



## Call for comments:

### Web-based consultation on the Global Coordinating Mechanism for the Prevention and Control of Noncommunicable Diseases (GCM/NCD) Workplan 2022-2015 and Theory of Change Narrative

Submitted on 17 September 2021 by:

- CLAN (Caring & Living As Neighbours)
- IndigenousNCDs

## Background

At the 74th World Health Assembly, WHO Member States extended the Terms of Reference<sup>1</sup> of the Global Coordination Mechanism on the prevention and control of noncommunicable disease (GCM/NCD) until 2030, with a mid-term evaluation in 2025. The GCM/NCD was requested to develop a workplan that included<sup>2</sup>:

- a clear vision, with “more focused approach to the delivery of its functions”
- clearly defined objectives
- measurable performance and outcome indicators and practical milestones to ensure *“the work of the global coordination mechanism contributes to the achievement of the objectives set in the WHO global action plan on noncommunicable diseases 2013– 2030, taking into consideration in a balanced manner the prevention, diagnosis and treatment of noncommunicable diseases”*

...such that the work of the GCM/NCD would integrate with the broader work of WHO and contribute to achieving objectives outlined in the WHO Global Action Plan on NCDs (2013-2030) and the NCD implementation roadmap (2023-2030).

<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_14Add1-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add1-en.pdf?ua=1)

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_ACONF4-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF4-en.pdf)



Member states acknowledged the **five core functions** of GCM/NCD as being:

- 1) an operational backbone for knowledge collaboration and dissemination of innovative action
- 2) an enabler for global stocktaking of multisectoral action to facilitate scaling and strengthening
- 3) provision of guidance to Member States and non-State actors
- 4) a global facilitator of capacity building for Member States and non-State actors and
- 5) a convenor of civil society – including people living with NCDs

The Global Action Plan for the Prevention and Control of NCDs 2013-2030 (NCD-GAP) outlines nine voluntary global targets on NCDs, including a 25% relative reduction in premature mortality from the “big 4” NCDs by 2025 and a midpoint evaluation report was released in November 2020<sup>3</sup>.

NCD-GAP outlines the following five objectives:

- 1) To **raise the priority accorded** to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened **international cooperation and advocacy**
- 2) To **strengthen national capacity, leadership, governance, multisectoral action and partnerships** to accelerate country response for the prevention and control of NCDs
- 3) To **reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments**
- 4) To **strengthen and orient health systems** to address the prevention and control of NCDs and the underlying social determinants through **people-centred primary health care and universal health coverage**
- 5) To promote and support national capacity for **high-quality research and development** for the prevention and control of NCDs
- 6) To **monitor the trends and determinants** of NCDs and **evaluation progress** in their prevention and control

CLAN and IndigenousNCDs thank the WHO GCM/NCD team most sincerely for the opportunity to comment on the Zero Draft Theory of Change Narrative and Zero Draft Workplan (2022-2025). We note the Theory of Change Narrative underpins the Workplan so will provide comments that refer to both documents.

<sup>3</sup> [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ncd-gap-final-report.pdf?sfvrsn=55b22b89\\_22&download=true](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ncd-gap-final-report.pdf?sfvrsn=55b22b89_22&download=true)



## Zero Draft Theory of Change Narrative

We respectfully offer the following comments for consideration:

### Foundational principles

The Theory of Change Narrative would be strengthened by the identification of guiding principles GCM/NCD will follow in its work. For example, principles that underpin the work of GCM/NCD might include:

- A rights-based approach – noting UNCRC and UNDRIP
- Person-centred approaches
- Equity
- Meaningful engagement of people living with NCDs
- Community development
- Strengths based approaches
- Partnerships and collaboration

### Transparency and clarity

More detail on the exact goals, targets and indicators informing the theory of change and work plan would be useful. For instance:

- Clarification on the distinction between “premature mortality” and “preventable mortality and morbidity” would be useful
- Transparency regarding the exact targets and indicators within the WHO Global NCD Action Plan (2013-2020) that will be focused on, viz:
  - SDG 3 is “Ensure healthy lives and promote well-being for all at all ages”
    - SDG Target 3.4 is “By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being”<sup>4</sup>
      - Indicator 3.4.1 is “Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease”
      - Indicator 3.4.2 is “Suicide mortality rate”

