

## REVISED STANDARD JOINT PROGRAMME DOCUMENT

### 1. Cover Page

**Country:** Global

**Programme Title:** Catalyzing Multisectoral Action for Noncommunicable Diseases

**Joint Programme Outcome:** Effective national multisectoral action in 24 countries to achieve the NCD-related targets in the Sustainable Development Goals (SDGs) and other global commitments.

#### Joint Programme Outputs:

1. National investment cases for action on NCDs made in 24 countries;
2. National coordination mechanisms for NCDs in place in 24 countries;
3. Strengthened municipal action on NCDs in 24 countries;
4. Integration of NCDs into broader national SDG frameworks in 24 countries;
5. Improved scores on the WHO Progress Monitoring 2015 scores in 24 countries.

Programme Duration: 3 years

Anticipated start/end dates: 1 August 2016 / 31 December 2019

Fund Management Option(s): Pass through

Managing or Administrative Agent: UNDP

Total estimated budget\*: \$11,280,000

\* Total estimated budget includes both programme costs and indirect support costs

#### Sources of funded budget:

- Government \_\_\_\_\_
- UNDP \_\_\_\_\_ In kind (technical support)
- WHO \_\_\_\_\_ In kind (technical support)
- Donor ... \_\_\_\_\_
- Donor ... \_\_\_\_\_
- NGO... \_\_\_\_\_

### Names and signatures of participating UN organizations

*Name of Representative*

*Signature*

*Name of Organization UNDP*

*Date & Seal*

*Name of Representative*

*Signature*

*Name of Organization WHO*

*Date & Seal*

## 2. Executive Summary

The UNDP WHO Joint Programme on NCDs (Joint Programme) will support countries to develop effective national multisectoral noncommunicable diseases (NCD) responses to achieve the NCD-related targets in the Sustainable Development Goals (SDGs) and other global commitments. The Joint Programme stems from the recognition that reducing the burden of NCDs cannot be achieved by the health sector alone and requires action across a number of sectors. The Joint Programme will strengthen whole-of-government and whole-of-society responses to NCDs in up to 24 countries by:

**1. Making national investment cases for action on NCDs.** NCDs pose a substantial burden on countries' economies. Quantifying the costs of the management of NCDs and interventions to prevent and control NCDs, their returns versus the costs of inaction, has been a priority request from governments. The Joint Programme will provide technical assistance to governments to develop, articulate and apply the financial case for the prevention and treatment of NCDs across sectors.

**2. Enhancing national coordination beyond the health sector.** Many countries still do not have effective national mechanisms for multisectoral action to respond to NCDs. The Joint Programme will support the development and operationalization of mechanisms to drive forward whole-of-government and whole-of-society responses to NCDs by: (i) securing political buy-in for a coordinated response to NCDs; (ii) developing a formal agreement on a multisectoral response (mandate, TOR, rules of procedure, code of conduct, financing); (iii) launching the mechanism bringing a range of stakeholders to the table; and (iv) developing the capacities of all members of the coordination mechanism.

**3. Strengthening municipal action on NCDs.** Unmanaged rapid urbanization is an underlying driver for the NCD epidemic. The Joint Programme will provide technical assistance to municipal authorities to enable them to map NCDs locally and catalyze development of effective and equitable multisectoral NCD policies and plans.

**4. Integrating NCD responses in national SDG frameworks.** The prominence given to NCDs, their risk factors and the WHO FCTC in the 2030 Agenda for Sustainable Development reflects the profound impact these diseases have not just on health, but on development generally. The Joint Programme will follow the UNDG-adopted MAPS approach to integrate NCDs into SDG implementation in national development plans through Mainstreaming, Acceleration and Policy Support.

**5. Providing technical assistance to governments to meet targets on NCDs and their risk factors.** The Joint Programme work with countries to help ensure progress on the indicators set out in the WHO NCD Progress Monitoring 2015<sup>1</sup> ahead of the Third High-level meeting in 2018. A significant number of countries show very poor achievement of these progress indicators, with 14 countries not achieving a single progress indicator and a further 20 countries only achieving one of the indicators. The Progress Monitor underscored the need to for all countries to scale up actions in order to make real and sustained investments.

The Joint Programme will harmonize and align ongoing and planned activities in the area of catalyzing multisectoral action on NCDs across UNDP and WHO at all levels, with special reference to work at country level. The Programme will be delivered between relevant UNDP and WHO HQ, regional and country offices, with each bringing its own added value to the Programme. The UN Country Team will be the key platform for coordinated action at the country level.

Government and their agencies will be the primary partner in the Programme. The national government will be responsible for developing and implementing multisectoral action for the prevention and control of NCDs through effective and sustainable coordination mechanisms, which include non-governmental partners. The role of the governments will be to design their plans, provide overall leadership and strategic direction for implementation,

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<sup>1</sup> <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>

resource the scaling up multisectoral action for the prevention and control of NCDs throughout the country and sharing lessons learnt with other countries.

### 3. Situation Analysis

3.1 Urgent government action is needed to prevent the annual toll of 16 million people dying prematurely – before the age of 70 – from cardiovascular disease (CVD), diabetes, cancer, chronic respiratory disease. Most premature NCD deaths are preventable and avoidable. Nearly 82 percent of the 16 million premature deaths from NCDs occur in lower and middle income countries (LMICs). The social, economic and physical environments in upper income countries (UICs) afford their populations higher levels of protection from the risks and consequences of NCDs than in LMICs. In UICs the population often benefits from governments' multisectoral national policies and plans to reduce the exposure of risk factors and to enable health systems to respond through screening, diagnostics and treatment. LMICs often have lower capacity to respond to NCDs and must contend simultaneously with a moderate to high burden of communicable diseases, including HIV, tuberculosis (TB), malaria, water-borne diseases as well as maternal, perinatal conditions and malnutrition.

