The NCD Alliance
Putting non-communicable diseases on the global agenda

NCD Alliance Response to the Revised Draft Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2020, 27 February 2013

The NCD Alliance welcomes the Revised Draft of the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 and acknowledges the significant progress since the previous iteration.

This revised draft Global Action Plan (GAP) organises the GAP under six objectives that capture the ambitions of the UN Political Declaration on NCDs; strongly acknowledges the need for integration of NCDs into global development processes; and focuses on a multisectoral approach to the prevention and control of NCDs.

In this submission, the NCD Alliance provides a detailed response to the six objectives and action points in the revised draft. We urge Member States to support four overarching points at the forthcoming WHO informal consultation:

1. Leadership, aim and scope
   - The lead UN agency for the plan is WHO, but the GAP should be endorsed and co-branded by all relevant UN agencies and international partners to harness the resources and expertise of the entire UN system.
   - The aim of the GAP as an implementation guide for the Political Declaration will be achieved through greater specificity. To incentivise action across sectors, support a shorter GAP with concise, action-oriented language.
   - The GAP should be relevant and applicable to all countries. It should include priority actions for both low- and middle-income countries (LMCs) and high-income countries (HICs).
2. Principles, objectives and action points
   - Support further integration of the overarching principles and approaches (including human rights, universal access, equity and gender equality, life course, and empowerment) across the objectives and action points.
   - Support greater emphasis on strengthening health systems under objective 4, particularly to drive progress in awareness, risk assessment and early detection/screening services at primary care level, and referral mechanisms to diagnosis, treatment and palliative care services at secondary and tertiary service levels.
3. Resourcing and implementation
   - To achieve impact and results, the GAP needs to be fully costed and adequately resourced. Support a new section in the GAP on "resourcing", with a price tag, WHO budgetary allocations, and plans for resource mobilisation.
   - The plan should propose mechanisms to engage and mobilise stakeholders to support implementation, including a global coordination mechanism (GCM). Strengthen appendix 4 in the GAP, in line with NCDA recommendations at the end of this submission.
4. Measuring progress, reporting and accountability
   - Each of the six objectives should have dedicated targets and indicators to measure progress, including drawing from the set of targets in the Global Monitoring Framework (GMF) and additional process indicators.
   - The GAP must have clear reporting cycles to measure progress and hold key actors to account. Support biennial reporting to the World Health Assembly and reporting to the UN General Assembly every five years.
   - Leverage both the UN Secretary General's Progress Report on the Political Declaration in 2013 and the UN comprehensive review and assessment in 2014 to take stock on progress against the GAP.

The NCD Alliance was founded by:

International Diabetes Federation · International Union Against Tuberculosis and Lung Disease · UICC · World Heart Federation

NCD Alliance Detailed Recommendations on Revised GAP (italicised text is recommended additional text)

Overview of GAP	
Scope	Para 6 • Recognise the importance of focusing on four major diseases (cancer, cardiovascular disease, chronic respiratory diseases and diabetes) and four risk major factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) in the GAP. However recommend adding to the list of public health conditions of importance to NCDs "ii) mental health and neurological disorders, including Alzheimer's disease; v) reproductive, maternal, newborn and child health (RMNCH)", to reflect the major synergies identified in the Political Declaration on the Prevention and Control of NCDs. • Similar to the previous Global NCD Action Plan, the GAP should be universally relevant and applicable in its scope, but have a particular focus on LMCs.
Aim	Para 9 • Recommend making the aim more concise, and explicitly related to the UN Political Declaration on NCD Prevention and Control.
Principles	Para 11 • Commend the inclusion of human rights; universal access, equity and gender equality; life course approach; and empowerment of communities and people as overarching principles of the GAP. However these principles are not sufficiently reflected across the six objectives and action points, particularly gender equality and life course approach. The GAP needs to have a greater focus on advancing human rights and gender equality for the NCD response. We propose specific actions throughout the objectives to strengthen these dimensions.
Objectives	Para 14 • Support the currently proposed six objectives, as they span the ambitions of the Political Declaration. Recommend the following edits to make the GAP objectives more compelling, action-oriented and focused: - Objective 1: Strengthen international cooperation and advocacy to raise the priority accorded to NCDs in development agendas, including the post-2015 development agenda. - Objective 6: Monitor trends and determinants of NCDs, evaluate progress, and ensure accountability
Global monitoring framework	Para 16 • Support the inclusion of the global monitoring framework, and the 9 voluntary targets and 25 indicators in the GAP. However the targets are still side-lined within the initial background and explanation of the GAP, and still not sufficiently connected to each of the objectives. Recommend adding a section under each of the objectives in the GAP entitled "measuring progress" – with specific targets and indicators (from both the global monitoring framework and additional indicators). It should be made clear that actions listed under each objective can help attain specific targets, and Member States should measure progress against each objective through a number of specific indicators. See Annex 1 for NCD Alliance recommended targets and indicators for each objective.
Additional comments	Resources • The GAP needs to be fully costed and adequately resourced, identifying the cost of achieving the actions and global NCD targets, the outcomes and outputs that could be expected from this investment and the availability of resources. As per the previous Global NCD Action Plan 2008-2013, we recommend a new sub heading on resourcing. This should include the financial resources allocated to NCDs within the WHO General Programme of Work (GPW12) and the first Programme Budget 2014-2015; and that if the plan is to be implemented effectively at global and national levels, substantial resource mobilisation is required from international partners and donors. Also reference should be made to the importance of national plans being costed.
Objective 1: Strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of NCDs in the development agenda and in internationally agreed development goals	
Actions for Member States	Para 21 • B) Advocacy: Evidence for advocacy: include "socioeconomic development, gender, and rights, stigma and discrimination". • B) Advocacy: Advocacy for action: include "ensuring NCDs are included in the post-2015 development agenda". This is not solely an action for international partners. • C) Sustained resources: Add: "increased allocation of Official Development Assistance (ODA)", as NCDs continue to be grossly underfunded and neglected in bilateral and multilateral development aid; and "sustainable tax-based mechanisms including taxes or surcharges on tobacco, alcohol and unhealthy food and drinks". • D) Broader health and development agenda: In addition to integrating NCDs into national development policies, Member States should support integration of GMF targets into the post-2015 development agenda, and health indicators across all dimensions of post-2015. • E) Partnerships: Edit to "forge multisectoral partnerships to prevent and control NCDs; develop and support a global coordination mechanism for NCDs; and develop an accountability mechanism within the UN system for NCDs".
Actions for	Para 22