<sup>4</sup> <https://apps.who.int/iris/handle/10665/208282>



In this context, the following definition currently used by the UN is<sup>5</sup>:

*“Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease. Probability of dying between the ages of **30 and 70 years** from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the per cent of 30-year-old-people who would die before their 70th birthday from cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS). This indicator is calculated using life table methods (see further details in section 3.3).”*

Since its inception, the GCM/NCD has heard clear and repeated feedback from civil society regarding concerns these indicators exclude people living with NCDs who are under the age of 30 years. CLAN works with the international Congenital Adrenal Hyperplasia (CAH) Community for example. Previously, children with CAH in resource poor countries almost uniformly died, but over the last 16 years we have seen CAH Communities flourish in the Asia Pacific region, with some countries (eg Vietnam) now boasting thousands of children living fulfilling lives with CAH. These children now have the chance of reaching age 30. It does not make sense to exclude a focus on children and young people in our efforts to reduce mortality associated with NCDs.

Likewise, civil society has voiced concerns that failure to disaggregate data by Indigeneity excludes people who are systematically disadvantaged by existing systems and are not being prioritised. For instance, Australia is on target to become the first country to eliminate cervical cancer by 2030, however, once data are disaggregated and the situation of Aboriginal and Torres Strait Islander peoples is considered, Australia is no where on target to achieve the elimination goals set by WHO.

It would be useful to consider how these challenges might be addressed if we are to truly leave no one behind. A mechanism by which GCM/NCD can support Member States to respond to and adapt approaches in response to feedback from Civil Society might be considered.

<sup>5</sup> <https://unstats.un.org/sdgs/metadata/files/Metadata-03-04-01.pdf>



## Addressing NCD-GAP objectives

There is opportunity to map more clearly how all of the objectives in the NCD-GAP will be addressed. For instance, it is not clear currently how the outcomes and deliverables emerging from action around Objective 6 (and accountability, evaluation and monitoring more broadly) will be shared with Member States and Civil Society in formats that meet the literacy requirements of most so they can facilitate evidence-based, critical, real-time action to benefit people living in the most vulnerable circumstances.

Likewise, Objective 3 is complex. Action to address risk factors for NCDs should move beyond the biomedical and include considerations such as systemic racism, stigma and discrimination. Cultural, social and commercial determinants of health must be considered.

Again, identifying mechanisms by which GCM/NCD can support Member States to refine and adapt efforts to prevent and control NCDs as emerging evidence comes to light will be vital to our collective success. Our actions in 2029 must not be limited by our wisdom in 2013.

## The GCM/NCD Strategic Pillars

The proposed GCM/NCD strategic pillars are:

- Leverage WHO Expertise
- Engage Non-State Actors
- Elevate voices of People Living with NCDs
- Inform the NCD response
- Align with other NCD and health related strategic priorities

These are strong and can be adapted as needed. For example, it would be ideal if GCM/NCD could play a key role in promoting accountability and tracking progress. An opportunity to do this would be to translate complex, detailed WHO statistical reports to Member States into formats more readily digested to people of varying health literacy capacity. This could be included in “inform the NCD response” or “leverage WHO expertise”.



## Zero Draft Workplan (2022 - 2025)

The zero draft workplan for the WHO Global Coordinating Mechanism for the Prevention and Control of Noncommunicable Diseases (GCM/NCD) aims to create more effective engagement of people living with NCDs and effective collaborations between stakeholders and Member States. While the workplan offers a strong foundation for the prevention and treatment of NCDs worldwide, IndigenousNCDs and CLAN respectfully share the following comments for consideration.

### How will we know we are making a real difference?

The true impact of the work of the GCM/NCD on reducing preventable and premature mortality for people of all ages is not clear. Yes, traffic to websites may increase, yes webinars will be held, yes success stories are shared, but how can the GCM/NCD help us all know if our actions over the coming decade are genuinely helping to reduce mortality? How will participants be held accountable (and supported) to demonstrate the impact their work is having?

CLAN and IndigenousNCDs concur with the following observation in the NCD-GAP mid-point evaluation report released in November 2020, viz NCD-GAP mid-point evaluation report released in November 2020, viz<sup>6</sup>:

*However, the mechanism needs to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with relevant internal and external actors.*

We encourage the GCM/NCD to consider how this recommendation could further inform the work plan.