3.2 In addition to the burden of NCDs on health status and systems, NCDs constitute one of the major development challenges in the 21<sup>st</sup> century. Premature deaths from NCDs reduce productivity, curtail economic growth and trap populations in the lowest income quintiles in chronic poverty, thereby holding back individuals, families and countries from realizing their social, economic and environmental potential. For LMICs, the economic costs from NCDs are estimated to exceed US\$7 trillion between 2011 and 2025. At the household level, NCDs result in poverty, perpetuate intergenerational deprivation and reinforce gender inequities.<sup>2</sup> As a result, NCDs are now a core element of the 2030 Agenda for Sustainable Development<sup>3</sup> and the Sustainable Development Goals (SDGs).<sup>4</sup> Indeed, in the absence of urgent action on NCDs, the hard-won development gains as a result of the Millennium Development Goals are at risk of stagnation or reversal. Moreover, achieving these targets will deliver shared gains across the development agenda, given the multidirectional relationship between NCDs, poverty, inequalities and other goals and targets.

3.3 The 2011 Political Declaration on NCDs,<sup>5</sup> and the 2014 UN Outcome Document on NCDs<sup>6</sup> highlighted the need for whole-of-government and whole-of-society responses to NCDs. The four main NCD risk factors – tobacco, harmful use of alcohol, physical inactivity and unhealthy diet – are linked with inequalities and disparities within and between countries. Tackling NCD risk factors requires a response from government sectors beyond health, such as agriculture, education, finance, sport, trade, tax, urban planning and others. For example, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) calls for Parties to implement price and tax measures to reduce the demand for tobacco and hence reduce a key NCD risk factor. Tobacco taxation policies require leadership from finance ministries and/or revenue authorities. Engaging these ministries in tobacco taxation discussions can prove difficult in environments where the economic sectors still perceive tobacco solely as a revenue-generating product, while failing to account for the direct and indirect costs that tobacco inflicts on health systems, economies and societies.<sup>7</sup>

<sup>2</sup> Costs of medical care, which are often out of pocket expenses in LMICs, shift income from other important goals such as asset accumulation, education and food security. In the absence of effective and affordable health care and social protection, households can accumulate debt and/or liquidate income-generating assets to pay fees. Meanwhile, productivity losses from a sick, disabled or deceased family member impair the ability of a household to generate income, increasing the risk or severity of poverty. Children may drop out of school to care for a sick family member or to find work. Caregivers, often women and girls, may suffer from stress, further compounding family difficulties and increasing vulnerabilities.

<sup>3</sup> <https://sustainabledevelopment.un.org/post2015/transformingourworld>

<sup>4</sup> NCD-relevant targets include: (i) by 2030, reduce by one third premature mortality from NCDs (target 3.4); (ii) strengthen responses to reduce the harmful use of alcohol (target 3.5); (iii) achieve universal health coverage (target 3.8); (iv) strengthen the implementation of the WHO Framework Convention on Tobacco Control (target 3.a); (v) support the research and development of vaccines and medicines for NCDs that primarily affect developing countries (target 3.b); and (vi) Provide access to affordable essential medicines and vaccines for NCDs (target 3.b).

<sup>5</sup> [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf)

<sup>6</sup> <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

<sup>7</sup> Taxation on tobacco products was highlighted in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. “We note the enormous burden that NCDs place on developed and developing countries. These costs are particularly challenging for small island developing States. We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries” (Paragraph 32).

3.4 The 2013 Note by the Secretary-General transmitting the report of the Director-General of WHO on the prevention and control of NCDs to the United Nations General Assembly<sup>8</sup> underscored that, while advances have been made since September 2011, overall progress has been ‘insufficient and highly uneven’ and bolder measures are needed for achieving a world free of the avoidable burden of NCDs.<sup>9</sup> The extent of the challenge was described in more detail in the second WHO Global Status Report on NCDs<sup>10</sup> and its 2014 NCD Country Profiles,<sup>11</sup> which provide an overview of the NCD situation in each country.

3.5 In 2015, WHO published its NCD Progress Monitor, which tracked the extent to which 194 countries are implementing their commitments to develop national responses to the NCDs and their risk factors.<sup>12</sup> It used 10 indicators and their sub-indicators on which WHO will base its report on progress at the 2018 High-level Meeting on NCDs at the UN General Assembly. The Progress Monitor covered a range of critical issues, from the setting of overall NCD reduction targets, to strong measures to reduce tobacco consumption, harmful use of alcohol, unhealthy diets and physical inactivity, along with measures to strengthen treatment and care for people with NCDs. A significant number of countries show very poor achievement of these progress indicators, with 14 countries not achieving a single progress indicator and a further 20 countries only achieving one of the indicators. The Progress Monitor underscored the need for all countries to scale up actions in order to make real and sustained investments.

3.6 To support governments respond to the multisectoral challenges of NCDs, a WHO-led UN Interagency Task Force on the Prevention and Control of NCDs was established by the UN Secretary General in 2013. According to the division of roles and responsibilities within the Task Force’s Terms of Reference, WHO and UNDP co-convene “strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs”.<sup>13</sup> As at April 2016, the Task Force has undertaken 12 joint programming missions to countries to date and WHO and UNDP have participated in all of them. Each mission has resulted in a recommendation for the need for the UN to catalyse national multisectoral action in country in the area of: (i) more effective government leadership, policy making and coordinated action on NCDs across government ministries; and (ii) more effective non-government advocacy and action around NCDs to support government leadership and specifically. This Joint Programme responds to the outcomes of the joint missions and the needs and demands expressed by governments hosting these missions.

