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and control of non-communicable diseases**

United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director-General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council resolution [2018/13](#).



Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. The present report provides an update on the activities of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. In its resolution 2015/8, the Economic and Social Council encouraged the Task Force to enhance systematic support to Member States, upon request, at the national level. In its resolution 2016/5, the Council encouraged members of the Task Force to provide support to Member States in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development (General Assembly resolution 70/1). In its resolution 2017/8, the Council urged national Governments, the private sector as appropriate, and bilateral and multilateral donors, including the World Bank and regional development banks, to explore financing for the prevention and control of non-communicable diseases and mobilizing the provision of adequate, predictable and sustained resources for the programmatic work of the Task Force, including the four global joint programmes, in order to scale up Task Force support to Member States. In its resolution 2018/13, the Council called upon the Task Force to develop partnerships to achieve public health goals with Governments, non-governmental organizations, relevant private sector entities, academic institutions and philanthropic foundations to support the work of the Task Force at the global, regional and country levels.

2. The present report highlights progress over the past year and describes the 2019–2021 strategy of the Task Force, which is in line with the Task Force’s terms of reference and mandates provided through political declarations of the General Assembly and the resolutions of the Economic and Social Council.

II. Situation analysis

3. The political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, entitled “Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations”, was approved at the opening segment of the high-level meeting and adopted by the General Assembly on 10 October 2018 (resolution 73/2) and has significant implications for the Task Force in scaling up the United Nations system response. In the political declaration, Heads of State and Government:

(a) Recognized “that action to realize the commitments made for the prevention and control of non-communicable diseases is inadequate and that the level of progress and investment to date is insufficient to meet target 3.4 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from non-communicable diseases” (para. 4);

(b) Included 14 new commitments by Heads of State and Government and representatives of States and Governments (see annex to the present report);

(c) Broadened the scope of the commitments from the four major non-communicable diseases and four main risk factors (the so-called “4 x 4 non-communicable disease agenda”) to include commitments to reduce air pollution

and promote mental health and well-being (the so-called “5 x 5 non-communicable disease agenda”);

(d) Requested the Secretary-General, in consultation with Member States, and in collaboration with the World Health Organization (WHO) and relevant funds, programmes and specialized agencies of the United Nations system, “to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved”, in preparation for a fourth high-level meeting to be held in 2025 (para. 50).

4. WHO estimates that, in 2016, 15.2 million people between the ages of 30 and 70 years died from non-communicable diseases. The total number of such premature deaths continues to increase owing to population growth, and the impact of the globalization of marketing and trade. Globally, the probability of dying from cardiovascular disease, cancer, diabetes and chronic lung disease between the ages of 30 and 70 years continues to decline, from 22 per cent in 2000 to 18 per cent in 2016. However, this rate of decline is insufficient to meet target 3.4 of the Sustainable Development Goals.

5. WHO estimates that the number of countries with a national multisectoral strategy or action plan for the prevention and control of non-communicable diseases has tripled since 2010. The number of countries with an operational national coordination mechanism in place for the prevention and control of non-communicable diseases has increased from 57 in 2015 to 65 in 2017.

6. Countries face many challenges in responding to the rapid rise in non-communicable diseases and the need to improve mental health as part of the 2030 Agenda for Sustainable Development. As highlighted in the report of the Secretary-General to the General Assembly (A/72/662), these include: (a) weak political action by Heads of State and Government to integrate the prevention and control of non-communicable diseases into national responses to the 2030 Agenda; (b) weak health systems that lack the capacity to integrate the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases into primary health care, referral services, human resources and monitoring systems; (c) limited capacity to establish cross-sectoral partnerships for the prevention and control of non-communicable diseases; (d) lack of international finance; (e) the impact of economic, market and commercial factors, which in a number of countries is impeding the implementation of some of the best buys and other recommended interventions for the prevention and control of non-communicable diseases.¹

7. Countries need to prioritize low-cost, high-impact interventions to prevent and treat non-communicable diseases and mental health conditions. These interventions require Governments to work as one – and join forces with other key stakeholders across society.

8. Despite the shortage of resources available, the Task Force continues to build up its capacity to provide support to Member States to reflect non-communicable disease-related targets included in the 2030 Agenda. Different Task Force-led global joint programmes and thematic working groups address 12 Sustainable Development Goals and almost 30 targets of the Goals. This work has significant implications for national multisectoral responses to non-communicable diseases and development plans and policies.

¹ See also World Health Organization document A71/14; available at http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf.

III. Work of the Task Force

9. The Task Force strategy for 2019–2021 has four strategic priorities.² They are:

- (a) Supporting countries in delivering multisectoral action on the non-communicable disease-related targets of the Sustainable Development Goals;
- (b) Mobilizing resources;
- (c) Harmonizing action and forging partnerships;
- (d) Being an exemplar for United Nations reform.

