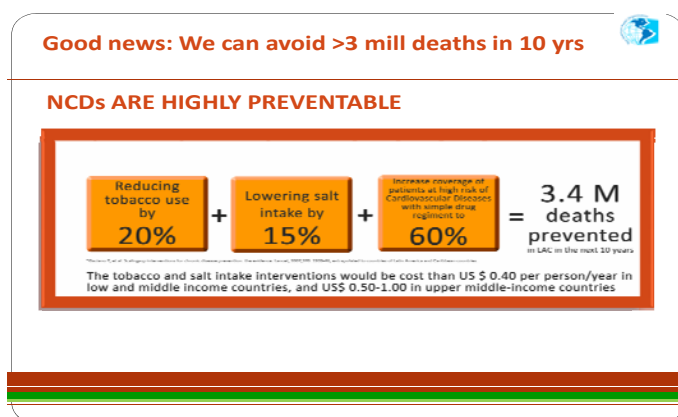


The Pan American Forum for Action on NCD (PAF-NCD)

Mission of the PAF: To raise awareness of the issue of Non-communicable disease (NCDs) on the policy and public agenda, promote new innovative initiatives, and scale-up successful practices in prevention and control, using multi-stakeholder partnership approaches, with the ultimate aim of avoiding 3 millions deaths in the next 10 years and billions in economic losses.



The PAF is a multi-stakeholder platform for dialogue, advocacy, sharing of information, promotion of inter-sectoral action, and resource mobilization for the prevention and control of NCDs and promotion of health. It will help scale-up successful practices and joint action between government, civil society, the academic and scientific community, and the private sector to support national and regional priorities, helping PAHO Member States in the Americas to implement the regional NCD Strategy, and the mandates of the United Nations High Level Meeting on the Prevention and Control of Non Communicable Diseases (UNHLM on NCDs).

The UNHLM called for a **“whole of government and whole of society effort”** and urged WHO to intensify efforts to assist Member States “in the implementation of multi-sectoral, cost-effective, population-wide interventions in order to reduce the impact of common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol”, taking into consideration the Global Strategy on NCDs and its Action Plan, the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy to Reduce the Harmful Use of Alcohol, and Set of recommendations on marketing (§43)

The **PAF will be a** catalyst for multi-sector partnerships that drive direct social, economic, environmental, and policy action to promote health and prevent chronic diseases. It will support attainment of the regional strategy goal of improving well-being and productivity in the Americas, avoid billions in economic losses, and prevent 3 million deaths in the next 10 years, through multi-sector collaborative approaches. (The Forum will be the regional expression of the WHO NCDnet). It will seek to create synergy between initiatives of different sectors/actors, and to identify opportunities for strategic alliances with other on-going similar initiatives.

The Pan American Forum Advisory Steering Group

The PAFNCD Advisory Steering Group (ASG) will bring together a selected group of representatives of the different sectors of society to share their knowledge, and networking abilities in order to guide the PAF-NCD from initial kick-off to full operationalization, and to monitor its implementation and results. Representation and balance of all sectors and of their respective competitive advantages and interests will be fundamental for the Forum Advisory Steering Group achievement of its mission.

Responsibilities

The Advisory Steering Group will specifically advise PAHO on the following:

- Vision and objectives for the PAFNCD
- Further definition of the Forum architecture, defining, expanding and diversifying the membership of the PAF and its governance
- the Initial priorities for action by the PAF-NCD
- the 2-year operational and financial plan
- resource mobilization initiatives (financial and in-kind) and capacity building
- Support and facilitate the development of in-country forums
- Communication strategy including brand/identity of the PAF
- Promotion / encouraging relevant others to join
- sustainability and up-scaling of the Forum/programme

Operational Policies

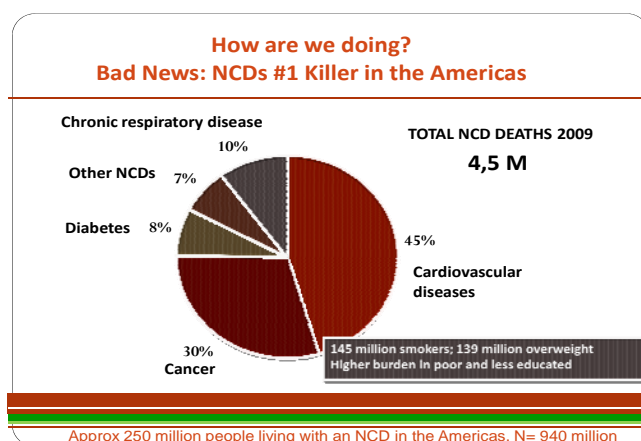
- *The Chairperson¹* will preside over all meetings and will be responsible for facilitating the mission of the Advisory Steering Group and any Sub-Groups that may be established
- *The Technical Secretariat of the PAFNCD and ASG / PAHO's Senior Advisor on Partnerships and Multi Sector Collaboration*, will together with the relevant areas of PAHO, conceptualize the work and prepare and follow up on the meetings, will manage the day-to-day operations of the ASG, and will maintain contact with ASG members on a permanent basis
- Members will:
 - Participate in the work of the Group twice a year, and in any sub-committees as appropriate, attending meetings in person. (.)
 - Represent their organization and sector, i.e. are able to speak for (or engage other parts of their organization /sector's preferences, experience, capabilities, etc.). Some members might be included in their own personal capacity.
 - Contribute their personal time, expertise, networks, resources, etc.
 - Leverage their organizations' financial and in-kind resources (i.e. local insights, technical expertise/assistance, networks, staff time, infrastructure, marketing skills, policy development, logistical support, etc.) for the Advisory Steering Group's work and for the PAFCD initiatives