### Strengthening focus on UHC

Whilst Universal Health Coverage (UHC) is included in the NCD-GAP objectives, it is only mentioned once in the work plan, with no specific details on actions that will be taken. We note the mid-point evaluation report of the NCD-GAP likewise spoke to the opportunity to strengthen efforts relating to UHC<sup>6</sup>.

<sup>6</sup> [https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ncd-gap-final-report.pdf?sfvrsn=55b22b89\\_22&download=true](https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ncd-gap-final-report.pdf?sfvrsn=55b22b89_22&download=true)





## Prioritising patient reported outcome measures

It is excellent to raise the voices of People Living with NCDs, but it is even more important to act on what they say. CLAN can state categorically, after almost two decades of work, that families of children living with NCDs consistently request action on 5 pillars<sup>7</sup>:

- 1) Affordable access to essential medicines and equipment
- 2) Education, research and advocacy
- 3) Optimisation of medical management
- 4) Encouragement of family support groups and
- 5) Financial independence and freedom from poverty

At this stage, it is not clear from the theory of change and work plan how pillars 1, 3 and 5 will be addressed in any meaningful, equitable or urgent way. We recommend integrating the perspectives of people living with NCDs into the performance, outcome and impact indicators of GCM/NCD and the overall evaluation and monitoring process.

To this end, CLAN and IndigenousNCDs embrace Recommendation 4 from the NCD-GAP mid-point evaluation report released in November 2020, viz<sup>6</sup>:

*WHO Secretariat and Member States to do more to ensure those affected by NCDs are diagnosed, receiving treatment and having their condition controlled. Specifically:*

- *WHO Secretariat and Member States to identify practical ways in which responses to NCDs can be better integrated into primary health care and universal health coverage.*
- *WHO Secretariat to develop more concrete guidance on NCD management in primary care.*
- *WHO Secretariat and Member States to improve monitoring of the number and proportion of people receiving essential medicines in primary health care settings, particularly to reduce cardiovascular risk, ensuring that the needs of particular groups are addressed.*
- *WHO Secretariat, Member States, international partners and non-State actors to recognize and emphasize that it is important not to focus solely on a single NCD.*

<sup>7</sup> <https://www.clanchildhealth.org/our-five-pillars.html>



## Prioritising people living in the most vulnerable circumstances

The work plan does frequently refer to a focus on low- and middle-income countries and this is commendable. However, there is an urgent need to prioritise people living in the most vulnerable circumstances. There are rich people in poor countries and poor people in rich countries.

The work plan would benefit from a stronger focus on achieving equity – and with urgency for those most at risk of dying now.

IndigenousNCDs and CLAN embrace Recommendation 9 in the NCD-GAP mid-point evaluation report that was released in November 2020, viz<sup>6</sup>:

*Member States and WHO Secretariat to increase their focus on how NCDs differentially affect different groups including children, youth, disabled people, people living with HIV, older persons, (I)ndigenous peoples, refugees, internally displaced persons and migrants, as specified in the 2030 Agenda for Sustainable Development. Specifically:*

- *WHO Secretariat to support countries in conducting disaggregated data collection and analysis of NCD prevalence and risk factors in vulnerable groups.*
- *WHO Secretariat and Member States to design interventions addressing determinants of health including gaps and barriers that affect identified groups in line with the principles embedded in the Sustainable Development Goals of leaving no one behind and reaching the furthest behind first.*
- *WHO Secretariat and Member States to identify ways in which they can promote health literacy for both NCD prevention and management including greater focus on patient-centred communication and on easy-to-understand and easy-to-act-on material to support self-management.*





## **Acknowledging the strengths of Indigenous Peoples**

IndigenousNCDs and CLAN would like to bring attention to the benefits that could flow from including Indigenous leaders and communities as primary stakeholders. GCM/NCD acknowledges the importance of identifying, promoting and sharing successes and strengths, and the innovative actions of First Nations Peoples in tackling NCDs need a stronger platform so they can inspire and inform larger scale change.

