

Collaboration on the Prevention and Control of Noncommunicable Disease Memorandum between UNDP, WHO and the World Bank

The contents of the joint memorandum below, dated 4 March 2014, is agreed by the three agencies.

To:

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Subject:

UNDP, WHO and the World Bank: collaboration on the Prevention and Control of Noncommunicable Disease

Date:

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Assessing the opportunities, benefits and modalities for joint collaboration between UNDP, WHO and the World Bank, will be critical as part of the multilateral system's wider response to the prevention and control of NCDs within the context of the Political Declaration on NCDs, the Global Action Plan on NCDs 2013-2020, and the evolution of the post-2015 development agenda.

Recognizing the need for stronger coordination among our respective agencies, the four of us met at the World Bank Headquarters, Washington DC, on 11 December 2013 to discuss opportunities for the alignment of future activities on the prevention and control of noncommunicable diseases (NCDs). A note summarizing the conclusion of the meeting is attached (Annex 1). A teleconference was subsequently held on 15 January 2014 to agree on next steps. As a result, we propose the following and would be grateful for your consideration on the approach set out below.

Immediate actions (first quarter 2014)

- The three agencies commit to developing and finalizing the UN Interagency Task Force on NCDs work plan for 2014-2015.
- World Bank to share information on countries that have loans for the prevention and control of NCDs, and UNDP to share latest iteration of UNDAF roll out countries with WHO, WHO to share its priority action countries, with the aim of the three partners agreeing an initial set of countries for joint technical assistance and advocacy efforts.

(Such assistance and efforts at country level will be done in strong coordination with the respective field offices and staff leading the dialogue on health in those countries.)

- WHO and the World Bank to contribute to the UNDP series of webinars on the orientation to the social determinants of NCDs.
- Agreement between the parties on the role and involvement of WB and UNDP in interacting with the one-WHO horizontal teams for the prevention and control of NCDs: (i) Integrated Response Mechanism and its country and regional level Quick Response Teams; and the (ii) Tool Kit Team.¹

Next steps (remainder of 2014 and 2015)

- Participate in UN Interagency Task Force work plan meetings
- Conduct regular (minimum of one every two months) conference calls between the three parties
- Map existing and planned: (i) programme activities; (2) toolkits and guidance notes; (3) knowledge products; (4) advocacy materials; (5) training initiatives to identify opportunities for collaboration at global, regional and country levels.
- Undertake joint missions to at least two of the initial set of countries selected for joint technical assistance and advocacy efforts to review WB, UNDP and WHO activities and collaborative arrangements including through the UNCTs to identify entry points and opportunities for collaboration to support national authorities develop costed multisectoral NCD action plans
- Jointly identify funding to undertake the following:
 - A series of “how to” notes: (i) how to do multisectoral strategic planning for NCD prevention and control; (ii) how to integrate NCDs into UNDAFs, and have the UNCT delivering as one on NCDs; (iii) how to develop and implement national and local NCD coordination mechanisms; (iv) how to maximize the impact of World Bank loans for NCDs; and (v) the role of public expenditure reviews for NCD planning and sustainable financing (to be developed in 2014 and 2015).
 - An analysis of available data from population based surveys by income quintiles in low- and middle-income countries to enable policy makers to understand the impact of NCDs and exposure to NCD risk factors in the world’s two poorest income quintiles in low- and middle-income countries (“the bottom billion”), (to be conducted in 2015)
 - Support for in-country workshops in 6 countries with UN agencies and government officials participating to agree on the content and financing of multisectoral plans for the prevention and control of NCDs.
- Keep the other members of the UN Task Force informed and involved in the planning and implementation of the joint activities.

¹ The horizontal teams are part of new WHO architecture to enhance the way that WHO works across its three levels (HQ, regional and country) to implement the Global Action Plan on NCDs 2013-2020. The architecture consists of an overarching Steering Group and three horizontal teams, two of which would in time benefit from the involvement of WB and UNDP. These horizontal teams will in the main meet remotely (though videolink, teleconference and emails).

Annex 1: Summary of meeting between UNDP, WHO and the World Bank on the alignment of planning for Noncommunicable Disease Responses, World Bank Office, Washington DC, 11 December 2013

Participants

Doug Webb (UNDP), Nick Banatvala (WHO), Maryse B. Pierre-Louis and Montserrat Meiro-Lorenzo (World Bank).

Purpose of the meeting

The purpose of the meeting was to assess the opportunities, benefits and modalities for joint collaboration between UNDP, WHO and the World Bank as part of the multilateral system's wider response to the prevention and control of NCDs within the context of the Political Declaration on NCDs, the Global Action Plan on NCDs 2013-2020, the evolution of the post 2015 Development agenda. The meeting explored partnerships, programmatic frameworks and strategic thinking by institution, as well as synergies, entry points for future collaboration and joint working modalities for efficient working relationships around technical assistance to countries for NCD responses.