¹ Chairperson: A PAHO authority, brokers the discussion between sectors and entities in the Forum; ensures political and technical leadership of the PAHO/WHO on the initiative; coordinates with WHO; ensures coherence with regional NCDs strategy and UNHLM outcomes, and has overall supervision of the Forum

- Advisory Steering Group meetings will be held twice yearly, at least one face to face
- Financial costs incurred by members to attend meetings shall be covered by members' parent organizations, or individually
- All sub-committees that might be created as a result of recommendations of the ASG will have at least 1 representative from PAHO

Context

Chronic diseases such as cardiovascular disease, hypertension, diabetes, cancer and chronic respiratory disease have become the largest, most costly health problem facing governments, communities, and businesses throughout the world and the Americas. They cause most of the premature deaths in the region and cost hundreds of billions of dollars annually in direct and indirect costs.



Globally, the estimated economic impact of NCD is a staggering \$30 trillion over the next twenty years, according to a recent Harvard/WEF study. NCDs are both a cause and effect of poverty and are undermining development. However, with proven interventions in changing settings and behaviors, health systems, and policies, it is possible to prevent some 80 percent of heart disease, stroke, and diabetes and 40 percent of cancers, and avoid billions in economic losses.

Risk factors such as tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol affect entire populations, and obesity is increasing among adults, children and adolescents. They are deeply embedded in the fabric of our society, and determined by causes that lie largely outside the health sector: by the way we live and work and a combination of public policies, private sector forces, civil society, and environmental factors. For people with an NCD or who are at high risk, access to services for screening, early diagnosis and preventive care is also a critical determinant, especially for prevention of expensive complications like heart attacks and stroke, renal failure, amputations and blindness.

Thus, the UN High Level Meeting on NCDs in September 2011 recognized the major economic and development challenge of NCDs, the links and shared risks with other mental, oral, ocular and renal

conditions, and called for reducing these risk factors through an “all of society” approach. Cross-sector partnerships, which combine the resources, competencies and reach of business with those of public health authorities and civil society organizations, are seen as an essential part of the solution, [and the UNSG has to report by September 2012 on options for developing a global partnership]. The PAHO Regional Strategy for the Prevention and Control of Chronic Diseases calls for establishing new/strengthening existing partnerships and alliances as a major mechanism.

In December 2009, following consultations with member states/ CARMEN network, academic institutions, NGOs, and a range of private sector associations and companies, the PF was launched in collaboration with the Pan American Health and Education Foundation, the World Economic Forum, and the International Business Leaders Forum. The Public Health Agency of Canada collaborated financially to help establish the Forum, and technically on the monitoring and evaluation aspects. At the launch, a working group discussed the issue of governance for the effort and the need for an Advisory Steering Group.

Early operationalization took place in 2010 and five initial thematic/regional working groups were established², and a cadre of staff was trained in partnership skills. Subsequently, interest was also expressed in having country/local level forums. For example, Trinidad & Tobago launched its national PF in March 2010, and the US Mexico Border PF, Panama, and Central America/INCAP is in the scoping/planning stages. Mexico established a multi-sectoral National Council on Chronic Diseases in February 2010, and Brazil launched a national multi- sector Forum in August 2011.

A review of the Partners Forum was conducted in early 2011, including a study of several other partnerships for lessons applicable to the Forum. In August 2011, member states, civil society organizations and a range of companies in the Forum were consulted on proposed next steps. All member states and partners agreed strongly on the direction and need for the Forum to support national and regional efforts, within an ethical framework and with mechanisms to manage conflicts of interest.

In September 2011, in a side event of the UN HLM, the Director of PAHO announced the next phase of the Partners Forum as the Pan American Forum for Action on NCDs, including the establishment of an Advisory Committee in the near future. This document sets forth the Draft terms of reference for an Advisory Steering Group of the PF, designed to take the PF from initial kick-off to be fully operational over the period 2012-2013.

Membership

A selected, limited and diverse number of participants in terms of sectors and geographical distribution, will be targeted (12-15), enlisting those that can bring to the table expertise in their areas of work, personal commitment, a network of contacts, influence, communications skills and resources, etc. It will

² PF Working Groups were in five initial areas of focus: healthy workplace; access to health services; healthy diet/salt reduction; information, communication and advocacy; and physical activity.

include a balanced group of representatives from the public sector (health and others), private sector (business, media), academia/scientific community, and civil society organizations.