



General Meeting of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases: Meeting Report

International Conference Centre Geneva, Switzerland
5–6 November 2018

WHO/NMH/NMA/GCM/19.02

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Foreword



It is my pleasure to introduce the report of the first General Meeting of the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD), which took place on 5–6 November 2018 in Geneva, Switzerland. The meeting was hosted by the Government of Switzerland and co-chaired with the Government of Sri Lanka. The purpose of the meeting was to bring together all GCM/NCD participants (members), including WHO Member States, United Nations agencies, funds and programmes, civil society organizations, professional associations and private sector representatives, to take stock of the progress achieved since the GCM/NCD was established in 2014. The participants also aimed to outline challenges that needed to be overcome to address NCDs at global, regional, and national levels and achieve Sustainable Development Goal target 3.4 – "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being".

The General Meeting gathered up to 300 participants, including 140 representatives from 81 Member States. More than 125 joined through the live webcast. The participants reiterated that the four major groups of NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) resulted in 71% of global deaths and accounted for over 80% of all premature NCD mortality, that is, deaths between the ages of 30 and 69 years. They also stressed the devastating impacts of environmental pollution and mental health conditions and the need for global coordination, multistakeholder engagement and action across sectors to address NCDs as one of the major development challenges.

The participants also reviewed the recommendations of the GCM/NCD preliminary evaluation, and identified future directions that the GCM/NCD can take to continue delivering on its mandate, improve its reach and enhance country-level action for the prevention and control of NCDs. There was consensus that the GCM/NCD, as a unique Member State-led stakeholder engagement platform, has made significant progress over the years. Since the establishment of the GCM/NCD in 2014, however, the global health landscape has changed. Now the GCM/NCD has to evolve and change as well to align its work with the 2030 Agenda for Sustainable Development and the new WHO Programme of Work.

More specifically, the meeting highlighted the need for the GCM/NCD to:

- focus its work for greater country-level impact;
- grow its participant base and reach out to sectors other than health;
- find innovative ways to increase engagement with the private sector, particularly with industries beyond the pharmaceutical and nutrition sectors.

The General Meeting concluded with a clear message that the GCM/NCD is an important convener, facilitator, partner and knowledge hub. It provides an entry point to WHO for many organizations and potential partners to become part of the mechanism as participants and to take part in global policy processes that enhance country efforts to implement cost-effective proven interventions for NCD prevention and control.

We would like to thank all participants for their commitment and spirit of cooperation. The General Meeting demonstrated the remarkable achievements that the GCM/NCD participants have been able to accomplish in a relatively short time. The General Meeting highlighted how important it is to understand the challenges and barriers, but also to take stock of progress and celebrate achievements. Through our collaborative action we can move forward and demonstrate that partnerships can work to advance the NCD agenda.

Dr Svetlana Akselrod

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

1 Co-chairs' statement

NONCOMMUNICABLE DISEASES: A GLOBAL DEVELOPMENT CHALLENGE OF THE 21ST CENTURY

The General Meeting of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) brought together GCM/NCD participants from among WHO Member States, United Nations system organizations, and non-State actors, at a pivotal moment in the fight against the unwavering burden of the noncommunicable disease (NCD) epidemic.

Evidence shows us a stark reality: today we are not on track to meet Sustainable Development Goal (SDG) target 3.4 – "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being".

This reality has triggered a rapidly increasing demand from countries for guidance and collaboration, including technical cooperation and support from WHO and others, to integrate NCDs into national SDG responses.

Let us recall the force of what we are up against. NCDs (cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and mental health) and their shared risk factors (tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, as well as air pollution) represent an unacceptable blind spot in our collective path to sustainable development, causing far more deaths and disability than any other group of diseases. Seven in 10 people worldwide die every year from NCDs. This is 41 million deaths from NCDs annually and includes the 15 million people who die prematurely from an NCD (deaths between the ages of 30 and 69 years), killing women and men when they are most productive. More than 85% of these premature deaths take place in low- and middle-income countries, negatively affecting macroeconomic productivity, national growth, health care costs and household incomes (1).

GLOBAL COORDINATION OF COLLABORATIVE MULTISECTORAL AND MULTISTAKEHOLDER ACTION FOR INNOVATIVE LOCAL SOLUTIONS

However, as we assess and recognize the renewed commitments that emerged from the recent third High-level Meeting of the General Assembly on the Prevention and Control of NCDs, there was a resounding manifestation of consensus among participants of the General Meeting of the GCM/NCD that with a reinvigorated mix of high-level political commitment and multidisciplinary, coordinated and coherent multisectoral and multistakeholder approaches, the NCD challenge can be overcome.

When we look towards concrete solutions, the picture is not all bleak. Accumulating evidence indicates that an additional US\$ 1.27 per person per year in low- and lower middle-income countries will save 8.2 million lives, achieve a 15% reduction in premature mortality from NCDs, and generate US\$ 350 billion in economic growth by 2030, through the implementation of cost-effective and high-impact interventions (2). The accelerated implementation and scale-up of these interventions can curtail the destructive path of NCDs but will require our collaborative, concerted and consistent efforts.

We have learned these last two days that there is not only a greater need for governments to be much more effective and efficient in making choices in regard to which cost-effective and high-impact interventions to implement, but also which mechanisms to use to mobilize non-State actors, including the private sector, in support of the implementation of those measures.

CELEBRATING ACHIEVEMENTS, LOOKING TOWARDS THE FUTURE

Participants of the General Meeting welcomed the successful first four years of the WHO GCM/NCD. This innovative multisectoral and multistakeholder engagement platform has facilitated global efforts on NCDs during the bridging period between the second and third high-level meetings of the General Assembly on NCDs in 2014 and 2018. It has done so by supporting the evolution of the NCD narrative from a disease-focused perspective to a multistakeholder and cross-sectoral health and development perspective that better aligns with the SDG era. The GCM/NCD has supported this transformative change by convening and connecting Member States, United Nations agencies and non-State actors. This has been realized through global policy dialogue meetings, expert working groups that support governments in addressing pending high-level and cross-sectoral political commitments, and knowledge- and information-sharing platforms that tackle the complex determinants of NCDs. Promotion of the meaningful engagement of civil society, thus putting people first in the NCD response and ensuring that no one is left behind, is contributing to this transformative change.

The relevance of these GCM/NCD successes has highlighted that progress cannot happen without accountable cross-sectoral coherence and multistakeholder participation. Multistakeholder mechanisms, whether global, regional or national, can break down barriers and establish innovative models, platforms and narratives that reach out to, convene and connect sectors and stakeholders beyond health. These, however, will not be sustainable, nor have the needed impact, without ensuring coordination and accountability based on public health needs and contributing to nationally prioritized NCD responses. This is critically relevant at country level.

Taking into account the preliminary evaluation of the GCM/NCD (3), the GCM/NCD needs to adjust its future strategic direction. In particular, we look forward to enhancing the GCM/NCD's future added value in relation to other NCD coordination mechanisms, so this engagement platform continues to be relevant for its participants, for WHO and for its partners. We will have to take into account the results of the GCM/NCD evaluation, the outcomes of the third

United Nations High-level Meeting on NCDs, the WHO 13th General Programme of Work, and the ongoing work on the SDG 3 Action Plan for Health and Well-being. Through these and other relevant outcomes, we recognize the GCM/NCD as an innovation and value the sustained commitment of its participants towards multisectoral and multistakeholder action in support of countries' NCD priorities.

Protecting public health policies from undue influence by any form of real, perceived or potential conflict of interest is essential in order to implement high-impact and cost-effective measures that accelerate countries' realization of high-level commitments to beat NCDs.

CALL FOR ACTION TO IMPLEMENT THE HIGH-LEVEL COMMITMENTS

We, the co-chairs of the General Meeting of the GCM/NCD, call on Member States, United Nations organizations, nongovernmental organizations, the private sector, philanthropic foundations, and academic institutions to ramp up efforts by all stakeholders at multiple levels to tackle NCDs as part of the 2030 Agenda for Sustainable Development, by:

- continuing to promote, enhance and implement collaborative solutions in support of:
 - the realization of the commitments made by Heads of State and Government in the 2011 United Nations Political Declaration on NCDs;¹
 - the realization of the four time-bound commitments made by ministers, included in the 2014 United Nations Outcome Document on NCDs;²
 - the achievement of the nine global voluntary NCD targets by 2025, included in the WHO Global NCD Action Plan 2013–2020;³
 - the achievement of SDG target 3.4 on NCDs and other NCD-related SDG targets by 2030;
- urgently promoting, developing and implementing collaborative solutions in support of the realization of the commitments made by Heads of State and Government in the recently adopted Political Declaration of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2018) (4), with particular attention to the new commitments contained in the document, that address the following areas:
 - Heads of State and Government to provide leadership for domestic NCD agendas;
 - implementation of the necessary policy, legislative, regulatory, and fiscal measures;
 - implementation of interventions to halt overweight and obesity;
 - development of sound national investment cases for NCDs and mental health;
 - comprehensive responses to the needs of the rapidly ageing population;

1 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011).

2 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).

3 Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

- addressing premature deaths from NCDs attributed to indoor and outdoor air pollution;
- addressing the impact of environmental determinants;
- addressing growing levels of physical inactivity;
- incorporating measures to improve mental health into national responses for NCDs;
- promoting access to diagnostic, screening, treatment, care and vaccines that lower the risk for cancer;
- effective treatment of people living with NCDs in humanitarian emergencies;
- encouraging the food and beverage industry, economic operators in the area of alcohol production and trade, and the pharmaceutical industry to strengthen their commitment, contribution and accountability to SDG target 3.4;
- establishment of national multisectoral accountability mechanisms.

We, the co-chairs of the General Meeting of the GCM/NCD, call on WHO to continue to exercise its global leadership and coordination role in global health by enhancing and streamlining existing mechanisms, platforms, partnerships and networks. Particular attention should be given to a Member State-led multistakeholder engagement mechanism with a mandate to accelerate action on NCDs at global, regional, national and local levels through collaborative contributions.

NCDs are now firmly embedded in the development agenda, and the time of inaction is over. There is a greater need for collaboration amongst all stakeholders to address factors contributing to the aggravation of NCDs. It is time to deliver.

2 Executive summary

The WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) is a global Member State-led coordinating and engagement platform established to help counteract the global health threat of noncommunicable diseases (NCDs). Its mandate derives from the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non communicable Diseases, in which world leaders recognized that addressing NCDs required "collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels" (5). The GCM/NCD was established in 2014 through a landmark consensus of WHO Member States to "facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at [all] levels" (6).

The GCM/NCD is "the first and only WHO instrument aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs" (7). Its members ("participants") come from three constituencies: WHO Member States; United Nations funds, programmes and organizations and other relevant intergovernmental organizations; and non-State actors, including nongovernmental organizations (NGOs), private sector entities (such as international business associations), philanthropic foundations and academic institutions. The GCM/NCD provides several platforms of engagement, including Member State-led working groups, multistakeholder dialogue meetings, and webinars and other web-based platforms. Since its inception, it has become integrated into the evolving global NCD landscape, and its work has evolved in support of the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal (SDG) target 3.4 – "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being" – and the WHO 13th General Programme of Work.