## 4. Strategies, including lessons learned and the proposed Joint Programme

### *Background/context*

4.1 Key strategies that underpin this Joint Programme at the country level are:

- Government development policies, in alignment with the SDGs, are increasingly looking to include NCDs;
- National multisectoral NCD plans with national NCD targets that are aligned with the WHO voluntary global target;
- UN Development Assistance Frameworks that increasingly include NCDs;
- Joint letters in 2012 and 2014 from the UNDP Administrator and the WHO Director General to UN Country Teams requesting them to prioritize NCDs.<sup>14</sup>

Paragraph 77: “Parties to the World Health Organization Framework Convention on Tobacco Control will also strengthen implementation of the Convention in all countries, as appropriate, and will support mechanisms to raise awareness and mobilize resources.”

<sup>8</sup> Document A/68/650 available at [http://www.un.org/ga/search/view\\_doc.asp?symbol=a%2F68%2F650&Submit=Search&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=a%2F68%2F650&Submit=Search&Lang=E)

<sup>9</sup> <https://www.idf.org/sites/default/files/UN%20Secretary%20General%20Progress%20Report%20on%20NCDs%20Dec%202013.pdf>

<sup>10</sup> Available at <http://www.who.int/nmh/publications/ncd-status-report-2014/en/>

<sup>11</sup> Available at <http://www.who.int/nmh/publications/ncd-profiles-2014/en/>

<sup>12</sup> <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>

<sup>13</sup> [www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1](http://www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1)

<sup>14</sup> The letters specify the need to: (i) integrate, according to country context and priorities, non-communicable diseases (NCDs) into the United Nations Development Assistance Framework (UNDAF) design processes and implementation; (ii) accelerate the development of multi-sectoral joint programmes on the prevention and control of NCDs with a clear determination of financing, agency roles and coordination in the UNDAFs; (iii) support governments to develop national targets that build on the WHO Global Action Plan, including the 9 voluntary global targets to be attained by 2025; and (iv) assist

4.2 Key strategies and guidance that underpin this Joint Programme at the global level are:

- The national commitments included in the 2011 UN Political Declaration, the 2014 UN Outcome Document on NCDs, the 2015 Addis Ababa Action Agenda, and the 2030 Agenda for Sustainable Development.
- The guidance provided by the WHO Global NCD Action Plan 2013-2020<sup>15</sup> to implement these national commitments. The Plan has six objectives, the second of which is to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs. (WHO and UNDP co-convene activities across the UN Interagency Task Force for this objective).
- The guidance provided by Appendix 3 of the WHO Global NCD Action Plan 2013-2020, which includes a set of very cost-effective and affordable policy options for all Member States (so-called ‘best buys’) to prevent and control NCDs, the majority of which require the engagement of sectors outside of health.
- The WHO Framework Convention on Tobacco Control (FCTC): (i) Article 5.2A, which obliges Parties to establish and maintain focal points or national multisectoral coordination mechanisms for tobacco control - many countries are now exploring the possibility of expanding these mechanisms to cover NCDs and all four main risk factors; and (ii) Conference of the Parties’ Decision COP/6/17,<sup>16</sup> requesting UNDP and WHO to assist countries to develop the investment case for tobacco control.
- Terms of Reference for the UN Interagency Task Force, including a division of tasks and responsibilities between Task Force members.<sup>17</sup>
- The WHO UNDP joint Guidance Note on integrating NCDs into UNDAFs (2015). A target of integrating NCDs into UNDAFs in 42 countries has been set by the World Health Assembly for the end of 2017 (from a baseline of 15 in 2014).
- WHO Programme Budget 2016-2017, which includes an outcome to increase Member States’ access to interventions to prevent and manage NCDs and their risk factors.
- UNDP Support to the Implementation of the 2013 Agenda for Sustainable Development, UNDP Policy and Programme Brief, January 2016.

4.3 The Joint Programme is responding to the commitments for UN agencies set out in the strategies and guidance above, as well as: (i) the needs expressed by governments during Joint Programme missions to date; and (ii) requests expressed by Member States to the UNIATF to host missions in their countries.

*Lessons Learned*

4.4 The following lessons have been learnt from NCD responses at the global, regional and country level to date:

- Health gains for NCDs can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production, rather than by making changes in health policy alone.
- Developing and implementing ambitious national responses to NCDs will require action across all government departments, as well as the engagement of civil society and the private sector, as appropriate.
- Raising awareness among a wide range of government entities and non-governmental organisations is necessary to generate an effective response at the country level to NCDs. This includes the relationship between NCDs, poverty and social and economic development.
- The UN System has a critical role for providing technical assistance to governments to support national efforts to develop health-in-all-policies, whole-of-government and whole-of-society approaches for addressing NCDs, taking into account national commitments made in 2011, 2014 and 2015 at the UN

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governments in the development, implementation and monitoring of national multi-sectoral policies and plans to achieve their national targets, in line with the WHO Global Action Plan.

<sup>15</sup> [www.who.int/nmh/events/ncd\\_action\\_plan/en](http://www.who.int/nmh/events/ncd_action_plan/en)

<sup>16</sup> Sixth meeting of the WHO FCTC Conference of the Parties, Moscow. 2014.

