

A National NCD Commission Framework for Implementation

HEALTHY CARIBBEAN COALITION

Aim

To present a framework for implementation of National NCD Commissions, based on country experiences and building on the recommendations contained in the report commissioned by HCC, “A Civil Society Report on National NCD Commissions in the Caribbean”.

Introduction

- ▶ Port of Spain Declaration strongly encourages CARICOM Member States to establish National NCD Commissions to coordinate the comprehensive prevention and control of NCDs.
- ▶ This approach was reaffirmed by the UN NCD Review Meeting held in 2014

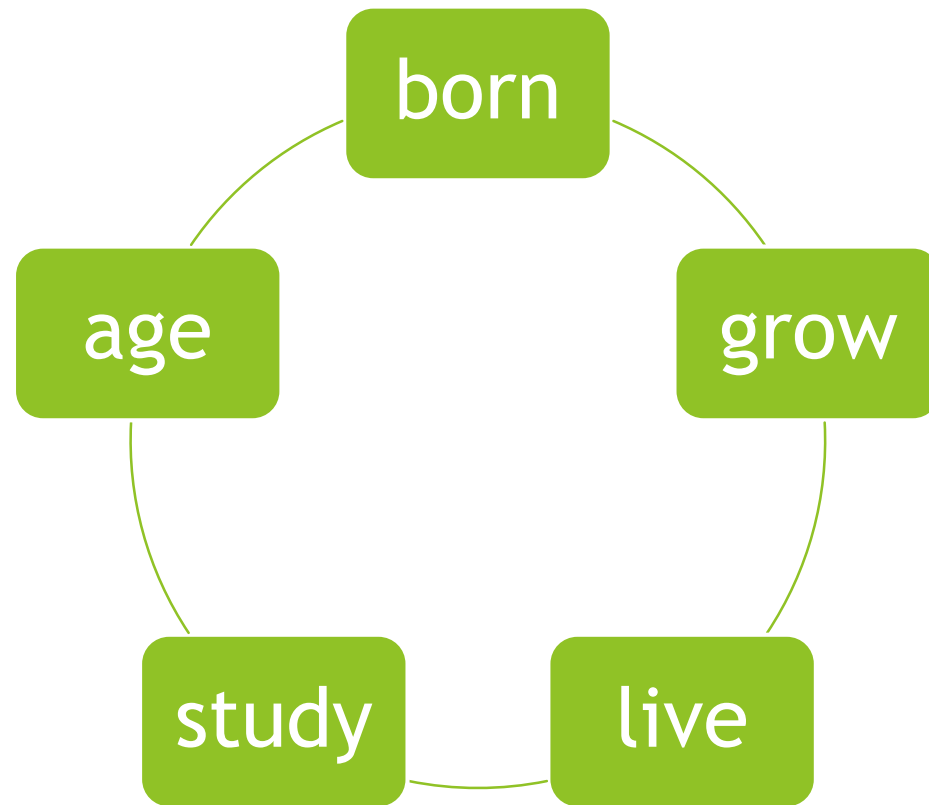


Rationale for establishing a National NCD Commission

- ▶ National policies in sectors other than health
- ▶ have a significant influence on NCDs
- ▶ and their risk factors.
- ▶ Public policies can make a major
- ▶ difference for health and health equity
- ▶ by creating healthy environments which
- ▶ facilitate healthy choices.



Determinants affect circumstances in which people are:



Rationale

- ▶ “The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities, by industry and by the media”. *Ottawa Charter for Health Promotion, 1986*
- ▶ “The health of people is not only a health sector response; it is a wider political issue. It is a trade issue. It is a foreign policy issue. Tackling this requires political will to engage the whole of government in health”. *Helsinki Statement on Health in All Policies, 2013*

Public policies have important ramifications for population health

- Agriculture
- Education
- Trade
- Environment (built & natural)
- Housing
- Transport
- Commerce
- Social Care
- Labour
- Finance
- Manufacturing
- Culture

Rationale

- ▶ There is strong evidence showing that NCDs can be prevented and controlled through comprehensive and integrated actions. These include:
- ▶ Policy actions
- ▶ Laws and regulations
- ▶ Tax and price interventions
- ▶ Improvements in the built environment
- ▶ Strengthening health systems
- ▶ Community empowerment
- ▶ Improved health literacy and health education
- ▶ Advocacy and alliances among partners
- ▶ **NCD Commissions are viewed as the best mechanism for brokering the implementation of these interventions.**