On 5–6 November 2018, the first General Meeting of the GCM/NCD was held in Geneva, Switzerland, to reinforce the commitment of the participants to accelerated multisectoral and multistakeholder action to achieve SDG target 3.4 (8). Nearly 290 attendees were present, including 140 representatives from 81 Member States, with 125 more joining via live webcast.

On the first day, participants took stock of global, regional and national progress in addressing NCDs and reiterated the need for whole-of-government and whole-of-society approaches to accelerate and scale up action. These discussions reaffirmed the weight and urgency of the

NCD burden as a social, economic and development issue and highlighted the inadequacy of progress on implementing high-level NCD commitments. Participants strongly affirmed the need to strengthen multisectoral and multistakeholder action and partnerships to address the prevention and control of NCDs, with governments at the helm. It was noted that governments would need support from the full range of actors that influence and are impacted by NCDs, in the health sector and beyond, including WHO and all relevant United Nations agencies, civil society, the private sector, medical professionals, communities and those living with and affected by NCDs.

With this contextual framing in place, the second day gave participants the chance to reflect on the GCM/NCD itself. Specifically, they discussed the progress of the mechanism, reviewed the recommendations of the recent preliminary evaluation, and identified strategic directions it could prioritize to deliver better on its mandate, improve its reach and enhance country action and impact.

Reflecting on GCM/NCD progress to date, participants from all membership segments affirmed the mechanism's value. They noted the power and relevance of its mandate and ability to convene a wide range of stakeholders and sectors. Its essential role as part of WHO's response to NCDs as a global health and development challenge was also recognized, and there were calls for its lifespan to be extended beyond 2020 to align with the 2030 Agenda for Sustainable Development.

From the discussions, the following suggestions were made regarding the potential future strategic direction for the GCM/NCD.

SUGGESTION 1

Having made good progress implementing its global-level coordination and dialogue mandate, the GCM/NCD should increase its presence and support at regional, country and subnational levels to accelerate implementation of the political commitments on NCDs. Suggestions to fulfil this objective included:

- conduct a comprehensive stocktaking of success stories, country cases, collaborative knowledge and practical tools and disseminate them to help countries implement the WHO "best buys" for NCDs and other recommended interventions for the prevention and control of NCDs adapted to different countries' levels of development;
- provide context-specific guidance and frameworks for implementing whole-of-government and whole-of-society coordination platforms and mechanisms;
- gather and consolidate evidence to make a "winning" case for investment in NCDs and support countries to undertake implementation research for context-specific solutions to NCDs.

SUGGESTION 2

The GCM/NCD should continue promoting whole-of-government and Health in All Policies approaches for greater policy coherence, as well as whole-of-society action. The GCM/NCD should enhance its role as a convener and facilitator of partnerships in support of meaningful and effective contributions to national NCD responses. Suggestions for this included:

- address and engage additional government sectors beyond the health sector at all levels;
- engage a broader range of non-State actors, particularly from more industry sectors and civil society groups, to support national NCD responses, for example by mapping and reaching out to potential new stakeholders for the GCM/NCD and guiding different stakeholders on how to work constructively towards achievement of SDG target 3.4;
- create an inclusive platform to connect participants to share NCD knowledge, success stories, and country experiences (a solution to this is outlined under suggestion 3 below).

SUGGESTION 3

The GCM/NCD should increase access to knowledge, innovations, success stories and best practices through identifying and disseminating new approaches, facilitating peer-to-peer sharing, hosting global dialogues, convening thematic working groups, and conveying information through the GCM/NCD Knowledge Action Portal (KAP). Suggestions included:

- promote the KAP as a safe platform for interactive knowledge dissemination and participant engagement;
- scan the horizon for new innovative NCD approaches to share with GCM/NCD participants;
- map, take stock of and share potential sources of NCD funding;
- continue to work with researchers to promote implementation research on effective interventions for the prevention and control of NCDs;
- provide a marketplace to promote funding and uptake of innovative research projects on NCDs.

SUGGESTION 4

To ensure progress towards the implementation of the high-level commitments made during the Third United Nations High-level Meeting on NCDs, the GCM/NCD participants and Secretariat should strengthen accountability measures. Suggestions for how different constituents of the GCM/NCD could achieve this included:

- for Member States and regional bodies: commit to concrete, time-bound actions in national and regional NCD plans that align with the implementation of the high-level political commitments, WHO "best buys", and other recommendations for the prevention and control of NCDs;
- for Member States: allocate national budgets and resources to NCD prevention and control (for those countries with the means to do so) in addition to mobilizing resources externally;
- for civil society: help monitor and ensure the accountability of all partners, including Member States.

These suggestions on strategic directions emerging from the meeting will be used to shape the GCM/NCD priority activities over the coming year and will form the basis of the GCM/NCD work plan 2020.

3 Global context of and background to the General Meeting

3.1 RECENT HISTORY AND DEVELOPMENT OF THE GLOBAL NCD AGENDA AND GCM/NCD

The global epidemic of noncommunicable diseases (NCDs) and mental health disorders poses a challenge to the health and well-being of people across the world. Billions of people are affected by NCDs at all stages of the life course (9). Fifteen million people die prematurely from these diseases every year, with the burden rising disproportionately in low-income and lower middle-income countries (10, 11). Environmental determinants and mental health also pose a global challenge, with depression alone affecting 300 million people per year and close to 800 000 people dying from suicide (9). Morbidity from NCDs also puts considerable strain on health systems. These diseases disproportionately affect poor and disadvantaged people, creating a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty, isolation, marginalization, and discrimination contribute to rising rates of NCDs (9).

The growing challenge of NCDs has been reflected in the global development agenda over the past decade, evolving from a disease-focused perspective towards the need for whole-of-government and whole-of-society action. At the first United Nations High-level Meeting on NCDs in 2011, world leaders recognized that the threat of NCDs required "collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels" and a global plan for "strengthening and facilitating multisectoral action". Since then, multisectoral and multistakeholder action against NCDs has become firmly embedded in the global health landscape, captured in the 2030 Agenda for Sustainable Development (SDG target 3.4), the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority (12), the WHO 13th General Programme of Work, and the Political Declaration of the third High-level Meeting on the Prevention and Control of NCDs, 2018.

The Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) was established to support the implementation of the NCD agenda across sectors and stakeholders. It is "the first and only WHO instrument aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs, which it achieves through providing several platforms of engagement, including Member State-led working groups, multistakeholder dialogue meetings, webinars and other web-based platforms, including expert-led communities of practice. This unique mandate, as expressed by the mechanism's goal and objectives, is recognized by Member States to be of the utmost relevance" (7). It was established through a landmark consensus of Member States at the Sixty-seventh World Health Assembly in 2014, following three years of intergovernmental negotiations, and is a core part of the WHO response to global health challenges. Its mandate derives from the Political Declaration of the [first] High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, 2011, and its unique role in the global fight against NCDs is enshrined in several documents that guide the global NCD response (for example, the Montevideo Roadmap 2018–2030, the WHO 13th General Programme of Work, and the 2018 Political Declaration on NCDs). Box 1 presents the scope and purpose of the GCM/NCD.

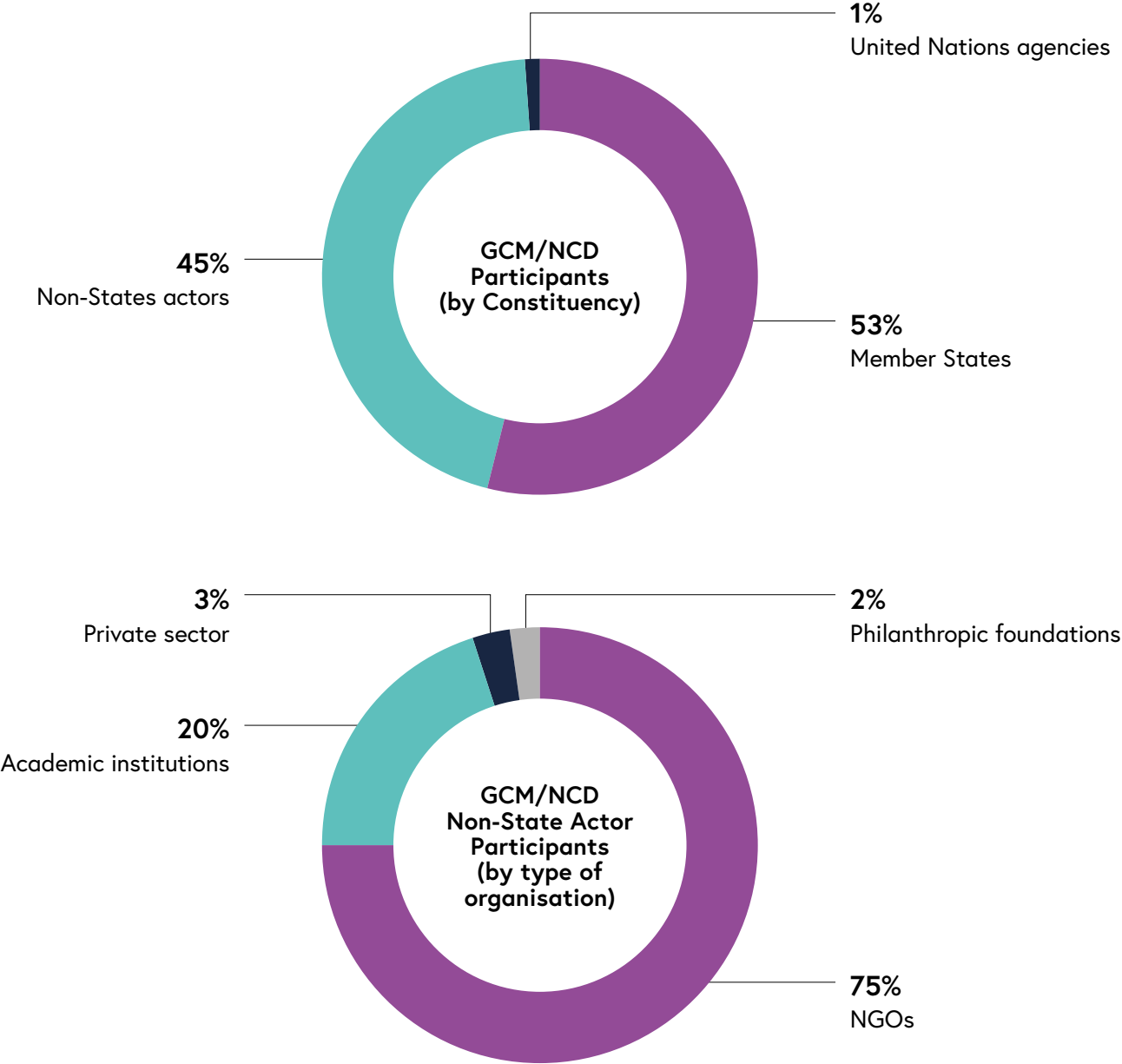
Box 1 GCM/NCD: scope and purpose

"To facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, 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."

