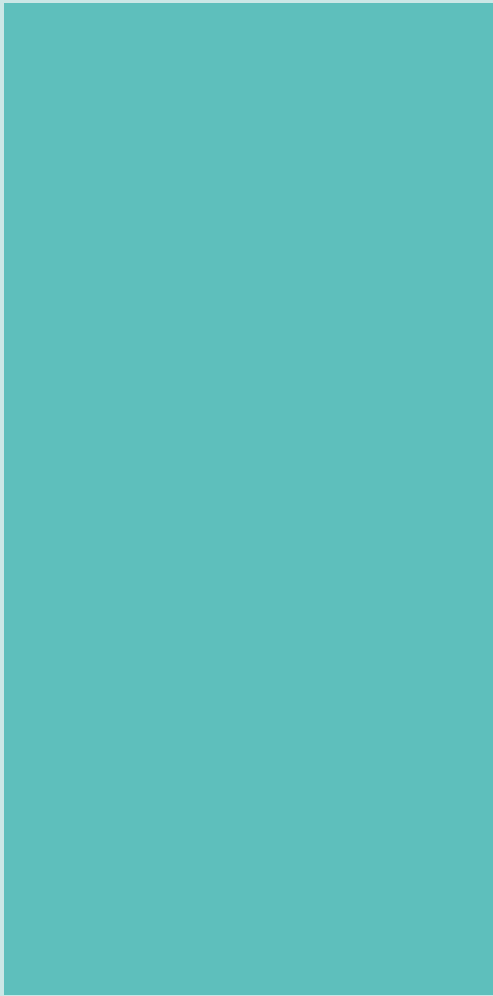
- **Healthy lives and noncommunicable disease prevention: pathways to strengthen public-private cooperation**, Medellín, Columbia, 15 June 2016, organized by the World Economic Forum independently of WHO
- **Sustainable urban environments and nurturing a life free from NCDs**, European Health Forum, Gastein, 28 September 2016, organized by WHO and the European Health Council
- **Healthy lives and tackling NCDs in the context of the fourth industrial revolution: an action agenda from the new champions to the world**, Tianjin, China, 25 June 2016, organized by the World Economic Forum independently of WHO
- **Addressing NCDs as part of the 2030 Agenda for Sustainable Development: the contribution of civil society**, Jordan, 15 August 2016, organized by the NCD Alliance independently of WHO and in the context of the NCD Civil Society Workshop.

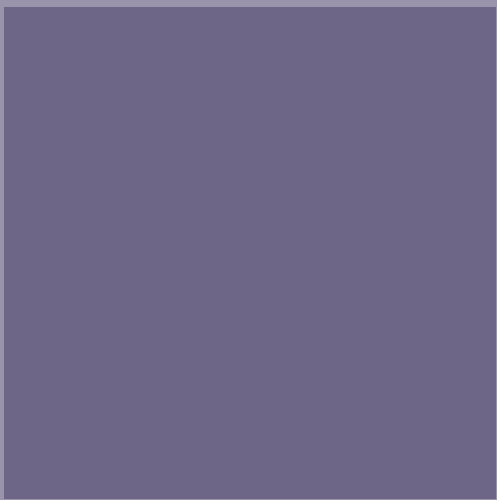
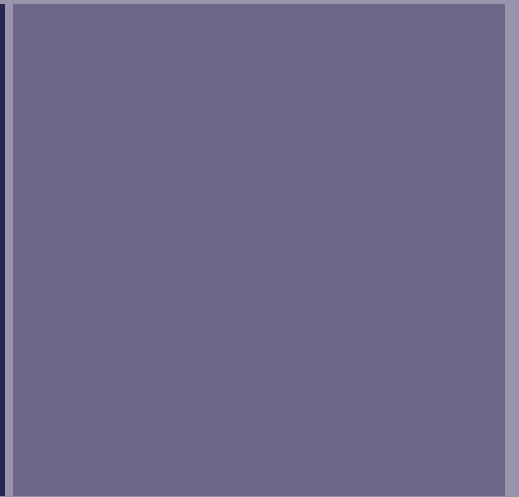


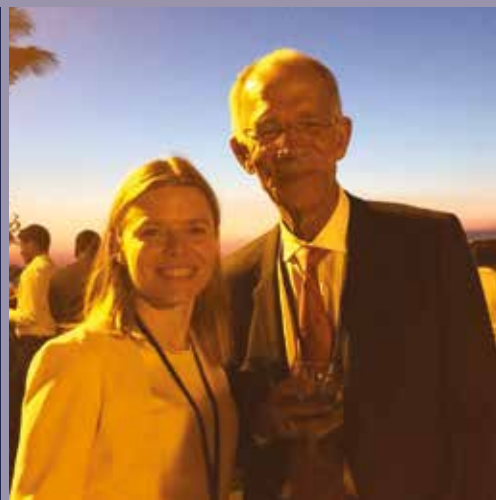
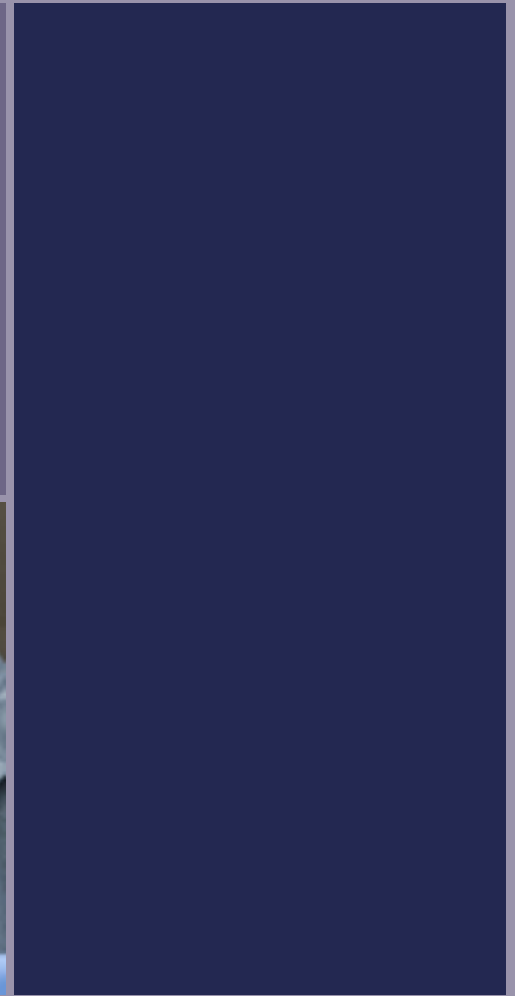
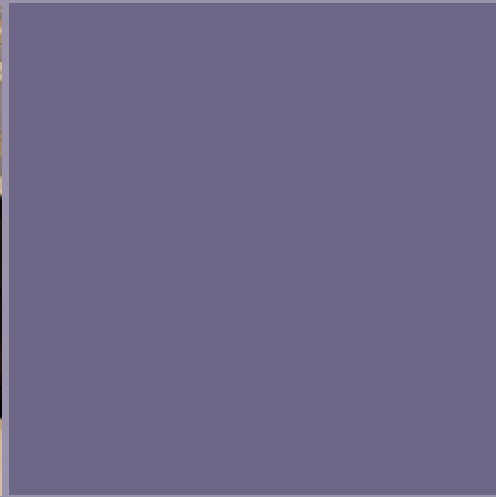