WHO Secretariat	• A) Leading and convening: More detail is needed on the Global Coordination Mechanism (GCM). Both the text in paragraph 22 and the schematic in Appendix 4 have insufficient context and detail. See Annex 2 at the end of this submission for the NCD Alliance recommendations on the GCM. In addition, when referencing the UN Task Force on NCDs it should be referred to as the vehicle to drive and monitor UN-wide activities on NCDs. Recommend adding action point on supporting UN country teams to integrate NCDs into the UN Development Assistance Frameworks (this is currently under actions for Member States, and in objective 2). • B) Technical cooperation: Add mention of WHO Country Cooperation Strategies (CCS) as a means to identify needs and priorities for technical assistance on NCDs. • C) Policy advice and dialogue: Add "Develop health indicators for inclusion across all dimensions of development in the post-2015 development agenda". • Add "WHO Secretariat role in promoting health in the post-2015 development agenda, including mobilising NCD and health/development actors to engage and offer expertise to the process".
Actions for International Partners	Para 23 • A) International cooperation: In the context of development cooperation, reference the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and the Busan Partnership for Development Cooperation. The five principles of the Paris Declaration – ownership, alignment, harmonisation, results and mutual accountability – should be reflected. South-South and triangular cooperation, the emerging powers of the BRICS, and new development partners from emerging economies that do not use OECD DAC policies should also be included. • B) Partnerships: The focus on partnerships under objective 1 should be on engaging development actors in the global response to NCDs, ranging from governments and NGOs; and strengthening advocacy capacity of NCD NGOs as many organisations in LMCs have very limited capacity and expertise in advocacy. • C) Resource mobilisation: As well as fulfilling ODA commitments, add aligning ODA to the current burden of disease.
Objective 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of NCDs	
Actions for Member States	Para 28 • C) National NCD Plan: Recommend adopting the "Three Ones" principle of WHO/UNAIDS which encouraged governments to develop one agreed action framework, one national coordinating authority, and one agreed country-level monitoring and evaluation system. Also, the NCD plan should include national disease/risk factor action plans or programmes (including mental health and neurological disorders), to improve the organisation, quality and reach of prevention, treatment and care, and be developed in collaboration with all stakeholders including civil society and people with NCDs. • E) National targets: Add that indicators need to cover key equity dimensions including gender, age, and socio-economic status. • F) Health in all policies: The high-level mechanism could be inter-ministerial or inter-agency NCD committee, to monitor government ministries or agencies implementation of the national NCD plan. The committee would complement the work of the national NCD units and the multisectoral coordinating mechanism. • H) Empower communities and people: Focus action point on strengthening capacity of health/development NGOs, engaging patients in policy development and implementation, and creating an enabling environment for civil society monitoring, accountability and shadow reporting. • I) Strengthen the workforce: Reference that women play a key role in both formal and informal care for NCDs. Add at the end of para "establishing or strengthening specialist and postgraduate training for key professional disciplines to address NCDs".
Actions for WHO Secretariat	Para 29 • A) Leading and convening: Recommend moving action points on UN Task Force on NCDs and supporting UN country teams to integrate NCDs into UNDAFs to objective 1. • B) Technical cooperation: Include encouraging engagement with civil society and the development of networks and alliances to support the achievement of the objectives, particularly in relation to the advocacy and accountability role of civil society. • E) Capacity strengthening: Add strengthening the capacity of the secretariat in relation to partnerships and civil society engagement.
Actions for International Partners	Para 30 • B) Partnerships: Recommend deleting action point on international cooperation, as this is duplicating actions under objective 1.
Objective 3: Reduce exposure to modifiable risk factors for NCDs through creation of health-promoting environments	
Actions for Member States	Tobacco control Para 35 (B): • Edit: Raise taxes and inflation-adjusted prices on all tobacco products, bearing in mind the significance of revenues gained from taxes on tobacco products. In doing so, consider the provisions of Article 6 (Price and tax measures to

