



## **Governing Board document 17/2018: for information**

1 August 2018

### **Completion report for the Incubation Phase: 31 January – 31 July 2018**

The Defeat-NCD Partnership was formally constituted on 31 January 2018 by the first meeting of its Governing Board. The Partnership was “incubated” as a “project” under the United Nations Institute for Training and Research (UNITAR) until 31 July after which it moved over to the United Nations Office for Project Services (UNOPS) on 1 August.

This is a summary narrative report for the record on the work carried out during the 6-month incubation phase. The incubation phase was executed on schedule and within budget, and a seamless transition carried out to the new host agency.

#### **Governance arrangements**

An interim Board was established with 12 nominated members and 3 ex-officio observers (WHO, UNITAR, and the founding CEO) as listed in GB Doc 2/2018. With TORS and rules of Procedure as per GB Doc 3/2018, the Board met mostly electronically and took 16 key decisions for the essential functioning of the Partnership. At least 8 updates were provided to the Board by the CEO at periodic intervals.

Subsequently, 1 additional member from a civil society constituency joined the Board as well as 3 programme countries became eligible for membership. A Geneva Ambassadors Group and a Ministerial Council from contributor and programme countries were also initiated.

#### **Overall policy and strategy**

The Board approved the initial directions for the Partnership as per the Concept Note at GB Doc 4/2018. Through an extensive consultation process with governmental and non-governmental, and multilateral stakeholders, this was revised several times. The latest iteration and vision and mission statements that are the basis for ongoing work is dated June 2018.

#### **Management and administration**

A staffing structure and an organigramme were developed and approved by the Board (GB Doc 15/2018). It envisages a longer-term establishment of approx 36 personnel subject to resources and programming volume.

An initial team was recruited: chief executive, two public health programme specialists, an innovative financing adviser (for an initial three months), a 0.6 FTE communications and outreach adviser, and a programme assistant/administrator. They worked on evolving the work of the Partnership. Significant training opportunities were provided through attendance at paid courses for those staff that had little previous experience, so as to build up their knowledge and skills.

The partnership secretariat operated under the rules and procedures set by UNITAR.



As envisaged from the start of the incubation phase under UNITAR, the intention was to move to a longer-term hosting agency that could provide the fuller range of services needed by the Partnership. A detailed and systematic comparative review of hosting options was conducted to determine the agency that would best meet our requirements in the most appropriate and cost-effective manner. The Board selected UNOPS (GB Doc 11/2018), and UNOPS accepted. Extensive negotiations were conducted and successfully concluded on the initial UNOPS hosting terms (GB Doc 16/2018) which will be reviewed and amended as needed at the end of the year, depending on the operating experience of the next six months.

The UNOPS hosting became active on 1 August – with no loss of continuity of business when the arrangement under UNITAR was concluded on 31 July and physical assets transferred on the same day (see below) to new offices which have also been leased.

A competitive process – in line with UN rules and regulations was launched and successfully concluded to appoint the longer-term CEO to take up that appointment at D2 level on 1 August when the UNOPS hosting became operational.

### **Finances**

The working budget for the incubation phase was set at US\$0.5 million provided by donors. Projections indicate an underspend approaching \$100,000. By agreement of the donors (received), the savings as well as all assets built up during the incubation phase (furniture, computers etc) are to be transferred to the next hosting agency, UNOPS, for the continued use of the Partnership.

The final financial out-turn report (and hence the balance to be transferred) will be provided by UNITAR once all outstanding bills and outgoings have been discharged.

### **Resourcing framework and resources mobilisation**

A resourcing framework of upto US\$120 million over three years was developed and approved by the Board (GB Doc 14).

In addition to the US\$0.5 million for the incubation phase, we have further mobilised some \$19 million (received, committed, hard pledges, soft pledges). This is in addition to seeking private sector investments where good discussions have been initiated with potential commercial investors.

### **Establishing visual identity and digital presence**

A domain was registered, a distinctive logo was designed, and a website was established as well as a social media presence on Twitter, Facebook, and Linked-In along with a programme for regular postings. There is a steadily growing following.

### **Advancing recognition of the role of the Partnership in the international system**

Extensive diplomacy and outreach was conducted to both consult with stakeholders as well as to gain their understanding, membership, and support, starting from scratch.



We were pleased to get the Director General of the UN Office in Geneva to accept becoming the Hon. President of the Partnership and his advice has been invaluable.

With the beginning of the Geneva Ambassador Friends Group, the Danish Ambassador and Permanent Representative kindly hosted our first ambassadorial briefing with attendance by some key Missions here.

We were invited to and participated in several high-level stakeholder events starting with the Expert Group set up by WHO to advise the Independent High-Level Commission on NCDs, with some of our concepts appearing in the report of the Commission and highlighted by the co-chair of the Commission in the British Medical Journal.

We were also invited to the NCDs Financing Conference co-convened by the Danish government in Copenhagen, where they pledged their financial and political support to the Partnership.

Attendance at the World Health Assembly in May enabled several high-level discussions with member states and private sector collaborators – and relations with potential new partners were established.

The President of the UN General Assembly invited us to speak at a special PrepCom in New York to prepare for the forthcoming High-Level Meeting on NCDs during UNGA on 27 September.

We co-sponsored a special meeting on NCDs organised with the Asian Development Bank in Manila, with further openings under exploration.

At the invitation of the World Health Organization, a key partner, work has been initiated on an MoU with them to provide the framework for a joint co-operation programme including capacity strengthening support at country level.

Discussion with several other partners – governments, civil society, academic and private sector groups have been initiated with the intention to agree effective collaborative agreements with them including specific deliverables.

Finally, agreement was reached and planning started for a special side event to be held on 24<sup>th</sup> September during the UN General Assembly for a more formal “launch” of the Partnership. This will be hosted by a number of our government and private sector supporters with anticipated high-level attendance.

### **Country Programming**

Recognising that the longer-term focus of the Partnership is on scaling-up action against NCDs in developing countries (tracks 1,2), a strong start has been made to develop our operating modalities to make this happen.

Country assessment, partnership building, and project identification missions were completed in relation to Tajikistan (February), Haiti (March), Kenya (April), Myanmar (May), Zimbabwe (July) and planned for Tanzania and Zanzibar (August). The insights from this are leading to both country-specific programming possibilities and the development of a methodology for country support work. These will be elaborated further later this year.



## **Global programming**

Strengthening the availability, affordability, and accessibility of essential NCD drugs, diagnostics, and devices to enable countries to scale-up action is a core element (Track 3) of our overall strategy. The “Defeat-NCD Marketplace” through which this would happen has been conceptualised and elements have been designed. Country missions have indicated that there is much interest from partners to benefit from this initiative which is anticipated to be ready by the end of the year and open for business soon thereafter.

Finding additional and sustainable financing for investment in scaling-up NCD programmes is the challenge for our Financing facility (Track 4). Research into the pros and cons of social impact bonds and commercial bonds was conducted leading to a tentative design for the latter, with initial discussions with investors commenced. This track will require considerable expert work ahead.

**Dr. Mukesh Kapila**  
**Chief Executive**