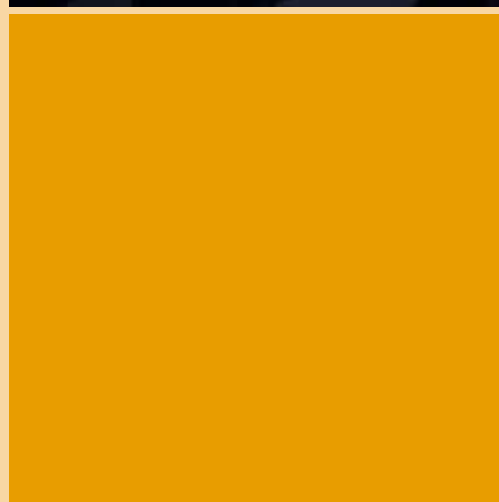
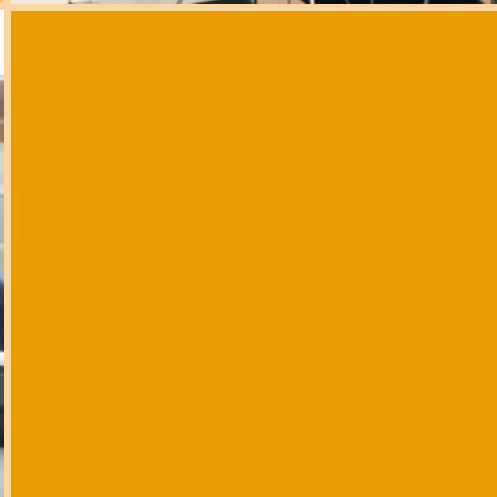
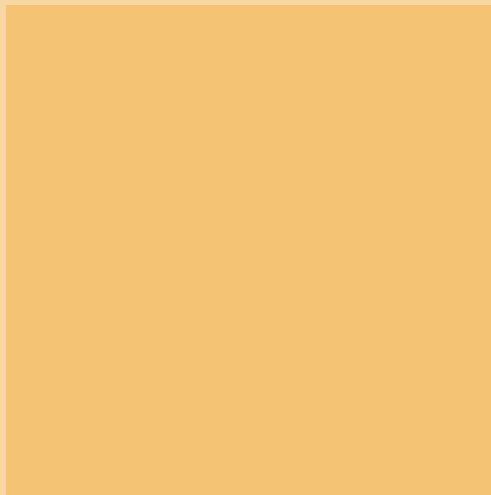
GCM/NCD IN ACTION

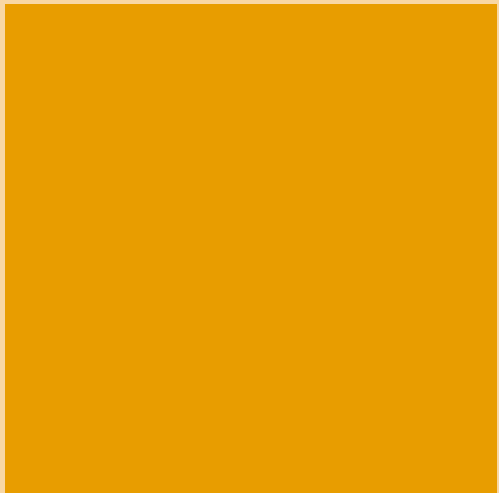
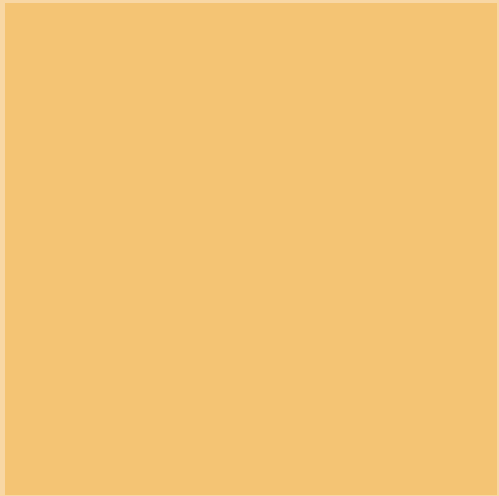
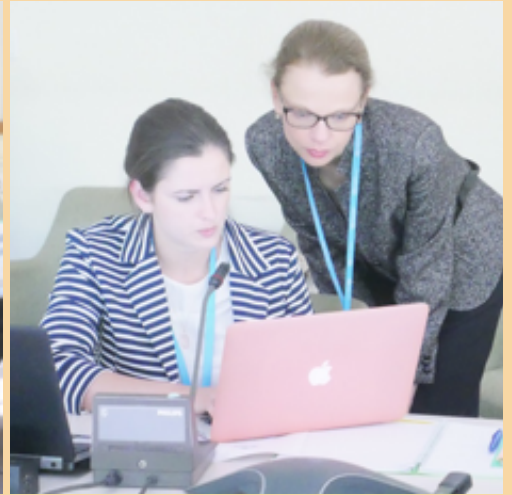
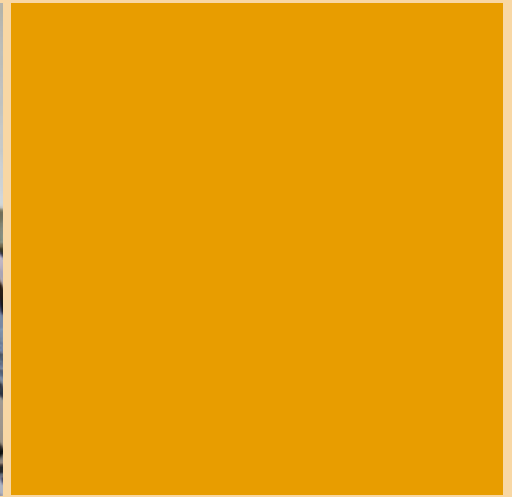