10. The strategy builds on the experience of the 2014–2017 work plans,³ and is designed to mobilize the United Nations system to support countries in developing “whole-of-government” and “whole-of-society” action to respond to the non-communicable disease-related Sustainable Development Goals.⁴ Through its work, the Task Force moves countries a step closer to the 2030 Agenda and the triple billion targets in the thirteenth general programme of work of WHO.⁵

11. In line with the new strategy, the Task Force prioritizes direct technical assistance to countries to develop national investment cases, conducts situation analyses, supports the development of multisectoral responses, and mobilizes resources for non-communicable diseases and mental health initiatives. The Task Force also encourages new partnerships to support the non-communicable disease and health-related Sustainable Development Goals, bringing together Governments, the United Nations system and non-State actors in health and non-health sectors to respond to some of the greatest global health challenges of today.

12. The Task Force is committed to ensuring that all people can exercise their rights and have equal opportunities to live healthy lives in a world free of the avoidable burden of non-communicable diseases. The United Nations system is at its most effective when working in partnership with the full range of development partners, including non-State actors, while ensuring that its work is protected from undue influence by any form of vested interest.⁶

² See <https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?ua=1>.

³ 2014–2016 work plan available at www.who.int/nmh/uniatf-workplan-2014-2015-20141023.pdf?ua=1; 2016–2017 work plan available at www.who.int/ncds/un-task-force/uniatf-work-plan-2016-2017.pdf?ua=1.

⁴ In line with recent Economic and Social Council resolutions on the Task Force, the strategy uses the term non-communicable disease-related Sustainable Development Goal targets. The Task Force uses the term to include targets for non-communicable diseases, mental health and environmental determinants of non-communicable diseases. In its 2018 report to the Economic and Social Council the Task Force indicated that global joint programmes and thematic working groups led by the Task Force address 12 Sustainable Development Goals and 30 targets (E/2018/49).

⁵ The triple billion targets are: one billion more people with universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

⁶ In accordance with the overarching principles and approaches included in paragraph 18 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020. A specific example is the model policy for agencies of the United Nations system on preventing tobacco industry interference; available at www.who.int/ncds/un-task-force/events/model-policy-agencies-united-nations1.pdf?ua=1.

A. Supporting countries in delivering multisectoral action on the non-communicable disease-related targets of the Sustainable Development Goals

13. In the past year, the Task Force has continued to respond to the increasing demand for context-specific technical assistance from countries to support national action and capacity-building on the non-communicable disease-related targets of the Sustainable Development Goals.

Joint programming missions

14. In the past 12 months, the Task Force has responded to requests from the Governments of the Philippines and Thailand for joint programming missions. The Task Force undertook a joint programming mission at the request of the Government of Sri Lanka to follow up the 2015 mission. A joint programming mission of the United Nations Development Programme (UNDP) and WHO was undertaken at the request of the Government of India to follow up the 2014 joint programming mission.

15. These missions continue to engage Heads of State and Government, ministers and officials across government, non-State actors, the media and United Nations country teams. They have resulted in (a) strengthened capacities of United Nations country teams to support Governments in including non-communicable diseases and universal health coverage-related targets in national Sustainable Development Goals responses; and (b) stronger commitments from Governments to recognize their primary role and responsibility to engage all sectors of society in generating effective national responses through the development of whole-of-government and whole-of-society approaches. Full reports and summaries are available on the Task Force website.⁷

16. Updated progress reports were published for all countries that had received joint programming missions before mid-2018.⁸

17. Funds provided by the Government of Japan have enabled recommendations from previous joint programming missions to be taken forward in Cambodia, the Philippines and Viet Nam.

18. To support these missions and their follow up, the Task Force has now published 11 briefs for non-health sectors. Posters that summarize the key points of each of the briefs are also available and ministries across government have been encouraged to display these prominently.⁹

Global joint programmes and initiatives

Catalysing multisectoral action for the prevention and control of non-communicable diseases

19. The Task Force continues to provide support to countries in developing national investment cases, especially through the WHO-UNDP joint programme to catalyse national responses to non-communicable diseases – principally through funding from the Russian Federation. In the past 12 months, investment case missions have been undertaken in nine countries: Armenia, Cambodia, Ethiopia, Iran (Islamic Republic of), Kazakhstan, the Philippines, Turkey, Uzbekistan and Zambia. Also over the past

⁷ www.who.int/ncds/un-task-force/en/.

⁸ www.who.int/ncds/un-task-force/en/.