Types of Structures for Multi-sectoral Collaboration

- ▶ “A high level commission, agency or task force for engaging policy coherence and mutual accountability... to implement health-in-all policies and whole-of-government and whole-of-society approaches and to monitor and act on the determinants of NCDs, including social and environmental determinants”.
- ▶ **Partnership:** voluntary and collaborative relationship between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and as mutually agreed, to share risks and responsibilities, resources and benefits.
- ▶ **Task Force:** a temporary grouping under one leader for the purpose of accomplishing a definite objective.
- ▶ **Inter-Ministerial Committee:** a committee consisting of representatives from various governmental sectors. Most often horizontal, i.e. similar administrative levels. Can be permanent or time limited

Structures cont'd

- ▶ **Expert Committee:** comprising experts from public sector structures, academic institutions, NGOs, think tanks or private sector, often created ad hoc around a specific task. Composition can have a political balance.
- ▶ **Support Unit:** Unit within the Ministry of Health or other ministries with a mandate to foster multi-sectoral collaboration.
- ▶ **Networks:** Flexible coordinated mechanism composed of institutional partners.
- ▶ **Merged or Coordinating Ministries:** Ministries with a mandate that includes several sectors or responsibility for inter-sectoral coordination.
- ▶ **Public Health Institutes:** Public institutes with capacity to monitor public health and its determinants, and to analyse policies and their potential health implications across sectors.

Core Principles

- Legitimacy - based on authority conferred by the state
- Inter-sectoral - membership from relevant sectors
- Structured - leadership, members appointed, TOR, SOPs
- Credible - visible leadership to convince stakeholders
- Fundable - written plan, access to formal mechanisms for managing and monitoring funds
- Sustainable Processes - legal status if appropriate or established by policy

Strategic Framework

Steps

1. Establish the need for a Commission
2. Provide the evidence base
3. Secure Political support
4. Identify high level leadership
5. Build support among partners
6. Provide administrative mobilisation

Steps

7. Branding
8. Build capacity
9. Create systems of Accountability
10. Identify funding sources
11. Document roles and responsibilities

Step 1: Establish the need for a Commission

1. How is the current NCD programme structured, how well is it working?
2. How will a commission help the country to achieve a sustainable approach to prevention and control of NCDs?
3. What type of structure would the Commission need to have in order to carry out its functions?
4. Should the Commission be a legislated entity?
5. Will the Commission act in an advisory or operational capacity?
6. What are the governance structures for inter-sectoral communication and implementation?
7. Are there any examples of similar Commissions in your country what lessons have been identified? Is collaboration possible?
8. Where should the Commission be located to be most effective, MOH, Prime Minister's Office, private sector, civil society?
9. What are the goals and objectives of the Commission in the medium to long term?
10. Should/will members be appointed in their own right or as representatives of selected organisations?
11. Will Commission members be given a stipend?
12. How will the Commission be funded?

Step 2: Provide the evidence base

1. Develop a well written policy document with the following details:
2. Epidemiological profile of the country
3. Main risk factors
4. Economic burden of NCDs, data on productivity loss (if available)
5. Strategic approach to tackling NCDs in the country: rationale, Terms of Reference, Commission's mandate, strategic framework, proposed composition of the commission, organisational structure and reporting relationships

Secure Step 3: Secure Political Support

1. Ministry of Health must take the lead in placing the need for a Commission on the political and public agenda.
2. Conduct briefing with Minister of Health and other Members of Cabinet
3. Involve partners in this process, especially civil society organisations
4. Monitor international trends, this provides opportunities to raise issues on the national agenda
5. Be aware of windows of opportunity: short periods of time in which, simultaneously a problem is recognised, a solution is available and the political climate is positive for change.

Step 4: Identify High Level Leadership

► Qualities of a leader:

1. Passion
2. Conviction
3. Zeal about NCDs
4. Credibility, experience and accomplishments
5. Ability to handle conflicts

Step 5: Build Support Among Partners

1. Select members who represent a broad range of partners, including government, the private sector, and civil society, including faith based organizations, non-governmental organisations, labour movement, academia and the media.
2. Inclusion of young people (20s & 30s)
3. Select partners/members who are dedicated to progress on NCDs

Step 6: Provide Administrative Mobilisation

► Administrative tasks:

1. Selection of the Chairperson
2. Identifying and formally inviting members to serve
3. Preparation of letters of appointment
4. Identification of office and meeting space
5. Planning a formal launch
6. Arranging the first meeting
7. Identification of a budget line or other funding
8. Selection of administrative support for meetings
9. Determine a mechanism for interaction between Commission members and the Minister of Health

