

**IOGT International Response to First WHO Discussion Paper (Version dated July 23, 2013)
Draft Terms of Reference for a Global Coordination Mechanism for the Prevention and
Control of NCDs** **30.10.2013**

IOGT International, the largest worldwide community of non-governmental organizations with the vision and mission to independently enlighten people around the world on a lifestyle free from alcohol and other drugs. Around the world we work on alcohol (and other drugs) policy issues by promoting scientific, evidence-based policies independent of commercial interests. Therefore IOGT International and our members have closely followed the global political and research processes to prevent and control the burden of Noncommunicable Diseases (NCDs). We congratulate and commend WHO and the Member States for adopting the Global Action Plan for the Global Strategy for the Prevention and Control of NCDs 2013 – 2020.

We are thankful for this opportunity – referring to the WHO Zero Draft Discussion Paper of July 23, 2013 – to contribute to the drafting of Terms of References for a global coordination mechanism for the prevention and control of NCDs.

IOGT International welcomes the WHO Zero Draft Discussion Paper of July 23, 2013. In our submission, IOGT International on behalf of our members, provides a detailed response recognizing and reiterating that

Member States have identified that what is urgently needed now is a global mechanism that truly caters for the unique scale of the NCD epidemic, with the capacity and legitimacy to mobilize resources and coordinate multisectoral action on NCDs. This gap in the global architecture was recognized two years ago in the 2011 UN Political Declaration, and this year at the World Health Assembly (WHA) a commitment was made by Member States to establish a Global Coordination Mechanism (GCM).

Member States and the WHO have made significant progress in fulfilling the commitments made and outline in the 2011 UN Political Declaration on Prevention and Control of NCDs. In the last two years, Member States have adopted a comprehensive set of global NCD targets that provide a clear vision for 2025; an ambitious Global NCD Action Plan (GAP) 2013-2020 that provides a roadmap for action; and a formalized UN Interagency Task Force on NCDs which will coordinate a UN system- wide response to NCDs.

In our submission, IOGT International on behalf of our members provides a detailed response (see below) to the questions of the Zero draft. We would like to set out our consultation contribution by making six general points:

Firstly, recognizing that Operative paragraph 3.2 of resolution WHA66.10, requested the Director-General to develop draft terms of reference for a global coordination mechanism, as outlined in paragraphs 14–15 of the WHO Global NCD Action Plan 2013–2020, aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors, while safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest. Concerning the conflict of

interest issue IOGT International would like to stress two points:

There is not only potential for conflict of interest within the processes of preventing and controlling NCDs, within the processes of drafting terms of references and designing a global coordination mechanism. There are conflicts of interest between different policy areas, too. The global alcohol industry, together with the global tobacco industry seeks to utilize trade negotiations to erode, undermine, jeopardize and ultimately circumvent public health policies. With regard to operative paragraph 3.2 of resolution WHA66.10 IOGT International wants to emphasize the importance of addressing these forms of conflict of interest as well.

Following the state of the art research by independent scientists, it's clear that there is no safe amount of alcohol use. Alcohol causes a number of different cancers and the global alcohol industry, like the global tobacco industry, actually have a profit interest from driving these cancers – to put it frankly. Therefore, it's crucial to deal with the global alcohol industry in the same way as with the global tobacco industry when it comes to conflict of interest.

Secondly, IOGT International holds that it is important for the process of drafting terms of references for the GCM to draw from lessons learnt from previous process in other, related areas. IOGT International is convinced that Lessons learnt from WHO NCDnet (2009-2011) and other global health partnerships should inform the development of the GCM. Experience has shown that weak, loose and under-resourced structures have been ineffective in the NCD response, contributing instead to a piecemeal response. The GCM must have the capacity, legitimacy and operational flexibility to be able to fulfill its mandate to coordinate multisectoral action.

Thirdly, IOGT International would like to see a more ambitious and action-oriented purpose (or mission statement) than in the current ToRs. The mission should reflect two main elements – the focus of the GCM is coordination (rather than convening or consultation); and the framework for coordination is the objectives in Global NCD Action Plan 2013- 2020, and fulfilling the 2025 global NCD targets. Thus IOGT International would like to propose the following: To coordinate partners to achieve the objectives in the Global NCD Action Plan 2013-2020 and the overarching “25 by 25” NCD mortality target.

Coordination must be at the heart of the GCM's mission statement (rather than convening or consultation, as is the case in the current ToRs). And the framework for coordination is the GAP and the 2025 global NCD targets.