<sup>17</sup> [www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1](http://www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1)

General Assembly, and guidance provided by inter-governmentally-negotiated WHO Global NCD Action Plan, for example: (i) setting national targets for NCDs that are aligned with the global voluntary targets; (ii) developing and strengthening national multisectoral policies and plans and incorporating NCDs into the national development agenda and plans; (iii) providing technical assistance to catalyze national multisectoral action in preventing and controlling NCDs, using the best buys described in the WHO Global NCD Action Plan, 2013-2020; and (iv) mainstreaming NCDs into discussions on the development of national SDG responses, and landing and reflecting the NCD-related SDG targets in national development plans and policies; (v) targeting resources at NCDs within national SDG responses; (vi) accelerate progress on selected NCD-related SDG targets; and (vii) stimulating a national discussion around NCDs to advocate for action.

- Joint programming missions are effective at catalyzing a whole-of-government and whole-of-society response and a stronger UN response at country level but it is critical that there are resources available to support countries take forward a number of key recommendations made by these missions and endorsed by hosting countries.

4.5 The above build on from lessons learnt from the HIV/AIDS response:

- Comprehensive national responses to HIV have shown the importance of the deliberation of inter-sectoral planning, financing, structures and mutual accountabilities.
- The UN system has an obligation to build its own capacity, around the agreed division of tasks and responsibilities and develop a minimal set of policy and programme partnerships, to provide support to Member States.
- Through its convening function, the UN can bring together different constituencies as well as parts of government to advance a coherent national response.

#### *The proposed Joint Programme:*

4.6 Responding to requests from LMICs, the proposed Joint Programme will address an overlooked, but essential, part of national NCD responses- strengthening governance mechanisms and engagement beyond the health sector. NCDs are a quintessentially multisectoral challenge, with vulnerability determined by a range of factors from employment to housing to education to agriculture. For countries to enact coherent NCD approaches within national SDG responses, all relevant sectors need to be sensitized and mobilized.

4.7 The Joint Programme features five main components. The first component helps countries to fulfil their commitment made at the UN General Assembly in 2014 to raise awareness about the national public health burden caused by NCDs and the relationship between NCDs, poverty and social and economic development.<sup>18</sup> This component will help countries make the investment case for action on NCDs. The economics of NCDs are not frequently taken into account in budgetary allocation processes. Quantifying the costs of NCDs is a priority request from governments. The case for scaled up action – and the costs of not doing so – will be modelled in the short-, medium- and long-terms. This modelling will be accompanied by an analysis of the institutions and actors and their varying incentives and relationships, through a bespoke institutional context analysis exercise. These two outputs will make up the national NCD investment case to be presented to ministries of finance and planning, as well as any other relevant actor.

4.8 The second component is helping countries to fulfil their commitment made at the UN General Assembly in 2014 to establish a national multisectoral mechanism, such as a high-level commission, agency, or task force. This will advance engagement, policy coherence, and mutual accountability of different spheres of policymaking that have a bearing on NCDs, in order 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.<sup>19</sup> Coordination across government sectors is an essential element of developing an NCD response. Coordination across stakeholders beyond government is an essential element of implementing an NCD response. Yet many countries do not have such

<sup>18</sup> Paragraph 30(a)(iv) of resolution A/RES/68/300

<sup>19</sup> Paragraph 30(a)(vi) of resolution A/RES/68/300



established mechanisms that meet to plan NCD actions. In some countries, such mechanisms exist on paper but rarely meet and have limited impact on the NCDs and their risk factors. In others, such mechanisms do not exclude the private sector from the policy development stage, or do not appropriately manage conflict of interest and other risks for engagement during the policy implementation stage. The Joint Programme will support countries to: (i) secure political buy-in from all relevant government sectors during policy development; (ii) secure buy-in from all relevant stakeholders during policy implementation; (iii) agree on formal arrangements for such a national coordination mechanism, including mandate, terms of reference, rules of procedure, codes of conduct and financing, management of conflict of interest and other risks of engagement with NGOs, private sector entities, philanthropic foundations and academic institutions; (iv) launch the mechanism; (v) develop the NCD response capacities of governments.

4.9 Often much of the disease burden will be decided by actions taken – or not taken – by local actors. The Joint Programme will, as its third component, select at least one key city in each participating country to develop a municipal NCD action plan. The initiative will map the local NCD burden, identify bottlenecks, propose solutions and develop municipal action plans.

4.10 The fourth component will support countries in (a) mainstreaming the NCD-related SDG targets into discussions on developing national SDG responses, (b) targeting resources at NCD responses, paying attention to synergies and trade-offs, bottlenecks, partnerships and measurements and accelerating action on specific NCD-related targets, and (c) enabling that skills and expertise on NCDs available within the UN System are made available in an efficient and timely way.

4.11 The fifth and final component is technical assistance for multisectoral action. Having a national NCD governance framework in place is necessary but not sufficient. Prioritised action is required and the Joint Programme will use the indicators set out in the WHO Progress Monitor 2015 as the basis for action. The WHO Progress Monitor 2015 includes a set of ten progress monitoring indicators. The Joint Programme will focus on five indicators that require considerable multisectoral action that cut across health and governance: i.e. (i) operational multisectoral national strategy/action planning that integrates the major NCDs and their shared risk factors; (ii) implementing demand-reduction measures of the WHO FCTC at the highest level of achievement; (iii) implementing measures to reduce the harmful use of alcohol; (iv) implementing measures to reduce unhealthy diets; and (v) implementation of at least one recent national public awareness programme on diet and/or physical activity (Appendix 1).

