



## **Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases**

### **Terms of Reference**

The Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases (STAG) will act as an advisory body to WHO to further its efforts and work in addressing the prevention and control of non-communicable diseases (NCDs). The aim is to strengthen international and national action in these important public health areas and thereby:

- 1) reduce premature mortality from NCDs through prevention and treatment<sup>1</sup>;
- 2) progressively cover additional people with health services, medicines, vaccines, diagnostics and health technologies<sup>2</sup>;
- 3) and strengthen efforts to address NCDs as part of UHC<sup>3</sup>.

The STAG will act as an advisory body to WHO in this field.

### **I. Functions**

In its capacity as an advisory body to WHO, the STAG shall have the following functions within the field of NCDs:

- a) To identify and describe current and future challenges;
- b) To advise WHO on strategic directions to be prioritized;
- c) To advise WHO on the development of global strategic documents; and
- d) To propose other strategic interventions and activities for implementation by WHO.

The priority areas of focus will be aligned with the three strategic shifts set out in the GPW13, i.e. stepping up leadership, driving public health impact, and focusing public goods on impact. In particular, the STAG will consider the following priority areas:

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<sup>1</sup> In accordance with SDG targets 3.4 (NCDs and its risk factors), 3.5 (harmful use of alcohol), 3.8 (UHC) and 3.a (tobacco control) of the 2030 Agenda for Sustainable Development

<sup>2</sup> In accordance with paragraph 24(a) of A/RES/74/2

<sup>3</sup> In accordance with paragraph 33 of A/RES/74/2

<p>Providing advice on how to drive public health impact in every country:</p> <ul style="list-style-type: none"> <li>— Devising strategies to ensure greater investment for national implementation of context-appropriate interventions, innovations and delivery approaches for the prevention, early diagnosis, screening, and appropriate treatment of NCDs.</li> <li>— Improving the health system coverage and quality of implementation of WHO-recommended interventions and delivery approaches for the prevention early diagnosis, screening, appropriate treatment of noncommunicable diseases.</li> </ul>	<p>Priority 1</p>
<p>Providing advice on how to focus global public goods on impact:</p> <ul style="list-style-type: none"> <li>— Identifying broad priority topics for developing or updating WHO guidelines, norms and standards on the prevention, early diagnosis, screening, and appropriate treatment of NCDs to steer national strategies and policies or to improve their implementation.</li> <li>— Formulating priority interventions and delivery approaches for prevention, early diagnosis, screening, and appropriate treatment of NCDs (based on relevant WHO guidelines) for inclusion in the WHO agenda for primary health care and universal health coverage in different epidemiological contexts and health systems.</li> <li>— Advising on other topics identified by WHO for which there is no scientific consensus or varied acceptance among countries.</li> </ul>	<p>Priority 2</p>
<p>Providing advice on how to step up leadership:</p> <ul style="list-style-type: none"> <li>— Providing high-level strategic advice on strengthening the WHO's technical leadership and coordination role in promoting and monitoring global action on the prevention and control of NCDs.</li> <li>— Providing high-level strategic advice on how to strengthen the relevance of the WHO Secretariat as a trusted partner in this area,</li> </ul>	<p>Priority 3</p>

<p>as a thought leader that succeeds in taking and managing risks, and that is more effective and efficient in utilizing resources to deliver results in this area.</p> <ul style="list-style-type: none"><li>— Providing global programmatic advice on how to transform new opportunities into innovative and enterprising action that will enable WHO to strengthen its work in this area.</li><li>— Supporting the WHO Global Cardiovascular Initiative, the WHO Global Diabetes Compact, and the WHO Childhood Cancer Initiative, and advising on scale-up strategies and partnership building.</li><li>— Advising on strategic communications and resource mobilization.</li></ul>	
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## **II. Composition**

1. The STAG shall have up to **40** members<sup>4</sup>, who shall serve in their personal capacities to represent the broad range of disciplines relevant to prevention of NCDs including, but not limited to: cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, risk factors and social determinants (tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity, social determinants), health service and primary health care (health system, primary health care and UHC, essential medicines and technologies for NCDs), NCD research and innovation, and public health and epidemiology (public health policies, epidemiology and disease burden).

In the selection of the STAG members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of the STAG, including the Chairperson, shall be selected and appointed by WHO following an open call for experts. The Chairperson's functions include the following:
  - to chair the meeting of the STAG;
  - to liaise with the WHO Secretariat between meetings.

In appointing a Chairperson, consideration shall be given to gender and geographical representation.

3. Members of the STAG shall be appointed to serve for a period of two years and shall not be eligible for reappointment beyond 2025 (i.e. the four high-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs). A

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<sup>4</sup> Members serve as full participants and partake in the decision-making process of the meeting in which they are involved.

Chairperson is eligible for reappointment as a member of the STAG, but is only permitted to serve as Chairperson for one term. Their appointment and/or designation as Chairperson may be terminated at any time by WHO if WHO's interest so requires or, as otherwise specified in these terms of reference or letters of appointment. Where a member's appointment is terminated, WHO may decide to appoint a replacement member.

4. STAG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.
5. Following a determination that a proposed member's participation in the STAG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the STAG. Their appointment to the STAG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, STAG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give rise to a real, potential or apparent conflict of interest.
6. As contemplated in paragraph II.4 above, WHO may, from time to time, request STAG members to complete a new declaration of interest form. This may be before a STAG meeting or any other STAG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the STAG member's participation in the STAG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.
7. Where a STAG member is invited by WHO to travel to an in-person STAG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together 'Temporary Adviser Letter'). WHO shall not authorize travel by an STAG member, until it receives a countersigned Temporary Adviser Letter.
8. STAG members do not receive any remuneration from the Organization for any work related to the STAG. However, when attending in-person meetings at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

### **III. Operation**

1. The STAG shall normally meet each year. However, WHO may convene additional meetings. STAG meetings may be held in person (at WHO headquarters in Geneva or another location, as determined by WHO) or virtually, via video or teleconference.

STAG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO.

- (a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by Observers (as defined in paragraph III.3 below).
- (b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the STAG and essential WHO Secretariat staff.

2. The quorum for STAG meetings shall be two thirds of the members.
3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as “observers”. Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-state actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-state actors will be subject to internal due diligence and conflict of interest considerations in accordance with FENSA. Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the STAG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting decisions and recommendations of the STAG.

4. The AG may decide to establish smaller working groups (sub-groups of the STAG) to work on specific issues. Their deliberations shall take place via teleconference or video-conference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the STAG for review at one of its meetings.
5. STAG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the STAG.
6. Reports of each meeting shall be submitted by the STAG to WHO (the Assistant Director-General of the responsible Division). All recommendations from the STAG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the STAG.
7. The STAG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.

8. Active participation is expected from all STAG members, including in working groups, teleconferences, and interaction over email. STAG members may, in advance of STAG meetings, be requested to review meeting documentation and to provide their views for consideration by the STAG.
9. WHO shall determine the modes of communication by the STAG, including between WHO and the STAG members, and the STAG members among themselves.
10. STAG members shall not speak on behalf of, or represent, the STAG or WHO to any third party.

#### **IV. Secretariat**

WHO shall provide the secretariat for the STAG, including necessary scientific, technical, administrative and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall include details such as: whether a meeting, or part thereof, is closed or open; and whether Observers are permitted to attend.

#### **V. Information and documentation**

1. Information and documentation to which members may gain access in performing STAG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, STAG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their STAG-related activities shall be exclusively vested in WHO.
2. STAG members and Observers shall not quote from, circulate or use STAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.
3. WHO retains full control over the publication of the reports of the STAG, including deciding whether or not to publish them.

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