⁹ The briefs are for the following sectors: agriculture, energy and environment, education, finance, industry and trade, information and communication. There are additional briefs for Heads of State and Government and labour sectors, as well as municipal authorities and youth and sport.

12 months multisectoral and multi-stakeholder forums have been held to present the results of those investment cases in Armenia, Kazakhstan, Turkey and Uzbekistan. A multisectoral/multi-stakeholder forum was also held in Belarus to present the results of an earlier investment case. Plans to undertake a further set of investment cases have been completed, and dates have been determined for sharing the results of the remaining analyses and a global meeting to review the results of many of the investment cases, in particular their impact.

20. Since the first one in 2016, investment cases have now been undertaken in 18 countries¹⁰ and a number of countries have described their impact, for example, enhanced tobacco control legislation, increased excise taxes on tobacco and alcohol products, taxes introduced on sugar-sweetened beverages, campaigns to promote the reduction of salt consumption, initiation of childhood obesity campaigns and running of awareness-raising campaigns about health risk factors. A detailed analysis of the impact of the investment cases is currently being prepared.

21. Of the investment cases conducted to date, 11 have been funded through the Russian Federation project. An intergovernmental forum to discuss the results of the investment cases will be held later in 2019 to review their impact.

22. Guidance for undertaking non-communicable disease investment cases has now been published on the Task Force web pages¹¹ and training in how to do non-communicable disease investment cases has been provided to a group of international health economists. The international economists work closely with national health economists and epidemiologists when a country's investment case is being developed. This provides an opportunity for building capacity in a country.

23. Over the past year, there has been increasing demand for the Task Force to start undertaking mental health and air pollution investment cases. As a result, draft guidance is being developed for both. The Task Force plans to conduct at least one mental health investment case during 2019.

24. The third annual meeting of United Nations agencies and partners involved in the development of guidance for the non-communicable disease, mental health, air pollution and tobacco control investment case methodology and their execution in countries will be held in June 2019 to ensure that the approach of all the partners is fully harmonized and aligned with country programming.

25. In 2018, the Government of the Russian Federation announced \$5 million for further support for the global joint programme for 2020–2024.

Strengthening the implementation of the WHO Framework Convention on Tobacco Control to achieve the Sustainable Development Goals in low- and middle-income countries

26. The Framework Convention on Tobacco Control 2030 project was launched in 2017 and is currently funded by the Governments of Australia and the United Kingdom of Great Britain and Northern Ireland. The project is supporting 15 countries in scaling up their tobacco control responses.¹² The project is managed by the secretariat of the WHO Framework Convention on Tobacco Control in partnership with UNDP, WHO and the United Nations Resident Coordinator offices. Technical assistance supports countries to (a) advance tobacco control legislation; (b) strengthen

¹⁰ Armenia, Barbados, Belarus, Cambodia, Fiji, Ethiopia, Jamaica, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Mongolia, Peru, Philippines, Saudi Arabia, Turkey, Uzbekistan, Zambia and Viet Nam.

¹¹ www.who.int/ncds/un-task-force/publications/WHO-NMH-NMA-19.95/en/.

¹² The 15 countries are Cape Verde, Cambodia, Chad, Colombia, Egypt, El Salvador, Georgia, Jordan, Madagascar, Myanmar, Nepal, Samoa, Sierra Leone, Sri Lanka and Zambia.

multisectoral coordination; (c) reform their tobacco tax regimes; (d) develop national strategies; and (e) integrate tobacco control into broader sustainable development efforts.

27. 2018 was the first full year of the project. WHO Framework Convention on Tobacco Control investment cases, which are aligned with the non-communicable disease investment cases described above, have been completed in Georgia, El Salvador and Myanmar, while the remaining 12 investment cases are in progress. Project activities have resulted in progress in a number of areas such as (a) increases in tobacco taxation; (b) initiation of plans to improve graphic health warnings; (c) new tobacco control bills/legislative framework in place, including drafting of decrees on protection from interference by the tobacco industry; (d) establishment of multisectoral coordination mechanisms and policies; (e) plans in place for conducting feasibility studies on alternative livelihoods for tobacco farmers; and (f) strengthened in-country capacity, for example, training of enforcement officers and legal experts and tobacco cessation among health professionals.

28. Funding under the project has also enabled the Convention secretariat, UNDP and WHO to undertake WHO Framework Convention on Tobacco Control needs assessment missions in Madagascar, Myanmar, Samoa and Zambia.

Eliminating cervical cancer

29. In 2018, the Director General of WHO announced a call for coordinated action globally to eliminate cervical cancer, building on the work of the global joint programme on cervical cancer. In January 2019, the WHO Executive Board at its 144th session decided to request the WHO Director General to develop, in consultation with Member States, United Nations agencies and other relevant stakeholders, a draft global strategy to accelerate the elimination of cervical cancer, with clear goals and targets for the period 2020–2030, for consideration by the seventy-third World Health Assembly, through the Executive Board at its 146th session in 2020. Task Force members are participating in a number of regional consultations that are being held to support the development of the strategy.

