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| **National NCD Governance Programme: a joint WHO UNDP World Bank collaboration**  **CONCEPT NOTE May 2015** |

The overriding objective of the Global Joint Programme is to help countries meet the governance commitments they made in the Outcome Document of the 2014 UN General Assembly High Level Meeting on NCDs and to strengthen the governance of their NCD responses by ensuring suitable expertise and capacities for institution and expenditure reviews, multisectoral coordination, implementation, monitoring and evaluation at the national and local levels.

# Rationale

Avoidable illness and death resulting from non-communicable diseases (NCDs) is a development challenge whose impact threatens human wellbeing in countries at all levels of development. The Sustainable Development Goals are expected to include a specific target on reducing premature mortality due to NCDs and a target devoted to accelerated implementation of the Framework Convention on Tobacco Control (FCTC). The UN Political Declaration on NCDs in 2011, and the adoption of the WHO [*Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020*](http://www.who.int/nmh/events/ncd_action_plan/en/)in 2013 emphasize that addressing the major risk factors for NCDs (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet) require intersectoral action across the whole of government and support from all parts of the UN system.

Objective Two of the Global Action Plan is to “strengthen national capacity, leadership, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.” This Concept Note proposes a joint collaboration among the UN Development Programme (UNDP), WHO and the World Bank to strengthen countries’ governance responses to NCDs and help them achieve Objective 2.

In 2013, the UN Economic and Social Council (ECOSOC) endorsed the establishment of a United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF) and in 2014 ECOSOC endorsed the UNIATF’s Terms of Reference and a Division of Tasks and Responsibilities that is organized around the six objectives of the Global Action Plan.

The 2014 outcome document of the *high-level meeting of the UN General Assembly to undertake the comprehensive review and assessment of the 2011 Political Declaration on NCDs[[1]](#footnote-1)* highlighted effective governance as a central pillar for addressing NCDs.

As part of the UNIATF’s support to countries, a series of Joint Missions to countries have been undertaken by Task Force members. These include India, Kenya, Belarus, Tonga and Belarus. These missions have resulted in a series of recommendations to governments and the UN Country Teams, in particular in the governance. The Fourth UNIATF mission in Rome[[2]](#footnote-2) reviewed these missions as well as a request by the Conference of the Parties to the Convention for WHO, UNDP and the World Bank to collaborate to support Parties respond to the economic consequence of tobacco use.[[3]](#footnote-3) As a result of the Joint Missions and discussions at the Fourth UNIATF meeting, UNDP, WHO and the World Bank are proposing a *Global Joint Programme to Strengthen National NCD Governance.*

UNDP defines ‘governance’ as ‘the exercise of economic, political and administrative authority to manage a country’s affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences’. In 1993, the World Bank defined governance as the method through which power is exercised in the management of a country’s political, economic and social resources for development.

UNDP. Governance for sustainable human development, UNDP policy document, New York, 1997.

World Bank, Governance, Washington, D.C., 1993. Economic and Social Council E/C.16/2006/4.

The programme will consist of three major components: (i) making the business case for NCDs; (ii) enhancing country level mechanisms for delivery and accountability; and (iii) engaging local government stakeholders at the municipal level within cities.[[4]](#footnote-4)

**Framework Convention on Tobacco Control (FCTC) COP6 DECISION 6(17)**

In October 2014, the Convention Secretariat, WHO, UNDP and the World Bank were requested:

(i) to continue to develop **comprehensive tools to cost WHO FCTC implementation** and make them available to Parties to be used at country level, adapted to the national context;

(ii) to develop and make available **a methodological tool to assess the economic impact of tobacco use** on the disease burden and health systems, as well as other related social, environmental and economic costs affecting poverty and development, including the health and economic costs of not controlling tobacco consumption.

First, the Global Joint Programme will enable the three agencies support Ministries of Health articulate the business case for domestic investment in NCD interventions. This has been a request that all governments have made to the UNIATF during its joint missions. This will include a review of existing analyses, support in modeling cost/benefit scenarios with varying levels of financing of NCD interventions, proposal of innovative sources of financing and convening round table discussions with the government agencies responsible for finance, revenue and planning. Ministries of health have requested support in communicating to their colleagues in other sectors the importance of NCD prevention and control – using concepts and addressing the relevant objectives of other ministries, especially finance officials – in order to advocate for the benefits of early investment and the costs of inaction. While ministries of health are concerned with reducing consumption of unhealthy food and beverage products for example, ministries of trade, finance, industry or commerce may have objectives tied to maintaining or increasing sales, revenues or exports. These are conflicts of incentives which need identification, management and resolution will be better taken forward with a clear business case. This has been done successfully for one NCD risk factor to date, tobacco.