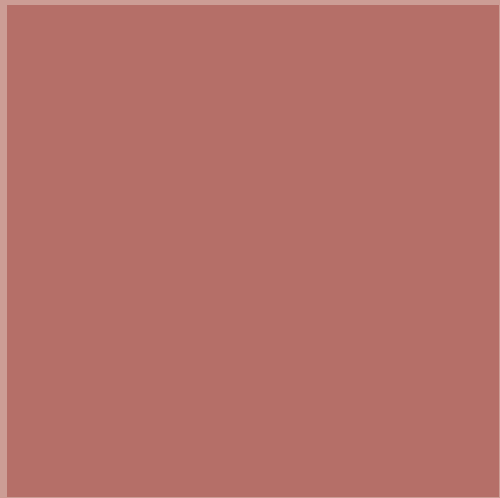
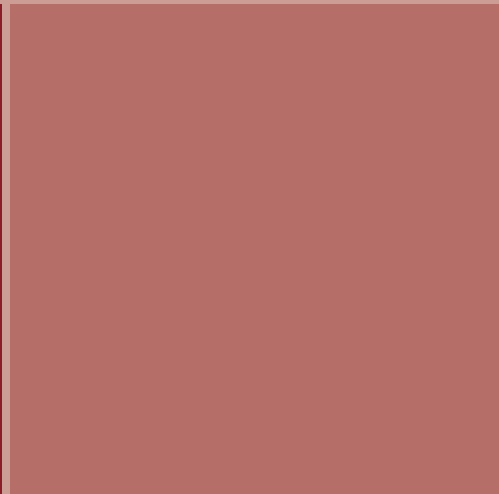
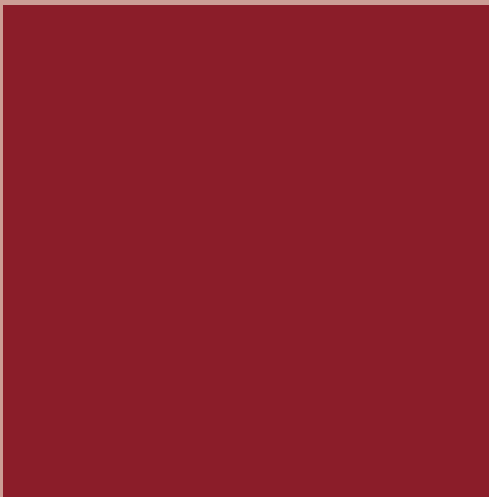














09

Webinars

DURING 2015-2016 THE FOLLOWING WEBINARS¹¹ WERE HELD:

9.1 2015 WEBINARS

WHO Global Coordination Mechanism and the United Nations Interagency Task Force (March 2015)

PRESENTERS

Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism on NCDs

Dr Nicholas Banatvala, Senior Adviser, UNIATF

The harmful use of alcohol: a global public health perspective (June 2015)

PRESENTER

Mr Dag Rekve, Department of Mental Health and Substance Abuse, WHO

¹¹ <http://www.who.int/global-coordination-mechanism/news/webinars/en/>.

Trade and noncommunicable diseases (July 2015)

PRESENTER

Dr Benn McGrady, Technical Officer (Legal), Prevention of Noncommunicable Diseases

Investor–State dispute settlement and noncommunicable disease: contemporary disputes, debates and options for reform (August 2015)

PRESENTER

Dr Benn McGrady, Technical Officer (Legal), Prevention of Noncommunicable Diseases

Improving health literacy to tackle noncommunicable and communicable diseases (November 2015)

PRESENTER

Professor Don Nutbeam, Professor of Public Health, University of Southampton, United Kingdom

Stimulating international cooperation to finance the prevention and control of NCDs (December 2015)

PRESENTER

Dr Rachel Nugent, University of Washington and Disease Control Priorities Network

9.2 2016 WEBINARS

Aligning international cooperation and national NCD plans (April 2016)

PRESENTERS

Dr Daniel Lopez-Acuna, Adjunct Professor, Andalusian School of Public Health and former WHO Director and Adviser to the Director-General

Ms Melanie Cowan, Technical Officer, Surveillance and Population-based Prevention

Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism on NCDs

Youth engagement in NCDs (May 2016)

PRESENTERS

Dr Sandeep Kishore, Founder and Chair, Young Professionals Chronic Disease Network

Skander Essafi, Liaison Officer for Public Health Issues, International Federation of Medical Students Associations

Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism on NCDs

Reducing NCD risks in an era of global environmental change (June 2016)

PRESENTERS

Professor Sir Andy Haines, London School of Hygiene and Tropical Medicine

Dr Maria Neira, Director, WHO Public Health and the Environment Department

Dr Graham Alabaster, Senior Technical Officer, WHO/Chief of Section, Urban Basic Services, UN-Habitat

Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism on NCDs

Reframing NCDs and injuries for the poorest billion (June 2016)

PRESENTERS

Dr Gene Bukhman, Director, Program in Global NCD Social Change, Harvard Medical School

Dr Tamitza Toroyan, Technical Officer on Road Safety, WHO Department for Management of NCDs, Disability, Violence and Injury Prevention/Unintentional Injury Prevention

Dr Teri Reynolds, Emergency, Trauma and Acute Care Lead, WHO Noncommunicable Diseases and Mental Health/Violence and Injury Protection

Dr Bente Mikkelsen, Head of the Secretariat for the WHO Global Coordination Mechanism on NCDs.

Public-private partnerships/cooperation (December 2016)

PRESENTERS

Ms Vanessa Candeias, Associate Director, Head of Health Promotion and Disease Prevention, World Economic Forum

Dr David Clarke, Health Systems Adviser, WHO Health Systems and Innovation

Dr Guy Fones, Technical Adviser, Secretariat for the WHO Global Coordination Mechanism

10

Publications and knowledge dissemination

10.1 A GROWING LIBRARY OF GCM/NCD KNOWLEDGE PRODUCTS

Among the growing library of significant GCM/NCD publications¹² are the comprehensive reports produced by the GCM/NCD Working Groups and the multistakeholder dialogue meeting reports. In addition, the GCM/NCD has been producing numerous policy briefs and background papers to provide more concise and targeted information on various NCD-related themes. All publications and other resources are available on the GCM/NCD website.¹³

The GCM/NCD is also disseminating guidance and research carried out by WHO staff, consultants and associates through its work. Upcoming publications on the commercial determinants of health, health literacy, and engaging the private sector distil the findings from the GCM/NCD Working Groups. Other papers quantify research output from developing countries and provide an overview of the NCD financing landscape in those settings. Related work in the *International Journal of Noncommunicable Diseases* provides a pithy overview of the challenges facing NCD researchers.

