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# **GUIDANCE NOTE ON THE INTEGRATION OF NONCOMMUNICABLE DISEASES INTO THE UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK**

**MARCH 2015**

# CHECKLIST

This checklist summarizes key actions and outcomes for the four main steps in integrating NCDs into the UNDAF process.

UNDAF STEP	KEY ACTIONS	OUTCOMES
Build the roadmap	<ul style="list-style-type: none"> <li>Engage across government, across the UN system and with other stakeholders</li> <li>Align the roadmap with key UN frameworks, strategies and action plans</li> <li>Agree on a time-frame, lead agencies and roles and responsibilities for tasks assigned</li> </ul>	<p>High national awareness of NCDs and their risk factors; NCDs and their risk factors have national priority</p> <p>Governments, UN agencies and other stakeholders recognize the determinants of NCDs; UN agencies and government departments recognize the importance of policy alignment with regards to NCD risk factors</p> <p>Consultations reflect a whole-of-society approach</p> <p>All stakeholders at all levels in UNDAF development contribute to the roadmap</p>
Conduct a country analysis	<ul style="list-style-type: none"> <li>Identify existing plans, data and case studies on the magnitude and impact of NCDs and their risk factors</li> <li>Make the business case for investing in NCDs</li> <li>Describe how NCDs intersect with UN Programming Principles</li> <li>Assess and avoid conflict of interests</li> </ul>	<p>Priority NCDs and risk factors identified</p> <p>Current country responses to NCDs and/or risk factors identified along with stakeholders</p> <p>Priority populations identified</p> <p>Country capacities and gaps identified</p>
Prepare the strategic plan and develop the results matrix	<ul style="list-style-type: none"> <li>Agree the comparative advantage for the UN system and individual agencies</li> <li>Assess where global and regional momentum supports action</li> <li>Include NCDs in the results matrix, with links to other programmes</li> <li>Identify and organize Results Group(s)</li> </ul>	<p>NCDs are a cross-cutting theme in the UNCT/ Results Group(s) joint workplan</p> <p>Prevention and control of NCDs and/or their risk factors are reflected as outcomes, outputs and/or targets as: part of non-health sector development; specific to health sector development; and/or specific to an NCD or risk factor intervention</p> <p>Development assistance in non-health sectors is consistent with protection and promotion of population health and recognizes in particular the prevention and control of NCDs</p> <p>UNDAF and WHO CCS are coordinated regarding actions on NCDs and/or risk factors</p> <p>Measurable indicators are identified in the results matrix of Results Group(s)</p>
Develop a monitoring and evaluation plan	<ul style="list-style-type: none"> <li>Use national data for monitoring</li> <li>Use existing structures, mechanisms and tools where possible</li> <li>Check assumptions and risks in the results matrix</li> </ul>	<p>Lessons learnt</p> <p>Key indicators, data sources, and collection mechanisms identified</p> <p>Strategic plan adjusted</p>

# GUIDING QUESTIONS FOR THE ANALYSIS\*

## 1. MAGNITUDE OF NCDS

What is the epidemiology, public health and socioeconomic impact of NCDs in the country?

Does the country have surveillance in place to derive national trends in mortality and morbidity due to NCDs and their risk factors?

Is there risk factor-specific information on tobacco use, unhealthy diet, physical inactivity and/or harmful use of alcohol?

To what extent are data disaggregated by social “stratifiers” e.g. by age, sex and socio-demographic determinants, e.g. income, education, ethnicity, place of residence?

What data are available on broader socioeconomic determinants of health?

## 2. NCD POLICY AND PLANNING

To what extent has prevention and control of NCDs been given high priority at the country level?

Is there a national plan for the prevention and control of NCDs containing priorities, targets, strategies and indicators? Is it multisectoral? If so, what are the mechanisms to ensure coordination and coherence between health and non-health sector initiatives? What are the interventions? Are there local plans? If so, are they coherent with national ones?

Is there a national plan to reduce exposure to the main modifiable risk factors for NCDs, namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity? If so, what are the interventions?

Have NCDs and their risk factors been identified in current and future national development plans?

## 3. RESPONSE TO NCDS

What are the current or anticipated development interventions that address social, economic and environmental determinants of health e.g. poverty reduction, social protections, gender equity? Are there interventions within non-health sectors underway that have a demonstrable impact on NCDs and their risk factors?

Within the priority sectors to which UN assistance is being directed for development, have risks and benefits to population health been identified/addressed?

Is there a focus on the most cost-effective interventions identified in the WHO Global NCD Action Plan 2013-2020?

## 4. PARTNERSHIPS FOR RESPONDING TO NCDS

Are there partnership platforms, agreements or other entities or mechanisms in the country that could be further mobilized and strengthened to deliver a multisectoral approach relevant to dealing with NCDs or their risk factors?

Are there NGOs, civil society organizations or associations involved with NCDs, risk factors and determinants?

\* Pages 18-19 provides resources on sources of data for the questions in the table.

