WHO GCM/NCD Working Group on the alignment of international cooperation with national NCD plans (Working Group 3.2, 2016 – 2017) was formed under Objective 3 of the GCM/NCD Work Plan to provide a forum for identifying barriers and sharing innovative solutions for the implementation of the Global Action Plan on NCDs.

**Action 3.2:**

Establish a Working Group in 2016 to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on non-communicable diseases with national plans concerning non-communicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases.

The Working Group is co-chaired by the representatives of two Member States, one from a developed country and one from a developing country, appointed in consultation with Member States:

- H.E. Ambassador Taonga Mushayavanhu, Permanent Representative to the UNOG, Zimbabwe
- Mr Kjetil Aasland, Minister Counsellor for Health, Permanent Mission of Norway to the UNOG

Background

As the international community embarks on the implementation of the Sustainable Development Agenda 2030, ensuring that development cooperation is effective becomes paramount. Unlike the predecessor Millennium Development Goals (MDGs), the new SDG agenda is broader and includes a target for NCDs along with several targets that are related to NCDs. More specifically, Target 3.4 calls for a one-third reduction in premature mortality from NCDs by 3030. Premature mortality is defined by WHO as the probability of dying from any of the diseases in the major four categories of NCDs (cancer, cardiovascular diseases, diabetes and chronic obstructive pulmonary disease) between the ages of 30 and 70.¹ Other NCD-relevant actions reflected in the 2030 agenda include:

- Strengthening responses to reduce the harmful use of alcohol
- Achieving universal health coverage (UHC)
- Strengthening the implementation of the WHO Framework Convention on Tobacco Control (FCTC)
- Supporting the research and development of vaccines and medicines for NCDs that primarily affect developing countries
- Providing access to affordable essential medicines and vaccines for NCDs

The SDG agenda for NCDs is in line with the previous commitments made by governments at the UN High Level Meetings on NCDs, first in September 2011 and then during the follow-up meeting in July 2014. The latter meeting reviewed the progress in overcoming the burden of NCDs in countries and concluded that it was “uneven and largely insufficient.”

The slow progress on NCDs at a national level, particularly in low-income countries, can be partially explained by the lack of local capacities (technical, financial, human) to implement the global-level commitments. This is especially problematic in countries that are heavily dependent on developmental assistance for health. However, to date, the DAH for health continues to be poorly aligned with the global disease burden, particularly for NCDs.

The goal of the GCM/NCD Working Group is to inform Member States and other stakeholders of the complex landscape of development cooperation, along with its implications for NCDs, and come up with “actionable recommendations” to aid in the implementation of the Global NCD Action Plan on NCDs and Sustainable Development Agenda 2030.

The overarching question that the WG’s efforts are built around is: *How should governments respond at the national level to better align international cooperation with country-level needs and priorities on NCDs and maximize the impact of external resources?*  

To address this question, the WG broke down the group mandate into four categories:

- NCD plans as part of national development plans and overarching health systems strategies/plans to achieve universal health coverage  
- Alignment of international cooperation with national NCD plans  
- Local multisectoral and multistakeholder coordinating mechanisms to ensure efficiency of aid and responsiveness to national needs and priorities  
- Aid effectiveness and development impact of external resources in support of NCDs  

The preliminary recommendations are intended to respond to these categories and will be supported with best practices/country case studies in the final report.  

**Preliminary Recommendations**  

**Recommendation 1.**  
Governments should establish platforms for community engagement, and multistakeholder and multisectoral collaboration.  

**Rationale:**  
The obligation for governments to take action on populations’ health in general, and NCDs in particular, is grounded in the right to health. Almost all countries are members of the World Health Organization, an organization whose constitution envisions “the attainment by all peoples of the highest possible level of health” (WHO 1948, Article 1). The need for national leadership in addressing NCDs is acknowledged in all relevant UN resolutions and political declarations.  

For example, the 2011 Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases “recognizes the primary responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases.” Similarly, the WHO Global Action Plan on the Prevention and Control of NCDS (2013-2020) states: “Primary role and responsibility for preventing and controlling
NCDs lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.”

In facing up to the challenge of NCDs, the health sector requires a paradigm shift to act as a catalyst and spur action in other sectors. The implementation of the commitments entrenched in high-level declarations and global plans to address NCDs should extend beyond the government action and include an active mobilization of a grassroots movement along with the engagement of stakeholders (both state and non-state) in sectors beyond health. At present only about 34% of countries report having an operational national multisectoral mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health.2

Policy options:

- National authorities should explore, together with development partners, opportunities for community-driven development in health by adding NCD-relevant components to existing community health initiatives.

- Governments should encourage development partners to provide resources to support services for vulnerable communities (e.g. disadvantaged ethnic groups, refugees) that some governments find challenging to provide.

- Develop strategies to establish and/or strengthen civil society organizations (including patient organizations) as partners in national responses to NCDs to ensure the implementation of the commitments made in the UN Political Declaration and the WHO Global Action Plan on NCDs.