Key points

1. To provide background and context to our meeting, we reviewed the respective policies, approaches and mandates of the three institutions for preventing and controlling NCDs and developed a mutual understanding around them: The recent developments at the World Bank and their impact on NCD work (The WB Public Health Policy Note, the Country Partnership Framework, the UHC framework and its pillar on health societies) the UN HLM Political Declaration; the WHO Global NCD Action Plan 2013-2020; the Voluntary Global Monitoring Framework; the ToRs for the UN Interagency Taskforce and emerging ToRs for the Global Coordination Mechanism; UNDAFs; 2012 DG WHO-Administrator UNDP letter to UNCTs and the plan for a follow up letter. It is clear that NCDs are becoming an increasingly important area for all three agencies, which is only likely to increase as the post-2015 process gathers momentum. We agree to start working closely together immediately so that we are in a strong position to lead the global NCD efforts once the post-2015 agenda is finalized. We agree to work together to ensure that there are strong links being made between NCDs, UHC and the wider social determinants of health. We agree that it is critical to align technical assistance to the development and implementation of national NCD responses.

2. We discussed the WHO Global Programme of Work (GPW), the 2014-2015 Programme Budget, one-WHO work plan, country cooperation strategies, the World Bank country partnership framework (operational from mid-2014 onwards), and the status of the UNDAF framework. There is particular interest in the way that the World Bank and UNDP could

engage with the new one-WHO NCD initiative and we agree that clear guidance on this is required at all levels. We also agree that it is important that the various horizontal mechanisms under the one-NCD WHO plan, build local capacity, south-south transfer, and get multi-leveled UN buy-in and involvement. We agree that we need to work together to ensure that WHO, the World Bank and UNDP frameworks harmonize with one another and align our respective interventions with national planning on NCDs but understand that this is a significant but not insurmountable challenge. There is clear commitment from all three agencies to support governments to scale up their efforts around NCDs and work with one another within the above frameworks, as part of the UN Interagency Taskforce, recognizing that this cannot supersede operational collaboration at country level among partners.

3. We discussed our comparative advantages: WHO as the lead agency for the global efforts to prevent and control NCDs, development of norms and standards and convener of the international response; World Bank – working across 19 different sectors at global and country level, linkages to broader development activities (e.g. public expenditure reviews), access to ministries of finance, current and future LMIC investment in NCDs through loans and reimbursable TA (current investments for NCDs between 2009-2013 are US\$1.2 billion, mostly on HSS but US\$359 on specific NCD investment; UNDP as the lead in country for the UN systems response and the potential to unite the UN system through the UNDAF process, as well a programme portfolio on the social determinants of health. But we also recognize that budget for variable costs (i.e. participation in missions, recruitment of consultants) for NCDs in the World Bank's HNP have been very small; but this situation is likely to change over the next few years with the increasing focus on NCDs. We agree that a trilateral working relationship between the three institutions would be a powerful force for action on NCDs at the global, regional and country level, as a stimulus to a broader coherent multilateral effort.

4. Tobacco was highlighted as a critical part of the framework for the new UN Interagency Taskforce but also as an area for joint programming.

5. The World Bank described its plans to undertake a Multisectoral Constraints Assessment tool (MCAT) as part of the CPF work, to assist Bank task teams in engaging in multisectoral action and NCDs are expected to benefit from the implementation of this tool once designed and tested.

6. We discussed the importance of sharing current and future plans and activities to ensure that these are harmonized and maximize the value-added of each agency. In the first instance we agree to map existing and planned programme activities, tools and guidance, publications, advocacy materials, training initiatives and then look at opportunities for collaboration. While we recognize that joint publications and initiatives are not always necessary nor practical, coordination during the early development and finalization of relevant products would add value to our products. We agreed that it would be helpful if we

could identify a small amount of financial support to enable a consultant to help with this work.

7. Once we have undertaken the above exercises in early 2014, we agree to look at opportunities for joint programming – looking first at the priority countries that we are each engaged with. We should in particular look at opportunities for technical assistance to support countries that have taken out loans from the World Bank for NCD prevention and control.

8. On joint practical “how to” notes, the follow examples were discussed: (i) how to do multisectoral strategic planning for NCD; (ii) the UNDAF process, how to get NCDs into UNDAFs, and have the UNCT delivering as one on NCDs; (iii) how to develop and implement national and local NCD coordination mechanisms; (iv) how to maximize the impact of World Bank loans for NCDs; and (v) the role of public expenditure reviews for NCD planning and sustainable financing. We agree to take these actions forward as soon as possible and as resources are available.

9. With regards joint publications, we agree that there is the opportunity to develop one on human rights, gender and NCDs and another one on NCDs and social protection. We also discussed the feasibility of conducting an analysis of available data from population based surveys by income quintiles in low- and middle-income countries, which would enable policy makers to understand the impact of NCDs and exposure to NCD risk factors in the world’s two poorest income quintiles in low- and middle-income countries (“the bottom billion”).

10. On training and other in-country activities that may result in cooperation plans or policy recommendations related to NCD, we agree that we could enhance webinars and face to face training led by one agency by encouraging inputs from the other agencies.

11. We agree to have regular video link ups every two months over the next year and that we would start straight away on the various mapping studies. Finally we agree that we will share this with ADG/NMH/WHO, Senior VP/WB and Director/HIV, Health and Development/UNDP.

12. We agree to share this along with a small set of key decision points to our respective senior managements.

06 January 2014