The mission statement also needs to reflect a clear added value or value proposition. This is currently missing in the ToRs. IOGT International recommends the value proposition for the GCM is that it is the only multi-constituency mechanism that brings together, in one place, the key partners focused on preventing and controlling NCDs. Essentially, it will enable partners to achieve more together than they would be able to achieve individually.

And lastly IOGT International is convinced that Members of the recently formalized UN Interagency Task Force on NCDs should be included in the GCM (as the UN arm for coordination). UN agencies should be able to be represented on the GCM in their own right. For example, as per the WHO TDR Coordinating Board, there could be 3 or 4 seats for UN agencies. Clarity on roles should be included in next version of the GCM ToRs, for example noting that the UN Task Force will focus on coordination within the UN system and the GCM will focus on bringing in other

stakeholders most particularly governments, civil society, and the private sector. In addition to regular reporting to ECOSOC, as agreed in resolution E/2013/L23, the Task Force should inform the GCM on progress made on the Division of Tasks and Responsibilities at regular intervals. The Terms of Reference for the Task Force under development should be complementary to the ToRs of the GCM.

1) Which of the above proposed principles do Member States and international partners agree with? Are there other principles that should be included?

IOGT International agrees with all proposed principles and strongly supports the leadership role of WHO. IOGT International agrees with the principle that the primary role and responsibility for preventing and controlling Noncommunicable diseases lie with governments and wants to additionally emphasize the importance of breaking down the global action plan both for national as well as local level, because also municipal structures have a role to play.

Concerning the conflict of interest issue IOGT International strongly supports the WHO efforts to reform its engagement with ‘non-state actors’. IOGT International hopes that the WHO will continuously strive to ensure that the leading, coordinating, and norm-setting role of the WHO, as stipulated in its Constitutions, is not compromised.

- WHO should distinguish between economic operators and other entities in their different engagement processes

- Economic operators, especially the global alcohol industry should be treated similarly to the global tobacco industry, and excluded from engagement with the WHO

IOGT International thus reiterates the spirit of a WHO statement: The global alcohol industry has no role to play in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests.

Complementing these principles IOGT International holds that operational principles should be added because currently the ToRs are lacking those, which would define the way the GCM functions. IOGT International suggests four operational principles in addition to those of the zero draft discussion paper:

- Partner-centric: The success of the GCM relies on the active engagement of its partners. The partner-centric approach mobilizes, engages and empowers different partners, and encourages and promotes mutual accountability.
- Continue political momentum: The priorities of the GCM need to be aligned with the Global NCD Action Plan 2013–2020, oriented towards reaching the global NCD targets, and positioned to leverage new opportunities, including integrating NCDs into the post-2015 development agenda;
- Focus on brokering knowledge and information (i.e. actively brokering knowledge, innovations among partners); and action (i.e. inspiring new collaborations and initiatives at global and national levels);

- Driven by country demand and regional priorities: National governments should be a key constituency of the GCM. The GCM should in no way undermine country ownership on NCDs. Instead it needs to complement and enable that work. This will ensure the activities of the GCM are guided by the principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and the Busan Partnership for Aid Effectiveness.

2) Which of the above proposed functions do Member States and international partners agree with? Are there other functions that should be included?

IOGT International notes that the Zero Draft discussion paper addresses a set of five functional gaps that have been identified by the Secretariat based on the WHO global action plan. IOGT International is missing a 6th and very crucial one.

From what can already be seen in some countries working on strategies to prevent and reduce NCDs is what could be termed cherry picking, meaning governments choose interventions on certain risk factors and leave out interventions on other risk factors for reasons mostly of lack of political will. Thus IOGT International would propose to address another functional gap:

- Awareness raising and sensitizing for the importance of a coherent approach using actions to tackle several or all risk factors for NCDs, in order to garner the strongest and most sustainable impact of the measures employed.

Coming to terms with the functions of a global coordination mechanism, IOGT International advocates for the usage of so called Higher-level “strategic objectives”, rather than “functions”: The functions outlined in the current ToRs overlap with WHO’s normative technical cooperation work on NCDs. There needs to be a clear distinction between the work of WHO’s NMH cluster, and that of the GCM. The GCM should focus on a tighter set of strategic objectives that demand multisectoral engagement and action.