Indigenous Peoples are best placed to identify community priorities and champion action to redress inequities associated with the social and cultural determinants of health. Indigenous Peoples' knowledge, and cultural and traditional practices have the potential to guide the framing of the global NCD burden. Indigenous-led organisation can assist with promoting health literacy relating to NCD prevention and management and can be an invaluable force for change. We respectfully request the GCM/NCD continue to uplift and prioritize their voices moving forward.

One practical way the GCM/NCD could leverage and privilege Indigenous voices would be to dedicate a section of the Knowledge Action Portal (KAP) to an Indigenous-led and controlled section. Indigenous Peoples must self-determine their future with regards the prevention and management of NCDs, and it is time for non-Indigenous "experts" to step aside and stop controlling the narrative.

## **Strengthening the focus on children and young people**

CLAN believes the inclusion of children and youth living with NCDs within the work plan is essential. Children, especially those in low- and middle-income countries, demonstrate unique vulnerabilities and lack a voice in NCD responses at the local, national and global level. Children are constantly undergoing stages of critical development and growth that profoundly shape health and quality of life throughout adulthood. The presence of an NCD during childhood therefore requires special attention to limit the risk of permanent and preventable morbidity and mortality. Likewise, childhood is the optimal time to commence action to prevent NCDs and address known risk factors.



CLAN recommends detailed incorporation within the workplan of strategies for targeting the inequitable burden of NCDs among children, as well as a specific focus on a life-course approach to the prevention of NCDs. Disaggregation of data to specifically examine the burden of preventable morbidity and mortality on children and youth living with NCDs will be imperative to achieving real change.

CLAN recognizes the need for youth involvement in NCD control and prevention. Youth are at the forefront of change and must be acknowledged as major stakeholders within the GCM/NCD. This includes youth-centered events and programs for meaningful engagement with this important group.

## Conclusion

Thank you again for the opportunity to share this feedback.

CLAN and IndigenousNCDs thank the WHO GCM/NCD Team for their excellent work over many years. In particular, we thank GCM/NCD for strengthening the voices of children, youth and First Nations peoples within the NCD discourse in recent years. We believe everyone will benefit from having these invaluable perspectives at the table.

Please do not hesitate to contact us if you have any questions at all (Tania Brown for IndigenousNCDs and Kate Armstrong for CLAN) and we welcome the opportunity to continue engaging and contributing in a meaningful way into the future.

## **Comments from Children's HeartLink**

I reviewed the plan and it looks great. Clearly a lot of thoughtful work has gone into it. My only comment is that we hope some advocacy can happen for the global NCD goals to become more inclusive of children living with NCDs and the treatment and access to health services for them because the NCDs they suffer from are often not preventable with lifestyle changes. This includes type 1 diabetes, sickle cell disease, and heart diseases in children – rheumatic heart disease and congenital heart disease.

Response to

**WHO Global Coordination Mechanism for the prevention and control of NCDs ZERO DRAFT - Theory of Change Narrative**

One of the biggest challenges NCD advocates face today is the lack of sustainable funding, inability to invest in the right programs and non integrative vertical programs leading to waste of resources. The theory of change should look into sustainability and financial inclusion for success of the workplan

The theory of change should also look into collaborative mechanisms across the five by five disease and risk factor verticals and bring knowledge and experience from various stakeholders to establish best practices for better outcomes.

The voice of the patient should reflect at all levels- **Engage, Elevate, inform and Align** using appropriate platforms and opportunities. One example could be an enabling environment created in the health eco systems for expert patients with lived experience of NCDs to be meaningfully engaged in advocating and awareness raising in co-produced advocacy and communication campaigns and materials.

**Response to ZERO DRAFT WORKPLAN 2022-2025**

1. Patient reported metrics to understand the satisfaction and efficacy of country level plans should be designed and administered through patient advocacy organisations.
2. Workplan should also include a monitoring mechanism.
3. Include a metrics for global investments raised for NCDs and number of sustainable partnerships created which include a patient organisation.
4. Action 2.2 General Meeting of the GCM/NCD should include targets for regional WHO offices as well
5. Action 3.1: Provide guidance to Member States on risk management approaches in considering private sector engagement for NCDs through a tool to guide decision-making by countries, building on the experience and expertise of WHO and other relevant stakeholders. **Of the six countries at least two are from LMIC and LIC**
6. Similar target as 3.1 for 4.3 and 5.1