Second, the Global Joint Programme will enhance cross-government mechanisms at national level to deliver multisectoral action to prevent and control NCDs and strengthen accountability. This was a key recommendation to governments that have received Joint Missions and governments are now requesting the UN to putting sustainable structure in place. Such mechanisms will be, wherever possible, integrated within exiting health or multisectoral coordination mechanisms and will take forward action to deliver multisectoral action outlined in national multisectoral NCD strategies, and enable the UN to provide support through the UN Development Assistance Framework to countries for developing, financing, implementing and monitoring these strategies.

The third component of the Global Joint Programme will help strengthen local-level NCD action by developing the governance and institutional capacities of municipal authorities to address NCDs.

The Global Joint Programme will target countries in all regions, with an initial focus on countries that have hosted missions to date or are receiving missions during the remainder of 2015 (e.g. Jordan, Mozambique China and Vietnam).. To ensure national ownership and promote programme sustainability the Global Joint Programme will work through UN Country Teams.

The three participating agencies are combining efforts in order to capitalize on each of their mandates and areas of expertise. WHO, as Secretariat of the UNIATF, will combine its convening role with its technical expertise in health. UNDP will be able to leverage its experience in multisectoral coordination and its role as custodian of the UN Resident Coordinator system. The World Bank will bring its expertise on national financing and governance to the partnership.

The participating agencies work in close collaboration on NCDs and in 2014 reached a formal agreement outlining steps to strengthen their joint action on NCDs.[[5]](#footnote-5)

# Component 1: Making the Investment Case for NCD Prevention and Control

NCDs pose a substantial burden on countries’ economies. A study conducted in 2011 estimated that the cumulative output loss generated by cardiovascular disease, chronic respiratory disease, cancer, diabetes and mental health for the next 20 years would amount to US$ 47 trillion, that is, 75% of global GDP in 2010[[6]](#footnote-6). This is a major challenge when considering that 90% of premature deaths due to NCDs occur in developing countries, which are already struggling to improve their economic development. The good news is that interventions to prevent and control NCDs exist and they are not costly. The estimated cost of delivering essential NCD interventions in low-income settings amounted to 1-3$ per head per annum[[7]](#footnote-7). Yet, the needed funds may be missing at country level either because of competing priorities and budgets already stretched to cover those or lack of political recognition of the breadth of the problem along with scarce evidence available at country level. This component will help countries collect and produce data and evidence to assess the burden of NCDs along with mapping existing resources and possibilities to generate additional ones.

At global level, the business case for investing in NCD prevention and control was clearly made in 2011 by WHO, as well as the costs of infection. These global figures are valuable for giving an order of magnitude to the potential economic, financial, and health impacts, and for political declarations. However, their utility for the political dialogue at national or subnational level is somewhat limited, as policy makers and politicians are often more interested in what gains NCD prevention and control could bring to their respective countries or areas of responsibility.

The programme will use a mix of case studies and guidance notes to help ministries of health make the case for NCD control. Where investments in NCD prevention and control are already taking place, the programme will help calculate the social rate of return on those investments and model potential returns if policies were optimized or expanded. Some of those examples could be presented in a series of case studies to be shared with other countries. In addition, the programme will develop a guidance note/methodology to calculate comparative ROI on various interventions given a specific epidemiological and age profile, underlining causes and risk factors for the NCD burden, and service models.

# Investment cases may need to be adapted to different parts of the planning cycle and for varying country contexts. Investment cases may be apposite for situation analyses, plan development and costing, resource mobilization or budgeting processes. All of these may need distinct forms of information and their own rationale. Different risk factors may also be weighted differently in different settings according to disease burden and this may affect the inputs and targets for investment case types.

# Component 2: Enhancing country level mechanisms for delivery and accountability

Both the 2011 Political Declaration and the Global Action Plan 2013-2020 incorporate multisectoral engagement as an essential element of national NCD (and tobacco control) responses. Among the specific commitments made at the high-level meeting were to enhance NCD governance by considering establishing national multisectoral mechanisms for engagement, policy coherence and mutual accountability to act on the social and environmental determinants of NCDs.[[8]](#footnote-8)

Yet, many countries have had challenges in establishing and sustaining multisectoral NCD or tobacco control coordination mechanisms. This Global Joint Programme will aim to help countries establish or strengthen mechanisms to coordinate delivery and accountability that enable a whole of government and whole of society response to NCDs. The Joint Programme will provide support to governments in setting up such mechanisms, how to protect them from undue influence of vested interests and collect and share emerging practices from a range of countries. .

This component of work will build on the existing partnership between UNDP and the WHO FCTC on strengthening national tobacco control mechanisms, in support of Parties fulfilling Article 5.2(a) of the WHO FCTC.