The GCM/NCD has also contributed to publications on poverty and NCDs, the WHO “best buys” for NCDs, and biosecurity and NCDs. Work by GCM/NCD consultants has also been featured in *SciDev.Net* and the *New Scientist*.

New tools to assist stakeholders in their efforts to combat NCDs are constantly being developed, and are featured on the regularly updated NCD tools web page (see next section).

¹² <http://www.who.int/global-coordination-mechanism/publications/en/>.

¹³ <http://www.who.int/ncds/gcm/en/>.

10.2 WEB-BASED TOOLS AND PLATFORMS

WEB-BASED PLATFORM

The GCM/NCD is developing a web-based platform that will have two key functions:

- build and disseminate information about the necessary evidence base to inform policy-makers about the relationship between noncommunicable diseases, poverty and development;
- promote and facilitate international collaboration for exchange of best practices in the areas of Health in All Policies, whole-of-government and whole-of-society approaches, legislation, regulation, health systems strengthening and training of health personnel, in order to disseminate learning from the experiences of Member States in meeting the challenges.

NCD TOOLS WEBPAGE

To increase accessibility and uptake at country level, an NCD tools webpage has been established.¹⁴ It provides links to WHO tools for the prevention and control of NCDs, developed and generated by WHO headquarters and regional offices. The tools help stakeholders to carry out a number of NCD-related tasks, including setting national targets, developing national multisectoral policies and plans, and measuring results. The can also provide information and guidance on the effectiveness and cost-effectiveness of evidence-based interventions, taking into account the Global Action Plan on NCDs. The page is updated every quarter.

¹⁴ <http://www.who.int/nmh/ncd-tools/en/>.

11

Communities of practice

The GCM/NCD has funded the technological infrastructure that will host a number of communities of practice,¹⁵ each focused on a specific thematic area related to the GCM/NCD's mandated work streams, the work of UNIATF, and the work of the WHO Noncommunicable Diseases and Mental Health cluster more broadly. Communities of practice are closed online networks of people with expertise that pertains to the theme in question. They constitute a virtual safe space where researchers, policy-makers, practitioners and other stakeholders working on NCD responses can network, communicate, and exchange resource materials, tools, effective practices and experiences. They will facilitate knowledge networking and collaborative learning among key stakeholders around the world to address NCDs from multiple perspectives.

The communities of practice due to launch in early 2017 include research on multisectoral NCD action plans, NCDs and law, NCDs and the next generation, NCDs and financing, and others related to the ongoing GCM/NCD Working Groups. In addition, a special Community of Practice comprising the national NCD focal points who met in Geneva in February 2016 will be created to provide inputs to and benefit from the outcomes of all the thematic communities of practice.

¹⁵ <http://www.who.int/global-coordination-mechanism/news/communities-of-practice/en/>.

12

Global Communications Campaign

12.1 AIMS AND ACTIVITIES OF THE GLOBAL COMMUNICATIONS CAMPAIGN

Introduced in July 2016 and launched in September 2016, the GCM/NCD Global Communications Campaign is raising awareness and “advocating the feasibility of achieving the nine global targets for a world free of the avoidable burden of noncommunicable diseases by 2025”.

The campaign was introduced during the High-Level Political Forum on Sustainable Development held in New York, 18 July 2016, where WHO and the Russian Federation hosted an event titled “Reflecting the noncommunicable disease-related SDG targets for 2030 in national SDG responses: leaving no one behind”. The GCM/NCD used this opportunity to formally launch the Global Communications Campaign targeting both policy-makers and the general public.¹⁶

FIVE KEY ELEMENTS OF THE GLOBAL COMMUNICATIONS CAMPAIGN

- **Key messages**
- **Policy briefs**
- **Dedicated WHO campaign web presence with information on NCDs**
- **Country implementation cases**
- **Engagement portal**

¹⁶ <http://www.who.int/ncds/gcm/launch-of-WHO-GCC-at-UN-new-york/en>.

The campaign will support countries in demonstrating the feasibility of addressing NCDs for all major stakeholders, including the public, and rolling out targeted awareness and solutions campaigns, facilitating the prioritization of NCDs within national SDG responses and accelerating progress on specific NCD targets.

In 2017, WHO will work closely with interested countries and make key messages and advocacy materials globally available, demonstrating the feasibility for NCD action and the resultant benefits for health and development. Partners will be offered ways to raise awareness and mobilize support for government efforts, building public support by enabling third-party champions (including GCM/NCD participants, WHO global ambassadors, United Nations partners, multistakeholder bodies and civil society) to support and engage in the Global Communications Campaign.

The campaign has two web sites linked to @beatNCDs. One site is directed mainly at policy-makers, featuring key facts about NCDs and possible responses, and illustrating these through country implementation stories. The other site engages the general public by inviting narration of “NCD stories” by anyone affected by the diseases or their risk factors.

12.2 NCD STORIES

A crucial, innovative component of the campaign is to mobilize public engagement through sharing NCD stories.¹⁷ By combining compelling personal accounts of people’s daily struggles with NCDs with the facts that show the feasibility of meeting the targets governments have committed to in country contexts, the campaign aims to stimulate policy action.

Lilly Kamande,
Kenya



“We are just seeing the tip of the iceberg of patients with diabetes because mostly they come when they probably have symptoms. Even young people who are getting diabetes are not the rich. You find these are students in school who are obese and are not active and not participating in sports and activities like that. They are so used to having French fries and soda for their main meals. We are still in a developing country where health care is not really affordable to the common Kenyan. We need to be the champions and tell the world that the way we are doing things is not the right way if we want to achieve what we want in terms of good health.”

¹⁷ <http://apps.who.int/ncds-and-me/stories>.

Mbambu Alphosina,
Uganda



"I am a young resident of Kampala and completed a free cancer screening organized by the Uganda NCD Alliance. This organization needs to continue helping us to know our conditions, get information about diseases like cancer, diabetes and heart disease and also get treatment. Our government people cannot reach everywhere to help. They are very few and busy at the hospitals with very long lines for patients!"

Qirong Chen,
China



"I had no idea my life would take me so far from my small village in north-west China. Now I am a 23-year-old graduate student in Germany. But as a boy I was perpetually fatigued and would fall asleep in class. I was then diagnosed with heart disease. At that time I never imagined that I would one day go away to graduate school in Germany. Now I can run and play sports, and still have the energy to study hard. Without heart surgery, I wouldn't have this life."