Sincerely

Ratna Devi

Chair- International Alliance of Patient Organisations

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## Comments from ICBA

Thank you for the opportunity to provide comments on the draft WHO GCM/NCD Work Plan. The International Council of Beverages Associations is a member of the WHO GCM and as such appreciates the chance to provide feedback. We regret, however, that we did not receive an email with the consultation materials until 13 September with a deadline of 17 September and hope you will understand the substantially shortened nature of our input as we have not had time to fully review materials this week. One recommendation we would make is that in general, the GCM adopt standard administrative procedures with regard to review of materials and have a minimum 30, ideally 60 day comment window. Given that the goal is to finalize the Work Plan for the May World Health Assembly, this seems like a feasible request. We also regret that we will be unable to join the virtual consultation scheduled for 23 September, which is the same day as the UN Food Systems Summit.

Some general thoughts on the Draft Work Plan:

- **We strongly support the approach you outline in section 2.1, the development of an online registry.** I would encourage you to ensure this is indeed multisectoral and also multistakeholder – in keeping with the recommendation of the WHO High-Level Commission on NCDs, this could be an opportunity to capture best practices as it relates to public-private partnerships. Perhaps there is a workstream that you could consider here with some of your existing private sector GCM members? I will volunteer that we will be glad to share experiences and thoughts on this front. I don't see any mention throughout the document of "public-private partnerships," yet as the multistakeholder function for WHO, it seems that this could be a real ownership opportunity for the GCM.
- **We would support having a General Meeting of the GCM/NCD participants.** We consider that your meeting in Oman was a success, with a wide range of stakeholders invited and a wide range of topics, and we hope that once we are (successfully) past the pandemic you will be able to resume in-person meetings, perhaps with some virtual elements remaining to include participants who may not be able to attend for a variety of reasons.
- **For Action 3.1, I would encourage you to revisit and consider a more balanced approach with regard to the private sector.** As we head with great urgency toward 2030, everyone has recognized the importance of mobilizing all available resources – and it will take an enormous lift from the private sector for us to accomplish the 2030 Sustainable Development Agenda. We are there, but we cannot get there if the "risk-

based” approach is one that focuses entirely on risks to the exclusion of benefits. While risks exist, they can be managed and equal attention should turn toward progress, potential, partnerships and benefits. I think that positive benefits language could be elevated in this section of the Work Plan as it stands. For example, is this the section where language around public-private partnerships could be further explored? I see the reference to the Recommendation 6 from the High-Level Commission but I do not see the intent to implement the public-private partnerships aspect in the Work Plan. I think this particular area of the Work Plan has great potential, and we stand ready to work closely with the GCM as members in good standing in order to do so.

- One note with a specific request: I understand that you are hosting a consultation with GCM/NCD participants on a draft tool for engagement with the private sector in October. Can you please clarify/confirm if you have extended this invitation to all GCM/NCD participants? As a private sector member of the GCM, I would like to participate.

Wishing you the best as you progress this important work, and I remain at your disposal to continue this important conversation. I think there is a lot of excellent content, planning and vision contained in these Work Plan documents and for that I offer my congratulations, best wishes and perhaps most importantly, willingness to contribute in a positive and meaningful manner.





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## IPA Recommendation on WHO GCM/NCD Workplan 2022-2025

- The GCM/NCD Workplan 2022-2025 and GCM/NCD Functions should incorporate work plans specifically addressing NCDs in children and place consideration for children, adolescents and young people living with NCDs. The risk of NCDs is often established very early in childhood and behaviours associated with NCD risk are often adopted in childhood and adolescence. These age groups represent the age of opportunity for prevention, risk reduction, early detection, control, and management of NCDs; therefore, the prevention and control efforts of NCDs should focus on children and adolescents as a part of a comprehensive “life course” approach. IPA endorses elevating the voices of young people living with NCDs and mental health conditions and centering their lived experiences in every aspect of the NCD response. Special attention should be given to children, adolescents and young people to ensure that they are engaged in a meaningful manner.
- IPA recommends that the WHO GCM/NCD Workplan 2022-2025 include recommendations for member states to establish and implement cost-effective Newborn Screening as part of the national programs in their respective countries. This aims for an early detection and management of NCDs.
- Due to the wide scope and range of NCDs, IPA recommends that WHO GCM/NCD prioritize the NCD targets to be achieved by 2025 that are tailored to the individual member states as different countries have different problems related to NCDs. It is also imperative that children be included in all NCD policies in all countries.
- IPA recommends that the WHO GCM/NCD Workplan 2022-2025 include recommendations for member states to ensure access to treatment, laboratory examinations and screening for NCDs. This includes medicines, vaccines, medical devices, diagnostic tests, assistive products, cell- and gene-based therapies and other technologies. When access to affordable care, examinations and screening is not guaranteed by countries, key opportunities for diagnosis and prompt management is lost, poverty is exacerbated and influencing the ability to attain the rights of life and quality care.