This area of work will also include resources to strengthen the effectiveness of the UN system as a whole provides technical support to governments in country to deliver priorities set out in their national NCD strategic plan.

# Component 3: Cities and NCDs

Finally, the three agencies propose to respond to the emerging challenges that rapid urbanization poses for NCD prevention and control. Recent UN studies have documented how urban environments can create conditions in which certain NCDs and their risk factors thrive.[[9]](#footnote-9) This component aims to strengthen *intersectoral NCD prevention and control approaches for urban environments* in lower and middle income countries. The methodology for this work will combine the experiences of WHO’s UrbanHEART programme and UNDP’s Urban Health and Justice Initiative The Global Joint Programme will help assist cities to understand their NCD and related health inequities situation; strengthen local coordination platforms; increase access to NCD prevention, treatment and care in cities; and improve strategic information and advocacy on NCDs.

# Key Activities

**Component 1 – Making the Investment Case for Action on NCDs:**

In selected countries:

1. Undertake a review of existing studies and analysis assessing the burden of NCDs and identify gaps.

2. Identify method of analysis for a cost-benefit study including timeline and resources required.

3. Identify financing options for NCDs through existing mechanisms as well as innovative approaches.

4. Organize roundtable discussions with relevant stakeholders in country, including finance and revenue ministries.

**Component 2. Enhancing country level mechanisms for delivery and accountability:**

In selected countries:

1. NCD Stakeholder assessment that takes into account sectors’ role, financing and contact with the private sector.
2. Multisectoral Stakeholder Forum to convene the relevant sectors to review their role in the national response, as well as those of civil society, academia and the private sector.
3. Design and establishment of a national multisectoral NCD coordination mechanism.
4. Drafting of TOR and code of conduct for multisectoral NCD coordination mechanism members.
5. Plan for funding and sustaining the NCD coordination mechanism.

**Component 3. Cities and NCDs:**

In selected countries:

1. Understanding the local NCD burden, access to NCD services, with a focus on distribution and marginalized/under-deserved groups;
2. Priority setting based on epidemiological context and other relevant variables;
3. Reviewing alignment between priorities and existing local policies, institutions and financing;
4. Identifying key bottlenecks in implementing existing NCD-relevant policies and programmes;
5. Evaluating local governance architectures for systematizing key NCD-relevant functions: data generation, consultation, planning, coordination, financing and implementation;
6. Identifying additional and innovative policy needs and programmatic initiatives, informed by existing strategies and action plans at local, national and international levels;
7. Drawing from experiences and lessons from other cities through decentralized, south-south and triangular cooperation, as well as from WHO and UNDP documented best practices;
8. Developing prioritized local actions plans, as well as resources, partners and technical needs for implementation.

# Provisional Budget Parameters

The Joint Programme will support the placement of a National Programme Officer (NPO) in each fully participating country. The main functions of the NPOs will be to i) act as Project Manager for the Joint Programme activities, and ii) to facilitate the strengthening of multisectoral governance of NCDs by assisting both the UN Country Team and the Government.

In keeping with the Joint Programme’s commitment to country ownership, implementation of all three components will be undertaken by national officers supported by national expert consultants. The three participating agencies commit to provision of remote technical support (coordination of reporting, management of the Joint Programme, development of technical tools and guidance) above and beyond that listed in the table below.

*UNDP, WHO and the World Bank. 7 May 2015*

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1. <http://www.who.int/nmh/events/2014/outcome-document.pdf> [↑](#footnote-ref-1)
2. <http://www.who.int/entity/nmh/ncd-task-force/unitaf-18-march-2015.pdf?ua=1> [↑](#footnote-ref-2)
3. (COP Decision 6(17), October 2014): ‘Sustainable measures to strengthen implementation of the WHO FCTC.’ [↑](#footnote-ref-3)
4. World Bank, Governance, Washington, D.C., 1993. See Economic and Social Council E/C.16/2006/4 for full discussion. [↑](#footnote-ref-4)
5. <http://www.who.int/entity/nmh/ncd-task-force/wb-undp-who-jointworkingmemo-20141104.pdf?ua=1> [↑](#footnote-ref-5)
6. Harvard School of Public Health and World Economic Forum, 2011. The Global Economic Burden of Non-communicable Diseases. <http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf> [↑](#footnote-ref-6)
7. WHO, 2011. Scaling up action against noncommunicable diseases: How much will it cost? <http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf?ua=1> [↑](#footnote-ref-7)
8. <http://www.who.int/nmh/events/2014/outcome-document.pdf> [↑](#footnote-ref-8)
9. WHO and UN-Habitat, *Hidden Cities: Unmasking and overcoming health inequities in urban settings*, 2010. [↑](#footnote-ref-9)