Source: Terms of reference for GCM/NCD (6).

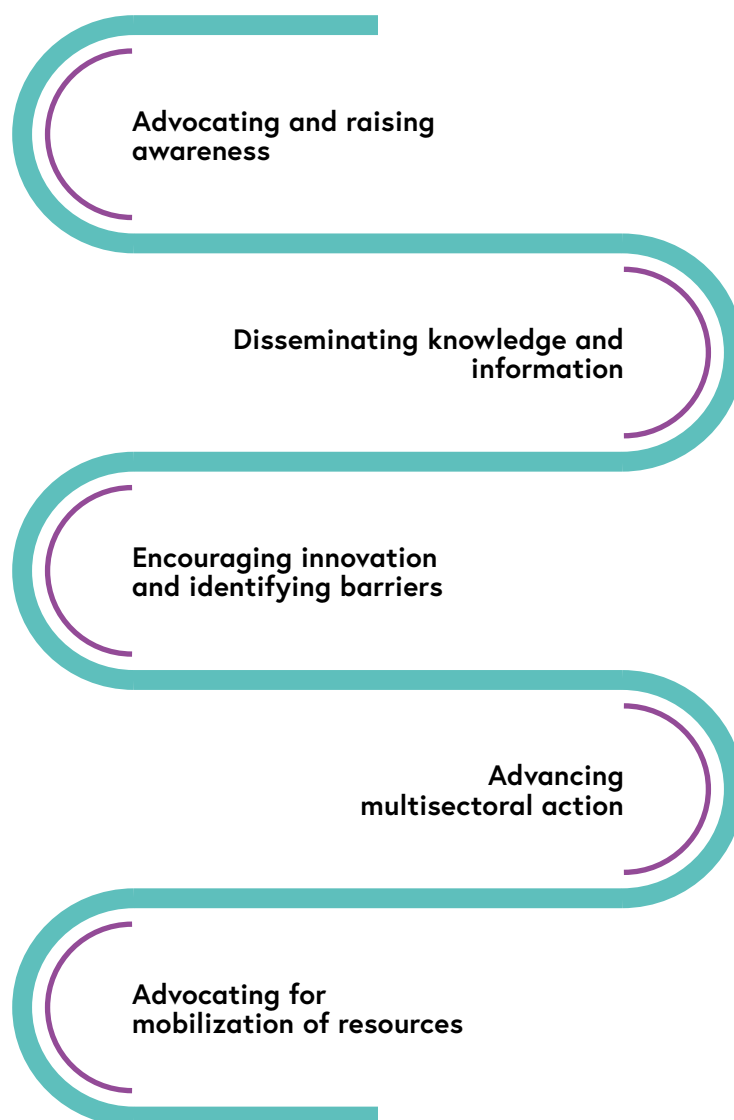
The mechanism convenes three constituencies: WHO Member States; United Nations funds, programmes and organizations and other relevant intergovernmental organizations; and non-State actors, including nongovernmental organizations (NGOs), private sector entities (such as international business associations), philanthropic foundations and academic institutions (Figure 1).

Figure 1. GCM/NCD constituencies



In the four years of its existence, the GCM/NCD has mobilized around 400 participants to work collectively towards SDG target 3.4. A GCM/NCD Secretariat drives the day-to-day implementation of its five functions, which align with the objectives of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. It also plays a role in accelerating progress at the global, regional and national levels as part of the WHO Member States' efforts to achieve universal health coverage (Figure 2).

Figure 2. Five functions of the GCM/NCDs



Note: See full definitions in Annex 3.

3.2 BACKGROUND TO AND OBJECTIVES OF THE GENERAL MEETING

The third United Nations High-level Meeting on NCDs marked an important moment in the global fight against NCDs. In it, world leaders re-emphasized that progress and investment to date had been insufficient to meet SDG target 3.4, and committed to scaling up their efforts to implement their commitments.

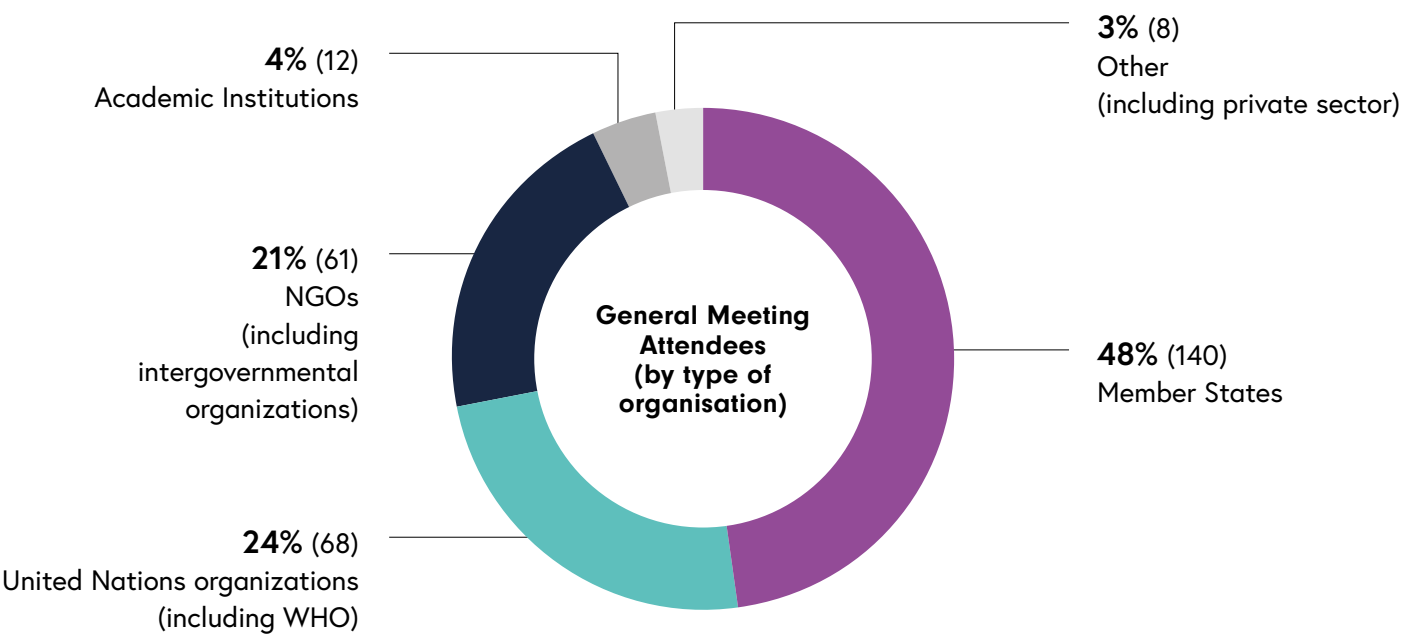
To capitalize on this momentum, in its first General Meeting, the GCM/NCD convened its participants to identify ways to accelerate multisectoral and multistakeholder action to implement the high-level commitments. It aimed to assess progress made so far by the GCM/NCD and highlight the successes of participants in forging collaborative partnerships to achieve SDG target 3.4 (13). The meeting also offered a timely opportunity for participants to provide strategic direction on the future of the GCM/NCD beyond its 2020 mandate. This built on the recommendations from its preliminary evaluation and the growing requests from participants for continued multisectoral and multistakeholder action to meet SDG target 3.4 (8).⁴

Nearly 290 participants attended the meeting, including 140 representatives from 81 Member States, while 125 joined via live webcast (Figure 3). It was hosted by the Government of Switzerland, who co-chaired with the Government of Sri Lanka, with the Governments of Israel and the Republic of Korea co-sponsoring. WHO gratefully acknowledges the financial contribution of the International Federation of Pharmaceutical Manufacturers and Associations and the World Diabetes Foundation towards the General Meeting.

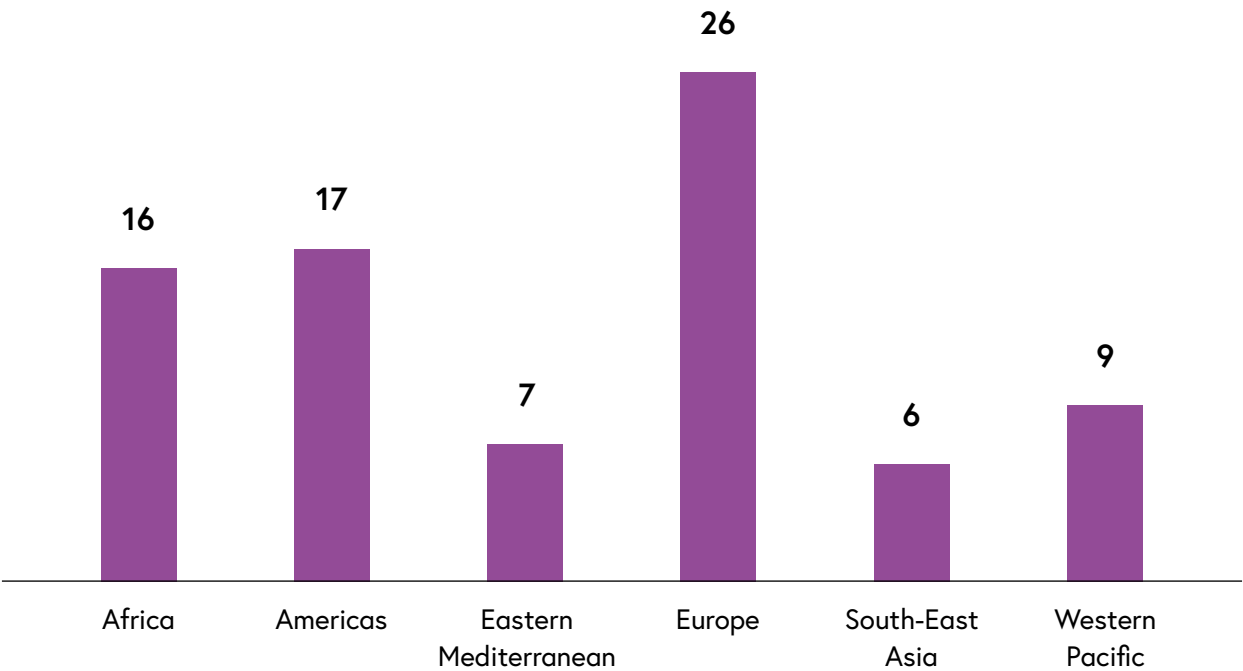
A total of 76 panellists spoke at 13 sessions (Annex 1) and two side events (Annex 5), drawn from Member States, civil society, the private sector, research and academia, medical associations, and a selection of WHO regions and technical programmes. Attendees also engaged through a pre conference survey and live polling run during certain sessions. Links to the materials from the General Meeting are available in Annex 2.

⁴ The full meeting objectives are available in Annex 2.