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- IPA recommends that Action 1.2 NCD Voices in the Decade of Action: webinar series should incorporate the voices of children, adolescents and young people living with NCDs in a meaningful way.

IPA: working for Every Child, Every Age, Everywhere



Prof. Enver Hasanoglu  
IPA President



Prof. Aman Pulungan  
IPA Executive Director

NCD Alliance congratulates the GCM/NCD on the creation of the ZERO DRAFT WORKPLAN (2022-2025) and thanks the team for the opportunity to provide some feedback. Our comments are as follows:

<b>Action 1.1 Enhance and realign the Knowledge Action Portal (KAP) with GCM/NCD activities</b>	
<b>Activity:</b> Expand data and information including global stocktaking of global and country level multisectoral and multistakeholder experiences, community engagement and action, best practices, and success stories from GCM/NCD Participants.	<b>NCD Comments</b> <ul style="list-style-type: none"> <li>What are the plans to improve the visibility and impact of this initiative and stimulate interest at the regional levels?</li> <li>Could the Regional WHO NCD webpages be linked to the NCD KAP?</li> </ul>
<b>Action 1.2: Provide information on health needs of marginalized populations</b>	
<b>Activity:</b> NCD Voices in the Decade of Action: Webinar Series  <b>Performance measures:</b> At least 10 webinars launched by 2025 Summary report, policy brief published and disseminated for each webinar Analytics on participation and satisfaction with the webinars, through polling surveys of participants	<b>NCD Comments</b> <ul style="list-style-type: none"> <li>There should be a performance metric regarding use of the policy briefs, i.e. Policy briefs used by x number of Member States.</li> </ul>
<b>Action 2.1: Develop an online registry and Special Report on successful multisectoral actions for the prevention and control of NCDs and mental health conditions</b>	
<b>Activity:</b> Develop and manage an online registry of examples of national or subnational multisectoral approaches and experiences on NCDs and mental health conditions	<b>NCD Comments</b> <ul style="list-style-type: none"> <li>We encourage promotion of this activity at the regional level to stimulate more interest among member states and mobilize support. There is an opportunity to align this with regional efforts to develop the Framework on Meaningful Engagement. The convenings might be an opportunity to collect such examples of multisectoral efforts with strong community engagement.</li> <li>We urge that the criteria for identifying successful multisectoral actions for the prevention and control of NCDs and mental health conditions be defined clearly to include engagement with people living with NCDs and civil society.</li> <li>We encourage the recognition of outstanding multisectoral action with an award, perhaps as a category in the annual UNIATF awards</li> </ul>
<b>Activity:</b> Develop a Special Report on multisectoral approaches and experiences at national or sub-nation levels for the prevention and control of NCDs and mental health conditions	<b>NCD Comments</b> <ul style="list-style-type: none"> <li>In line with the GPW13's call for the use of "current scientific knowledge, available evidence, and experience to achieve SDG 3.4 and related SDGs", the GCM could also explore constituting a research group to develop the evidence base and publish research pieces on multi-sectoral actions for the prevention and control of NCDs</li> <li>Interested champion member states can be supported to co-develop their own reports/research pieces with the stakeholders engaged</li> <li>This would promote the evidence base for the framework mentioned later and Citation of published research pieces can also be a good measure of impact.</li> </ul>
<b>Activity:</b> Convene General Meeting of GCM/NCD Participants in 2024	<b>NCD Comments</b> <ul style="list-style-type: none"> <li>We encourage regional meetings in late 2022 and early 2023 to mobilize commitments and shape the agenda for the GM in 2024. There is an opportunity to align this with proposed regional efforts to develop the Framework on Meaningful Engagement.</li> <li>Given GCM's focus on and commitment to meaningful engagement - it would be good to see how involvement of people living with NCDs (via the proposed Network) can be encouraged in these general meetings.</li> </ul>
<b>Action 3.1: Provide guidance to Member States on risk management approaches in considering private sector engagement for NCDs through a tool to guide decision-making by countries, building on the experience and expertise of WHO and other relevant stakeholders</b>	