	reduce demand for tobacco) of the WHO Framework Convention on Tobacco Control (FCTC) as well as the guiding principles and recommendations adopted at FCTC COP5. • Edit: Legislate for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In doing so, consider the provisions of FCTC Article 8, as well as the guidelines for implementation adopted at FCTC COP2. • Add: Include large, clear, visible and legible health warnings on the packaging of tobacco products and prohibit packaging that is false, misleading, deceptive or likely to create an erroneous impression, in accordance with FCTC Article 11 and Article 11 guidelines adopted at FCTC COP3. • Add: Warn people about the dangers of tobacco, including through hard-hitting mass-media campaigns. In doing so, consider the provisions of FCTC Article 12 (Education, communication, training and public awareness) and Article 12 guidelines adopted at FCTC COP4. • Edit: Implement comprehensive bans on tobacco advertising, promotion and sponsorship. In doing so, consider the provisions of FCTC Article 13 (Tobacco advertising, promotion and sponsorship) and Article 13 guidelines adopted at FCTC COP3. • Edit: Offer help to people who want to stop using tobacco. In doing so, consider the provisions of FCTC Article 14 (Demand reduction measures concerning tobacco dependence and cessation) and Article 14 guidelines adopted at FCTC COP4. • Edit: Regulate the contents and emissions of tobacco products and require manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. In doing so, consider the provisions of FCTC Articles 9 (Regulation of the contents of tobacco products) and 10 (Regulation of tobacco product disclosures) and Article 9/10 partial guidelines adopted at FCTC COP4 and COP5. Para 35 (C): • Edit: Protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law. In doing so, consider the provisions of FCTC Article 5.3 and Article 5.3 guidelines adopted at FCTC COP3. • Edit: Monitor tobacco use and the implementation of tobacco control policies. In doing so, consider the provisions of FCTC Articles 20 and 21. • Edit: Establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control. In doing so, consider the provisions of FCTC Article 5. • Edit: Establish or reinforce and finance mechanisms to enforce adopted tobacco control policies. In doing so, consider the provisions of FCTC Article 26. Healthy diet: Para 36 • Edit: "…on emerging favourable cost-effectiveness data. Policies should be developed free from conflict of interest. Such policies and programmes would aim to:" • A) Edit: Promote, protect and support breastfeeding, including exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding, and, in this regard, strengthen the implementation of the international code of marketing of breast milk substitutes and subsequent relevant World Health Assembly resolutions". • B) Edit: Develop policy measures directed at food producers and processors: to reduce the level of sodium in food by setting targets for all food categories which are time-specific and monitored, and accompanied by public awareness campaigns, and, where appropriate the use of mineral salt is used as a salt replacement. Add: where appropriate, to reduce the calorie content of high-calorie packaged foods and drinks, including through reductions in portion size (not including foods targeting people at risk of underweight). • C) Edit: Develop policy measures directed at food retailers and food service outlets to improve the availability, affordability and acceptability of healthier food products (fruit and vegetables, products with reduced sodium content, saturated fatty acids, trans-fatty acids, free sugars, calories). • D) Delete as it overlaps with 36 (G). • E) Edit: Consider economic tools, including taxes, subsidies targeted at vulnerable populations, and the use of pricing as a promotional tool, to improve the affordability of healthier food products and to discourage the consumption of less healthy options;6, with the aim of promoting healthier diets among vulnerable populations. • F) Edit: Conduct public campaigns through mass media, social media and at the community level, and social marketing initiatives to inform and motivate consumers about healthy dietary patterns and to facilitate healthy behaviours, including through the communication of food-based dietary guidelines. • G) Edit: Create health and nutrition promoting environments in schools, work sites, clinics and hospitals, including through nutrition education, the provision of healthy foods (e.g. fruit and vegetable initiatives), procurement from local food growers, and limiting the availability of products high in salt, sugar and fats. • H) Edit: Implement the Codex Alimentarius international food standards for the labelling of pre-packaged foods as well as the Codex Guidelines on Nutrition Labelling, and consider labels which are easy to interpret and understand by consumers in order to provide accurate and balanced information for consumers. (The footnote made no sense otherwise, since front-of-pack labels are not included in Codex).

- I) Edit: "Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring and evaluation".
- Add: "Draw up national dietary guidelines, including food-based dietary guidelines, taking account of evidence from national and international sources. Such guidelines should guide all policy measures to promote healthy diets".
- Add: "Provide nutrition education, defined as any combination of educational strategies accompanied by environmental supports designed to facilitate healthy diets, in educational facilities, workplaces, and other community settings, including health literacy".