Figure 3. Attendance statistics for General Meeting



Number of Member States represented (by region)



4 Setting the stage: highlights from discussions on the importance and relevance of multisectoral and multistakeholder action

Sessions 1 and 2 of the meeting took stock of global, regional and national progress in addressing NCDs and reiterated the critical role of whole-of-government and whole-of-society approaches in accelerating and scaling up action. These sessions, which mainly took place on the first day, made a case for the value of such approaches and gave a platform to countries to share their successes in establishing them. This provided a contextual framing for the sessions on the progress and future strategic direction of the GCM/NCD that would come later.

The discussions reaffirmed the weight and urgency of the NCD burden as a social, economic and development issue and reiterated concerns about the inadequacy of progress to date.

"Evidence shows us a stark reality. Today we are not on track to meet SDG target 3.4."

General Meeting of the GCM/NCD, co-chairs' statement

"I truly believe that NCDs represent an existential threat to human life on our planet. It is not a 'growing' threat. It is a threat that has already grown, a threat that is upon us, and one that will continue to grow into the future."

Sir George Alleyne, Director Emeritus, Pan American Health Organization

"Countries all over the world are tackling communicable diseases like HIV. But the patients that are now surviving HIV are dying from NCDs."

Dr John Chamunorwa Mangwiro, Deputy Minister, Health and Child Care, Zimbabwe

Participants were clear that now is the time for action. There was a call for actors across the spectrum of GCM/NCD members to accelerate progress on implementing existing commitments.

"The existing political commitment has to be translated into bold action. It is time to deliver."

Mr Pascal Strupler, Director-General, Swiss Federal Office of Public Health

"We all have a role to play in mobilizing the political will to take action against NCDs."

*Dr Naoko Yamamoto, Assistant Director-General,
Universal Health Coverage and Health Systems*

"Multisectorality and leadership are not just abstract concepts. Individuals standing behind them. We all have to feel responsible for ensuring the success."

Dr Oleg Salagay, Deputy Minister of Health, Ministry of Health, Russian Federation

Participants strongly confirmed the need to strengthen and expand multisectoral and multistakeholder action on NCDs, despite the complexity of the task. They recognized that global coordination of political engagement, mobilization of resources and technical support were essential but challenging. In the pre-conference survey, respondents ranked the complexity of coordination as the second most significant barriers to whole-of-government and whole-of-society action.⁵

"The AIDS movement was successful because of the alignment of four factors: science, political will, funding, and community mobilization and engagement."

Dr Ani Shakarishvili, Special Adviser, UNAIDS

"In Uruguay, promoting this kind of dialogue takes years, but it is still very important because without sufficient involvement of all relevant stakeholders, we cannot move forward."

Ms Cristina Gonzalez, Minister Counsellor, Permanent Mission of Uruguay

Within this multistakeholder context, an emphasis was put on the pivotal role of governments in leading the fight against NCDs and the need for more partners to get involved in supporting them. Survey respondents echoed this, with 99% considering it "essential" that governments implement regulatory measures such as those contained in the WHO "good buys" and "best buys". Given the amount of progress that is still needed to be made and the varying levels of development across countries, it was agreed that only through a wide range of partnerships could the increased demand from countries for support be met and the NCD burden reduced.

⁵ Ranked second out of 12 potential barrier options.

"This reality has triggered a rapidly increasing demand from countries for guidance and collaboration ... to integrate NCDs into national SDG responses."

General Meeting of the GCM/NCD, co-chairs' statement

"Let's get more people involved and extend partnerships around NCDs. When you go back home, advocate for the extension of partnerships that are essential if we're going to see a reduction in the scourge of NCDs."

Sir George Alleyne, Director Emeritus, Pan American Health Organization

"In Israel, I can tell you in one word how we are tackling childhood obesity. Partnerships!"

Professor Itamar Grotto, Associate Director-General, Ministry of Health, Israel

It was remarked that whole-of-society approaches require partnerships between the full range of actors that influence and are impacted by the NCD burden, from the health sector and beyond. The crucial role the private sector can play was highlighted, particularly in reducing NCD risk factors and supporting access to effective, quality and affordable treatment. However, there was a need for proper governance frameworks to guide such partnerships. Several speakers urged that to make private sector engagement sustainable, it was necessary to find "win-win" areas for collaboration where all partners' interests are aligned, while working constructively and in a meaningful way to support the achievement of SDG target 3.4. The role of civil society in keeping the private sector, governments and other actors accountable was underlined. Speakers highlighted the potential of grass-roots action to raise public awareness, influence behaviours around NCD risk factors, and support early detection and treatment. Engaging with people living with and affected by NCDs was also mentioned frequently.

Much emphasis was placed on the need to secure the human and financial resources required to achieve SDG target 3.4 and to ensure their effective use.

"The most important factors in achieving our goals are financial resources – how to mobilize and use them effectively – and human resources in health, policy design, solution generation and impact monitoring."

*Dr Naoko Yamamoto, Assistant Director-General,
Universal Health Coverage and Health Systems*

"It costs a lot to deal with the consequences of NCDs but not to undertake the multisectoral actions needed to prevent them. This will require political will to make the necessary investments and take action."

Dr Toomas Palu, Adviser, Global Health Coordination, World Bank Group

As this is done, discussions emphasized the need to continue moving towards more people-centred approaches to tackling NCDs that take into account their social determinants.

"NCDs are about people. We need to move away from an over-medicalized approach."

Dr Mukesh Kapila, Chief Executive, Defeat-NCD Partnership

"If we want to make intersectionality and cross-government working a reality, we need to address inequities in people's daily lives and the structural determinants of those: inequalities in power, money and resources."

*Sir Michael Marmot, Professor of Epidemiology and Public Health,
University College London*

5 Looking to the future: strategic directions for GCM/NCD

Sessions 3 and 4 on day 2 were primarily devoted to the GCM/NCD itself. Participants discussed the progress of the mechanism, reviewed the recommendations of the recent preliminary evaluation and identified strategic directions that the mechanism could prioritize to deliver better on its mandate, improve its reach and enhance country-level progress on the prevention and control of NCDs. Participants also reflected on the role of regional, national and local-level coordination mechanisms in the fight against NCDs and shared success stories from their experiences working with such mechanisms.

A wide range of panellists and audience participants contributed their perspectives, including representatives from Member States, the United Nations and non-State actors, including NGOs, the private sector (for example, international business associations), philanthropic foundations and academic institutions, and a selection of WHO regions and technical programmes.

5.1 REFLECTIONS ON GCM/NCD PROGRESS AND SUCCESSES

Attendees began by sharing thoughts on the progress of the GCM/NCD to date and discussing their experience as participants of the mechanism. Across the breadth of

membership segments, participants affirmed the value of the GCM/NCD and particularly noted the power and relevance of its mandate and ability to convene a wide range of stakeholders and sectors at the global, regional, national and local levels through various platforms of engagement, such as Member State-led working groups, multistakeholder dialogue meetings, webinars and other web-based platforms. Its essential role as part of WHO's response to NCDs as a global challenge was also recognized, as well as its contribution to bringing NCDs onto the global development agenda. Some speakers also challenged the preliminary evaluation finding that the GCM/NCD had not been strong enough advocates of resource mobilization.

"The strengths of the GCM/NCD lie both in its convening power and the fact that it is Member State led and fosters Member State ownership and collaboration on bold action."

Ms Erika Placella, Health Adviser, Swiss Agency for Development and Cooperation

"The GCM/NCD has been valuable from the civil society perspective. It has helped broker conversations between civil society and WHO technical departments, advocate for the value of multisectoral action, and through its work plan and the working groups has driven progress on priority issues."

Ms Katie Dain, Chief Executive Officer, NCD Alliance

"In a relatively short time, the GCM/NCD has done well at harnessing existing funds (for example, in higher education) and at raising awareness about NCDs, which are now firmly on the global agenda."

Prof. Dr Siegfried Walch, Head of Department and Studies, Management Center Innsbruck

"The lack of funding for NCDs is very real, especially in lower- and middle-income countries. The preliminary evaluation predated the Copenhagen Dialogue, which was a critical multistakeholder event to table partnership and financing issues. That would never have happened without the GCM."

Mr Bent Lautrup-Nielsen, Senior Adviser, World Diabetes Foundation

"Although other have spoken about challenges with mobilizing resources, in our experience the GCM/NCD was able to identify funding sources for our different [Health Literacy and Healthy Work Places] projects."

Ms Faten Ben Abdelaziz, Coordinator, Health Promotion, WHO

There were calls in the session for the GCM/NCD's mandate to be extended beyond 2020. In support of this, 77% of survey respondents, and 81% of those representing Member States, agreed that "WHO should ensure there is an instrument to facilitate multistakeholder engagement and cross-sectoral collaboration on NCDs beyond 2020 to support the implementation of the 2030 Agenda". In order to do this, 74% requested that WHO leverage the GCM/NCD's existing model and mandate. It was recognized that should its mandate be extended, there would be potential to review its terms of reference and role in relation to other mechanisms such as UNIATF, in line with recommendation 3(d) of the preliminary evaluation.

"From the US Member State perspective, the GCM/NCD fills a necessary space in the NCD dialogue ... The US agrees that the GCM/NCD mandate needs to be extended ... The Director-General of WHO wants to create a wider open-door policy and the GCM's unique mandate fills that role, so we hope to see the support from WHO for another phase of the GCM."

*Ms Jenifer Healy, Chief of Staff, Office of Global Affairs,
United States Department of Health and Human Services*

"We need to recognize the importance of the GCM/NCD. Without the GCM/NCD, there would be a need to invent it! A global coordination mechanism is needed to bring together all the sectors and interests in a cluster around NCDs."

Dr Gauden Galea, WHO Representative, China

"This kind of mechanism must survive ... We have an opportunity to revisit the ToR and align the GCM/NCD's work with that of the UNIATF and the WHO General Programme of Work 13."

*Dr Svetlana Akselrod, Assistant Director-General,
Noncommunicable Diseases and Mental Health*

5.1.1 KEY MESSAGES FROM PARALLEL SESSION 3.1

- The GCM/NCD is the only WHO platform specifically set up to accelerate the implementation of the high-level commitments of the three United Nations General Assembly high-level meetings on NCD prevention and control.
- The GCM/NCD participants consider the five functions of the mechanism very useful to achieve its purpose, that is, "to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels" (preliminary evaluation of the GCM/NCD).
- The GCM/NCD participants also consider the mechanism's functions useful to share evidence-based information and best practices, and to provide a forum to share innovative solutions and actions for implementation.
- The GCM/NCD Secretariat, as the first body to implement the WHO Framework of Engagement with Non-State Actors (FENSA), provides added value as it contributes to the operationalization of the FENSA criteria and the modes of implementation.

5.2 FUTURE STRATEGIC DIRECTION OF THE GCM/NCD

Regarding the future of the GCM/NCD, participants gave guidance on the strategic directions the GCM/NCD could take, building on the recommendations of the mechanism's preliminary evaluation, and taking account of the 2030 Agenda for Sustainable Development (SDG target 3.4 and other NCD-related targets), the WHO transformation plan, the WHO 13th General Programme of Work, and the 2018 Political Declaration on NCDs. The following suggestions emerged from the discussion. In each case, information is presented on how the suggestion aligns with the GCM/NCD functions, as defined in the terms of reference (6), and with the recommendations outlined in the preliminary evaluation of the GCM/NCD, and contained in Annex 4 of this report (7).