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# ACRONYMS

<b>CCS</b>	WHO Country Cooperation Strategy
<b>CVD</b>	Cardiovascular disease
<b>ECOSOC</b>	United Nations Economic and Social Council
<b>DaO</b>	Delivering as One
<b>LMIC</b>	Low- and middle-income country
<b>NCD</b>	Noncommunicable disease
<b>SDG</b>	Sustainable Development Goal
<b>UNCT</b>	United Nations Country Team
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDG</b>	United Nations Development Group
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organization
<b>WHO FCTC</b>	World Health Organization Framework Convention on Tobacco Control

# 1. EXECUTIVE SUMMARY

Noncommunicable diseases (NCDs) – cardiovascular disease (CVD), cancers, chronic respiratory disease and diabetes – make the largest contribution to mortality in the majority of developing countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. NCDs have significant negative impacts on human and social development. Premature deaths from NCDs reduce productivity, curtail economic growth and trap populations in poverty. The underlying determinants of these diseases and their shared risk factors mean that multisectoral, whole-of-government and whole-of-society responses are required to prevent and control NCDs.

In view of the impact of NCDs on socio-economic development, the complex responses required to tackle NCDs and the clear need for a whole-of-government and whole-of-society response, Heads of State and Government called for urgent action in the 2011 Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs. The Political Declaration called upon the World Health Organization (WHO), as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations, to work together in a coordinated manner to support national efforts to prevent and control NCDs and to mitigate their impact. In 2013, therefore, a United Nations Inter-Agency Task Force on the Prevention and Control of NCDs was established. The importance of NCDs in the development agenda is likely only to increase with the anticipated adoption of the post-2015 Sustainable Development Goals (SDGs).

In almost all countries, the magnitude of NCDs, their socio-economic and development impacts and, in particular, their multisectoral nature, gives the UN system a significant comparative advantage in supporting governments in preventing and controlling NCDs. To this effect, in 2012 a joint letter from the Administrator of the United Nations Development Programme (UNDP) and the Director-General of WHO proposed that UN Country Teams (UNCTs) work with government counterparts to integrate NCDs into United Nations Development Assistance Framework (UNDAF) design processes and implementation. A second joint letter in 2014 reiterated the importance of mainstreaming NCDs into UNDAF roll-out processes and encouraged UNCTs to scale up their capacities to support governments in implementing these priority actions.

This Guidance Note is intended to assist those who are developing UNDAFs to strengthen the integration of NCDs into the UNDAF process, within the context of the United Nations Development Group's (UNDG) guidance for developing UNDAFs. The Note highlights the importance of ensuring that linkages are made between the prevention and control of NCDs and broader development issues included in UNDAFs, such as universal health coverage, social protection, governance and wider social determinants of health. It highlights linkages with other sectors such as finance, trade, urban development and education. The guidance highlights the importance of engaging with all parts of government and all parts of society when integrating NCDs into the UNDAF process.

Outcomes and outputs for NCDs in the UNDAF should focus on a menu of policy options and cost-effective interventions and in particular the “very cost-effective interventions” that are included in the WHO Global NCD Action Plan 2013-2020. The results matrix should be aligned with existing and emerging national policies and plans, including the national multisectoral NCD action plan and national NCD targets. It is important that, wherever possible, monitoring and evaluation should use data and information collected through national surveys and surveillance systems.

## 2. INTRODUCTION AND CONTEXT

### Purpose of this Guidance Note

The audience for this Guidance Note are governments and UN Country Teams. The purpose of this publication is to provide guidance on how to integrate NCDs into the UNDAF.<sup>1</sup> The guidance is in line with the "WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020" and other relevant global, regional and national mandates and frameworks.

The Guidance Note is structured along the four main steps of UNDAF development: (i) building the roadmap; (ii) conducting a country analysis; (iii) strategic planning and (iv) monitoring and evaluation. It recognizes the importance of "Delivering as One" to make the UN system more coherent, effective and efficient, and the Guidance Note encourages countries to work with the UN system to capitalize on the strengths and comparative advantages of the different members of the UN family.<sup>2</sup>

The Guidance Note should be read in conjunction with the comprehensive set of programming tools and procedures for developing UNDAFs that is available on the United Nations Development Group website.<sup>3</sup> In addition, guidance is available on integrating implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) into national development planning.<sup>4</sup>

### What are NCDs and their risk factors?

Noncommunicable diseases (NCDs)—mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes—are the world's biggest killers. More than 36 million people die annually from NCDs (63% of global deaths), including more than 14 million people who die prematurely from NCDs (between the ages of 30 and 70). Low- and middle-income countries (LMICs) already bear 82% of the burden of these premature deaths, resulting in projected cumulative economic losses of US\$7 trillion for LMICs over the next 15 years and millions of people trapped in poverty.

Most premature deaths from NCDs are largely preventable by influencing public policies in sectors outside health that tackle shared risk factors—namely tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol.

In addition, enabling health systems to respond more effectively and equitably to the health care

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