Physical activity:

Para 37

- Edit: "The proposed action is to advance the implementation of the Global Strategy on Diet, Physical Activity and Health and other relevant strategies with a focus on policies and actions across multiple settings and emphasis on a life course approach and promoting WHO's best-buys and interventions for which favourable cost effectiveness data are emerging to increase participation in physical activity in the entire population." Recommend not limiting the focus to children and adolescents, and instead promote a life course approach. Benefits accrue for all ages across multiple health outcomes and scientific evidence supports the benefits from increasing physical activity even in later life (both middle aged adults and older adults).
- C) Edit: "Consider establishing multisectoral ~~national~~ committee or coalitions to provide strategic leadership and coordination". Remove 'national' so as to promote leadership and strategic direction at sub-national levels too.
- D) Edit: "Develop partnerships with agencies outside the health sector and identify and promote the additional benefits of increasing population levels of physical activity, such as improved educational achievement, cleaner air, reduced traffic ~~less~~ congestion, as well as other social and mental health benefits, and the links to healthy growth and child ~~health~~ development".
- E) Edit: "Create and preserve built and natural environments which support physical activity in schools, work sites, clinics and hospitals, and in the wider community with a particular focus on providing infrastructure to support active transport (walking and cycling), active recreation and play, and sports participation". Should be changed to more explicitly outline the settings in which known effective and promising interventions should be implemented. Current wording is too limiting.
- Add: "Develop policy measures directed at national and sub national urban planning and transport policies to improve the accessibility and acceptability of walking and cycling". There is a strong evidence base on the relationship between accessibility, safety, and availability of supportive infrastructure for walking and cycling which can influence travel mode choice
- Add: "Develop policy and program measures directed at educational settings (across early years to tertiary level) to improve provision of quality physical education, and opportunities for physical activity before, during and after the formal school day". There is a strong evidence base on the relationship between provision of supportive infrastructure within school settings and levels of activity in young people.
- Add: "Develop policy and program measures to support and encourage "sports for all" initiatives for all ages".
- Add: "Develop policy and program measures to support and encourage the promotion of physical activity within prevention programs and services in health care settings by a variety of health care professionals as appropriate to all patients".
- F) Edit: "Develop strategies to foster l~~eadership at multiple levels by different agents, including within professional groups (both within and outside the health sector) in the~~ community involvement in developing and implementing local solutions and actions aimed at increasing physical activity ~~and for young people and~~ all age groups". So as to avoid duplication with Para 36 (d) which addressed partnership and instead focus on the need to develop community engagement.
- G) Edit: "Conduct public campaigns through mass media, social media and at the community level, and social marketing initiatives to inform and motivate adults and young people about the benefits of physical activity ('active living') and to facilitate healthy behaviours. Campaigns should be rigorously evaluated and linked to supporting actions across the community and within specific settings for maximum benefit and impact".
- Add: "Develop policy and program measures to support and encourage "sports for all" initiatives for all ages, scientific, professional, nongovernmental, voluntary, private-sector, civil society, and industry associations, and to engage them actively and appropriately in implementing actions aimed at increasing physical activity across all ages".
- Add: "Encourage the evaluation of actions aimed at increasing physical activity to contribute to the development of an evidence base of effective and cost effective actions".

Harmful use of alcohol:

Para 38

- A) Edit: "Multisectoral national policies: Prioritizing the WHO identified three 'best buy interventions' of increased taxes, restrictions on availability and bans on advertising for alcohol products, alongside other crucial policy areas of leadership, awareness, and commitment; health services response; community action; drink-driving policies and countermeasures; reducing negative consequences of drinking and alcohol intoxication; reducing public health impact; monitoring and surveillance".