<p><b>Activity:</b> Provide capacity development to countries to contextualize and use the WHO tool to support risk-informed decision making on private sector engagement for prevention and control of NCDs</p> <p><b>Performance measure:</b> At least 6 countries requesting support to implement the tool by 2025</p>	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>We encourage a more ambitious target.</li> </ul>
<b>Action 4.1 Develop and support implementation of a Guidance Framework for national multisectoral and multistakeholder coordination mechanisms for the prevention and control of NCDs and mental health conditions</b>	
<p><b>Activity:</b> Develop a WHO Guidance Framework for national multisectoral and multistakeholder coordination mechanisms for the prevention and control of NCDs</p>	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>Will there be a comprehensive consultative process for this as well?</li> <li>We encourage an approach that supports co-creation along with CSOs and PLWNCDs and other stakeholders</li> </ul>
<p><b>Activity:</b> Provide capacity development to countries to contextualize and use the WHO Guidance framework for national multisectoral and multistakeholder coordination mechanism to develop or strengthen country-tailored multi-sectoral and multi-stakeholder coordination mechanisms.</p> <p><b>Performance measure:</b> Technical support provided to at least 6 countries by 2025</p>	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>Could we explore opportunities to partner with the UNIATF/other UN agencies, WHO Country Offices?</li> <li>We encourage a more ambitious target Particularly over the course of several years. The GCM may wish to prioritize all countries that have received UNIATF Missions as a springboard</li> <li>Is there scope for civil society collaboration/input in developing and implementing these?</li> </ul>
<b>Action 4.2 Strengthen role of GCM/NCD participants in accelerating multistakeholder actions for SDG 3.4</b>	
<p><b>Activity:</b> Produce case studies on commitments and contributions of GCM/NCD Participants to advance the implementation of the WHO Global NCD Action Plan 2013–2030 and in supporting countries accelerate progress on SDG 3.4</p> <p><b>Performance measure:</b> Case studies from each of the four constituencies of GCM/NCD Participants published by 2025</p>	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>We urge that this activity be protected from the influence or contribution of unhealthy commodity industries</li> </ul>
<b>GCM/NCD Function 5: Convener of civil society, including people living with noncommunicable diseases, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses</b>	
	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>Paragraph 42 of the 2018 UN PD on NCDs also contains some recommendations in this: 42.. Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of non-communicable diseases, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by non-communicable diseases;</li> </ul>
<b>Action 5.2 Facilitate the meaningful engagement of PLWNCDs and mental health conditions within WHO and in Member States</b>	
<p><b>Activity:</b> Establish and sustain a WHO Network on PLWNCDs and mental health conditions through Working Groups defined by participants to facilitate engagement and dialogue</p> <p><b>Performance measure:</b> Inclusive and diverse membership of PLWNCD Network with structures that ensure adequate representation from different lived experiences, stakeholder groups, geographical regions, and income settings</p> <p>At least 3 Working Groups established</p> <p>2 meetings per year of the Network</p>	<p><b>NCD Comments</b></p> <ul style="list-style-type: none"> <li>Would it be possible to include as a target WHO endorsing the Global Charter as a means of facilitating meaningful engagement within WHO?</li> <li>It would be helpful to see language on how the network will liaise with the CSWG - what would a feedback loop look like?</li> </ul>

## **Comments from World Federation of Societies of Anaesthesiologists (WFSA)**

Thank you very much for the opportunity to comment on the zero draft work plan. We don't have anything add about the engagement mechanisms and processes outlined in the work plan but we would welcome the opportunity to represent the anaesthesia community in the civil society working group outlined Action 3.2 in the work plan.