4.12 The Joint Programme will address the governance gap and deficiencies in regulatory frameworks at country level, which are a prerequisite for:

- Mobilizing adequate, predictable and sustained resources to implement national NCD responses from domestic public resources, domestic and international private business and finance, and international development cooperation, including voluntary innovative financing mechanisms;
- Protecting the development of national NCD policies from undue influence by any real, perceived or potential conflict of interest, including the fundamental conflict of interest between the tobacco industry and public health;
- Ensuring mutual accountability of different spheres of policy-making that have a bearing on NCDs, at national and sub-national levels.

4.12 Together WHO and UNDP provide a unique force to help countries build solutions for NCDs beyond the health sector. WHO has a track record in providing technical assistance to the health sector in mapping the NCD epidemic, setting national targets for NCDs, developing multisectoral NCD policies and plans, reducing risk factors, and enabling health systems to respond. UNDP specializes in governance and has the ability to foster coordination beyond the health sector and act on the social determinants of health. UNDP is also the custodian of the UN Resident Coordinator system, which will promote in-country interagency collaboration. Mobilizing the UN

Country Team is essential to harness the comparative advantage of different agencies to support national NCD responses.

*Sustainability of results*

4.13 Sustainable action will be through UN Country Teams. Countries included in the Joint Programme are setting up NCD Thematic Groups (or equivalent mechanisms) to take forward action.

4.14 Joint Programme activities are catalytic. They do not replace government action. They aim to address the governance gap and deficiencies in regulatory frameworks at country level, in order to:

- Mobilize adequate, predictable and sustained resources to implement national NCD responses from domestic public resources, domestic and international private business and finance, and international development cooperation, including voluntary innovative financing mechanisms;
- Protect the development of national NCD policies from undue influence by any real, perceived or potential conflict of interest, including the fundamental conflict of interest between the tobacco industry and public health;
- Ensure mutual accountability of different spheres of policy-making that have a bearing on NCDs, at national and sub-national levels.



## 5. Results Framework

SGD Targets 3.4, 3.5, 3.a, 3.b, 3.8; Political Declaration on NCDs (2011); ECOSOC endorsed IATF work plan objectives; WHO Global Action Plan on NCDs (2013); Addis Ababa Action Agenda (paras 32 and 62), WHO NCD Progress Monitor 2015.							
Joint Programme Outcome: Effective national multisectoral action in 24 countries to achieve the NCD-related targets in the SDGs and other global commitments.							
JP Outputs	Participating UN organization-specific Outputs	Participating UN organization <sup>20</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation (USD,000) and indicative time frame*		
					Y1 (n=6)	Y2 (n=8)	Y3 (n=10)
1. National investment cases developed and presented to government in 24 countries  Baseline: 1 Target: 24	24 completed NCD investment cases, consisting of 'One Health' modeling and institutional context analyses (ICAs) with WHO the lead on the One Health tool modeling and UNDP the lead on the ICA	WHO, UNDP	Ministry of Finance, Ministry of Planning, Ministry of Health and other relevant government ministries.  In country technical expertise as appropriate (e.g. NCDA members)	(A) define a template method of analysis for an investment case that focuses on both the prevention and control of NCDs with a focus on risk factors;  (B) work with national counterparts to adapt the template to national context;  (C) Undertake investment case, including an institutional context analysis <sup>21</sup> with recommendations for the prioritization of responses in the national NCD response;  (D) Identify financing options for NCD responses through existing mechanisms, as well as innovative approaches such as increased revenue from tobacco taxation;  (E) Support application of the national NCD investment case to multisectoral NCD policy making, especially in the area of tobacco control, harmful use of alcohol, diet and physical activity.  <i>Unit cost: average of USD55,000 per country</i>	330	440	550
							1320

<sup>20</sup> In cases of joint programmes using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organizations that have specific direct interest in a given joint programme output, and may be associated with the Managing Agent during the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.

<sup>21</sup> An analysis of how diverse institutions in a society shape the likelihood of programmatic success, with a focus on focus on power and resources, how they are distributed and contested in different country and sector contexts, and the resulting implications for development outcomes.

<p>2. Functioning national coordination mechanisms established or strengthened in 24 countries</p> <p>Baseline: 0</p> <p>Target: 24</p>	<p>An active and sustainable national coordination mechanisms(s) in place in each country, which includes relevant ministries.</p> <p>Mandate, TORs, rules of procedure and codes of conduct that manages conflict of interest in place.</p> <p>NCDs and WHO FCTC integrated into existing health and broader development programmes and frameworks.</p> <p>Leadership of the WHO Head of Office and UN Resident Coordinator catalyzes establishment of 'three multisectoral ones' for NCDs.</p>	<p>WHO, UNDP</p>	<p>Relevant government ministries</p> <p>Non-government partners</p> <p>UNCT</p>	<p>(A) Convene a series of sector-specific meetings between UN agencies and government ministries, followed by a stakeholder consultation for government, civil society, development partners and private sector.</p> <p>(B) Design and – where necessary – establish or strengthen national multisectoral NCD mechanisms (drafting TORs, rules of procedure, codes of conduct etc.) for reducing tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;<sup>22</sup></p> <p>(C) Provide secretariat support to relevant coordination and stakeholder platforms;</p> <p>(D) Work with government and development partners to identify sustainable funding for multisectoral mechanisms to reduce NCD risk factors.</p> <p><i>Unit cost: average of USD50,000 per country</i></p>	<p>300</p>	<p>400</p>	<p>500</p>	<p>1200</p>
<p>3. A costed municipal NCD plan in 24 countries</p> <p>Baseline: 0</p> <p>Target: 24</p>	<p>Technical assistance provided by WHO and UNDP to 24 countries to establish at least one costed and validated city or municipal multisectoral NCD plan in each of the 24 countries.</p> <p>Plan outlines roles and responsibilities of different departments, sectors and stakeholders</p>	<p>WHO, UNDP</p>		<p>(A) Map the local NCD burdens, main risk factors, actors, wider determinants and multisectoral policies, with a focus on equity;</p> <p>(B) Identify key bottlenecks to implementing multisectoral policies and programmes to prevent NCDs;</p> <p>(C) Agree with stakeholder on solutions for scaling up effective and equitable multisectoral action to reduce NCD risk factors;</p> <p>(D) Develop prioritized, evidence-informed local action plans, as well as resources, partners and technical needs for implementation and follow up, with a focus on the most vulnerable populations.</p> <p><i>Unit cost: average of USD45,000 per country</i></p>	<p>270</p>	<p>360</p>	<p>450</p>	<p>1080</p>