	• B) Edit: "Public health policies: Ensure public health policies and interventions to reduce harmful use of alcohol are guided and formulated by public health interests and based upon the best available evidence".
Actions for WHO Secretariat	Para 39 • C) Policy advice and dialogue: Edit to "Publish and disseminate guidance ("toolkits") on the evidence to support the policy options, and how to operationalize the implementation and evaluation of policy measures and interventions at the country level for reducing the prevalence of tobacco use, promotion of healthy diet and physical activity, and reduction of harmful use of alcohol". • D) Norms and standards: Edit to "Support the Conference of the Parties of the WHO Framework Convention on Tobacco Control in developing guidelines and protocols; develop normative guidance and technical tools and model legislation and policies to support the implementation of WHO's global strategies for addressing modifiable risk factors, including, in collaboration with other appropriate UN agencies, principles to help identify and safeguard against conflicts of interest and to ensure transparency in public policy decision-making" ; further develop a common set of indicators and data collection tools for tracking modifiable risk factors in populations, including the work on the feasibility of composite indicators for monitoring the harmful use of alcohol at different levels. WHO will continue its practice of no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion."
Actions for International Partners	Para 40 • This section remains insufficiently specific for actions for "international partners". These need to be more clearly defined. • A) International Cooperation: Edit "~~Facilitate the implementation~~ Implement the WHO FCTC, the Global Strategy to Reduce Harmful Use of Alcohol…" • B) Capacity Strengthening: Edit to - "Contribute to expediting the reduction of modifiable risk factors for reducing tobacco use, promoting healthy diet and physical activity, and reducing the harmful use of alcohol by supporting and participating in shaping the research agenda, including through the evaluation of policy measures and interventions, the development and implementation of technical guidance, and mobilizing financial support, as appropriate." - "Support national authorities to create enabling environments to reduce exposure and vulnerability to modifiable risk factors of NCD through health-promoting policies in agriculture, education, sports, food, trade, transport and urban planning." - "Create, maintain and improve workplace wellness initiatives to incorporate tobacco control, promote healthy diets and physical activity, and reduce harmful use of alcohol."
Objective 4: To strengthen and reorient health system to address NCD prevention and control through people-centred primary care and universal health coverage	
Actions for Member States	Para 44 • B) Financing: Add "Utilize existing pricing tools to secure competitive bids for supplying medicines and technologies and control public pricing". • C) Expanded Coverage: Add or edit the following action points: - "Ensure coverage of early detection and treatment as a cost-effective means to avoiding and delaying serious complications and premature death"; - "Procure essential medicines and technologies based on current and projected burden of disease as identified by disease surveillance systems"; - "Undertake assessment of interventions across the continuum of care including essential technologies for diagnosis, treatment and palliative care, with an emphasis on country-level decisions on essential NCD medicines"; - "Ensure equitable distribution of medicines and technologies throughout national facilities"; - "Implement comprehensive reviews of national medicines and technologies lists to reflect current innovation or practices". - "Take action to empower people with NCDs to manage their own condition better and provide education, incentives and tools for self-care and self-management both at diagnosis and across the life course, based on evidence-based guidelines including through information and communication technologies". - Improve coverage of: ▪ HepB 3 dose in those countries that have not yet achieved high 3 dose coverage for HepB vaccine of at least 80% of the target population; ▪ HPV 3 dose vaccination of at least 80% of the target population or implement activities related to full introduction of HPV vaccine (as nationally appropriate); ▪ Cervical cancer screening programmes with a goal of at least 80% coverage of the target population ~~and identify activities to be done related to HPV vaccine introduction~~; ▪ Early detection and screening of a broader range of cancers amenable to early detection and screening (breast, colorectal, skin and oral cancers) which may have particular relevance at the level of national planning. • D) Human resource development: Support the emphasis on primary care but highlight the need for multidisciplinary teams, which involve range of specialist health workers and disciplines (including social support),to provide on-going care for complex and lifelong NCDs. Specifically, add or edit the following action points:

	- "Establish a standard level of competencies for health workers that provide care and education for people with NCDs. E.g. establish a national certification process for all NCD care providers". - "Incorporate prevention and control of NCDs in the training of all existing and new health workers, professional and non-professional (technical, vocational), with an emphasis on primary and palliative care". - "System redesign and task transfer in order to compensate for limited availability of health works and increasing demand on the system". - "Define scope of practice, training and remuneration for community health workers". • F) Health information: Add new title on health information, with action points "track patient cost, distribution, usage of essential medicines and technologies to ensure uptake and equity throughout national healthcare systems".
Actions for WHO Secretariat	Para 45 • B) Technical cooperation: Add the following action points: - "Provide support to countries on monitoring and evaluating access to prevention and disease management services, with appropriate process and impact indicators as well as advising on improvement in availability and access to corresponding essential medicines and affordable medical technology" - "Guide financing, coverage, workforce development, and information practices related to essential medicines and technologies" - "Update essential medicines and technologies guidance to reflect global disease projections and drug or technology availability (considering innovation, patent expiration, etc)" • C) Policy advice and dialogue: Edit to "provide policy guidance, including using existing strategies that have been the subject of resolutions adopted by the World Health Assembly, to advance the agenda for people-centred primary health care and universal health coverage". Add action point to "expand and promote current regional medical-access programs such as the PAHO Strategic Revolving Fund". • D) Norms and standards: Add the following action points: - "Promote equitable access to healthcare resources (medicines, services, etc.) and patient-centred delivery to improve adherence or utilization and reduce social or economic costs" - "Prioritise health care worker training and retention including through the dissemination of clinical guidance and through prevention and management guidelines and protocols"
Actions for International Partners	Para 46 • A) Partnerships: Add "utilize international, regional and national alliances, networks, and partnerships to explore leveraging existing healthcare platforms, pool resources, and evaluate progress towards targets and indicators". • B) Capacity Strengthening: Add the following action points: - "Incorporate community-based participatory research protocols and generate local economic impact analyses to inform the development and distribution of essential medicines and technologies as part of an overall health-systems response to NCDs" - "Design international pricing and treaties with consideration of impact on NCDs and implications for the availability of essential medicines and technologies" • C) Evidence to inform policy: Add new title on evidence to inform policy, with action point "contribute to the publication of peer-reviewed articles on (i) lack of access to affordable quality-assured essential medicines and (ii) risk associated with the dispensation of non-quality-assured medicines, for cardiovascular diseases, cancer, chronic respiratory diseases and diabetes"
Objective 5: To promote and support national capacity for quality research and development for prevention and control of NCDs	
Actions for Member States	Para 50 • A) Investment: Edit to emphasise the need for increased investment particularly in LMCs to address priority research for NCDs • C) Capacity strengthening: Edit to emphasise the importance of institutional mechanisms to facilitate effective use of available research evidence on NCDs for health decision-making, policy development and programme implementation
Actions for WHO Secretariat	Para 51 • B) Technical cooperation: Mention particularly the need to strengthen capacity for health systems research, as it is essential to gather the data required to advance care and education for NCDs; intersectoral and multidisciplinary research to understand and influence the macroeconomic and social determinants of NCDs and exposure to NCD risk factors (including gender); evaluating implementation and cost-effectiveness of different care models for NCDs at difference stages of the life course; research into the epigenetics of NCDs..
Actions for International Partners	
Objective 6: To monitor trends and determinants of NCDs and evaluate progress in their prevention and control	
Actions for Member States	Para 58 • C) National targets and indicators: Recommend adding that due to the inequalities in the distribution of the global NCD epidemic and the major risk factors, indicators need to cover key equity dimensions including gender, age, and socio-