- Identify and engage community activists (e.g. people living with NCDs) to advocate for the cause and help mobilize additional funding from international aid agencies.

- Support and empower communities to engage in regulatory measures on NCD risk factors.

- Formalize an intersectoral approach by creating appropriate coordination mechanisms/national councils that bring together heads of national agencies and/or ministries to set out strategies and contribute meaningfully to agreed national targets for the prevention and control of NCDs.

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Recommendation 2.

Coordinate with development agencies under country leadership and strengthen countries’ capabilities to plan and implement national multisectoral integrated NCD Plans.

Rationale:
National multisectoral NCD action plans that are prioritized according to the disease burden and costed appropriately are an important tool to express countries’ demand for international cooperation, as well as to work towards implementation of a broad range of interventions tailored to a country’s specific needs. Development of a comprehensive national multisectoral NCD action plan requires high-level leadership and multisectoral coordination to facilitate the development of appropriate context-specific strategies for the prevention and control of NCDs. The involvement of development agencies early on in the process is a prerequisite to ensure the mobilization of external resources in support of national NCD goals and targets. At present, only 53% of Member States reported having an operational, multisectoral national policy, strategy or action plan that integrates several NCDs and their risk factors.

Policy options:

- **National NCD Plan development, implementation, review and evaluation** should involve all the key stakeholders, including communities, private sector, academia, development partners and civil society. This would require national governments to adopt participatory approaches in all the processes.

- **National NCD Planning** should be well aligned with overarching national strategies, plans and policies.

- The development and implementation of multisectoral NCD National Plans should take place within the framework of a national NCD committee, led by the MOH, and involving other relevant ministries, political leaders and key partners, such as academia, civil society, the private sector and development agencies.

- **NCD Plans should be clearly costed and prioritized** as part of the development process, should contain explicit engagement from other key actors and should clearly define the key roles of other sectors to be involved in the implantation of the NCD plan.

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• Each NCD plan should provide an investment case that could be used by the government to allocate resources and engage with development partners in a meaningful way.

• Countries that already have plans in place, should make arrangements to integrate the SDGs into their development strategies and NCD action plans.

• NCD plans should be based on an adequate mapping of capacities and gaps at the national level, reflecting the particular circumstances and challenges of the country.

• National NCD plans should include information on relevant international development financial support mechanisms, and suggest ways to make the best use of these resources.

Recommendation 3.

Governments should better align private sector incentives with national public health goals to encourage and facilitate a stronger contribution to NCD prevention and control.

Policy options:

• Governments need to put in place and implement principles that guide responsible engagement and partnership with the private sector (apart from tobacco). This should be under the adage of ‘do no harm’ (Note: For the rationale and more specific recommendations, please refer to the outcomes of the GCM/NCD working group on private sector available at: ).

Recommendation 4.

Governments need to put in place an international cooperation framework to mobilize resources for NCDs as part of the Sustainable Development Agenda.

Rationale:

Inclusion of NCDs in the 2030 agenda for sustainable development is an essential step to reframe the debate and mobilize resources to scale up available cost-effective interventions for the prevention and control of NCDs. Governments should take advantage of this “powerful political opportunity to institutionalize NCD prevention and control into policies and programs within the broader development agenda.” Strong government commitment to the implementation of the SDG agenda is a necessary precondition to encourage development agencies to entrust governments with more aid. The long-term sustainable development, as the ultimate goal of foreign assistance, can only be fulfilled in the context

where government capacity is strong. Three key factors have been particularly stressed as prerequisites to aid effectiveness and sustainable development impact: (i) Ownership (particularly in the form of strong health plans linked to the budget), alignment (support of countries’ health systems) and predictable long-term finance. Policy options:

- National NCD response can only be effective in the context of adequate national financing of health systems.

- In countries dependent on aid assistance, governments should use innovative domestic financing mechanisms as a catalyst to attract external financing and show commitment.

- Development agencies should avoid channeling external funding for specific diseases and avoid earmarking. Instead, donors should be encouraged to provide broader development assistance for health that supports the SDG agenda and UHC.

- Governments should invest in the prevention and control activities (prevention, treatment, rehabilitation and palliation) according to the principles of Primary Health Care (PHC). Where resources are limited, governments should prioritize high impact, cost-effective interventions within national budgets.

- Governments should invest in institutional capacity to implement and enforce taxation laws, advertising bans and other regulatory measures to support the national NCD program.

- Governments should allocate adequate resources for NCD research, monitoring and evaluation and include these costs in the national NCD plans.

- Governments and development partners should implement the relevant international commitments regarding health spending.

- Governments should harmonize and align national financial management systems to ensure accountable and transparent use of resources. This would include paying attention to the procurement and supply systems.

- Development partners should provide technical assistance to strengthen legal capacity and financial management systems in countries.

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Recommendation 5.

Governments should promote policy coherence and align NCD actions at the national, regional and global levels.