<sup>22</sup> Taking into account that each risk factor is likely to require different strategies and approaches.

Joint Programming Document: Catalyzing Multisectoral Action for Noncommunicable Diseases, 26 July 2016

4. Integrate NCDs into national SDG frameworks	The bi-directional relationships between NCDs and other development issues are reflected throughout the Sustainable Development Goals frameworks in 24 countries.	WHO, UNDP	Relevant government ministries  Non-government partners  UNCT	(A) Mainstreaming. Conduct stakeholder mapping exercise for integrating NCDs into SDG processes assessing what is already being done and by whom. Convene multi-stakeholder roundtables to sensitize government counterparts, civil society, parliamentarians, media, businesses and the UN on the importance of action on NCDs in the SDG context.  (B) Acceleration. Identifying root bottlenecks to spur action on multiple SDGs.  (C) Policy Support. Assist governments with integration of NCDs into SDG action plans, national development plans, UNDAFs and PRSPs.  <i>Unit cost: average of USD40,000 per country</i>	240	320	400	960
5. Improved scores on the WHO NCD Progress Monitor in 24 countries  Baseline: as per the 2015 progress monitor.  Target: TBD	Technical assistance provided by WHO and UNDP to countries in: (i) operational multisectoral national strategy/action planning that integrates the major NCDs and their shared risk factors; (ii) implementing demand-reduction measures of the WHO FCTC at the highest level of achievement; (iii) implementing measures to reduce the harmful use of alcohol; (iv) implementing measures to reduce unhealthy diets; and (v) implementation of at least one recent national public awareness programme on diet and/or physical activity.	WHO, UNDP	Relevant government ministries  Non-government partners  UNCT	(A) Agree priorities for improvement against the WHO NCD Progress Monitor 2015  (B) Agree with UNCT and government the package of coordinated technical assistance to government in the areas selected under (i) to (v) in collaboration with regional and HQ colleagues and  (C) Coordinate implementation of technical support in collaboration with UN colleagues, government and civil society partners;  (D) Support resource mobilisation efforts as required;  (E) Ensure relevant data collection to track progress  <i>Unit cost USD70,000 to implement activities in four areas: total in each country USD280,000</i>	1680	2240	2800	6720
UNDP	Programme Cost **				1303	1737	2171	5210
	Indirect Support Cost** (7% GMS on UNDP share plus 1% on pass through)				111	148	188	443
	UNDP Total				1413	1,884	2,356	5,653
WHO	Programme Cost				1,303	1,737	2,171	5,210
	Indirect Support Cost				104	139	174	417
	WHO Total				1407	1876	2345	5627
Total	Programme Cost				2605	3473	4342	10420
	Indirect Support Cost				215	287	358	860
	<b>Combined Total (USD470,000 average per country)</b>				<b>2,820</b>	<b>3,760</b>	<b>4,700</b>	<b>11,280</b>

\*Resource allocation may be agreed at either output or indicative activity level.

\*\* Please read the [Explanatory Note on Harmonized Financial Reporting to Donors](#) and its Annexes for guidance on how these terms should be interpreted

## 6. Management and Coordination Arrangements

### *Participants in the programme*

#### *UN Parties*

6.1 UNDP and WHO are joining forces to implement the Joint Programme under the UN Interagency Task Force on the Prevention and Control of NCDs.<sup>23</sup> The agencies are described in terms of their contribution to catalyzing multisectoral action on NCDs in Section 9 below (legal context/basis of relationship).

6.2 The Programme will harmonize and align ongoing and planned activities in the area of catalyzing multisectoral action on NCDs across UNDP and WHO but also at all levels, with special reference to their work at country level. The Programme will be delivered between relevant UNDP and WHO HQ, regional and country offices, with each bringing its own added value to the Programme. The UN Country Team will be the key platform for coordinated action at the country level.

#### *National governments*

6.3 Government and their agencies will be the primary partner in the Programme. The national government will be responsible for developing and implementing multisectoral action for the prevention and control of NCDs through effective and sustainable coordination mechanisms, that include non-governmental partners. The role of the governments will be to design their plans, provide overall leadership and strategic direction for implementation, resource the scaling up multisectoral action for the prevention and control of NCDs throughout the country and sharing lessons learnt with other countries. The Programme will work with governments that have received UN Task Force missions.

#### *Other partners*

6.4 The Parties, in collaboration with national governments and agencies, will look to identify partners to support the resourcing of the Programme and the NCCCCP. This will include financing, implementing and technical partners. Examples of partners will include agencies at global, regional and local levels, including bilateral and multilateral development agencies, philanthropic organizations, NGOs and, academia.