	economic status. • E) Disease registries: Identify common definitions and methods to create and maintain disease registries across all NCDs. Strongly recommend the focus is on implementing monitoring frameworks that are adaptable to any disease (with consideration of the specificity of each disease pathology). • F) NCD risk factor surveillance: Specify that this will be done through WHO STEPwise approach (which should be extended to include a question on national Alzheimer plans), and explicitly reference the need for gender and sex disaggregated data collection and analysis. Also give greater priority to data collection on availability and accessibility of quality-assured NCD medicines and technologies. • H) Dissemination and use of results: Action point should include facilitating the exchange of best practices in data processing and statistical analysis, and develop programs that enable sharing and dissemination of successful experiences across countries and regions. • Add: Add action point on regular reporting cycles of national progress on NCDs to WHO, based on the GMF.
Actions for WHO Secretariat	Para 59 • A) Technical cooperation: Add: improve data collection for the "affordability, availability and quality compliance of essential NCD medicines"; identify best practice and technology transfer for solutions across diseases and country contexts. • B) Knowledge generation: Recommend changing title to "Evaluating progress". The progress evaluation schedule currently does not include commitments in paragraph 65 of the UN Political Declaration on NCDs. Recommend adding a new bullet "support reporting of progress on NCDs to the UN General Assembly, including through the UN Secretary General Progress Report on NCDs in 2013 and a comprehensive high-level review and assessment of the progress achieved on NCDs in 2014, and thereafter".
Actions for International Partners	Para 60 • B) Capacity strengthening: Add mention of importance of civil society monitoring (for example shadow reporting). • Resource tracking: Add new sub heading on resource tracking. Tracking resources is important for transparency, credibility, and being able to link funds to results, outcomes and impact. Currently both the level of global expenditure on NCDs, particularly through Official Development Assistance (ODA), and the means by which global resource flows on NCDs are reported and monitored (e.g. by WHO and OECD) is inadequate. Recommend an action point to improve tracking of global NCD resources, with the long-term goal of securing sustainable financing for NCDs.
Appendices	
Appendix 1: Synergies between major NCDs and other conditions	Welcome this appendix on synergies between NCDs and other conditions, including other modifiable risk factors, mental disorders, communicable diseases and demographic change and disabilities, and violence and unintentional injuries. Suggest using a table format for the content, and recommend shortening and editing to be more concise. The following synergies are currently neglected in the appendix: • Dementia, including Alzheimer's disease, which shares many of the same risk factors as the four major NCDs. Integrating brain health into NCD health promotion is valid. As with depression, people suffering from multimorbidities (for example dementia and another major NCD) are more complex and costly as their cognitive impairment affects their capability for self-care; • Rheumatic heart disease/acute rheumatic fever; • Maternal and newborn child health, including gestational diabetes and early life prevention of NCDs.
Appendix 2: Global monitoring framework	Recommend collapsing appendix 2 and 6 into one comprehensive table entitled "measuring progress". This would include the six objectives, and related targets and indicators against each (including both targets /indicators from the GMF and other process indicators). See Revised appendix 2 for suggested model.
Appendix 3: Minimum set of actions	Support inclusion of a minimum set of actions for countries with resource constraints to prioritise. However the GAP must be relevant to all countries, therefore recommend including priority actions for high-income countries as well. These appendices should be living documents, updated to reflect new evidence or WHO tools. Recommend the following edits and additions to appendix 3: • Objective 4: - Add "multi-drug therapy and counselling" under CVD and diabetes subheading. - Add "management of breast cancer (early detection and treatment)" under cancer sub-heading. - Add sub heading on "chronic respiratory disease", and add action "develop access to key inhaled medicines". The Asthma Drug Facility is proving that in countries with resource constraints, access to key inhalers (all quality-assured and of affordable price) is feasible and should be prioritized.
Appendix 4: Global Coordinating Mechanism	See Revised Appendix 4 for full NCD Alliance recommendations.
Appendix 5: Proposed	Commend proposed actions in Annex 5, which if implemented will leverage the resources and expertise of various UN agencies, programmes and funds to accelerate the global response to NCDs. The annex should reference the UN Task Force

actions for UN agencies	on NCDs as the vehicle to drive and monitor these UN-wide activities.
Appendix 6: Process Indicators	See comment above on appendix 2.