In this spirit IOGT International recommends four strategic objectives because they allow the strategic approach of health in all policies, which is crucial for NCDs to be sustainably controlled and prevented:

- Global advocacy and awareness: Maintain political leadership; build the demand for action among the public and policy makers across all risk factors; support a social movement for healthy and sustainable lifestyles; integrate NCDs into universal health coverage, primary health care and post-2015 agendas;
- National and local advocacy: empower political will and sustained leadership; build capacity for responses to control and prevent NCDs and their risk factors both on national and local level; ensure the tackling of several or all risk factors on both levels;
- Promote knowledge exchange and galvanize multisectoral action: Exchange best practice on how to achieve whole-of-government and whole-of-society commitment to tackle NCDs; build consensus on policies and interventions; support operational research; promote implementation of existing global NCD strategies and guidelines, and relevant

international treaties, including the Framework Convention for Tobacco Control (FCTC);

- Mobilize resources and facilitate technical support: Conduct/commission research into sustainable financing mechanisms and identifying resource capacity gaps at the global, regional and national level; provide guidance for national resource mobilization; support capacity building in countries; increase access to treatment and care;
- Promote accountability of resources and results: Recommend arrangements for global reporting and oversight; promote accountability initiatives that complement WHO's work on surveillance and monitoring on NCDs. Recommend deleting surveillance/monitoring as this has the potential to overlap with the normative technical work of the WHO NMH cluster. It is critical the functions of the GCM complement those of the NMH cluster, rather than overlap or duplicate.

3) Are there a set of initial working groups that Member States and international partners would like to see established?

IOGT International would like to see special working groups. First and foremost IOGT International is eager to see and navigate in a coherent organizational structure of the GCM. Drawing from the lessons learnt of existing global partnerships, the GCM's organizational structure must:

- Clearly correspond with its functions/objectives (i.e. function before form);
- Follow good governance practices, including transparent decision-making, reporting, and accountability systems; - Be flexible and responsive to needs and evaluated on an on-going basis.

In the current ToRs, the organizational structure of the GCM is weak and draws heavily from WHO NCDnet and the UN Road Safety Collaboration (UNRSC). Neither of these models is appropriate for catalyzing global multisectoral action on NCDs. The GCM must be sufficient in size, capacity and resources to ensure impact and accountability. The function and membership of the General Meeting is unclear in the draft ToRs, as it reads as a cross between a Board and a Forum; it appears to have no decision-making power; and it is unclear on participation (i.e. all GCM partners, or a sub-set). With this on mind IOGT International recommends four structural elements: 1) Coordinating Board; 2) Global Forum; 3) Working Groups; 4) Secretariat housed in WHO.

- Coordinating Board: The Board would have specific oversight on the work of the GCM. It could be co-chaired by WHO and a government representative. Board membership would include a limited number of governments, UN/international organizations, and NGOs. There could be a number of permanent seats (for example, WHO, UNDP, the World Bank), and a number of rotating seats with terms of office for 2/3 years. By proposing a Board, we are not suggesting that WHO loses executive authority over NCDs. Instead, we are proposing a model similar to the WHO TDR, which will strengthen the capacity of WHO, remaining within and reporting to the WHO governing bodies.

- Global Forum: The purpose of the Forum would be to act as a consultative and idea sharing body for all GCM partners. It would not necessarily need to meet on a regular basis or meet in person, as this is costly with questionable outcomes. Instead the Forum could be maintained virtually. The Forum would provide an opportunity for knowledge exchange and ensure communication amongst the spectrum of the NCD community.
- IOGT International supports point 18. That working groups could be proposed by partners (participants). IOGT International supports working groups (WGs) as a structural element of the GCM. These would enable partners to engage and lead on specific GCM activities. The WGs, however, must be aligned with the strategic objectives of the GCM. To ensure WGs are effective and their outputs have impact, they must be sufficiently resourced and time-bound. Therefore we recommend against “WG activities being financed by WG participants”. As per other global partnerships, WG activities should be included in the GCM work plan and be financed by the GCM core budget. WG costs were included in the GCM budget (\$568k for 2013-2015) presented to Member States at WHO’s GAP Consultation in March 2013. In addition, WGs should be free to mobilize additional external resources for their work.

Three IOGT International proposals for working groups:

- IOGT International recommends a working group on NCDs and children and young people. This is strategic to address some of the functional gaps across the risk factors for lifestyle diseases and to empower effective prevention as well as to build capacity to counter-act vested interests, like the global tobacco and the global alcohol industry in promoting unhealthy behaviors.
- IOGT International recommends another special working group to address the intersections of communicable and non-communicable diseases and the risk factors, like alcohol use, that play crucial roles in both types of diseases.
- GCM Working Group on accountability

Coming to terms with the GCM partners (participants), IOGT International wishes to comment on the non-state actors as well as on responsibilities of the partners:

Firstly, IOGT International and its members are firmly convinced that the meaningful partners of the global coordination mechanism would be Non-State actors including academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the global tobacco industry and the global alcohol industry. Evidence as well as the track record of the global alcohol industry unmistakably shows that it operates in the same or similar way like the global tobacco industry and that like tobacco there is no safe amount of alcohol use. Both substances are carcinogenic and alcohol’s harm to others is substantial, too.