6.5 The Partners will aim to mobilize stakeholders and resources and harmonize and align with other cervical cancer programmes at national, regional and country level. This includes publicizing the Programme and identifying opportunities for collaboration between international organizations and country-level partners. This may involve participating at or organizing international events to widely disseminate acquired experience and attract new partners. Launching international challenges may also be considered to stimulate innovation and make sure that innovations are linked to actual countries' needs.

6.6 The Parties will work with national governments and other partners to disseminate lessons learned, through case studies and other technical tools in order to encourage effective rollout of the Programme.

#### *Administrative Agent and Convening Agent*

6.7 The roles and responsibilities of the Administrative Agent are described in Sections I and II of the MoU. The roles and responsibilities of the Convening Agent are described in Section I of the MoU.

#### *Steering Committee*

6.8 The governance of the Programme will be overseen by a Steering Committee. The Steering Committee will be formed from representatives from the Administrative Agent and Convening Agent. The Steering Committee will define the programmatic vision of the project and will ensure that: (i) project implementation reflects the programme as described above; (ii) project implementation is monitored to ensure that milestones are met; (iii) coordination between the UN agencies is effective at country level; (iv) project assessment is scheduled on time; (v) overall management of the implementation including resource mobilization to develop the programme;

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<sup>23</sup> <http://www.who.int/ncds/un-task-force/en/>

(vi) brokering relations with relevant partners; (vii) disseminating and sharing lessons learned; and (viii) resolution of any issues that arise during the course of the project. Terms of Reference for the Steering Committee are in Appendix 2.

6.9 Implementation of any Joint Programme activity shall be subject to the availability of sufficient financial and human resources for that purpose, as well as each Party's programme of work, priority activities, internal rules, regulations, policies, administrative procedures and practices. Under no circumstances shall UNDP or WHO have any obligation, whether to each other or to any third party, to take any action or perform any activity, including, but not limited to, enter into any contract, commitment or arrangement, regarding the implementation of any Joint Programme activity until such time as UNDP or WHO, as appropriate, has received sufficient financial resources in respect thereof.

6.10 Any specific projects, at the country, regional or global level, relating to activities emanating out this Agreement shall be subject to mutual agreement in writing between the Parties as set out in an a Project Letter of Agreement and reflected in agreed Steering Committee meeting minutes.

6.11 Where UNDP or WHO wishes to carry out its Joint Programme activities through, or in collaboration with, a third party, UNDP or WHO, as appropriate, shall be responsible for entering into and discharging all commitments and obligations with such third party.

#### *Technical Advisory Groups*

6.12 Technical Advisory groups may be established on an ad-hoc basis by the Secretariat on the advice of the Steering Group to provide advice to the Joint Programme on technical matters relating to content, monitoring and evaluation and design of the Programme. Advisory groups shall be composed of subject matter experts and shall prior to their appointment be subject to conflict of interest assessment by the Convening Agent and the Administrative Agent.

#### *Coordinated action at the country level*

6.13 Implementation of all components will be undertaken through national implementation modality with technical guidance provided by the agencies at national, regional and global levels. The participating agencies commit to provision of technical support (coordination of reporting, management of the Joint Programme, development of technical tools and guidance).

6.14 The work of the Joint Programme will be guided by a Joint Management Group, to which countries will report on activities and results. The Joint Programme will mobilize UN Country Teams to strengthen or establish resident UN Thematic Groups on NCDs, which will include tripartite arrangements for representatives from government, UN agencies, and donors, to monitor progress made.

6.15 Where required, a National Programme Officer (NPO) will be recruited to accelerate action across each of the four areas.

## **7. Fund Management Arrangements**

7.1 The Parties shall adopt a joint approach to collaboration with donors who wish to support the implementation of the Joint Programme. A pass-through management modality for funding will be used in line with UNDG guidance. This will allow the most effective, efficient and timely implementation, and will reduce transaction costs for national partners, donors and the UN.

7.2 UNDP shall be the Administrative Agent for the Joint Programme and shall in this capacity act as the administrative interface with donors in connection with funding to be allocated to Joint Programme, in accordance with the terms and conditions set out in this Agreement and in line with UNDG guidance

7.3 UNDP, in its capacity as Administrative Agent, shall be entitled to charge and collect an administrative fee of 1%. Each agency – WHO and UNDP – shall be entitled to charge and collect an administrative fee of 7% for general management and services on all donor contributions received by it and allocated to the Joint Programme. The administrative fee shall meet the Administrative Agent's costs of performing its functions as described in this Agreement. In addition, each Party will recover indirect costs in accordance with its financial regulations and rules.

7.4 The Joint Programme will be financially administered according to the UNDP pass-through fund management model as follows:

- a. Contributions will be made to UNDP's accounts by donors that wish to provide financial support to Joint Programme;
- b. Subject to the approval of the Steering Committee, allocations will be made towards (i) Joint Programme activities of each Party; and (ii) specific country projects with related budgets, milestones and monitoring and evaluation frameworks;
- c. Financial reports in respect of donor funding towards Joint Programme activities will be produced by UNDP and disseminated to donors;
- d. Available funds will then be distributed to the Partners on the recommendation of the Steering Committee.

7.5 Upon consultation and agreement with WHO, UNDP shall, subject to its rules, regulations and practices, negotiate and conclude appropriate Donor Letter of Agreements, as set out in Annex C, with each donor who wishes to provide financial support to the Joint Programme through UNDP. UNDP shall provide WHO with a copy of each such Donor Letter of Agreement it concludes.

## **8. Monitoring, Evaluation and Reporting**

8.1 The impact of the Joint Programme in each country will be monitored through:

- Data gathering through field visits or other methods to monitor progress and adherence to the programme standards;
- Periodic evaluation reports issued through the Steering Committee;
- A final evaluation and financial report at the end of the project.