Annex 1: Measuring Progress (Proposed Revision to GAP Appendix 2)

Key: Italics = NCD Alliance recommendations; * = Global Monitoring Framework target or indicator

Overarching goal			
Reduce the burden of preventable morbidity and disability and avoidable premature mortality due to NCDs			
	Objective	Targets	Indicators
1	To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of NCDs in the development agenda and in internationally-agreed development goals	• A high-level target or sub-goal for NCD prevention and control in the post-2015 development agenda	• Number of countries that include NCDs in national health plans and/or national development plans • Proportion of bilateral official development assistance of OECD/DAC donors that is allocated to NCDs
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of NCDs	• 80% of countries with an operational, adequately resourced multisectoral national NCD policy, strategy or action plan	• Number of countries with an operational multisectoral national NCD policy, strategy or action plan • Number of countries with an established NCD unit (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority • Number of countries with a dedicated budget for NCD activities
3	To reduce exposure to modifiable risk factors for NCDs through creation of health-promoting environments	• At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context* • A 10% relative reduction in prevalence of insufficient physical activity* • A 30% relative reduction in mean population intake of salt/sodium intake* • A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years* • A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances* • Halt the rise in diabetes and obesity*	• Number of countries with an operational policy, strategy or action plan for (i). harmful use of alcohol (ii) physical inactivity (iii) tobacco use, and (iV) unhealthy diet, either as stand-alone documents or integrated with heart disease, cancer, diabetes, and or/obesity policies, strategies or plans • Total (recorded and unrecorded) alcohol per capita (aged 15 + years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context* • Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context* • Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context* • Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily* • Age-standardized prevalence of insufficiently physically active persons aged 18 + years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)* • Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18 + years • Prevalence of current tobacco use among adolescents* • Age-standardized prevalence of current tobacco use among persons aged 18+ years* • Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure

			≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure* • Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18 + years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) * • Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex)* • Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity)* • Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes (22) Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies • Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt
4	To strengthen and reorient health system to address NCD prevention and control through people-centred primary care and universal health coverage	• At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes* • An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities*	• Number of countries which provide early detection and integrated management of major NCDs and risk factors at the primary health care level • Number of countries which provide self-care and education at the primary health care level • Number of countries with available guidelines for the management of NCDs and risk factors • Number of countries with health insurance coverage of NCD-related services and treatments • Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes* • Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities*
5	To promote and support national capacity for quality research and	• XX% of countries with national research	• Number of countries that have a

	development for prevention and control of NCDs	agenda on NCDs	national research agenda and a prioritised research plan with funding for prevention and control of NCDs
6	To monitor trends and determinants of NCDs and evaluate progress in their prevention and control	• XX% of countries with national research agenda on NCDs	• Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global targets

Annex 2: Global Coordination Mechanism (Proposed Revision to GAP Appendix 4)

The Case for a Global Coordinating Mechanism for NCDs

The absence of a formal mechanism at the global level to catalyse multisectoral UN, government and civil society action and collaboration on NCDs has been a major weakness in the global NCD response to date. Since 2009, the NCD Alliance has recommended the establishment of a light-touch global coordination mechanism (GCM) for NCDs to address this gap.

The GCM would be a multi-constituency mechanism that brings together, in one place, the key actors focused on the prevention and control of NCDs. It would enable actors to share strategies, align objectives and resources, and drive progress towards the ambitions and targets in the Global NCD Action Plan.

In 2011, the UN Political Declaration on NCDs:

- called for multisectoral action, whole-of-government approach and mandated governments to work with "all relevant stakeholders"
- requested UN Secretary General to provide options to Member States for strengthening action on NCDs through effective partnerships

In 2012, WHO led a consultation process and reported findings to the UN Secretary General, who presented options for national and global mechanisms to the UN General Assembly in November.

Proposed Mission and Strategic Objectives for the GCM

Mission: To convene relevant sectors to align their strategic directions and resources, and catalyzes collective and coordinated action to achieve the objectives in the Global NCD Action Plan 2013-2020.				
Strategic objectives: These five objectives will support achievement of the Global NCD Action Plan 2013-2020 and are shaped to leverage new opportunities, including integrating NCDs into the post-2015 development agenda.				
1 Global advocacy and awareness	2 Strengthen engagement of new and existing partners	3 Promote knowledge exchange, innovation and best practice	4 Financing, resource mobilisation and technical support	5 Promote accountability of resources and results
Strengthen advocacy efforts by harnessing the contribution of a diverse range of stakeholders and focusing attention on specific priority issues	Facilitate participation and engagement of a variety of health and non-health actors, including governments, intergovernmental organisations, civil society (including people with NCDs), and where appropriate the private sector	A vehicle for collecting, translating and disseminating important NCD knowledge, best practice, research, policy development and implementation, globally and in countries	Recommend a range of sustainable financing mechanism, provide guidance for national resource mobilisation, support technical assistance and capacity building in countries	Recommend arrangements for global reporting, oversight and accountability

Proposed Structure of the GCM and Role of WHO

The GCM will not be a new UN NCD agency or a global financing mechanism. But it will need to be a formal structure, led by Member States and with the support of the UN system, civil society and other sectors. Loose networks and piecemeal approaches to date have fallen short of what is required for the global NCD response.