Step 7: Branding

1. Logo
2. Banners
3. PR Plan
4. Social media presence



National NCD
Commission
Barbados

Step 8: Build Capacity

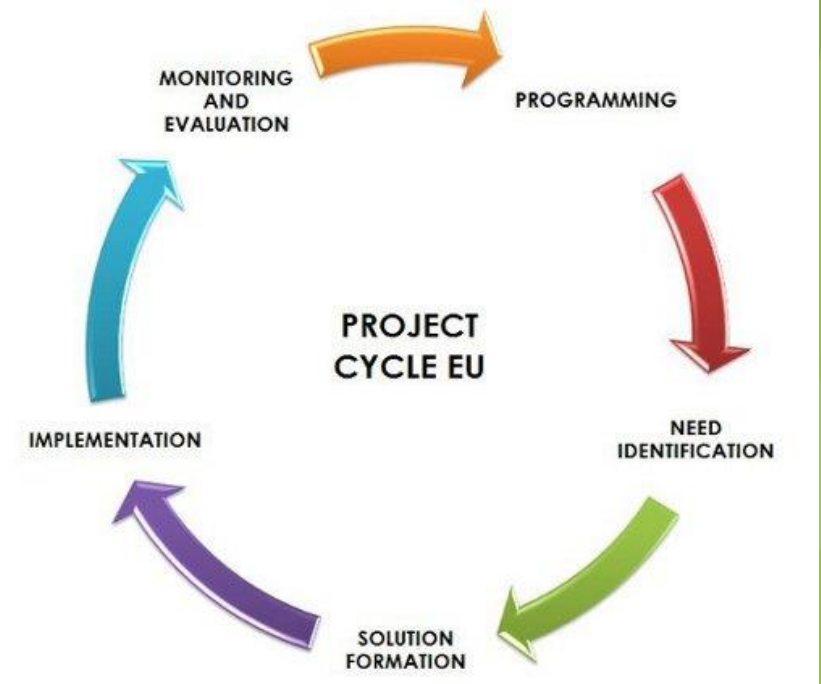
1. Organise or identify training opportunities for Commission Members: workshops, meetings, web based learning
2. Establish work groups to which members may be assigned



Step 9: Create Systems of Accountability

1. Establish a system for monitoring and evaluation, e.g: internal reviews, audits, risk factor surveys, annual reports
2. Create an active research agenda

Monthly Budget			
PROJECTED MONTHLY INCOME	Income 1	€ 2,500.00	PROJECTED BALANCE
	Extra income	€ 500.00	ACTUAL BALANCE
	Total monthly income	€ 3,000.00	DIFFERENCE
ACTUAL MONTHLY INCOME	Income 1	€ 3,000.00	
	Extra income	€ 2,500.00	
	Total monthly income	€ 500.00	
HOUSING			
	Projected Cost	Actual Cost	Difference
Mortgage or rent	€ 1,500.00	€ 1,400.00	€ 100.00
Phone	€ 60.00	€ 100.00	€ (40.00)
Electricity	€ 50.00	€ 60.00	€ (10.00)
Gas	€ 200.00	€ 180.00	€ 20.00
Water and sewer	€ 50.00	€ 48.00	€ 2.00
Cable			
Waste removal			
Maintenance or repairs			
			1,788.00