5.2.1 SUGGESTION 1: INCREASE GCM/NCD PRESENCE AND SUPPORT AT ALL LEVELS

Participants requested that, having made good progress implementing its global-level coordination and dialogue mandate, the GCM/NCD increase its presence and support at regional, national and subnational levels to accelerate implementation of the political commitments on NCDs (Box 2).

Box 2 Suggestion 1

GCM/NCD functions that align with this suggestion

- Function 2: Disseminating knowledge and information
- Function 3: Encouraging innovation and identifying barriers
- Function 4: Advancing multisectoral action
- Function 5: Advocating the mobilization of resources

Evaluation recommendations that align with this suggestion

2. Formulate a clear engagement strategy for [all three GCM/NCD constituencies] (for more detail, see also subrecommendations 2(a), 2(c) and 2(d)).
3. Develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs.
4. Enhance the country reach of the work of the GCM/NCD to ensure active and broad dissemination of its outputs, with a particular focus on reaching national NCD focal points and country stakeholders.
6. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels (i.e. advocate the mobilization of resources).

5.2.2 DISCUSSION OF CHALLENGES AND OPPORTUNITIES

"We've come a long way on the NCD agenda. Now is the time to push implementation [of multisectoral and multistakeholder approaches] to a national level. National authorities need to assume responsibility for putting the GCM/NCD and WHO guidance and recommendations into action."

Ms Sanne Frost Helt, GCM/NCD Working Group co-chair

Member States echoed the need to accelerate implementation of NCD responses in their countries through multisectoral and multistakeholder approaches and requested support both on practical ways to implement best practice on NCDs and on embedding whole-of-government and whole-of-society approaches. Some commented that while technical guidance on the "best buys" was clear, their governments did not feel well equipped to coordinate across so many different stakeholders and sectors. In particular, they needed guidance on how to resolve the substantial barriers they meet when implementing such approaches, for example, how to manage conflicts of interest effectively.

"We would like the GCM/NCD to create a model or framework on how we can implement the commitments at the national level ... Governments lack the capacity on how to engage [with other sectors and stakeholders]."

Ms Cristina Gonzalez, Minister Counsellor, Permanent Mission of Uruguay

In addition to support at the national level, it was agreed during discussions that more coordination was needed at the regional and subnational levels.

Several speakers also made a call to participants to work more at subnational level and take the NCD fight down closer to communities and affected individuals.

"We should integrate public health concept not only into the governance system, institutions and political structures, but also into the municipal environment, shaping the public health ecosystem around each individual."

Dr Oleg Salagay, Deputy Minister of Health, Ministry of Health, Russian Federation

"Even if the coordinating mechanism is at the national level, implementation is often the responsibility of regions or municipalities. We need to mirror national mechanisms at the implementation level."

Dr Kremlin Wickramasinghe, Technical Officer, WHO Regional Office for Europe

"National governments should support the activities of regional and local entities since they have the potential to influence the public in our efforts to promote healthy lifestyle and prevention of NCDs. They can also focus on problems specific to their regions and present targeted solutions."

Dr Alena Šteflová, Deputy Minister of Health, Ministry of Health, Czech Republic

At a national level, contributors recognized the need to elevate the national coordination function to offices of the president or prime minister, who can convene actors beyond the health sector, in line with the commitments made by leaders following the Third United Nations High-level Meeting on NCDs. Country representatives also requested support to build a strong case for this political engagement and mobilization of domestic resources.

"We commit to ... strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of non-communicable diseases."

Article 17, Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

"Let's make a strong case for investment in NCDs. There is a strong economic case that can be combined with the existing human rights case and the 'health as intrinsic value' arguments."

Dr Toomas Palu, Adviser, Global Health Coordination, World Bank Group

5.2.3 DIRECTION FOR THE GCM/NCD

Practical suggestions from participants on the support that the GCM/NCD and its Secretariat could provide in these areas included the following.

- Guidance documents and comprehensive stocktaking of success stories, country cases, and collaborative knowledge should be developed to help countries to practically implement the WHO "best buys" and other recommended interventions for the prevention and control of NCDs, adapted to the levels of development of different countries.

- Context-specific models, frameworks and guidance documents should be provided to help countries implement whole-of-government and whole-of-society approaches at the national and subnational levels. These should not just cover technical matters but also give guidance on the practical issues that countries face when trying to implement these models. Selected examples of these issues include how to engage sectors beyond the health sector effectively, how to use context-specific narratives that identify the co-benefits of such collaborations, how to align the NCD agenda with national development agendas, and how to identify health-promoting partnerships with the private sector while managing conflicts of interest. The survey also supported this message, with 91% of respondents requesting that their organization "receive information on how governments can scope and establish national multisectoral, multistakeholder coordination mechanisms/platforms/committees".
- Evidence should be gathered and disseminated to help make the "winning" case for investment in NCDs. This case should be used for advocacy both within government and externally. Member States also requested further support to identify potential sources of finance for NCDs.
- Country capacity-building should be facilitated to support uptake of implementation research on context-specific solutions to implementation challenges.

5.2.4 COUNTRY CASES, SUCCESS STORIES AND BEST PRACTICES SHARED BY MEETING ATTENDEES

Several panellists and audience members shared experiences, activities and examples of innovations that are already taking place in these areas, providing GCM/NCD participants with an opportunity to learn from their peers.

PARTICIPANT AND PANELLIST EXAMPLES: WHO EUROPEAN REGION

Sharing best practices

The WHO Regional Office for Europe has published the report *Health systems respond to noncommunicable diseases: compendium of good practices, presenting examples of good practices from countries across the region (14)*. It contains case studies of how different health systems are responding to NCDs.

PARTICIPANT AND PANELLIST EXAMPLES: MEMBER STATES

Making a case for NCDs through data

The representative of the Government of **Israel** shared how the Ministry of Health made a "winning case" for NCDs and created urgency for action within government by collecting and showcasing extensive national data on the NCD disease burden.

The representative of the Government of **Brazil** also emphasized the importance of national surveys to monitor the disease burden along with lifestyle and risk factors.

PARTICIPANT AND PANELLIST EXAMPLES: MEMBER STATES

Creating subnational mechanisms for multisectoral action

The representative of the Government of the **Czech Republic** shared her country's experience in developing the Czech Healthy Cities Network, an important platform for implementation of the SDGs at the subnational level. The strategic focuses for this network are on promoting community planning and public engagement, promoting cooperation among various sectors and different levels of public administration, and providing educational and training activities.

The representative of the **Russian Federation** reported the creation of an intermunicipal association that allows local governments to work together towards both individual and collective prevention. Municipalities are supported to create interactive and interesting programmes for local communities. Two million people are involved in the association's activities each year.

PARTICIPANT AND PANELLIST EXAMPLES: COUNTRY EXPERIENCES

Integrating NCDs into primary health care provision

The WHO Assistant Director-General for Universal Health Coverage and Health Systems shared the example of **Cambodia**, where NCD prevention was effectively integrated into primary health centres, particularly rolling out cervical cancer screening and treatment. She also shared that **Kenya** had successfully introduced a cancer screening programme at the primary health centre level.

A representative of the Government of **Sri Lanka** showcased how the government had trained a new cadre of community health workers to encourage people to attend NCD screening and treatment facilities, as well as a cadre of community health promoters. They are training more doctors and nurses for primary health care facilities and are leveraging technology to connect experts in tertiary hospitals to primary health clinics to advise on diagnosis and treatment.

The Coordinator for Evidence, Research, Action on Mental and Brain Disorders at WHO shared an example from his experience in the **Gaza Strip**, where mental health was integrated into primary-level NCD service delivery. Patients who came to collect regular NCD medications were screened for depression and, if needed, given simple, evidence-based treatment by a non-specialist and monitored for outcomes. This "collaborative care" model proved effective; many patients showed improvements and reported being satisfied.

5.2.5 SUGGESTION 2: CONTINUE PROMOTING WHOLE-OF-GOVERNMENT AND HEALTH IN ALL POLICIES APPROACHES FOR GREATER POLICY COHERENCE, AS WELL AS WHOLE-OF-SOCIETY ACTION

There was a call for the GCM/NCD to continue promoting whole-of-government and Health in All Policies approaches for greater policy coherence, as well as whole-of-society action. To do this the GCM/NCD should enhance its role as a convener and facilitator of collaborations and partnerships in support of meaningful and effective contributions to national NCD responses (Box 3).

Box 3 Suggestion 2

GCM/NCD functions that align with this suggestion

- Function 1: Advocating and raising awareness
- Function 2: Disseminating knowledge and information
- Function 4: Advancing multisectoral action

Evaluation recommendations that align with this suggestion

1. (b) Outline the contribution of each of the relevant GCM/NCD stakeholders towards [the] strategic plan.
2. Formulate a clear engagement strategy for [all three GCM/NCD constituencies] (for more detail, see also subrecommendations 2(a)–2(d)).
3. Develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs.
4. (b) Greater use of electronic platforms and other electronic means to enhance dissemination of information and exchange of best practices.

5.2.6 DISCUSSION OF CHALLENGES AND OPPORTUNITIES

Having recognized the successes to date of the GCM/NCD in bringing together a diverse set of stakeholders at the global level, Member States, "expressed overall satisfaction with the work of the mechanism in supporting implementation of the WHO Global NCD Action Plan 2013–2020." However, recognised that "...there needs to be a broader engagement of Member States and other participants" (7), participants expressed a desire for the GCM/NCD to continue strengthening this role.

"GCM/NCD has a critical role to play as a convener, a partner, a knowledge hub, and a developer of ideas. It can catalyse peer-to-peer learning and support between countries where best practice can be shared."

Dr Bente Mikkelsen, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe

They also wanted the GCM/NCD platform to play a more active role in facilitating connections and partnerships between participants.

"GCM/NCD can be a neutral platform to bring together the doers with the thinkers and the dreamers. We would like to see a GCM/NCD providing a platform to create a space, not just for stakeholders to share ideas and experiences in panels, but where you can actively partner, have conversations that lead to partnership, and can connect those looking for answers with those that have proven, verified solutions."

Ms Jenifer Healy, Chief of Staff, Office of Global Affairs, United States Department of Health and Human Services

Some speakers commented that the GCM/NCD was not able to bring the full set of stakeholders to the table, especially those from the private sector and civil society.

"One area of improvement we'd like to see is in how the GCM/NCD engages with non-State actors, in particular the private sector. It is often the case so the GCM/NCD should try to engage with new entities, e.g. insurance companies and technology companies."

Ms Katie Dain, Chief Executive Officer, NCD Alliance

"At present, the GCM/NCD is only engaging with a small fraction of the private sector, for example, pharmaceutical and food companies. There are many more industries that impact on the social determinants of health, for example, health services, banking, sports, transport, environment etc.) We can't address the full question without the full range of stakeholders."

