



# Web-Based consultation for the Draft Options Paper on the Global Coordination Mechanism on NCDs

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World Cancer Research Fund (WCRF) International is a leading authority on the links between diet, nutrition, physical activity and cancer. Accordingly, WCRF's policy work focusses on specific areas of cancer prevention related to these areas and the reduction of overweight and obesity. World Obesity Federation (WOF) is the only global organisation focused exclusively on obesity. Through a holistic approach of obesity from cause and prevention to treatment, WOF represents stakeholders across the globe, including experts, advocates, patients and practitioners. WCRF International and WOF are both in official relations with the World Health Organization (WHO) and contributed responses to previous consultations and are actively involved at the WHO Executive Board and World Health Assembly.

The GCM/NCD has had a central role in shaping the work of WHO and support the implementation of the global NCD agenda. By institutionalising multi-stakeholder and multi-sectoral dialogue, the GCM/NCD has facilitated the inclusion of the prevention and management of NCDs across the life-course across the work of WHO. For this reason, we believe that the GCM/NCD holds a central role and should not be discontinued.

WCRF International and WOF welcome the extension of the GCM/NCD's mandate until 2030, in line with NCD-GAP 2013-2030 and roadmap. It is vital that the GCM/NCD works towards 2030 Sustainable Development Goals and sets its targets accordingly. We welcome WHO's recognition of the need to establish multi-stakeholder and multi-sectoral platforms, and the launch of the GCM/NCD to support that objective. We believe that option 1 provides the clearest road to action by engaging and committing stakeholders to a results framework and outcomes in support of the WHO NCD Action Plan 2013-2030, and the NCD implementation roadmap 2023– 2030:

- WCRF International and WOF will continue to advocate for the most inclusive and participatory approach to engage all relevant stakeholders in the development, implementation and evaluation of national, regional and global NCD policies. As the central objective of the GCM/NCD mechanism, multi-stakeholder engagement should be perceived as central to facilitate the implementation of the Action Plan.
- Acknowledging that the Member States involved in the GCM/NCD might wish to redraft the ToR for the renewed period, we believe that this would be an opportunity to ensure these reflect the current health landscape and reinforce the need to include prevention, treatment and management in NCD plans and consider the more-than-ever need for multi-stakeholder cooperation to drive efforts to address NCDs. The institutional mechanisms in place to build consensus and enable participation of multiple stakeholders deepen the commitment between Member States and NSAs to collaborate and ensure the implementation of evidence-based policies.
- Nevertheless, addressing the commercial and social determinants of health that can lead to the development of NCDs might require actions towards the industry and external environments. As



some Member States might be protective of industry practices that don't align with health promotion, it is fundamental to strike a balance between maintaining Member States' high level of involvement at the GCM/NCD, while ensuring that the promotion of healthy living environments remains a priority. The voices of civil society organisations are essential for this, and NSA participation should become more integrated in GCM/NCD governance as well as in other key moments. Accountability and transparency mechanisms for the GCM/NCD are essential to protect from undue influence and action, and ensure the GCM/NCD can operate effectively and support the delivery of the NCD-GAP.

We observe that the achievement of an effective NCD agenda will not likely occur through the absorption of the functions and activities of the GCM Secretariat into WHO's Global NCD Platform (GNP) (Option 2). While some Member States could pose obstacles to achieving goals on NCD prevention, processes that bypass or where states do not play a leading role may risk diminishing the influence of the GCM/NCD on policymaking altogether. Furthermore, this option suggests that the GCM/NCD would have a less active role in the delivery of the NCD Agenda and increases the likelihood of it to be demoted to an advisory capacity.

The discontinuation and absorption of functions elsewhere within WHO Secretariat (option 3) is the one we consider to be the weakest and would not be acceptable to us. It greatly diminishes the potential for partnerships and undermines the principle of facilitating multi-stakeholder engagement and cross-sectoral collaboration.