Dr Rob Beaglehole,
New Zealand



"I work as a clinical dentist and am the Principal Dental Officer and Public Health Advocate for a regional health board in New Zealand. I am also the New Zealand Dental Association's spokesperson. Tooth decay, also known as dental caries, is the most common NCD on the planet. I am actively working at reducing sugary drink consumption with the goal of reducing tooth decay and other NCDs, such as obesity and type 2 diabetes. I have been active in firmly placing the dangers of sugary drinks on the national agenda, including helping to initiate policies where no sugary drinks are sold at hospitals, some councils and schools around New Zealand. I have also played a role speaking out on the benefits of community water fluoridation in New Zealand. I am currently on sabbatical leave to the World Health Organization in Geneva, where I am working on sugary drink advocacy and taxation issues. I helped encourage WHO to adopt a sugary drink-free policy at headquarters, which was announced in October 2016."

13

Accelerating national action: integrated country support

13.1 INTEGRATED INITIATIVE TO FAST-TRACK COUNTRY ACTION

In order to help WHO Member States fulfil their global NCD commitments (nine voluntary global targets for noncommunicable diseases by 2025, and the NCD-related targets of the SDGs by 2030) and align themselves with WHO reform, WHO is providing country support on a demand-driven basis.

The GCM/NCD contributes to an integrated initiative, in collaboration with relevant WHO technical units and offices, UNIATF, and other stakeholders, to ensure an appropriate, coordinated, and comprehensive response to support Member States that are committed to fast-tracking progress towards achieving the global SDG-related targets. The support, informed by country missions, helps countries to identify priorities and to build on their multisectoral action plans. The country-led initiative, in which ministries of health play a key role, is hosted in the Secretariat of the GCM/NCD at WHO headquarters. The results of the initiative will be reported to the third United Nations High-Level Meeting on NCDs in 2018.

Integrated support is currently being provided to Belarus, the Islamic Republic of Iran, Oman, Sri Lanka and Turkmenistan. In addition, with the support of Japanese voluntary funds, activities are being undertaken in 2016–2017 in Jamaica on promoting and creating an enabling environment for healthy behaviours among workers, and in Ethiopia and Sri Lanka on access to essential medicines and medical technologies. Further information on a number of those initiatives is provided below.

These countries are strongly encouraged to showcase their initiatives and success stories in combating NCDs through the Global Communications Campaign launched by WHO to demonstrate the feasibility of achieving the nine global targets for a world free of the avoidable burden of NCDs by 2025, and NCD target 3.4 of the 2030 Agenda for Sustainable Development.

13.2 INTEGRATED NCD INITIATIVE: COUNTRY CASE STUDIES

Sri Lanka



In Sri Lanka, the four main NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) account for approximately 70% of deaths. The probability of dying prematurely from NCDs is 18%. Most of these premature deaths are linked to greater exposure to NCD risk factors, namely tobacco use, an unhealthy diet, physical inactivity and the harmful use of alcohol. The remaining premature deaths are linked to weak health systems that fail to respond effectively and equitably to the health care needs of NCD sufferers.

Following the recommendations of the UNIATF mission in Sri Lanka in October 2015, support for the creation of a national NCD Alliance was provided. Two technical missions augmented other support activities: the first, in December 2015, assisted the Government of Sri Lanka to finalize the [National Multisectoral Action Plan for NCD Prevention and Control for 2016–2020](#) and identify a core set of priorities for action; while the second, in March 2016, helped cost the Multisectoral Action Plan.

Turkmenistan



In recent years, Turkmenistan has made significant progress in combating the NCD epidemic. However, NCDs are still estimated to account for 76% of total deaths in Turkmenistan, with the probability of dying prematurely from NCDs at 41%. Specifically, the leading causes of death appear to be cardiovascular disease (50%) and injuries (10%).

In 2013 the country hosted the WHO European Ministerial Conference on the Prevention and Control of NCDs, resulting in the Ashgabat Declaration on the Prevention and Control of NCDs. In 2014 Turkmenistan adopted a national strategy for 2014–2020 aimed at implementing the objectives and plan of action of the Ashgabat Declaration. A National Coordination Council, comprising 38 line ministries headed by the Prime Minister, was established in order to implement the strategy. Turkmenistan, together with WHO, initiated a regional project on tobacco control.

Building on the country's strengths, through integrated support, the Turkmenistan model for the prevention and control of NCDs was defined and agreed by the government. Integrated support has also been applied to such areas as road safety, mental health and disability.

Belarus



In Belarus, NCDs are estimated to account for 89% of all deaths (including 63% from cardiovascular diseases and 14% from cancers). Premature mortality is a key issue in Belarus, standing at 26%. As a result, average life expectancy at birth in men is less than 65 years, dropping to 61.3 years in some rural areas. This premature mortality, primarily among men of working age, has significant socioeconomic consequences and drains the national economy.

A joint mission of UNIATF to Belarus was held in July 2014, followed by a mission led by the Assistant Director-General for Noncommunicable Diseases and Mental Health in March 2016. Three areas of support following these missions are now being taken forward: strengthening early detection of cancer, especially breast and cervical cancer, and integrating the cancer programme into the health system; undertaking an investment case to quantify the costs and benefits to determine the return on investing in NCD prevention and control; and developing a two-year project to target the high mortality among working-age men.

Oman



In Oman, NCDs account for 68% of all deaths. The probability of premature death from the four main NCDs lies at 18%, meaning that nearly 1 in every 5 adults dies before they should. A joint programming mission of UNIATF to Oman was held in April 2016. Based on the mission's recommendations, a number of priority areas were identified, and activities are being implemented in an integrated manner in tobacco control, healthy diet, physical activity, and cancer prevention.

Islamic Republic of Iran



In the Islamic Republic of Iran, NCDs are major contributors to morbidity and mortality. Deaths due to NCDs account for 76% of all deaths, with 46% from cardiovascular diseases. The probability of dying prematurely from the four main NCDs is 18%. After the first high-level WHO mission in September 2014, a second joint mission by the Regional Office for the Eastern Mediterranean and headquarters, led by the Assistant Director-General for Noncommunicable Diseases and Mental Health, was held in July 2016. The mission identified a number of priority areas, which are now being implemented via WHO integrated support: (a) tobacco control, following endorsement of the new tobacco tax law proposal, which simplifies the current complex excise tax structure; (b) unhealthy diet, through reviewing and enforcing the implementation of regulatory measures for shortening of plant ghee to avoid replacement of trans-fatty acids by palm oil, supporting product reformulation to reduce salt, fat and saturated fatty acids and trans-fatty acids in processed foods and drinks, and reviewing the current food standards and specifications; (c) scaling up implementation of the national package of essential NCD interventions while evaluating and conducting cost analysis in the pilot sites; and (d) mental health.