30. Inception missions to support countries in developing comprehensive cervical cancer elimination plans have been previously undertaken to Bolivia, Mongolia, Morocco, Myanmar, the United Republic of Tanzania and Uzbekistan. In the past 12 months, there have been two follow-up missions to Mongolia to support monitoring and evaluation and screening and human papillomavirus test introduction, a follow-up mission to Morocco (costing and introduction of the human papillomavirus vaccine), to the United Republic of Tanzania (monitoring and evaluation) and follow-up missions to Uzbekistan (screening and human papillomavirus test introduction and costing and planning for the introduction of the human papillomavirus vaccine).

31. In May 2018, the International Atomic Energy Agency led an interregional meeting and workshop in Morocco on the management of cervical cancer with the participation of 12 joint programme countries.¹³

32. Funding provided by the Government of Japan has been used to support the joint programme's work in Mongolia. Support enabled the development of a comprehensive communication and advocacy strategy for the prevention and control of cervical cancer as part of the national comprehensive cervical cancer plan and the strengthening of cervical cancer surveillance and research in the National Cancer Centre. In 2018, the joint programme recently received catalytic funding from the Government of Belgium.

¹³ Bolivia, Ghana, Kenya, Kyrgyzstan, Madagascar, Mongolia, Morocco, Myanmar, Nigeria, Senegal, Sierra Leone and Zimbabwe.

Mobile technologies to address non-communicable diseases

33. The WHO-International Telecommunication Union initiative, Be He@lthy, Be Mobile, continues to provide evidence-based guidance and technical support to Member States wishing to implement national mobile health (mHealth) programmes for non-communicable diseases. Over the past five years, the initiative has had significant impact, providing support for 15 programmes in 11 countries. Toolkits for a number of non-communicable diseases and their risk factors provide guidance and best practices, supplementing technical assistance offered to countries for the planning, implementation and evaluation of each national mobile health programme.

34. Results from independent evaluations of Be He@lthy, Be Mobile programmes show a 19 per cent abandonment rate among a sample of mobile tobacco cessation programme users, improved glycaemic control among mobile diabetes programme users and an increase in cervical cancer screenings among mobile cervical cancer programme users. The mobile diabetes programme has reached more than 800,000 individuals, while the mobile tobacco cessation programme has reached over 2.1 million users, in five countries.

35. Moving forward, the Be He@lthy, Be Mobile initiative aims to contribute further to supporting countries in delivering target 3.4 of the Sustainable Development Goals by expanding the number of national mobile health programmes it supports and exploring new, innovative ways to deliver its health content.

Harmful use of alcohol

36. The Task Force has continued its efforts to reduce the harmful use of alcohol through the newly established SAFER initiative.¹⁴ SAFER emerged from the work of WHO on implementing the Global Strategy to Reduce the Harmful Use of Alcohol, the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020, including the work of the Task Force, and the joint WHO and UNDP programme on alcohol, HIV/AIDS and gender-based violence. The overall objective of the SAFER initiative is to provide support for Member States in reducing the harmful use of alcohol by boosting and enhancing the ongoing implementation of the global alcohol strategy and non-communicable disease action plan as well as other WHO and United Nations instruments. SAFER focuses on the most cost-effective priority interventions (“best buys”) using a set of WHO tools and resources to prevent and reduce alcohol-related harm.¹⁵

37. The SAFER initiative was launched at a side event during the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. A SAFER steering group has been established, which is led by WHO. WHO, UNDP and a group of civil society partners (Global Alcohol Policy Alliance, IOGT International, NCD Alliance, and Vital Strategies) are continuing to develop SAFER, looking to identify an initial set of countries that wish to join SAFER, and identify opportunities to bring in development partners and mobilize resources.

¹⁴ See www.who.int/substance_abuse/safer/en/.

¹⁵ There are five interventions in the SAFER package: (a) strengthen restrictions on alcohol availability; (b) advance and enforce drink-driving countermeasures; (c) facilitate access to screening, brief interventions and treatment; (d) enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and (e) raise prices on alcohol through excise taxes and pricing policies.

Defeat-NCD Partnership

38. The Defeat-NCD Partnership¹⁶ is hosted at the United Nations Office for Project Services. The public-private-people partnership was launched on the sidelines of the third high-level meeting of the General Assembly, with the purpose of providing a practical mechanism to assist low- and lower middle-income countries in scaling up action against non-communicable diseases. The Partnership has four pillars of work: (a) national capacity-building; (b) community-based expansion of services; (c) a marketplace to make non-communicable disease drugs, diagnostics and equipment more accessible and affordable; and (d) developing specific financing packages to meet the resource gaps of target countries.

