



## DRAFT INFORMATION NOTE 3

(Version dated 7 September 2015)

### Working groups in the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD) 2016 - 2017

#### Rationale

1. Document A68/11 Annex 3 sets out the three Working Groups to be established as part of the implementation of the WHO GCM/NCD workplan 2016-2017.
2. Document A67/14 Add.3 Rev.1 (which was noted by the 67<sup>th</sup> World Health Assembly) sets out the Terms of Reference for the Working Groups.
3. This paper describes the two steps to nominate members for the Working Groups. The first step is for Member States to propose experts for inclusion in a WHO roster of experts of potential members of the Working Groups and the second step is for WHO to select and appoint members of each Working Group from the roster. The roster is solely established for the purpose of the WHO GCM/NCD.
4. The roster of experts of potential members of the Working Groups will be used by WHO to nominate 12 Members for three Working Groups (totaling 36 Members) with requisite skills and experience with regards to the specific subject for which the three Working Groups are being established under the WHO GCM/NCD in 2016 and 2017.

#### Purpose of the Working Groups under Objective 3<sup>1</sup>

5. A Working Group under the Action 3.1 of the workplan for the GCM/NCD 2016-2017 is being established to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of noncommunicable diseases within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis<sup>2</sup>, including as part of wider efforts to strengthen and orient health systems to address the prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage<sup>3</sup>. The Working Group will produce a report with recommendations.

---

1 Objective 3 of A68/11 Annex 3 reads as follows : “Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to promote sustained actions across sectors.”

<sup>2</sup> In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraphs 30(d) and 30(e) of United Nations General Assembly resolution 68/300.

<sup>3</sup> In accordance with commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(c) in United Nations General Assembly resolution 68/300.



6. A Working Group under the Action 3.2 of the for the GCM/NCD 2016-2017 is being established to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on noncommunicable diseases with national plans concerning noncommunicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases<sup>4</sup>. The Working Group will produce a report with recommendations.

7. A Working Group under the Action 3.3 of the workplan for the GCM/NCD 2016-2017 is being established to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for noncommunicable diseases, with a particular focus on populations with low health awareness and/or literacy<sup>5</sup>, and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Working Group will produce a report with recommendations.

### Proposal of experts by Member States

8. Member States may wish to consider proposing experts to the roster of experts of potential members of the Working Groups that have the following areas of expertise and experience:

- Able to translate the current scientific knowledge, available evidence and international experience in the prevention and control of NCDs into actionable recommendations for Heads of State and Government that catalysis governments to take bold decisions in addressing NCDs in their countries.
- Able to influence leaders on how to undertake more effective advocacy to galvanize efforts to respond to NCDs as one of the major challenges for development in the 21st century in the post-2015 development era.
- Experience in engaging with Heads of State and Government, parliamentarians, as well as the leadership of megacities.
- Experience in exercising increasing political leadership, advocacy, coordination and accountability to raise the priority given to NCDs on global and national development agendas.
- Committed to promote global health as articulated in WHO's General Programme of Work and to implement the Organization's policies and recommendations on the prevention and control of NCDs that have been decided by the governing bodies as well as its technical norms and standards.

---

<sup>4</sup> In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(ix) of United Nations General Assembly resolution 68/300.

<sup>5</sup> In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(iii) of United Nations General Assembly resolution 68/300.



9. One single roster of experts of potential members of the Working Groups will be established. Member States may indicate to which Working Group an expert should be proposed.

10. The proposed experts are expected not to have had any formal association, affiliation or link, with the tobacco or arms industry. To this end, proposed experts will be required to complete arms/tobacco disclosure statement at the time of appointment. The statement will be subject to the evaluation by the WHO.

### **Selection and appointment of members**

11. Working Groups are to be established in 2015 as part of the implementation of the WHO GCM/NCD workplan 2016-2017. In accordance with paragraph 3 of the Terms of Reference for the WHO GCM/NCD, members of each Working Group will be selected and appointed by the Director-General on the basis of their technical and public health expertise and experience, from the roster of experts of potential members of the Working Groups. In the selection of the Members for each Working Group, consideration will be given to attaining an appropriate distribution of expertise, geographical representation, gender balance and multisectorality.

12. In accordance with paragraph 4 of the above-mentioned Terms of Reference, each Working Group shall have no more than 12 members, who shall serve in their personal capacities to represent the range of disciplines, including those relevant to public policy development and the prevention and control of NCDs.

13. In accordance with paragraph 5 of the above-mentioned Terms of Reference, all members, will be appointed by the Director-General for a duration of one year. All members will be eligible for one reappointment for a duration of one year.

14. In accordance with paragraphs 4 and 5 of A67/14 Add.3 Rev.1, each Working Group shall be co-chaired by representatives of two Member States, one from a developed country and one from a developing country, to be appointed in consultation with Member States by the Director-General for a duration of one year.

15. In accordance with paragraph 6 of the above-mentioned Terms of Reference, Members must respect the impartiality and independence required of WHO. In performing their work, they may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of real, potential or apparent conflict of interest. To this end, proposed members will be required to complete a Declaration of Interest Form at the time of their appointment, or continuation of their appointment, and will be subject to the evaluation of completed forms by the WHO GCM/NCD Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

16. In accordance with paragraph 9 of the above-mentioned Terms of Reference, Members play a critical role in ensuring the reputation of the WHO GCM/NCD as an internationally recognized coordination mechanism in the field of NCDs. Working Groups have no executive, regulatory or normative functions. They are solely to provide advice and recommendations to the Director-General of WHO.



## Timeline for identifying the roster of experts of potential members of the Working Groups and members of the two Working Groups

- WHO Regional Directors (RDs) invite Member States to propose experts to the roster of potential members of the Working Groups. Each Member State is invited to provide a list of nominees, accompanied by a CV and a brief biography for each nominee. Member States are invited to submit the nominations to the WHO Regional Director.
- *November 2015:* RDs to collate responses and submit all Member State responses to the Assistant Director-General /Noncommunicable diseases and Mental Health for inclusion in the roster of potential members of the Working Groups.
- *January 2016:* The Director-General appoints the 12 members for each Working Group from the roster of experts of potential members of the Working Groups after a public notice. In addition, each Working Group will be co-chaired by representatives of two Member States, one from a developed country and one from a developing country. These representatives will be appointed by the Director-General in consultation with Member States.
- The first meetings of the Working Groups 3.1 and 3.2 will be held at WHO Headquarters in February/March 2016. The first meeting of the Working Group 3.3 will be held at WHO Headquarters in 2017. The meetings will be conducted in English. A briefing to Member States will be held after each meeting of the Working Groups.
- The Working Groups 3.1 and 3.2 will finalize reports by the end of 2016 for consideration by the WHO Director-General. The Working Group 3.3 will finalize report by the end of 2017 for consideration by the WHO Director-General.

= = =