8.2 WHO will provide UNDP with certified annual financial statements and reports with respect to the funds disbursed to WHO from the Joint Programme Account by 31 October of each year. In addition, WHO will also provide UNDP with certified annual narrative progress reports in respect to the Joint Programme by 31 October of each year.

8.3 On an annual basis, UNDP shall consolidate the financial statements and reports received from WHO pursuant to paragraph 6.1 with UNDP's own similar statements and reports, and shall provide the Joint Programme Steering Committee and each donor that has made a financial contribution to the Joint Programme with certified consolidated financial statements and reports in respect of the Joint Programme prepared in accordance with UNDP's accounting and reporting procedures.

8.4 On an annual basis, UNDP shall consolidate the narrative progress report received from WHO pursuant to paragraph 6.1 with UNDP's own similar report, and shall provide the Joint Programme Steering Committee and each donor that has made a financial contribution to the Joint Programme with a certified consolidated narrative progress report in respect of the Joint Programme.

8.5 After the completion of the Joint Programme (approximately six months after the closure of accounts of the year within which the joint programme is completed), UNDP shall prepare (in accordance with UNDP's accounting rules and procedures) and provide to the Joint Programme Steering Committee and each donor that has

made a financial contribution to the Joint Programme with a final certified consolidated financial statement and report as well as a final certified consolidated narrative progress report, in each case, in respect of the Joint Programme.

**Table 2: Joint Programme Monitoring Framework**

<b>Expected results (outcomes and outputs)</b>	<b>Indicators (with baselines &amp; indicative timeframe)</b>	<b>Means of verification</b>	<b>Collection methods (with indicative time frame &amp; frequency)</b>	<b>Responsibilities</b>	<b>Risks &amp; assumptions</b>
From Results Framework (Table 1)	From the Results Framework in Section 5 of the Joint Programme Document. The recommendations of the Task Force's joint programming mission reports will act as a baselines for each country. The WHO NND Progress Monitor 2015 with its 18 indicators will also act as a baseline.	National development policies, plans and programmes – both in terms of development and implementation.	Through: (i) ongoing UNCT and government review; (ii) quarterly discussion of the above with WHO and UNDP at the level of the Task Force; (iii) annual monitoring visits lead by WHO and UNDP members of the Task Force and/or their regional counterparts.	Responsibilities for monitoring and evaluation are shared between UNDP and WHO, in line with Section 9 of the Joint Programme Document.	Assumptions: (i) national and local governments in the countries where the programme is operating maintains political commitment for responding to multisectoral action to prevent and control NCDs; and (ii) UNCTs in the country concerned prioritise NCDs and include NCDs in their UNDAFs.

## 9. Legal Context or Basis of Relationship

9.1 Together WHO and UNDP provide a unique force to help countries build solutions for NCDs beyond the health sector.

9.2 The World Health Organization (WHO) as the directing and coordinating authority for health within the United Nations system. With regard to NCDs, WHO is responsible for providing leadership and guidance on global regional and national strategies, setting norms and standards, articulating evidence-based policy options, providing technical support to countries in national cancer control planning and monitoring and assessing cancer and other NCD trends and their underlying risks.

9.3 UNDP specializes in governance and has the ability to foster coordination beyond the health sector and act on the social determinants of health. UNDP is also the custodian of the UN Resident Coordinator system, which will promote in-country interagency collaboration. Mobilizing the UN Country Team is essential to harness the comparative advantage of different agencies to support national NCD responses.



**Appendix 1. Indicators from the WHO NCD Progress Monitor 2015 that the Global Joint Programme will support. The Joint Programme will provide multisectoral technical assistance to enable each country to make progress on 4 out of the 11 targets below**

Indicator 4. Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors

**Target:**

- **An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors**

Indicator 5. Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement:

**Targets:**

- **Reduce affordability of tobacco products by increasing tobacco excise taxes**
- **Create by law completely smoke-free environments in all indoor workplaces, public places and public transport**
- **Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns**
- **Ban all forms of tobacco advertising, promotion and sponsorship**

Indicator 6. Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol

**Targets:**

- **Regulations over commercial and public availability of alcohol**
- **Comprehensive restrictions or bans on alcohol advertising and promotions**
- **Pricing policies such as excise tax increases on alcoholic beverages**

Indicator 7. Member State has implemented the following four measures to reduce unhealthy diets:

**Targets:**

- **Adopted national policies to reduce population salt/sodium consumption A**
- **Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids**
- **in the food supply**
- **Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes**

Indicator 8. Member State has implemented at least one recent national public awareness programme on diet and/or physical activity

**Target:**

- **At least one recent national public awareness programme on diet and/or physical activity**

## **Appendix 2. Terms of Reference for the Steering Committee**

The Steering Committee is the Joint Programme's decision-making authority. It is the Programme's highest body for strategic guidance, fiduciary and management oversight and coordination.

The Steering Committee:

- Facilitates collaboration between participating UN organizations and host government for the implementation of the Joint Programme;
- Reviews and approves Joint Programme Document and annual work plans;
- Provides strategic direction and oversight;
- Sets allocation criteria, allocates resources;
- Reviews implementation progress and addresses problems;
- Reviews and approves progress reports budget revisions/reallocations;
- Reviews and approves evaluation reports, notes audit reports (published in accordance with each PUNOs' disclosure policy), and initiates investigations (if needed).

The Steering Committee includes senior programme managers from UNDP and WHO but may also include other members in observer capacity, such as other UN agencies, governments, funders and civil society organizations.

The Steering Committee will meet at least semi-annually.