Step 10: Identify Funding sources

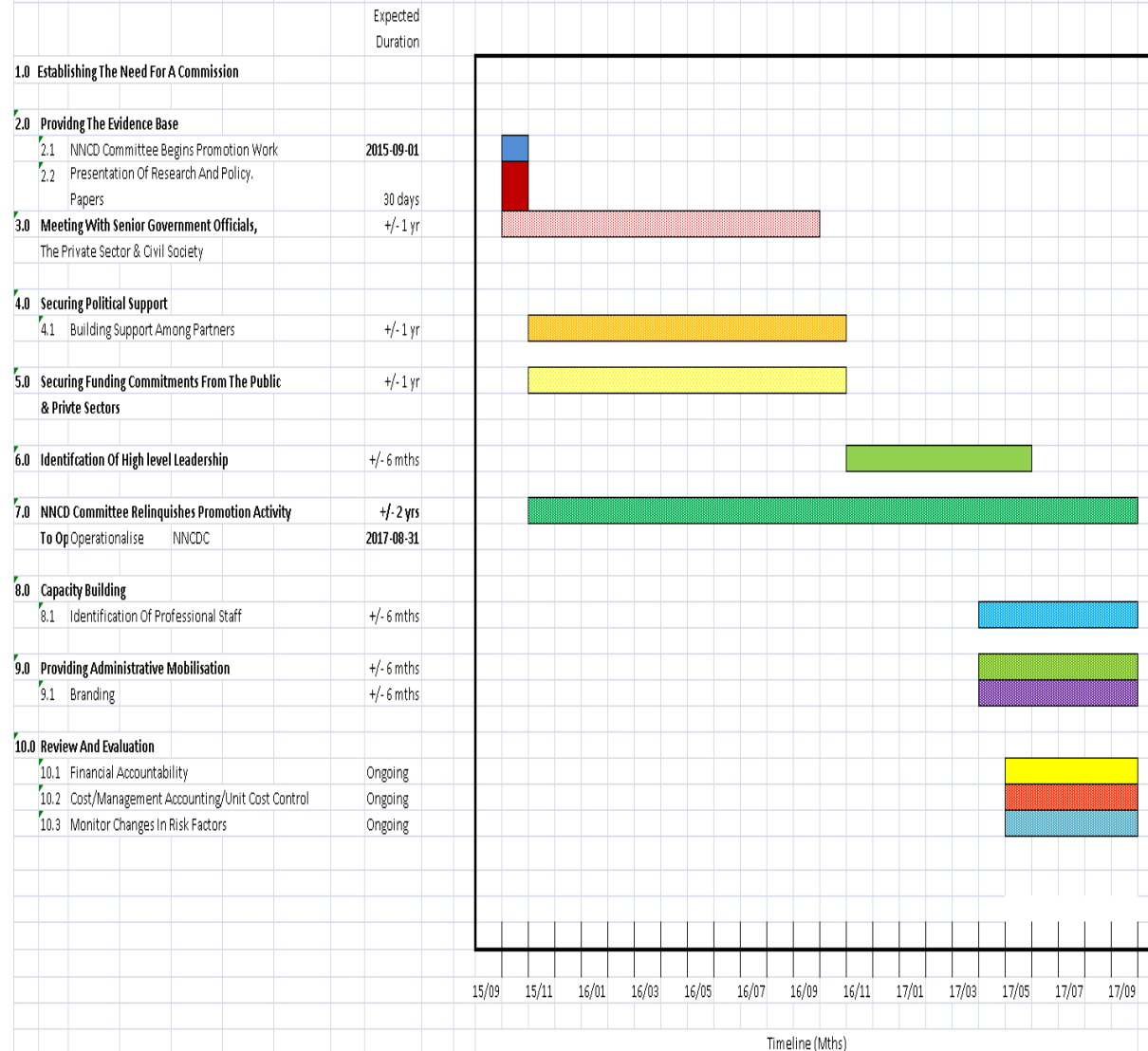
1. Financing the NCD response will require additional funding for Ministries of Health
2. Sources of funding for most countries will be primarily from the national budget
3. Some external funding may be required for technical assistance, capacity building
4. Some additional funding sources may include: inter-governmental organizations, charitable organisations, private sector and private/philanthropic sources

Step 11: Clearly Document Roles and Responsibilities

1. Ministry of Health: lead decision making, provide evidence base, administrative mobilisation
2. Policy-makers: formal authority and legitimacy the Commission will need to be effective
3. Non-health Ministries: understand their role and the relationship between their core activities and NCDs
4. Civil Society: Advocacy to strengthen the case for the establishment of the Commission; advocacy with the public; provision of examples of lesson learned from other regional and global partners
5. Private Sector: mobilise action through the Chamber of Commerce or Small business Association; contribution of expertise in financing and funding mechanisms.
6. Regional and International Agencies: Leadership and guidance on multi-sectoral action. Technical support for planning and programme implementation, monitoring and evaluation.

Chart 1

Indicative Tasks & Durations To Setup A NNCD Commission



Countries are at different points in the process

- Commission established but does not meet regularly OR Commission is in hiatus
- Use the Framework as a diagnostic tool, especially Step 1 to identify problems and innovative solutions

Identifying Problems - need to review

- Terms of Reference
- Terms of Appointment of Members
- Composition of the Commission
- Countries with small population
- Political commitment
- Operational procedures: meeting time inconvenient
- Administrative support: minutes, agenda etc.
- Technical support
- Success factors
- Funding
- Is there a willingness to engage?
- What is the level of support in the Ministry of Health?
- What lessons can be learned and applied from the experience?

Conclusion

- Making progress on NCDs will require the health sector to move outside of its sectoral activity to work with others to achieve better health and equity.
- A National NCD Commission is viewed as an effective mechanism for helping the health sector to make this transition.
- It will be necessary to:
 - Make a decision and understand what needs to be done
 - Understand the process for establishing the Commission in the specific country context
 - Get support: MOH, wider government, civil society and private sector
 - Use regional and international mandates to strengthen your case

Thank you!