14

A Dynamic Three Years



2014

Date	Event
May	Sixty-seventh World Health Assembly endorsed the GCM/NCD terms of reference
	2014–2015 work plan was implemented, including establishment of the following Working Groups: <ul style="list-style-type: none"> • Working Group 3.1 on NCDs and private sector engagement • Working Group 5.1 on financing NCDs
September	WHO Director-General established the WHO GCM/NCD Secretariat
	Work began to establish dialogues, web-based platforms and other forms of engagement

2015

Date	Event
All Year	Integrated support meetings held to aid countries in meeting commitments to the Global Action Plan on NCDs 2013–2020
February	Stakeholder Forum
18–19 February	First meeting of Working Group 5.1 on NCDs and the private sector

Date	Event
23–24 February	First meeting of Working Group 3.1 on financing NCDs
March	Side event: Time for action: women mobilizing against NCDs, at the 59th Commission on the Status of Women
	Webinar: WHO GCM/NCD and UNIATF – 30 participants plus 18 online
20–21 April	Dialogue on NCDs and development cooperation – the first GCM/NCD event to bring together multistakeholders from around the world
6–7 May	Second meeting of Working Group 3.1 on financing NCDs. The meeting included the multistakeholder hearing to inform the Working Group recommendations
June	Webinar: The harmful use of alcohol: a global public health perspective – 245 participants (online only)
17–18 June	Second meeting of Working Group 5.1 on NCDs and the private sector. The meeting included the multistakeholder hearing to inform the Working Group recommendations
July	Webinar: Trade and noncommunicable diseases – 44 participants
13 July	Side event: Changing the conversation on development finance for health, at the third International Conference on Financing for Development, Addis Ababa, Ethiopia
August	Webinar: Investor–State dispute settlement and noncommunicable diseases: contemporary disputes, debates and options for reform – 42 participants
	Release of the final meeting report of the 2015 GCM/NCD dialogue on NCDs and development cooperation
September	NCDs included in the 2030 Agenda for Sustainable Development
21–22 September	Third meeting of Working Group 5.1 on NCDs and the private sector
23–24 September	Third meeting of Working Group 3.1 on financing NCDs

2016

Date	Event
27 October	Pre-dialogue caucus on the United Nations system: delivering integrated responses for NCDs
November	Webinar: Improving health literacy to tackle noncommunicable and communicable diseases – 48 participants
29 November	Pre-dialogue caucus on the complementary contribution of the private sector and philanthropic foundations
	Pre-dialogue caucus on nongovernmental organizations and the next generation: advocacy and accountability for NCDs
30 November–1 December	Dialogue on mobilizing international cooperation on NCDs
December	Webinar: Stimulating international cooperation to finance the prevention and control of NCDs – 41 participants
Date	Event
All Year	Integrated support meetings held to aid countries in meeting commitments to the Global Action Plan on NCDs 2013–2020
11 January	Informal consultation on WHO Global Communications Campaign on NCDs
18–27 January	GCM/NCD virtual discussion forum as a follow-up to the GCM/NCD global dialogue on international cooperation on NCDs
16–17 February	In support of the first WHO global meeting of national NCD programme directors and managers: (a) GCM/NCD stakeholder networking dinner; and (b) GCM/NCD marketplace breakfast
14–18 March	Mission to Sri Lanka: costing of the NCD Multisectoral Action Plan
23 March	GCM/NCD participates in 60th session of the Commission on the Status of Women, including advocacy on NCDs in women's health
April	Release of the final meeting report of the 2015 GCM/NCD dialogue on how to strengthen international cooperation on NCDs within the framework of North-South, South-South and triangular cooperation

Date	Event
4–5 April	First meeting of GCM/NCD Working Group 3.1 on integrating NCDs into existing national health programmes – engaged 70 stakeholders in the multistakeholder hearing during the two April Working Group meetings
6–7 April	First meeting of GCM/NCD Working Group 3.2 on aligning international cooperation with national NCD plans
10–12 April	Joint programming mission to Oman
25–29 April	Mission to Turkmenistan: prioritization of the NCD Action Plan
26 April	Webinar: Aligning international cooperation and national NCD plans – 47 participants
27 April	Release of two final reports of the GCM/NCD Working Groups: <ul style="list-style-type: none"> • Working Group 3.1 on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs (paragraph 44) • Working Group 5.1 on how to realize governments' commitments to provide financing for NCDs (paragraph 45 (d))
3 May	Webinar: Youth engagement in NCDs – 120 participants online across six continents
16–19 May	GCM/NCD participated in the Women Deliver Conference 2016
24 May	Side event at World Health Assembly to showcase how the task force is supporting countries to develop and strengthen national NCD responses to achieve the NCD-related SDG targets by 2030
26 May	During the World Health Assembly, GCM/NCD organizes informal breakfast for GCM/NCD participants
2 June	ECOSOC adopts a resolution noting the progress report, encouraging United Nations agencies to continue to work together, also encouraging United Nations agencies to provide support for the new NCD-related SDG targets

Date	Event
7 June	Webinar: Reducing NCD risks in an era of global environmental change – 46 participants
9–13 June	Visit to the Islamic Republic of Iran with the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health: country priorities and WHO support in NCDs
13 June	Webinar: Reframing NCDs and injuries for the poorest billion
15 June	GCM/NCD attends and presents at the pre-dialogue caucus in Medellin, Colombia, organized by the World Economic Forum
20–21 June	Second meeting of GCM/NCD Working Group 3.1 on integrating NCDs into existing national health programmes; the meeting included a multistakeholder hearing to inform the Working Group's recommendations
22–23 June	Second meeting of GCM/NCD Working Group 3.2 on aligning international cooperation with national NCD plans; the meeting included a multistakeholder hearing to inform the Working Group's recommendations
25 June	GCM/NCD attends and participates in the pre-dialogue caucus in Tianjin, China, organized by World Economic Forum
18 July	GCM/NCD introduces the Global Communications Campaign on NCDs at the ECOSOC High-Level Political Forum in New York
1–5 August	Joint Task Force mission to Fiji to develop a national NCD investment case; and United Nations Development Programme law, NCDs, trade and sustainable development workshop for the Pacific
15 August	GCM/NCD presents at pre-dialogue caucus in Amman, Jordan, on addressing NCDs as part of the 2030 Agenda for Sustainable Development: the contribution of civil society
2–26 August	Joint Task Force mission to Kyrgyzstan to develop the NCD investment case

