

Prevention and control of noncommunicable diseases

Proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2014–2015

Report by the Director-General

1. The second formal meeting of Member States to conclude the work on the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) requested the Director-General to submit a draft work plan for the GCM/NCD covering the period 2014–2015 for the consideration of the Sixty-seventh World Health Assembly. This report presents the proposed work plan, setting out the activities of the GCM/NCD, including time-bound Working Groups, together with their terms of reference (see Annex).

2. The work plan is a framework for action, taking into account the terms of reference for the GCM/NCD,¹ the global action plan for the prevention and control of noncommunicable diseases 2013–2020,² and the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.³

3. This work plan is organized around five objectives, in line with the five functions of the GCM/NCD. It will be implemented between May 2014 and December 2015, in line with the time frame of the current WHO Programme budget 2014–2015 and the budgetary provisions related to the activities of the GCM/NCD included in that programme budget. The 2014–2015 work plan for the GCM/NCD will be fully integrated into outcome 2.1 of the Programme budget 2014–2015, which will be operationalized through the networks for category 2 and the NCD programme area, in accordance with established operating procedures.

OVERALL AIM

4. The work plan aims to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at local, national, regional and global levels, in order to contribute to implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

¹ Contained in document A67/14 Add.1.

² Contained in resolution WHA66.10.

³ Resolution A/RES/66/2.

OBJECTIVES AND ACTION

Objective 1. Advocate for and raise awareness of the urgency of implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 1.1 Conduct a dialogue in 2014 on how to encourage the continued inclusion of noncommunicable diseases in development cooperation agendas and initiatives, internationally agreed development goals, economic development policies, sustainable development frameworks and poverty reduction strategies.¹ The dialogue will result in a report with recommendations.

Action 1.2 Conduct a dialogue in 2015 on how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation.² The dialogue will result in a report with recommendations.

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

Action 2.1 Establish a web-based platform in 2014 that builds and disseminates information about the necessary evidence base to inform policy-makers about the relationship between noncommunicable diseases, poverty and development.³

Action 2.2 Establish a web-based platform in 2015 that promotes and facilitates international and intercountry collaboration for exchange of best practices in the areas of health-in-all-policies, whole-of-government and whole-of-society approaches, legislation, regulation, health system strengthening and training of health personnel, so as to disseminate learning from the experiences of Member States in meeting the challenges.⁴

Action 2.3 Establish a series of webinars starting in 2014 to support the coordinating role of WHO in areas where stakeholders can contribute to and take concerted action against noncommunicable diseases.⁵

¹ Taking into account proposed action 23(a) for international partners and the private sector included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (document WHA66/2013/REC/1, Annex 4).

² Taking into account proposed action 23(c) for international partners and the private sector included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (document WHA66/2013/REC/1, Annex 4).

³ Taking into account action 16(b) for the WHO Secretariat included in the action plan for the global strategy for the prevention and control of noncommunicable diseases (document WHA61/2008/REC/1, Annex 3).

⁴ Taking into account action 22(d) for the WHO Secretariat included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (document WHA66/2013/REC/1, Annex 4).

⁵ Taking into account proposed action 23(d) for international partners and the private sector included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (document WHA66/2013/REC/1, Annex 4).

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

Action 3.1 Establish a Working Group in 2014 to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.¹

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

Action 4.1 Establish a community of practice where participants can contribute to and take concerted action against noncommunicable diseases.²

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

Action 5.1 Establish a Working Group in 2014 to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.³

ACTION BY THE WORLD HEALTH ASSEMBLY

5. The Health Assembly is invited to note the work plan.

¹ Paragraph 44 of resolution A/RES/66/2 reads as follows: “With a view to strengthening its contribution to non-communicable disease prevention and control, [Heads of State and Government and representatives of States and Governments commit to] call upon the private sector, where appropriate, to:

(a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;

(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;

(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;

(e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases”.

² Taking into account proposed action 17(c) for international partners included in the action plan for the global strategy for the prevention and control of noncommunicable diseases (document WHA61/2008/REC/1, Annex 3).

³ Paragraph 45(d) of resolution A/RES/66/2 reads as follows: “[Heads of State and Government and representatives of States and Governments commit to] Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

ANNEX

TERMS OF REFERENCE FOR THE GCM/NCD WORKING GROUPS TO BE ESTABLISHED IN 2014 AND 2015 AS PART OF THE IMPLEMENTATION OF THE GCM/NCD WORK PLAN 2014–2015

1. The Working Group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases will provide advice to the Director-General.
2. The Working Group to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases will provide advice to the Director-General.

Nomination of members

3. Members of each Working Group will be selected and appointed by the Director-General on the basis of their technical and public health expertise and experience, from a roster of experts proposed by Member States. In the selection of the members for each Working Group, consideration will be given to attaining an appropriate distribution of expertise, geographical representation, gender balance and multisectorality.
4. Each Working Group shall have no more than 12 members, who shall serve in their personal capacities to represent the range of disciplines, including those relevant to public policy development and the prevention and control of noncommunicable diseases. In addition, each Working Group shall be co-chaired by representatives of two Member States, one from a developed country and one from a developing country, to be appointed in consultation with Member States.
5. All members, including the Chair, will be appointed by the Director-General for a duration of one year. All members will be eligible for one reappointment for a duration of one year.
6. Members must respect the impartiality and independence required of WHO. In performing their work, they may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of real, potential or apparent conflict of interest. To this end, proposed members will be required to complete a declaration of interest form and their appointment, or continuation of their appointment, will be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

Roles and responsibilities of the members of the Working Groups

7. Members of each Working Group have a responsibility to provide WHO with high-quality, well considered advice and recommendations and to be committed to the development and improvement of public health.

8. Members should commit to promoting the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, as well as to other publicly agreed principles to promote and protect health.

9. Members play a critical role in ensuring the reputation of the GCM/NCD as an internationally recognised coordination mechanism in the field of noncommunicable diseases. Working Groups have no executive, regulatory or normative functions, they are solely to provide advice and recommendations to the Director-General of WHO.

Working procedures for the Working Groups

10. The Office of the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health will serve as the Secretariat to each Working Group.

11. Each Working Group will meet at least once per year. WHO shall provide any necessary scientific, technical and other support for each Working Group. WHO may convene additional meetings, including through teleconferences and videoconferences, on an ad hoc basis, as decided by the Director-General. A briefing to Member States will be held after each meeting of the Working Groups.

12. In addition to the members, each Working Group may recommend that expertise in particular areas be provided through invitations issued by the WHO Secretariat to attend Working Group meetings as advisers.

13. Representatives of relevant intergovernmental organizations and non-State actors¹ involved in the prevention and control of noncommunicable diseases activities may be invited by the WHO Secretariat to Working Group meetings for consultation.

14. The final report of each Working Group will be submitted to the Director-General. All recommendations from the Working Groups are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the Working Groups. Working Group reports will be made available to Member States.

15. Information and documentation to which members may gain access in performing Working Group-related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. Working Group Members shall not purport to speak on behalf of, or represent, the Working Group or WHO to any third party. All proposed members will be required to sign an appropriate confidentiality undertaking and provisions on ownership.

16. The Regulations for Expert Advisory Panels and Committees will apply to Working Groups for all matters which are not specifically provided for by these terms of reference.

¹ Without prejudice to ongoing discussions on WHO's engagement with non-State actors, the engagement with non-State actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly. This footnote applies throughout the text where non-State actors are mentioned.

Duration of the Working Groups

17. The Working Groups will be established in September 2014.
18. Working Groups will be established by the Director-General for a maximum duration of two years.

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