*Mr Rocco Renaldi, Secretary-General,
International Food and Beverage Alliance (IFBA)*

However, many recognized that certain structural features of the GCM/NCD 's governance constrain its ability to engage with the full range of actors.

"Strict rules governing engagement with non-State actors are preventing NGOs and the private sector from being able to participate, even though that is the mandate of the GCM. There is a risk of losing trust with Member States if this engagement is not facilitated with the private sector and civil society. This is a plea to Member States: please open your door to talk to the private sector and NGOs. No one wins from us not talking to industry."

Dr Oleg Chestnov, WHO Representative, Kazakhstan

"We need to empower GCM/NCD to have those conversations and demonstrate that we are going to be an entity that really brings stakeholders together, that will work on our mistrust, work on our implicit biases, and try to prove and increase action to improve the health of the people that we serve."

*Ms Jenifer Healy, Chief of Staff, Office of Global Affairs,
United States Department of Health and Human Services*

5.2.7 DIRECTION FOR THE GCM/NCD

Participants suggested that the GCM/NCD could take the following steps to enhance this role and extend its reach.

- Whole-of-government approaches should be promoted through engaging more government sectors beyond the health sector, both in global-level dialogues and through supporting Member States to undertake this action at a national level. This should include the full range of sectors, not only those contributing to the five risk factors, but also those relating to the broad social determinants of NCDs, which could include environment, urban planning, education, agriculture, sport, culture and many more.
- Whole-of-society collaboration should be enhanced through widening the range of stakeholders engaged both globally and nationally, particularly a wider range of industry sectors and more non-State actors and civil society groups, including women's groups, environment groups, or groups for those living with NCDs. The GCM/NCD could do this in four ways:
 - conduct mapping and stocktaking of a more extensive set of non-State actors that could be relevant stakeholders for the NCD agenda, and reach out to explore whether they could be included in the GCM/NCD;
 - utilize the rules of engagement with non-State actors to its fullest extent to allow more industry and NGO players to be brought into the GCM/NCD;
 - guide participants on identifying the wide variety of appropriate stakeholders, supported by evidence of the types of partnerships that have been proven to be effective in supporting health programmes, as well as those that could be detrimental;
 - provide inclusive dialogue with and seek guidance from global experts on the interlinkages between NCDs and the commercial determinants of health.
- An interactive and inclusive platform should be created for connecting participants to share NCD knowledge, success stories, and country experiences, while avoiding any form of undue influence on policy-making or conflict of interest. In particular, this platform can match solution seekers with solution providers on a range of issues.⁶

5.2.8 COUNTRY CASES, SUCCESS STORIES AND BEST PRACTICES SHARED BY MEETING ATTENDEES

Several inspiring examples, country experiences and case studies of whole-of-government and whole-of-society approaches, as well as innovative partnerships, were provided throughout the General Meeting.

⁶ See under suggestion 3 below for a description of the new GCM/NCD KAP, which the GCM/NCD Secretariat developed in response to this demand.

PARTICIPANT AND PANELLIST EXAMPLES: WORLD BANK GROUP

Regional-level collaboration to tackle NCDs

The Adviser for Global Health Coordination at the World Bank Group shared the example of the **Pacific Islands**, where leaders including Heads of State, ministries of finance, and ministries of health have declared NCDs as a regional crisis. They have developed a regional public policy roadmap with 30 actions, of which five are priority actions. Twelve ministries are involved in the implementation of this plan, which also includes a strong grass-roots action component.

PARTICIPANT AND PANELLIST EXAMPLES: MEMBER STATES AND PRIVATE SECTOR

Effective engagement and partnership between governments and the private sector

Several panellists from Member States and non-State actor organizations shared examples where governments and the private sector had worked together to address the risk factors for NCDs.

The Government of **Switzerland** reported that it had worked with the private sector on voluntary commitments, which resulted in a reduction of 16% in the salt content of bread from craft bakeries. More recently, it has signed a memorandum of understanding with companies that have committed to reducing sugars in yoghurts and breakfast cereals. This initiative was self-funded by the industry.

Through close engagement with the food industry, the Government of **Israel** reported that it was able to get its cooperation towards the establishment of a mandatory food labelling system.

The representative from the Finnish Association for Substance Abuse Prevention shared that in **Finland**, the government worked with alcohol retailers and restaurants to foster a more responsible approach to the sale and serving of alcohol.

A panellist from Mahidol University Global Health Programme reported that in **Thailand**, the government had to negotiate with resistant food companies regarding the reduction of salt in their products. The government convinced the companies that if they did this voluntarily, it would not need to legislate. It also promised to acknowledge their contributions publicly.

Access Accelerated is a cross-industry collaboration between 24 pharmaceutical companies that seeks to reduce barriers to prevention, treatment and care of NCDs in lower- and middle-income countries through health system strengthening and alignment with universal health coverage. They have partnered with the Government of **Kenya** and PATH to map actors, gaps and duplication in the fragmented primary health system and establish how the government can bring relevant stakeholders together in a more coordinated approach. They have also partnered with the Ministry of Health in **Ghana** to update national plans for health system strengthening towards NCDs, and have partnered with the World Bank to increase the evidence base for decision-making in the Ministry of Health.

PARTICIPANT AND PANELLIST EXAMPLES: NON-STATE ACTORS

The role of faith-based organizations as potential partners to support health activities

In a model of integrated multistakeholder service delivery, churches have been involved in early detection of NCDs and good disease management in **South Africa**.

Church community health workers have been used to sensitize communities, and churches have provided parallel auxiliary services such as home visits, screening, referrals for diagnosis and treatment and follow-up with good results.

They are also involved in the Central Chronic Medication Dispensing and Distribution programme, which has established treatment pick-up points in locations other than health facilities. Patients are now offered support groups for each NCD when they collect their medicines, improving their disease and treatment literacy.

In KwaZulu-Natal, by July 2018, there had been a reduction in patient load by 30 000 patients for government facilities, as a consequence of which, patients who needed more urgent specialized care were able to be seen more quickly through formal health facilities.

5.2.9 SUGGESTION 3: INCREASE ACCESS TO KNOWLEDGE, INNOVATIONS, CAMPAIGNS, SUCCESS STORIES AND BEST PRACTICES

Participants requested that the GCM/NCD increase access to knowledge, innovations, campaigns, success stories and best practices through identifying and disseminating new approaches and facilitating peer-to-peer sharing between participants, including through the KAP (Box 4).

Box 4 Suggestion 3

GCM/NCD functions that align with this suggestion

- Function 1: Advocating and raising awareness
- Function 2: Disseminating knowledge and information
- Function 3: Encouraging innovation and identifying barriers
- Function 4: Advancing multisectoral action
- Function 5: Advocating for mobilization of resources

Evaluation recommendations that align with this suggestion

2. Formulate a clear engagement strategy for [all three GCM/NCD constituencies] (for more detail, see also subrecommendations 2(a), 2(c) and 2(d)).
3. (a) Establish better systems for communication and dissemination of information between the mechanism and Member States, including strengthening the use of electronic tools, web portals, exchange platforms and knowledge hubs.
4. Enhance the country reach of the work of the GCM/NCD to ensure active and broad dissemination of its outputs ... through: (a) the development of tools and materials of a practical nature applicable to the country contexts; (b) greater use of electronic platforms and other electronic means to enhance the dissemination of information and exchange of best practices.
6. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels.

5.2.10 DISCUSSION OF CHALLENGES AND OPPORTUNITIES

Participants recognized the vital role that the GCM/NCD plays in collecting, showcasing and sharing evidence-based information, knowledge, country cases, success stories and best practices.

"The GCM/NCD has been very useful in sharing national experiences and lessons learned."

*Dr Pieter de Coninck, Senior Adviser, Ministry of Health,
Welfare and Sport, the Netherlands*

"The kind of engagement we want with other sectors and stakeholders should be based on evidence. This is the strength of WHO."

Ms Florence Berteletti, Director of Advocacy, World Heart Federation

There were frequent requests throughout the General Meeting for greater access to evidence and best practices from what has been tried in other countries across regions. Participants commented that there was enough guidance at the global technical level. The demand is instead for access to practical implementation research about what works and what does not work on the ground, why, and with which partners.

"One area that the global response to NCDs needs to build on is knowledge and capacity building. We know what to do, but not how to do it. We need to apply science and research, share knowledge and experiences and build capacity."

*Dr Naoko Yamamoto, Assistant Director-General,
Universal Health Coverage and Health Systems*

"We at WHO need these learning points [from different countries' experiences]. We know what to do, but we don't quite know exactly how to do it at the country level."

*Dr Bente Mikkelsen, Director, Division of Noncommunicable Diseases and
Promoting Health through the Life-course, WHO Regional Office for Europe*

A specific area in which participants from all segments requested support was in advocating increased resource mobilization for NCDs from innovative channels to complement the (in many cases) scarce domestic government resources. In particular, participants wanted the GCM/NCD to be a channel for discovering potential domestic and international sources of funding.

"There are sources of money that could be used to fund NCDs. For example, the World Bank is distributing US\$ 2.2 billion on strengthening health systems with a large NCD component. But do Member States know about this? Are they adapting their national action plans in response? Maybe there is a knowledge gap here."

Dr Douglas Webb, Team Leader, United Nations Development Programme

5.2.11 DIRECTION FOR THE GCM/NCD

Ideas on how the GCM/NCD could improve communication to a broader audience, stocktaking, and dissemination of knowledge, best practices and evidence-based approaches to address the NCD challenge included the following.

- The Knowledge Action Portal (KAP) should be promoted as a safe, community-driven platform for interactive knowledge dissemination and participant engagement (see Box 5).
- Knowledge, resources and success stories demonstrating alignment with national NCD priorities should be included on the KAP, derived from a wide range of relevant partners.
- The horizon should be scanned for new innovative approaches to NCD advocacy, whole-of-government and whole-of-society approaches, and prevention and control.
- Potential sources of NCD funding should be mapped, taken stock of, and shared.
- Work should continue with innovative researchers from leading academic institutions to promote implementation research on effective interventions for the prevention and control of NCDs.
- A marketplace should be provided to promote funding and uptake of innovative research projects on NCDs.

Box 5 Example of GCM/NCD Secretariat action to strengthen the sharing of knowledge, innovations and best practices

The GCM/NCD Secretariat, in response to demand from participants and the recommendations of the preliminary evaluation, has developed a digital platform – the GCM/NCD Knowledge Action Portal (KAP) – to enhance engagement (recommendation 2(a)), improve communication and dissemination of GCM/NCD information and activities (recommendation 3(a)), and make greater use of electronic platforms to enhance exchange of information and best practices (recommendation 4b).

During parallel session 3.2 of the General Meeting, the audience was introduced to the community-driven platform, which has been designed to support country-level action and drive interaction, information and inspiration.