Date	Event
August - September	Web-based consultation for the Working Group interim reports
September	Work begins on establishing the GCM/NCD Working Group on health education and literacy for NCDs
5–9 September	Second joint programming mission to Mongolia, combined with a task force mission to develop a national NCD investment case
12–16 September	Joint programming mission to Viet Nam
19–22 September	GCM/NCD attends the United Nations General Assembly in New York and presents on the WHO Global Communications Campaign
23 September	Launch of the Friends of the Task Force on the occasion of the start of the general debate at the Seventy-first session of the United Nations General Assembly
26–30 September	Second joint programming mission to Belarus, combined with a task force mission to develop a national NCD investment case
26–27 September	Third meeting of GCM/NCD Working Group 3.1 on integrating NCDs into existing national health programmes
28–29 September	Third meeting of GCM/NCD Working Group 3.2 on aligning international cooperation with national NCD programmes
28 September	GCM/NCD organizes a pre-dialogue caucus at the European Health Forum in Gastein
19–21 October	GCM/NCD global dialogue on the role of non-State actors in supporting governments in their national efforts to tackle NCDs
November	GCM/NCD finalizes guide on communities of practice
21–24 November	GCM/NCD attends the Shanghai Global Conference on Health Promotion
26–27 November	GCM/NCD Working Group on health education and health literacy for NCDs: workshop on implementing conclusions from Shanghai Conference, Beijing, China, in preparation for first meeting of the Working Group in 2017

15

Meet the Secretariat



The GCM/NCD Secretariat is located at WHO headquarters in Geneva, Switzerland. A small team led by Dr Bente Mikkelsen includes advisers, technical officers and consultants from diverse professional backgrounds. The Secretariat employs their knowledge, experience and passion to deliver on the GCM/NCD work plan, serve the GCM/NCD participants, and achieve the best attainable results in close cooperation with technical experts from WHO to meet the commitments articulated in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 and the 2030 Agenda for Sustainable Development. The Secretariat also provides opportunities for students to complement their studies with internships within the Secretariat.





16



Looking forward to 2017 and beyond

16.1 REVIEW OF PROGRESS AND WAY FORWARD

The past few years have been incredibly rewarding for the GCM/NCD. They have been the most promising and interesting of times to advance the NCD agenda, especially as part of the SDGs. During this period, the GCM/NCD has made significant progress towards achieving its strategic objectives by advocating and raising awareness, addressing knowledge gaps, engaging with multiple and diverse stakeholders, encouraging innovation to overcome policy and implementation barriers, and mobilizing much needed resources for NCDs. As a means of delivering on its mandate, the GCM/NCD hosted, facilitated and participated in major global health events, developed and commissioned publications that consolidated evidence and drew on diverse sources of expertise, and increased its visibility through the engagement of GCM/NCD participants, publication of newsletters and web stories, tweets, and other inputs to social media.

Looking ahead, the GCM/NCD will continue working to overcome persistent challenges and to build a receptive environment for future endeavours in the prevention and control of NCDs. For example, a more active, two-way engagement of GCM/NCD participants will be important to secure commitments and spur action at national, regional and global levels. The dissemination of knowledge and the sharing of information based on scientific evidence and best practices remains crucial. In this regard, the GCM/NCD has successfully built an online platform on which to host multiple communities of practice that will focus on specific NCD themes. But much more needs to be done. The GCM/NCD will work to more fully engage this online pool of distinguished experts in order to come up with innovative ways of capturing, disseminating and promoting best practices and country experiences in the prevention and control of NCDs.

The GCM/NCD will also take full advantage of collaboration among the three levels of WHO (global, regional and national) to support the work of relevant technical units and UNIATF, and to assist countries in an integrated manner to deliver on their NCD-related targets. The new GMC/NCD work plan (2018–2019) will have a greater focus on the implementation of the 2030 Agenda for Sustainable Development and achieving the NCD-related targets.

The GCM/NCD will continue to expand the number of its participants, building on the momentum gained over the last two years and engaging with colleagues at WHO, experts from Member States and non-State actors to further broaden its reach. The GCM/NCD will work to increase the ownership of the NCD agenda by multiple stakeholders, in particular stakeholders outside the health sector. A preliminary evaluation by the World Health Assembly will take place in 2017 to assess results and the added value of the GCM/NCD. Benefiting from the evaluation outcomes, the GCM/NCD will continue exploring new communication channels and products to encourage greater interaction with its participants and other relevant stakeholders. The GCM/NCD will also continue to reflect on and learn from its own experience and solicit feedback from stakeholders and partners in defining priorities for action at the local, national, regional and global levels to meet the NCD-related challenges outlined in the 2030 Agenda for Sustainable Development.

16.2 UPCOMING EVENTS AND ACTIVITIES

Moving forward, the GCM/NCD will convene and host the following events:

Working Group on health education and literacy for NCDs, 2016–2017	"To recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for NCDs, with a particular focus on populations with low health awareness and/or literacy, 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 NCDs 2013–2020."
Multistakeholder dialogue	How governments can promote policy coherence between different spheres of policy-making that have a bearing on NCDs, 2017
Communities of practice	<ul style="list-style-type: none"> • Multistakeholder action plans • NCDs and law • NCDs and youth • NCDs and financing • Health literacy • NCD focal points, following the first WHO Global Meeting of National NCD Programme Directors and Managers, February 2016 • GCM/NCD preliminary evaluation by the World Health Assembly
Webinars	<ul style="list-style-type: none"> • NCDs and conflicts of interest • Other GCM/NCD webinars throughout 2017 will complement ongoing GCM/NCD work streams
GCM/NCD general meeting in 2018	A multistakeholder forum where the GCM/NCD participants will meet face to face to assess the progress being made by the GCM/NCD



Annex 1. WHO GCM/NCD participants

Member States

United Nations organizations

A

Aga Khan Development Network
Alliance for the Control of Tobacco and Health Promotion (Aliança de Controle do Tabagismo, Promoção da Saúde e dos Direitos Humanos) (ACT)
American Academy of Pediatrics (AKDN)
American College of Cardiology/American Heart Association
Amref Health Africa (Formerly AMREF)
Arogya World

B

Baker IDI Heart and Diabetes Institute
British Heart Foundation

C

Cancer Aid Society
Cancer Council Queensland
Cancer Council Victoria
Caring and Living As Neighbours (CLAN)
Center for Global Health, National Cancer Institute Centre for Science in the Public Interest Canada
Centre for Addiction and Mental Health Centre for Chronic Disease Control (CCDC)
Cochrane Collaboration
Consortium for NCD Prevention and Control in sub-Saharan Africa

D

Danish NCD Alliance
Digestive Diseases Research Institute

E

Ecumenical Pharmaceutical Network (EPN)
European Alcohol Policy Alliance
Every Woman Every Child

F

FDI (World Dental Federation)
Fit for School International, formerly Fit for School Inc. Philippines
Framework Convention Alliance on Tobacco Control
Fundacion Araucaria Foundation