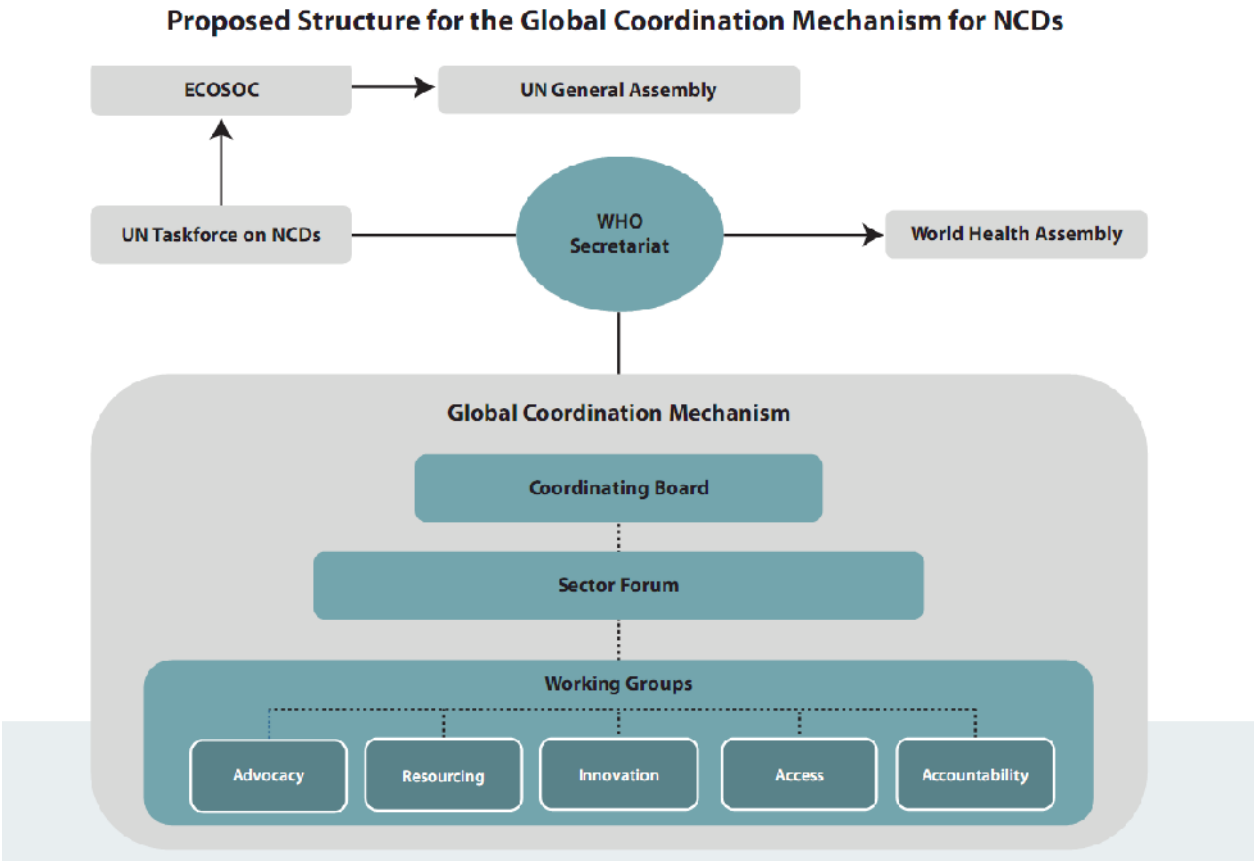
The GCM will be housed within WHO. The activities of the GCM would be aligned and be synergistic with the WHO technical norms and policies, and would add value and support to WHO's NCD programme and initiatives.

By serving as the GCM Secretariat, WHO's roles would include providing the technical backbone for activities, providing administrative and management support, and convening and facilitating meetings/forums/working groups among stakeholders of the GCM.

The GCM will be composed of the WHO Secretariat staff, a coordinating board, a sector forum, and a number of results-based working groups:

- The coordinating board will provide strategic input and guidance to the Secretariat. It will include representatives from various constituencies.
- A sector forum involving Member States, multilateral and bilateral agencies, NGOs, academia, media and the private sector to share knowledge, promote information exchange and best practice, and take stock of progress.
- A number of specific, results-based working groups will be established to spearhead action on priority issues.

Any mechanism that includes WHO, Member States and the private sector must operate within the WHO guidelines on conflict of interest, as endorsed by the World Health Assembly in 2010. Additionally, the NCD Alliance recommends the development of an ethical framework, a code of conduct for all sectors to comply with, and firewalling policy development from the private sector.



A phased approach to building the GCM

Given the current resource-constrained environment, the GCM would be progressively built in a phased approach. Based on existing examples, the GCM could operate effectively with limited start-up funding for global advocacy and technical support and a small staff team in the WHO secretariat.