39. The Partnership has progressed over the past year by engaging with seven countries – Haiti, Kenya, Myanmar, Rwanda, Tajikistan, the United Republic of Tanzania and Zimbabwe – on their national non-communicable disease action plans; additional requests from five other countries and regions are in process. A new community-centred service scale-up model that integrates digital approaches with empowered self-care and community financing is due to be piloted. The Defeat-NCD Marketplace for essential drugs, diagnostics and equipment is advancing its design, and the baseline study for the Defeat-NCD Market Monitoring Service covering some 90 developing countries has been initiated. Research into innovative financing options is progressing to identify potential market-based solutions that could help to meet part of the additional non-communicable disease financing needs of resource-poor countries.

Global regulatory and fiscal capacity-building programme

40. WHO, the International Development Law Organization and the International Development Research Centre, with support from the Swiss Development Cooperation, have developed a three-year project to build national capacity for the development and implementation of regulatory and fiscal measures for diet and physical activity in five countries: Bangladesh, Kenya, Sri Lanka, Uganda and the United Republic of Tanzania.

41. The goal of the project is to strengthen national regulatory and fiscal environments to promote healthy diets and physical activity and the main outcomes are to build human and institutional capacity in regulatory and fiscal measures, create supportive regulatory environments for those measures and generate local and international evidence that informs and strengthens the process. The key interventions focus on (a) restricting marketing of foods and non-alcoholic beverages to children; (b) establishing fiscal policies for diet, in particular effective taxation of sugar-sweetened beverages; (c) developing nutrition labelling, in particular front-of-pack labelling; (d) reformulating products to contain less salt, sugar and fat; and (e) promoting physical activity. The project includes the development and delivery of global and in-country training and follow-up technical support.

World Health Organization

42. The efforts of WHO to build political momentum over several years on the prevention and control of non-communicable diseases reached a high point when world leaders made landmark commitments to scale up action at the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in September 2018.

¹⁶ See www.defeat-ncd.org.

43. The WHO global programme on the prevention and control of non-communicable diseases for 2018–2019 has a budget of \$356 million. This has enabled WHO to provide technical assistance in four areas: (a) strengthening governance for the development and implementation of national multisectoral responses; (b) reducing risk factors; (c) strengthening health systems; and (d) strengthening monitoring and surveillance for the prevention of non-communicable diseases. Technical assistance packages include (a) SAFER – to reduce harmful alcohol use and related consequences; (b) REPLACE – to eliminate industrially produced trans-fat from the food supply; (c) ACTIVE – to increase physical activity; (d) LIVE LIFE – to prevent suicide; and (e) HEARTS – to prevent and control cardiovascular diseases.

44. Through the Global Hearts Initiative, WHO is supporting countries in scaling up protocol-based management, improving access to medicines and technologies and measuring outcomes better. More than 10 countries have started implementing HEARTS. Since implementation began in 2018 in India, more than 100,000 people with hypertension are being treated on a standard protocol.

45. The WHO Global Initiative for Childhood Cancer, launched in September 2018, aims to double the global cure rate for children with cancer – to reach at least a 60 per cent survival rate by 2030 – and thus save an additional one million lives. WHO will support Governments in assessing current capacities in cancer diagnosis and treatment.

46. The new WHO Global Action Plan on Physical Activity 2018–2030 shows how countries can reduce physical inactivity in adults and adolescents by 15 per cent by 2030. It recommends 20 policy areas to create more active societies through improving the environments in which people live, work and play as well as increasing the opportunities and programmes suitable for people of all ages and abilities to do more walking, cycling, sport, active recreation, dance and play.

Working groups and work streams

Tobacco control

47. In view of the importance of countries implementing the WHO Framework Convention on Tobacco Control to achieve the non-communicable disease-related targets of the Sustainable Development Goals and the 2030 Agenda for Sustainable Development more broadly, the thematic group on tobacco control was established at the end of 2017. The Convention secretariat chairs the group.

48. Current activities of the working group include (a) a situation analysis to be led by the United Nations Environment Programme and WHO on the protection of the environment under article 18 of the WHO Framework Convention on Tobacco Control;¹⁷ (b) an action plan with agency-specific actions to promote implementation of target 3.a of the Sustainable Development Goals¹⁸ as an accelerator for achieving the Goals; and (c) joint work on article 17 of the WHO Framework Convention on Tobacco Control on economically viable alternative livelihoods, to be led by the Food and Agriculture Organization of the United Nations and UNDP.