G

GARD-IRAN
GAVI Alliance
German Cancer Research Centre, WHO Collaborating Centre for Tobacco Control
Global Alcohol Policy Alliance
Global Alliance for Chronic Diseases
Global Diagnostic Imaging, Healthcare IT & Radiation Therapy Trade Association (DITTA)
Global Network of People Living with HIV (GNP+)
Global Social Observatory
Guangdong Cardiovascular Institute

H

Heartfile
HelpAge International

I

i+solutions
IBFAN UK, Baby Milk Action
Institute for Health and the Environment
International Alliance of Women (IAW)
International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
International Association for Hospice and Palliative Care
International Association of Logopedics & Phoniatrics (IALP)
International Council of Nurses
International Council of Women (ICW)
International Diabetes Federation
International Federation for Medical and Biological Engineering
International Federation of Biomedical Laboratory Science (IFBLS)
International Federation of Medical Students' Associations (IFMSA)
International Federation of Red Cross and Red Crescent Societies (IFRC)
International Federation of Surgical Colleges (IFSC)
International Federation on Ageing
International Food and Beverage Alliance (IFBA)
International Insulin Foundation
International League against Epilepsy

International League of Dermatological Societies
 International Network for Cancer Treatment and Research
 International Network on Children's Health, Environment and Safety
 International Pediatric Association
 International Pharmaceutical Federation (FIP)
 International Pharmaceutical Students' Federation
 International Psycho-Oncology Society
 International Society of Doctors for the Environment
 International Society of Physical and Rehabilitation Medicine (ISPRM)
 International Union Against Tuberculosis and Lung Disease
 International Union for Health Promotion and Education

J

Johns Hopkins Bloomberg School of Public Health Institute for Global Tobacco Control

K

King Hussein Cancer Centre
 Knowledge Ecology International

L

Laboratoire National de Santé Publique

M

Management Sciences for Health
 McCabe Centre on Law and Cancer, Union for International Cancer Control
 Medicus Mundi International
 Mental Health Institute, Second Xiangya Hospital, Central South University
 Microclinic International

N

National Institute of Homoeopathy
 NCD Child
 NCDFREE
 NGO Forum for Health
 Nigeria Tobacco Control Alliance
 Nigerian Heart Foundation
 Nossal Institute for Global Health, University of Melbourne

O

O'Neill Institute for National and Global Health Law, Georgetown University Law Center
 Orbis Africa
 Orbis International

P

Path
 Public Health Institute

R

Respiratory Disease Research Network (RAID), Gambia
RTI International

S

Santé Diabète SERAC-Bangladesh
Shanghai Institute of Cardiovascular Diseases
Shore & Whariki Research Centre, College of Health, Massey University
spiritsEUROPE
Stichting Global Network of People Living with HIV (GNP+)
Stichting Health Action International

T

The Food Policy Division, The George Institute for Global Health
The NCD Alliance
The NCD Asia Pacific Alliance
TRANSNUT (Department of Nutrition, Faculty of Medicine, University of Montreal)

U

UK Health Forum
Union for International Cancer Control
Unit for International Collaboration on Nutrition and Physical Activity, NIH
Universidad Autonoma de Madrid, Department of Psychiatry, WHO
Collaborating Centre for Mental Health Services Research and Training

V

Victorian Health Promotion Foundation (VicHealth)

W

Wemos Foundation
WHO CC for Capacity Development and Research in Community-based NCD Prevention and Control
WHO Collaborating Centre for Cancer Prevention, Screening and Early Detection
WHO Collaborating Centre for Diabetes Treatment and Education, Kyoto Medical Center
WHO Collaborating Centre for Health Promotion Research
WHO Collaborating Centre for Physical Activity Nutrition and Obesity
WHO Collaborating Centre for Self-Care
World Confederation for Physical Therapy
WHO Framework Convention on Tobacco Control Secretariat
World Diabetes Foundation (WDF)
World Federation of Neurology
World Federation of Occupational Therapists

World Health Organization Collaborating Centre on Population
Approaches for NCD Prevention
World Heart Federation
World Hepatitis Alliance
World Medical Association
World Obesity Federation (formerly IOTF and IASO)
World Organization of Family Doctors (WONCA)
World Self-Medication Industry
World Stroke Organization
World Vision International
Worldwide Hospice and Palliative Care Alliance

Y

Young Health Programme
Young Professionals Chronic Disease Network

Annex 2. Laying the foundation for the WHO GCM/NCD: historical highlights

<p>20–28 May 2013: World Health Assembly Resolution WHA 66.10</p>	<ul style="list-style-type: none"> • Paragraph 3.2: 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, without pre-empting the results of ongoing WHO discussions on engagement with non-State actors <p>Paragraph 3.3: to develop the draft terms of reference referred to in paragraph 5.2 through a formal Member States meeting in November 2013, preceded by consultations with:</p> <ul style="list-style-type: none"> • Member States, including through regional committees; • United Nations agencies, funds and programmes and other relevant intergovernmental organizations; • nongovernmental organizations and private sector entities, as appropriate, and other relevant stakeholders; <p>and to be submitted, through the Executive Board, to the Sixty-seventh World Health Assembly for approval</p>
<p>23 July–30 October 2013: First round of consultations on a WHO discussion paper on draft terms of reference for the WHO GCM/NCD</p>	<ul style="list-style-type: none"> • First WHO discussion paper (23 July 2013) • Discussions at a number of WHO regional committees • Informal dialogues with NGOs and private sector entities at WHO headquarters • Web-based consultations with Member States, United Nations organizations, relevant NGOs and selected private sector entities

November 2013: Second round of consultations on the second WHO discussion paper on draft terms of reference for the WHO GCM/NCD	<ul style="list-style-type: none"> • Second WHO discussion paper (1 November 2013) • Web-based consultations open to Member States, United Nations organizations, relevant NGOs and selected private sector entities, who are invited to submit their comments (1–11 November)
11–12 November 2013: Member States meeting at WHO headquarters in Geneva, Switzerland	<ul style="list-style-type: none"> • Member States meet at a formal meeting to conclude the work on the GCM/NCD terms of reference
20–25 January 2014: WHO Executive Board meeting in Geneva, Switzerland	<ul style="list-style-type: none"> • 134th session of the WHO Executive Board considers a report of the Member States formal meeting
19–24 May 2014: World Health Assembly resolution WHA 67/12 Add. 1	<ul style="list-style-type: none"> • Sixty-seventh World Health Assembly considers a report of the formal meeting and agrees to endorse the terms of reference for the GCM/NCD
15 September 2014	<ul style="list-style-type: none"> • Director-General establishes a separate Secretariat within the Office of the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health to support the GCM/NCD