The secure space includes:

- knowledge section: a data repository of resources from a range of NCD topics through an interactive database, spanning leading NCD stakeholders from around the world;
- country action section: interactive mapping of countries that are committed to tackling NCDs through local, regional and global multisectoral and multistakeholder action;
- community section: closed communities, allowing a range of participants to engage in NCD topics, ask questions and provide a space for emerging and established voices to share solutions;
- research connect section: a data visualization tool, acting as a marketplace connecting researchers, institutions, organizations and funders through an interactive globe.

The portal is open to all, facilitating the NCD community to reach out to both health and non health communities, with a specific focus on engaging new groups such as technology and life sciences, insurers and people living with NCDs.

Connections within the KAP are garnered within several safeguarding features developed to mitigate real or perceived conflicts of interest, ensuring a safe space for the exchange of ideas. The KAP received strong support from the audience, coming from diverse institutions, Member States, NGOs, academics and private sector organizations.

"I am very excited about the potential of the KAP to reach people living with NCDs."

Ms Johanna Ralston, Chief Executive Officer, World Obesity Federation

"The KAP is an important initiative that democratizes the NCD activity. KAP is inclusive and accessible, and will bring together people living with NCDs, health practitioners, researchers, academics, and the private sector itself."

Mr Greg Perry, Assistant Director-General, International Federation of Pharmaceutical Manufacturers and Associations

"We will be facilitating a community of practice on the commercial determinants of health. The KAP will help us bring together experts from different sectors, public health, nutritional aspects, etc."

Mr Christian Franz, Chief Executive Officer, CPC Analytics

For more information about the KAP:

- KAP introduction video: <https://www.youtube.com/watch?v=D3nCJQl6EDY>
- KAP website: <http://www.who.int/kap>

5.2.12 SUGGESTION 4: STRENGTHEN ACCOUNTABILITY MEASURES

To ensure progress towards implementing the high-level commitments made during the third United Nations High-level Meeting on NCDs, the GCM/NCD participants and Secretariat should strengthen accountability measures (Box 6).

Box 6 Suggestion 4

GCM/NCD functions that align with this suggestion

- Function 1: Advocating and raising awareness
- Function 2: Disseminating knowledge and information
- Function 3: Encouraging innovation and identifying barriers
- Function 4: Advancing multisectoral action
- Function 5: Advocating for mobilization of resources

Evaluation recommendations that align with this suggestion

1. Develop a medium-term strategic plan with a clear vision and a robust results framework.

5.2.13 DISCUSSION OF CHALLENGES AND OPPORTUNITIES

One of the most frequent themes echoed throughout the General Meeting was the need for concrete progress and action to move from dialogue to implementation. Across multiple sessions, while recognizing how much progress had been made in bringing NCDs onto the global agenda, speakers emphasized the urgency of implementing what had been already committed to, and that implementation would not be sustainable without holding all stakeholders accountable for their commitments.

"We don't have a lack of evidence or knowledge on NCDs but what we really lack is action."

Ms Sanne Frost Helt, GCM/NCD Working Group co-chair

5.2.14 DIRECTION FOR THE GCM/NCD

To take this forward, attendees made a series of calls to action to GCM/NCD participants.

- For Member States and regional bodies, the call was to set concrete, time-bound actions in regional, national and subnational NCD plans that aligned with the implementation of the high-level political commitments, WHO "best buys", and other recommendations for the prevention and control of NCDs.

"Each country really needs to commit to tangible, time-bound actions – specific actions on 'best buys' in their national NCD plans."

Dr Kremlin Wickramasinghe, Technical Officer, WHO Regional Office for Europe

- For Member States, the call was to allocate national budget and resources to NCD prevention and control (for those countries with the means to do so), in addition to mobilizing resources externally.

"One critical part of leveraging resources for NCDs is for countries to demonstrate national leadership and ownership by having a budget line for NCDs and allocating some amount of government resources towards it. This will show that commitments are being translated into action."

Dr Mukesh Kapila, Chief Executive, Defeat-NCD Partnership

- For civil society, the call was to help monitor and ensure the accountability of all partners, including Member States.

"We need to build a coalition between civil society, academia, governments etc. Civil society especially can help governments to become more accountable."

Mr Jeremias Jr Paul, Coordinator, Tobacco Control Economics

"There are significant gaps in access to NCD medicines in low and middle-income countries. The Medicines Patent Pool is about sustainable solutions, creating long-term availability of more affordable treatments for more people who could not otherwise afford them. We see the model as providing a win-win solution for all. But to work in NCDs, we will need to work closely with the pharmaceutical industry, as we have succeeded in doing in HIV and hepatitis C."

Mr Charles Gore, Executive Director, Medicines Patent Pool

"The most important role for civil society is accountability. Often governments make grand commitments which expire with no consequence. Civil society can hold our governments to account."

Ms Katie Dain, Chief Executive Officer, NCD Alliance

- For the GCM/NCD itself, the call was to develop, through the GCM/NCD Secretariat, a clear strategy and results framework for the GCM/NCD that links its activities to intended impact and results, taking account of the 2030 Agenda for Sustainable Development, the 2018 Political Declaration on NCDs, the WHO Global NCD Action Plan and the WHO 13th General Programme of Work. The strategy would guide the development of future work plans, define priority activities, allocate budgets and resources and facilitate the alignment of the contributions of the current and future GCM/NCD participants towards this strategic plan. This is in line with recommendation 1 of the preliminary evaluation. Survey respondents cited the development of a medium-term strategic plan with a clear vision and robust results framework as their top priority for the GCM/NCD in the coming year.

"We would value if the GCM/NCD had a tangible results mechanism for working with Member States on multisectoral approaches."

Mr Juan Diego Stacey, Ecuador

It was recognized that as a vital part of ensuring sustained accountability for impact against the GCM/NCD terms of reference and work plans, the GCM/NCD Secretariat needed to be adequately financed. The survey supported this point: amongst those that responded, the financial resources available to the GCM/NCD Secretariat was cited as the top factor limiting the effective achievement of the GCM/NCD objectives.

"We have spoken a lot about funding requirements for country implementation, but I was also surprised to learn when I took on my role that there are funding shortages in the GCM/NCD Secretariat which restrict it from fully supporting participants and carrying out its mandate. We need to think how the GCM/NCD's work can be covered by its membership, including Member States, as well as other donors and partners."

*Dr Svetlana Akselrod, Assistant Director-General,
Noncommunicable Diseases and Mental Health*

Attendees supported this call to mobilize resources to support the work of the GCM/NCD, with 74% of respondents to the pre-conference survey reporting that they would consider providing a flexible contribution to be pooled to support overall GCM/NCD activities.⁷

5.2.15 COUNTRY CASES, SUCCESS STORIES AND BEST PRACTICES SHARED BY MEETING ATTENDEES

Throughout the General Meeting, positive examples of accountability in action were also shared.

PARTICIPANT AND PANELLIST EXAMPLES: WHO REGIONAL OFFICE FOR EUROPE

Government accountability for results

The Director for the Division of Noncommunicable Diseases and Promoting Health through the Life-course at the WHO Regional Office for Europe shared an example of a government holding itself accountable for results.

In 2005 in the **Netherlands**, a government assessment found that uptake of guidance and normative work on health promotion was low. Many health professionals felt overwhelmed by all the different guidelines and did not know how to implement them all.

In response, the government established the National Institute for Public Health and the Environment (RIVM) Centre for Healthy Living. The Institute was tasked with delivering comprehensive training and assessing the different guidance documents using criteria such as ease of use and accessibility of language in order to aid their implementation.

A full case study is available in the WHO Regional Office for Europe publication: *Health systems respond to noncommunicable diseases: compendium of good practices (14)*.

PARTICIPANT AND PANELLIST EXAMPLES: MEMBER STATE

Allocating national resources to the fight against NCDs

The representative of the Government of **Sri Lanka** reported that the government had developed a fully costed national NCD plan to which it has allocated significant national resources. The government is also finalizing a major project with the World Bank on health system strengthening, of which NCDs are a core component.

⁷ Includes respondents that answered either "yes" or "maybe" to the question: "Would your entity/organization be prepared to provide a flexible contribution that would be pooled to support overall GCM/NCD activities?"















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Annex 1

Agenda of the GCM/NCD General Meeting

MONDAY, 5 NOVEMBER 2018

9:00–9:30	Opening session of the General Meeting
9:30–10:30	Plenary session 1. Maintaining momentum: enhanced multistakeholder and multisectoral action for the implementation of high-level commitments to strengthen the health sector's response to NCDs
11:00–12:30	Parallel session 1.1. Systems thinking for NCD prevention and control: from silo approaches to integration and maximizing synergies for universal health coverage
11:00–12:30	Parallel session 1.2. Institutionalizing multistakeholder action: governments and non-State actors (civil society and private sector) acting in unity for resilient health systems
14:00–15:40	Plenary session 2. Collective leadership: multisectoral engagement and policy coherence as key enablers of action to address NCDs and their underlying determinants
16:00–17:30	Parallel session 2.1. Health as a political choice: aligning public and private interests for a greater good – best practices and lessons learned
16:00–17:30	Parallel session 2.2. Response of the United Nations system in supporting governments to develop strategic partnerships to prevent and control NCDs
17:30–18:00	Closing session of first day
18:30–20:30	Official welcome reception

TUESDAY, 6 NOVEMBER 2018

9:00–10:20	Plenary session 3. Cooperation, engagement and accountability: the role of coordination mechanisms at global, regional, national and local levels for NCD prevention and control
10:30–12:30	Parallel session 3.1. Capturing progress, looking towards the future: building on the results of the preliminary evaluation of the GCM/NCD
10:30–12:30	Parallel session 3.2. Knowledge Action Portal: opportunities for knowledge dissemination and participant engagement
14:00–15:30	Plenary Session 4. Interactive summary session: synthesis of the General Meeting, conclusions and recommendations
15:30–16:00	Closing session of the General Meeting

Full annotated agenda available at <http://www.who.int/global-coordination-mechanism/events/2018-general-meeting-annotated-agenda.pdf?ua=1>.

Annex 2

Objectives of the General Meeting of the WHO GCM/ NCD and materials from the meeting

THE OBJECTIVES OF THE GENERAL MEETING ARE THE FOLLOWING:

- to highlight actions, success stories and progress made in mobilizing multisectoral and multistakeholder collaborations and partnerships and to share knowledge, expertise, technology and resources to complement the efforts of national governments towards achieving the nine voluntary global targets of the WHO Global Action Plan on NCDs (2013–2020) and the NCD target (SDG target 3.4) and NCD-related targets of the 2030 Agenda for Sustainable Development;
- to promote and take stock of commitments and pledges made by non-State actors to support national efforts for NCD prevention and control;
- to showcase and identify best practices and enabling factors that make partnerships successful, scalable and sustainable;
- to call for increased cooperation between governments and non-State actors, including the private sector, to accelerate country-level action, while avoiding duplication of efforts and potential conflicts of interest;
- to discuss the results of the preliminary evaluation of the GCM/NCD and outline future strategic directions to enhance the GMC/NCD's value-added and continued relevance;
- to explore the role of the GCM/NCD to facilitate the country-level implementation of global commitments, including the outcome of the third United Nations High-level Meeting on NCDs, 2018.