Rationale:
An effective response to NCDs requires not only intersectoral collaboration and partnerships with civil society and other non-state actors, but policy coherence and coordinated action at the national, regional and global levels. To focus national efforts, WHO Member States adopted the WHO Global Monitoring Framework on NCDs at the World Health Assembly in 2013. The framework includes 9 Global NCD targets for 2023 and 25 indicators to measure them. In July 2014, at the UN High-Level meeting, governments adopted a UN Outcome Document on NCDs, which includes four time-bound commitments for national action:

1. By 2015, consider setting national NCD targets for 2025
2. By 2015, consider developing national multisectoral policies and plans to achieve the national targets by 2025
3. By 2016, reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan

Translation of the global level commitments into regional and national level action, however, has proved to be difficult. Regional cooperation can help overcome this challenge by enabling the sharing of country experiences and knowledge about the laws, policies and strategies working at national level. Regional coordination may also help mobilize regional resources, share human resources and adopt regional approaches to common health issues.  

Policy options:

- Align national NCD plans with the country **context using the principles** that underpin the WHO Global Action Plan and regional strategies on NCDs.

- Identify or develop a tool for validation of **alignment of the NCD actions** at national, regional and global levels.

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8 Magnusson RS and Patterson D. How can we strengthen governance of non-communicable disease in Pacific Island countries and territories? Asia & The Pacific policy studies, vol 2, no 2, pp 293-309.
• Adopt national-level targets and indicators considering **inequalities in local areas**, as well as regional differences. Poorer areas may require more external assistance to meet national goals and targets.

• Build and **support regional networks** of policy makers and development partners for NCDs.

• **Coordinate** closely with the WHO country and regional offices.

**Recommendation 6.**

Develop adequate national surveillance, research, monitoring and evaluation capacities to provide evidence for advocacy, political commitment and resource mobilization.

**Rationale:**

Weak health information and surveillance systems to monitor the shared NCD risk factors and the NCD mortality and morbidity are often blamed by development agencies for the lack of external resource allocation to countries. The increase in quality epidemiological data about the rapid rise of NCDs in low- and middle-income countries is essential for evidence-based policy and advocacy, and contributes to better decision-making and mobilization of external, as well as domestic resources that are proportional with the burden of disease of countries.

**Policy options:**

• Develop and/or strengthen **surveillance systems** for the monitoring and evaluation of NCD targets and goals.

• **Make better use of academic institutions** in monitoring the shared risk factors and cause-specific mortality, as well as the NCD burden and the implementation and impact of the NCD plans.

• Ensure that **development assistance is well aligned with the local disease burden** and health needs.

• Incorporate the public health aspects of the prevention and control of NCDs in the curriculum of **health professional training programs**.
• **Make NCD research a priority** in the national research strategy and planning based on the multidisciplinary approach.

**Recommendation 7.**

Build partnerships to overcome technical barriers and enhance the sharing of knowledge and experience.

**Rationale:**
Governments need to consider challenges of the health sector to address NCDs and ensure the effectiveness of development cooperation:

1. Health outcomes are heavily dependent on sectors outside the jurisdiction of the Ministry of Health and, therefore, require cooperation and coordination between health and other sectors of the government for which typically there is little incentive or finances.
2. The bulk of funding needed for health systems is for long-term recurrent costs.
3. In low-income countries, high out-of-pocket expenditure on health and other private sources of health funds make it difficult for governments to track resources and maximize the impact of overall health investments, assure financial protection and equity.
4. In some countries, often there are over 100 major international organizations involved in the health sector, making coordination and collaboration challenging.
5. At the country level, non-state actors, particularly civil society organizations, play an important role in financing and delivery of healthcare services, but they are often excluded from development effectiveness and scaling-up agendas.⁹

No single low-income country may possess adequate resources and skills to overcome these challenges. International cooperation is an important tool to assist countries to acquire the necessary resources and expertise to solve their own problems. Development cooperation goes beyond foreign aid to include sharing of knowledge and experience, and technology transfer.

**Policy options:**

• **Look beyond financial aid** – international cooperation may include trade, technology transfer, capacity building via North–South, South-South and triangular collaboration.

• Seek technical assistance to **implement the legal and governance reforms** that are needed to implement the WHO Global Action Plan on NCDs.

• **Share experiences and best practices** in the fields of public health, medical care and regulation.

• Identify areas where donors can **make a catalytic impact.**

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Recommendation 8.

Invest in advocacy, communication and awareness building.

Rationale:
The WHO Global Action Plan on NCDs recognizes (2013-2020) that to address the NCD burden, successful advocacy and communication is needed to “empower society and improve the accountability of public health policies, legislation and services.” Participation of civil society is integral to make progress on NCDs, and in the absence of “vibrant social movements, there may be little to hold governments accountable for their commitments.”

Policy options:

- Advocacy efforts should synergize among the different risk factors and NCDs.
- Governments should establish a participatory consultation process with civil society organizations and other non-state actors, including the private sector.
- Existing platforms should be used, such as healthy cities, healthy schools, etc. to advocate and create awareness for NCDs.
- Countries should leverage the WHO documents for guidance on the 4 diseases and 4 risk factors.
- Advocacy efforts should address the need to include the NCD agenda in key global health structures (e.g. Global Fund).

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