49. The Convention secretariat conducted a survey of progress among Task Force members in implementing the model policy for agencies of the United Nations system on preventing tobacco industry interference¹⁹ and implementation of the United Nations smoke-free policy. Preliminary results suggest that most United Nations

¹⁷ Article 17 concerns the provision of support for economically viable alternative activities and article 18 concerns the protection of the environment and the health of persons in respect of tobacco cultivation and manufacture.

¹⁸ Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

¹⁹ www.who.int/ncds/un-task-force/events/model-policy-agencies-united-nations1.pdf?ua=1.

agencies have yet to develop or implement their model policy on preventing tobacco industry interference. With regard to smoke-free policy, among those that responded to the survey, most had implemented indoor smoke-free policies in line with the United Nations smoke-free policy. The Convention secretariat encouraged Task Force members to go further and make their campus (outside) tobacco free following the example of WHO. To support this, WHO has published step-by-step guidance. The thematic group will monitor progress among Task Force members in moving to tobacco-free campuses.

50. As part of promoting implementation of the model policy for agencies of the United Nations system on preventing tobacco industry interference, a significant achievement was the decision of the Governing Body of the International Labour Organization (ILO) at its 334th session,²⁰ following two years of discussions, (a) to organize a tripartite meeting, to promote an exchange of views on the further development and implementation of the policy, with, among others, the participation of the directly affected countries and social partners in the tobacco sector; (b) to present an update on the costed and time-bound integrated strategy to the Governing Body in November 2019; (c) to continue the efforts to eliminate child labour using regular budget supplementary account funds and other public funds in the short term; and (d) to continue efforts to mobilize various sustainable sources of funding from the public and private sector with appropriate safeguards.

51. The eighth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control was held from 1 to 6 October 2018, in Geneva, and included a high-level segment on tobacco control and global climate action. The parties adopted the Global Strategy to Accelerate Tobacco Control, which aims to strengthen implementation of the Convention, with a road map to guide the work of the parties, the Convention secretariat and other stakeholders from 2019 to 2025. New strategies were adopted for preventing further interference by the tobacco industry in public health policies, in line with article 5.3 of the Convention, which requires parties to the treaty to protect national public health policies “from commercial and other vested interests of the tobacco industry”.

52. The Convention secretariat has continued to promote the entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products. The Protocol entered into force on 25 September 2018 and the first Meeting of the Parties to the Protocol was held from 8 to 10 October 2018, in Geneva. The Protocol provides a comprehensive set of tools to fight illicit trade, including the establishment of a global monitoring system to track and trace the movement of tobacco products and updates on their legal status. The Protocol also includes measures to promote international cooperation, including sanctions and law enforcement.

Nutrition, including ending childhood obesity

53. As a convener of the thematic working group on nutrition, the secretariat of the United Nations Standing Committee on Nutrition has continued to work with members of the group on all forms of malnutrition. Over the past year members of the group have (a) participated in joint programming missions; (b) developed guidance on nutrition for future joint missions; and (c) contributed to the Committee’s brief on non-communicable diseases, diets and nutrition for the third high-level meeting of the General Assembly.

²⁰ International Labour Organization document GB.334/POL/5, para. 46, as amended by the Governing Body.

Physical activity

54. In 2018 WHO launched the Global Action Plan on Physical Activity 2018–2030. Members of the Task Force were engaged throughout the consultation and development phases and in 2018 a thematic working group was established in response to recognition of the crosscutting agenda represented by the policy recommendations in the plan. Notably, significant synergies were identified between the agendas of promoting physical activity, sport for all, and sustainable transport (walking and cycling) and their contribution to health, the environment, social and economic development, and peace. While the work plan of the thematic group is under review, bilateral collaborations are under way. For example, the United Nations Educational, Scientific and Cultural Organization and WHO are collaborating to establish and strengthen policy coherence and synergies between implementation and monitoring of the Global Action Plan, the Kazan Action Plan on physical education, sport and physical activity, and the United Nations Action Plan on Sport for Development and Peace.

Mental health and well-being

55. Members of the thematic working group on mental health are currently contributing to the development and the implementation of the United Nations Children's Fund (UNICEF) and WHO-led Helping Adolescents Thrive initiative, which provides an evidence-based adolescent health package for the promotion of mental health, the prevention of mental disorders and the reduction of risk behaviours, including self-harm. Members of the working group have also contributed to the development of the guidance for the mental health investment cases.

56. A new plan for action is currently being finalized by the working group. The plan will provide a major initiative across the United Nations system to scale up action on mental health disorders. The plan will be ambitious and bold but at the same time practical. It will include commitment to support two to three countries in their efforts to strengthen multisectoral action on improving mental health in line with national policies and plans. In 2019, the mental health working group will also bring together the United Nations system to make an effective contribution to World Suicide Prevention Day (10 September).