Secondly, IOGT International and its members are convinced that it should be the responsibilities of the partners of the GCM to commit to implementing actions included in the WHO Global NCD Action Plan 2013-2020. These actions must be evidence-based and rooted in other WHO strategies

and international conventions, like the WHO global alcohol strategy and the FCTC. IOGT International recommends the setting-up of a database of commitments taken, especially by non-state actors such as civil society organizations and academic institutions, to be able to disseminate best practices and highlight the contributions of civil society organizations to the prevention and control of NCDs.

4) Are there additional responsibilities that Member States and international partners would like to see the Secretariat undertaking?

In general IOGT International agrees with the stakeholders outlined in the draft ToRs, but recommends changing participants to partners to reflect that the success of the GCM relies on active engagement of its members. As outlined above, the GCM should be underpinned by a partner-centric approach.

However, IOGT International is firmly convinced that evidence from independent research as well as the track record of the global alcohol industry speak a clear language: like the global tobacco industry, the global alcohol industry cannot be considered among participants, let alone partners of the GCM.

As has been learnt from other global health partnerships, the leadership and engagement of Member States will be critical to the success of the GCM. Securing high-level champions will also enhance success of GCM.

IOGT International fully supports WHO as host and secretariat for the GCM. WHO has the mandate as the leading UN specialized agency for health, and coordination is the first constitutional function of WHO. IOGT International is very supportive of the main responsibilities of the Secretariat, especially:

- Encouraging and facilitating strategic alliances in line with the WHO Global NCD Action Plan 2013-2020.

As IOGT International outlined above addressing intersection of NCDs with communicable diseases as well as mental health conditions and disorders will free synergies and add value to the sustainable efforts of preventing and controlling NCDs and their four risk factors.

Additional Secretariat responsibilities include:

- Service the governance structure (including Coordinating Board, the Forum, WGs);
- Manage communications and information sharing;
- Assist in resource mobilization for GCM activities;
- Provide administrative and technical support;
- Report on GCM progress.

- 5) Do Member States and international partners agree with the proposed approach with regards to the accountability for a global mechanism?
How would participants be accountable to a global coordination mechanism for reporting on their activities?
How could a global coordination mechanism create synergies with the Secretariat's reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026?**

Sustainable financing of the GCM will be key to its success and that is why IOGT International recommends that the GCM is financed through the WHO Programme Budget 2014-2015, and supplemented by voluntary contributions from GCM partners. The GCM should be progressively built up in a phased approach. Based on existing examples, the GCM could operate effectively with limited start-up funding and a small staff team in the secretariat. IOGT International thus proposes 3 discrete phases for the GCM:

1) "Consultation" Phase (2013): Final phase of WHO consultations on the GCM, completed by end of 2013.

2) "Consolidation" Phase (2014): GCM approved at EB 2014 and endorsed via WHA Resolution in 2014. Remainder of 2014 used by secretariat and partners to consolidate and plan and prepare for the GCM (including organizational development, coordinated resource mobilization, strategic planning, setting up working groups as outlined above; stakeholder engagement etc.). During this phase, there should be a significant step change in activity, gearing up for the next phase.

3) "Operational" Phase (2015-2025): The value of the GCM and its continuity is assessed periodically, based on the ToRs. Dependent on progress, the GCM could be a time-limited mechanism, aligned with the GAP 2013-2020 timeline or the 2025 timeline for the global NCD targets. This would mean the GCM has a lifespan of a decade – which could be framed as a Decade of Action for NCDs.

There needs to be a clear definition of what it means to be a "partner" in the GCM, and what is expected of those involved.

IOGT International recommends the setting up of a database of commitments that are voluntarily taken by civil society organizations in order to join the GCM. The final form would be a civil society and academia forum for the prevention of NCDs. These commitments must be evidence-based and rooted in other WHO strategies and international conventions, like the WHO global

alcohol strategy and the FCTC.

This forum and/ or database will enable WHO to disseminate best practices and highlight the contributions of civil society organizations to the prevention and control of NCDs.

Additional responsibilities of partners would include:

- Fostering good relations with other global health/development communities;
- Monitor and report on individual progress/activities.