LINKS TO GENERAL MEETING MATERIALS AND RESOURCES

Links to General Meeting materials and resources

Documents and materials from the General Meeting can be accessed at <http://www.who.int/global-coordination-mechanism/events/2018-gcm-general-meeting/en/>.

In particular:

- General Meeting brochure: <http://www.who.int/global-coordination-mechanism/events/2018-general-meeting-booklet.pdf?ua=1>
- Concept note: <http://www.who.int/global-coordination-mechanism/events/2018-general-meeting-concept-note.pdf?ua=1>
- Draft programme: <http://www.who.int/global-coordination-mechanism/events/2018-general-meeting-draft-programme.pdf?ua=1>
- Full annotated agenda: <http://www.who.int/global-coordination-mechanism/events/2018-general-meeting-annotated-agenda.pdf?ua=1>
- Co-chairs statement: <http://www.who.int/global-coordination-mechanism/news/General-Meeting-of-the-WHO-Global-Co-chair-06-11-2018.pdf?ua=1>

Annex 3

Functions of the GCM/
NCD, from the terms of
reference

Guided by, and in line with, the six objectives of the WHO Global NCD Action Plan 2013–2020, the functions of the GCM/NCD will be as follows:

- **Advocating and raising awareness:** Advocating and raising awareness of the urgency of implementing the WHO Global NCD Action Plan 2013–2020; mainstreaming the prevention and control of noncommunicable diseases in the international development agenda; and giving due consideration to the prevention and control of noncommunicable diseases in discussions on the post-2015 development agenda;
- **Disseminating knowledge and information:** Disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the WHO Global NCD Action Plan 2013–2020, including health promotion, prevention, control, monitoring and surveillance of NCDs;
- **Encouraging innovation and identifying barriers:** Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the WHO Global NCD Action Plan 2013–2020;
- **Advancing multisectoral action:** Advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the WHO Global NCD Action Plan 2013–2020;
- **Advocating for the mobilization of resources:** Identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the WHO Global NCD Action Plan 2013–2020.

Extracted from the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases: <http://www.who.int/global-coordination-mechanism/terms-of-reference.pdf>.

Annex 4

Recommendations of the
preliminary evaluation of
the GCM/NCD

1. Taking into account the United Nations 2030 Agenda for Sustainable Development, the GCM/NCD should develop a medium-term strategic plan with a clear vision and a robust results framework which will:
 - (a) guide the development of work plans, define priority activities and allocate budgets and resources in support of each of the five objectives, with special attention to objectives 4 and 5;
 - (b) outline the contribution of each of the relevant GCM/NCD stakeholders towards this strategic plan; and
 - (c) include a monitoring framework to enable regular tracking and reporting of progress towards the objectives.
2. Formulate a clear engagement strategy for Member States, United Nations funds, programmes and organizations, and other relevant intergovernmental organizations and non-State actors, aiming to:
 - (a) enhance opportunities and processes to facilitate the engagement of all Member States by accessible and user-friendly means;
 - (b) articulate opportunities and strategies to expand the engagement of Member State representatives from non-health sectors, making full use of experience gained by WHO and other agencies in other processes;
 - (c) promote the engagement of United Nations funds, programmes and organizations and other relevant intergovernmental organizations in the global activities of the GCM/NCD, and identify collaborative arrangements and synergies at regional and national level; and
 - (d) improve mechanisms to identify and engage non-State actors, from the health and non-health sectors and the private sector, including those at national level.
3. Develop appropriate processes for effective coordination, communication and dissemination of information on main activities and outputs by:
 - (a) establishing better systems for communication and dissemination of information between the mechanism and Member States, including strengthening the use of electronic tools, web portals, exchange platforms and knowledge hubs;
 - (b) strengthening coordination and harmonizing procedures between the mechanism and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, in order to avoid overlaps;

- (c) strengthening coordination and harmonizing procedures between the GCM/NCD secretariat and relevant technical programmes in the WHO Secretariat; and
 - (d) clarifying the roles and responsibilities of the GCM/NCD secretariat and the WHO technical programmes working on noncommunicable diseases, especially in relation to country-level work.
- 4. Enhance the country reach of the work of the GCM/NCD to ensure an active and broad dissemination of its outputs, with a particular focus on reaching national NCD focal points and country stakeholders through:
 - (a) the development of tools and materials of a practical nature applicable to the country contexts;
 - (b) greater use of electronic platforms and other electronic means to enhance dissemination of information and exchange of best practices; and
 - (c) support for the strengthening of coordination with WHO and United Nations actors at regional and country levels so they can contribute to the adaptation of the GCM/NCD's global work to the regional and national settings.
- 5. Improve the effectiveness of GCM/NCD working groups through enhanced technical support by all relevant WHO programmes and quality control to ensure that the working groups systematically receive the necessary technical inputs and that the content and outputs are innovative, appropriate and suited to the needs of their audience.
- 6. Enhance efforts to identify and share information on existing and potential sources of finance and cooperation mechanisms.



Annex 5

Side Events

1 - THE ROLE OF YOUNG HEALTHCARE PROFESSIONALS IN CATALYSING THE GLOBAL HEALTH AGENDA

GCM co-organized a lunchtime side event in collaboration with the International Federation of Medical Students' Associations (IFMSA) and Professor Siegfried Walch from Management Center Innsbruck (MCI) to discuss the role of young healthcare professionals in catalysing the global health agenda. In the session, Ms. Mychelle Farmer (NCD Child), focused on new pathways built upon existing systems, that are available for young health professionals to participate in global health. Having a rich academic experience in tackling NCD issues, Professor Siegfried Walch, highlighted the importance of young health professionals learning and practising public health early in their career paths. Attendees came from diverse backgrounds representative of Member States, NGOs, academic institutions and private sector organizations and actively participated in the discussions; they suggested new solutions to overcome the barriers that young health professionals face when addressing NCDs at the primary prevention level. Afterwards, the representative from IFMSA presented the toolkit developed by IFMSA to integrate public health education into the medical education curricula to enhance health students' contributions in prevention and control of NCDs. The attendees acknowledged that there is a gap in involving the younger populations in the decision-making stages in global health issues, the youth may be involved but they are generally not being taken seriously. However, attendees also agreed on the essence of the youth's engagement and of harnessing the youth's energy to catalyze the global health agenda and move forward together.

2 - ROTATING ROUNDTABLES – MEET, MOTIVATE AND MOVE!

Innovative side-event comprised of rotations to different stations where speakers presented/ pitched on their approach, model and/or tool; responded to Q&As and shared resources.



STATION 1 - NCDS AND WORKSITES: MULTISTAKEHOLDER ACTIONS

Presenters: Faten Ben Abdelaziz, WHO, Champika Wikramasinghe, MoH, Sri Lanka and Lishann Salmon, Permanent Mission of Jamaica in Geneva

Highlights: How health promotion tools and approaches are used to prevent and reduce NCDs and related risk factors in worksites, involving a wide range of stakeholders, like governmental sectors, national business associations, manufacture companies, informal sector delegates, trade-unions, other nongovernmental organizations, and academia. Concrete examples from the Philippines, Sri Lanka and Jamaica.



STATION 2 - POWERFUL VIEWS AND VOICES: PEOPLE LIVING WITH NCDS AND INDIGENOUS PEOPLES

Presenters: Alex Brown, Aboriginal Research Program, Johanna Ralston, WOF

Highlights: Comprehensive, holistic, systematic approaches to Chronic Disease Control must be adopted to reduce unacceptable disparity and suffering. Partnership is very important in giving a voice to people suffering from chronic diseases who are unable to access effective health care in order to adequately manage their existing diseases and/or prevent new ones. Health care must also be made accessible through the promotion of health literacy.



STATION 3 - COORDINATION MECHANISMS ON NCDS: REAL-WORLD EXAMPLES

Presenters: Ruitai Shao, WHO and Kremlin Wickramasinghe, WHO EURO

Highlights: Newly launched WHO NCD MAP Toolkit: Toolkit for Implementing, Developing and Evaluating a National NCD Multisectoral Action Plan (NCD MAP), <http://apps-dev.who.int/nmh/ncd-map-toolkit/>.

Main purpose of the toolkit is to assist policy-makers and programme managers in developing, implementing and monitoring national multisectoral plans. It covers the main steps from situation assessment, stakeholder engagement, and setting national NCD targets to implementation and monitoring and evaluation, including practical templates and examples. Countries are encouraged to adapt the tool in accordance with their national context.

Annex 6

List of Participants

MEMBER STATES

Algeria

Monsieur Amar Chemakh

Secrétaire diplomatique, Mission permanente, Genève

Australia

Ms Madeleine Heyward

Health Counsellor, Permanent Mission, Geneva

Austria

Mr Bernhard Fattinger

Minister Plenipotentiary (Health), Permanent Mission, Geneva

Bahamas

Ms Alarice Grant

Second Secretary, Permanent Mission, Geneva

Bahrain

Mr Majed Alnoiami

Third secretary, Permanent Mission, Geneva

Barbados

Dr Erwin Arthur Phillips

Senior Medical Officer of Health (NCDs)

Ministry of Health and Wellness

Belarus

Mr Dmitry Nikalayenia

Counsellor, Permanent Mission, Geneva

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Dr Carlos Cezar Flores Vidotti

Coordenador Substituto da Coordenação Geral de Doenças e Agravos Não Transmissíveis

Burkina Faso

Madame Estelle Edith Dembele Dabire

Directrice de la prévention et du contrôle des maladies non transmissibles

Burundi

Monsieur Jean Baptiste Nzorironkankuze

Secrétaire Permanent

Ministère de la Santé Publique et de la Lutte contre le Sida

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Mr Kong Sok

Vice chief of NCD bureau of Preventive Medicine Department

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Mr Jamie Baker

Manager, Global NCD Program

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Mme Alena Šteflová

Deputy Minister

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Mr Jan Kara

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Ms Marcela Kubicová

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Mr Michal Kaplan

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Mr Myong Hak Jong

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Djibouti

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Monsieur Meeke Mohamed Moussa

Inspecteur

Inspection Générale des Services de Santé

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Mr Juan Diego Stacey

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Estonia

Ms Heli Laarmann

Head of Public Health Department

Ministry of Social Affairs

Ms Anneli Veisson

Third Secretary, Permanent Mission, Geneva

France

Monsieur Philippe Damie

Conseiller Santé, Mission permanente, Genève

Gabon

Monsieur Ferdinand Mangongo

Conseiller, Mission permanente, Genève

Georgia

Ms Ekaterine Khositashvili

Counsellor, Permanent Mission, Genève

Ghana

Mr Nana Kwabena Adjei-Mensah

Chief Director

Ministry of Health

Mr Baffour Awuah

Head NCD

Ministry of Health

Mr Iddrisu Yakubu

Minister Counsellor, Permanent Mission, Geneva

Guatemala

Mr Luis Erick Gudiel Pineda

First Secretary, Permanent Mission, Geneva

Guyana

Ms Bibi Sheliza Ally

Minister Counsellor, Permanent Mission, Geneva

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