Environmental health risks and non-communicable diseases

57. The thematic working group on non-communicable diseases and the environment focuses on supporting countries and cities in tackling air pollution and non-communicable diseases. The group has developed terms of reference for joint air pollution and non-communicable disease programming missions and is working with the UNDP-WHO global joint programme on catalysing multisectoral action for the prevention and control of non-communicable diseases to develop the methodology for country-based air pollution non-communicable disease investment cases. There are plans for at least one joint United Nations programming mission in 2019, which would focus on air pollution and environmental determinants and health. Group members have also agreed to mobilize resources to scale up support to countries.

Non-communicable diseases and humanitarian emergencies

58. The informal network continues to support countries and partners in integrating non-communicable disease responses into services provided to affected populations. The group brings together technical and operational expertise from Task Force members and other partners. The group has contributed to the updated guidelines for

the Sphere project²¹ and its members have collaborated to draft operational guidance on indicators for improved monitoring of non-communicable diseases and improved clinical management through capacity-building initiatives. The WHO non-communicable diseases emergency health kit is currently being evaluated, with a focus on the adaptiveness and capacity of its content, and its readiness and use.

Non-communicable diseases in the workplace

59. ILO has been joined by WHO and a number of founding partners in establishing a global occupational safety and health coalition, one priority being the prevention and control of non-communicable diseases, in support of paragraph 44 (a) of the political declaration of the third high-level meeting on the prevention and control of non-communicable diseases (General Assembly resolution 73/2).

60. The coalition aims to create a clearance house of guidelines, tools and awareness-raising materials for use by employers, workers and occupational health services for the prevention of occupational risks for non-communicable diseases, such as occupational carcinogens and workplace air pollution, long working hours and work-related stress; and also for workplace health promotion and reduction in modifiable risk factors for non-communicable diseases in the workplace, occupational risk factors for mental disorders, and tobacco-free workplaces. There are now plans for WHO and ILO to develop joint guidelines on mental health in the workplace.

61. To strengthen global capacity for evidence synthesis and disease burden modelling in occupational health, ILO and WHO are estimating the global burden of work-related disease and injury. Building on existing work to estimate the occupational burden of disease for 39 pairs of occupational risk factors and health outcomes, the new methodology will allow for estimating the burden of 13 additional occupational risk factor-outcome pairs including (a) occupational exposure to solar ultraviolet radiation and skin cancers and cataract; (b) occupational noise and cardiovascular disease; and (c) long working hours and ischaemic heart disease, stroke, depression and alcohol use disorders. These estimates will also serve as useful indicators across Sustainable Development Goals 3 and 8.

62. WHO and ILO organized a round table on protection of workers from outdoor and workplace air pollution and have provided support to the Lao People's Democratic Republic and Viet Nam in developing national programmes for the elimination of asbestos-related diseases.

63. ILO is currently in the final stages of revising the ILO Digital International Classification of Radiographs of Pneumoconioses based on digitally acquired subject film.

64. ILO continues to promote health and well-being at work through its International Labour Standards on occupational safety and health and through its codes of practice, which are adopted through tripartite consensus, in addition to its various publications and training materials in the areas of workplace nutrition, mental health, violence at work, psychosocial risks, alcohol and drug abuse, tobacco control, healthy sleep, physical activity and economic stress.

Task Force Awards Scheme

65. The Task Force continues to develop innovative approaches across government to advocate for national and local action on the non-communicable disease-related Sustainable Development Goals. In 2018, a new award scheme was launched to celebrate examples of multisectoral action at the local, national, regional or

²¹ See www.spherestandards.org/.

international level. Awards were made in three categories: (a) health ministries and agencies; (b) ministries and agencies beyond health; and (c) United Nations country teams. Nominations were considered on the following criteria: (a) new and innovative activities; (b) acting as an exemplar for others; (c) overcoming significant obstacles; (d) demonstrating outstanding leadership; and (e) mobilizing resources, knowledge or expertise. A total of 27 winners (16 ministries of health, 7 ministries beyond health, and 4 United Nations country teams) received awards. In addition, two awards were presented to the Heads of State. Awards were presented during the meeting of the Friends of the Task Force on the sidelines of the third high-level meeting of the General Assembly. There was significant international and national media attention for the awards and for the need for multisectoral action to tackle non-communicable diseases.

66. At the 11th meeting of the Task Force in November 2018, Task Force members agreed to extend the awards scheme categories in 2019 to include non-governmental organizations, academia and philanthropies.

B. Mobilizing resources

67. The Task Force continues to work with Member States, development partners and non-State actors to mobilize resources to support development of national responses to reach the non-communicable disease-related Sustainable Development Goals.