IOGT International holds that reporting and accountability are related but finds there is added value in clearly separating them. Thus IOGT International looks at accountability the following way:

- A strategic objective of the GCM should be promoting accountability for NCDs, as mentioned in section 3. Other global health partnerships have demonstrated their effectiveness in enhancing accountability of all stakeholders (both state and non-state actors) – particularly in maternal and newborn child health
- A GCM Working Group on accountability could be tasked with developing recommendations on arrangements for global reporting, oversight and accountability for NCDs.
- In addition, an independent review group could be set up (similar to the one committed to in the GAP) to monitor GCM progress and impact.
- There should be high demands and standards of accountability and transparency for economic operators that choose to participate in the GCM. The use of their commitments for the purposes of marketing should be banned.

IOGT International looks at reporting the following way:

- It is critical that there is a regular reporting cycle of GCM activities into WHO Governing Bodies (EB and WHA). Depending on the governance structure, this could take the shape of headline reporting in the WHO GAP Progress Reports, and more detailed reporting via an Annual Report;
- In addition, the GCM should have a regular reporting line into the UN. This could be achieved via the recently formalized UN Task Force on NCDs into ECOSOC.

6) What are the main approaches that public health interests can be safeguarded from undue influence by any form of real, perceived or potential conflict of interest in a global coordination mechanism?

The UNSG report recognizes that NCDs “are more determined by public and private commercial interests than most other health challenges” and is clear that “national and global partnerships need to create opportunities for diverse stakeholders to engage while protecting the integrity of processes from conflicts of interest”.

Any mechanism that includes WHO, Member States, the private sector and public commercial

interest, will have to operate within the WHO guidelines on conflict of interest, as endorsed by WHA in 2010. The Scaling-Up Nutrition (SUN) movement is nearing completion on a reference note, which outlines an active management process for COI that could be a useful model for the GCM (see case study).

Additionally, IOGT International recommends:

- Explicitly excluding the global tobacco industry and the global alcohol industry;

Point 29. In the Zero Draft discussion paper shows that the political declaration didn't address the role of the alcohol industry in prevention and control of NCDs.

A huge challenge in terms of preventing NCDs that are caused by the risk factor alcohol use is to make sure that those people living free from alcohol today are protected in their right to do so. More than half of the world's adult population lives free from alcohol. And the WHO Global Alcohol Strategy addresses their right and the rights of children to pursue this lifestyle in Guiding principle g).

For the global alcohol industry this group however, is by definition of the vested interests merely an emerging market.

- Developing an ethical framework, code of conduct for all non-state actors to increase transparency and accountability, to ensure firewalling policy development from the private sector;
- A conflict of interest policy with reference to activities of the board and partners of the GCM.

Concerning the conflict of interest issue IOGT International strongly supports the WHO efforts to reform its engagement with 'non-state actors'. IOGT International hopes that the WHO will continuously strive to ensure that the leading, coordinating, and norm-setting role of the WHO, as stipulated in its Constitutions, is not compromised.

- WHO should distinguish between economic operators and other entities in their engagement processes
- Economic operators, especially the global alcohol industry should be treated similarly to the global tobacco industry, and be excluded from engagement with the WHO

When it comes to engagement with non-state actors from civil society, their role within the GCM should be promoted and highlighted in terms of the huge potential of social movements, like IOGT International and others, and other civil society organizations to promote healthy environments and lifestyles that promote health as well as being effective interlocutors advancing global health and well-being between citizens and decision-makers.

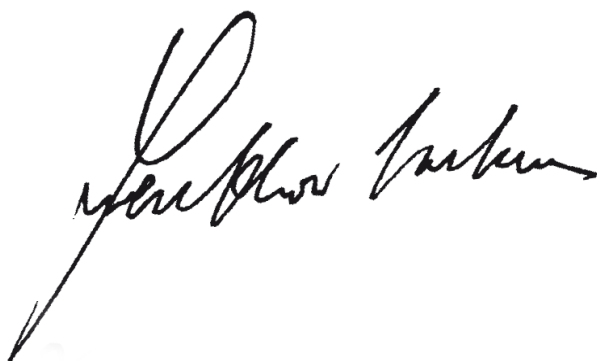
7) What do Member States and international partners consider would be a suitable name for a global coordination mechanism?

IOGT International recommends avoiding using the term Global Coordination Mechanism as the title. This term has been useful as a description during the political process, however it is not an inspiring or catchy title for a global initiative.

IOGT International recommends the selection of a catchy and short title that will inspire and motivate (and could be broken down into an acronym). This should be followed by a strap line that could be “The Global Coordination Mechanism for the Prevention and Control of Non-Communicable Diseases”.

For the catchy title, IOGT International initially proposes two ideas:
“Lifestyle 2.0”

“LifeStyle 2025 – a world free from NCDS”



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Stockholm, 30 October 2013