68. WHO, the World Bank, UNDP, UNICEF, and the United Nations Population Fund have explored financing mechanisms to assist Governments in catalysing action to reduce the levels of non-communicable diseases and improve mental health, including accessing technical support and policy advice from the United Nations system and other development partners, including non-State actors.

69. As a result, the Task Force has developed a concept note proposing a new country-driven catalytic fund for non-communicable diseases and mental health to catalyse more effective responses to non-communicable diseases and mental health at the country level.²²

70. The catalytic fund is designed to be country-driven, focusing on overlooked and underfunded parts of the non-communicable disease response, and to be aligned with WHO guidance.²³ The catalytic fund will bring together a range of stakeholders for meaningful engagement and mobilize finances from a range of sources.

71. The catalytic fund is designed to support Governments in better coordinating and integrating non-communicable disease responses into existing health and development strategies and would create space for civil society organizations to strengthen their role in service delivery and advocacy.

72. The catalytic fund would reinforce domestic resources as the primary source of financing for scaled-up non-communicable disease prevention and control. In addition, the fund would look to mobilize a range of complementary financing sources to kick-start national action and build the foundation for sustainable responses. The fund would also be expected to leverage and improve the efficiency of bilateral loans and grants from international financial institutions, including the World Bank, which

²² See www.who.int/ncds/un-task-force/catalytic-flyer.pdf?ua=1.

²³ Including the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020 (available at http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1) and the WHO best buys and other recommended interventions for the prevention and control of non-communicable diseases (see www.who.int/ncds/management/best-buys/en/).

through their multibillion-dollar lending portfolio on strengthening health systems are increasingly supporting interventions related to non-communicable diseases and mental health – in support of universal health coverage.

73. The concept note identifies five main thematic areas for the catalytic fund: (a) national investment frameworks for non-communicable diseases, including an investment case and a prioritized and costed national plan, with government-led implementation through sustainable government-led financing; (b) strengthened policy coherence across government and its partners including the private sector; this will include engaging with the private sector to find common ground on the prevention and control of non-communicable diseases and to convert this concordance into new public health approaches; (c) stronger legislative and regulatory environments; (d) procurement and supply-chain management for non-communicable disease medicines and equipment with capacity-building of health systems personnel; and (e) population-wide risk communication on non-communicable diseases.

74. A multi-donor fund was also one of the bold ideas recommended by the WHO Independent High-level Commission on Non-communicable Diseases.²⁴ In December 2018 the Government of Kenya²⁵ hosted a meeting in Geneva with several government representatives from low- and middle-income countries to discuss further the contours of a catalytic/multi-donor fund. Further work on a catalytic/multi-donor fund is now also being undertaken through phase 2 of the work of the WHO Independent High-level Commission.²⁶

75. The Task Force continues to encourage its members to increase their individual and collective human and financial resources to make a more effective contribution towards supporting countries in responding to non-communicable diseases and mental health conditions. More than 60 per cent of Task Force members have included non-communicable diseases in their governing body's policies and plans.²⁷

C. Harmonizing action and forging partnerships

76. The Task Force continues to forge multi-stakeholder partnerships and alliances at all levels to achieve the public health and non-communicable disease-related targets of the Sustainable Development Goals, in line with Economic and Social Council resolution 2018/13, within the context of the Global Action Plan for Healthy Lives and Well-being for All.²⁸

77. Be He@lthy, Be Mobile, the Defeat-NCD Partnership, the joint programme on cervical cancer, and SAFER are all examples of United Nations-led initiatives that include non-State actor participation. The Task Force secretariat, together with a number of Task Force members and non-State actor partners involved, shared updates on those programmes and the broader work of the Task Force at the 2019 Prince

²⁴ *Time to deliver: Report of the WHO Independent High-Level Commission on Noncommunicable Diseases* (available at www.who.int/ncds/management/time-to-deliver/en/) includes the recommendation, “The international community should consider the establishment of a multi-donor fund, to catalyse financing for the development of national non-communicable diseases and mental health responses and policy coherence at country level”.

²⁵ Sicily Kariuki, Cabinet Secretary for Health, Kenya, is one of the Commissioners.

²⁶ Working Group 3 of phase 2 has commissioned a paper on lessons learned from previous global health and development trust funds and financing mechanisms and their applicability to developing a multi-donor trust fund to scale up action on non-communicable diseases.

²⁷ See www.who.int/ncds/un-task-force/ncds-governingbodiespolicies-7march2017.pdf?ua=1.

²⁸ “Towards a Global Action Plan for Healthy Lives and Well-being for All: Uniting to Accelerate Progress towards the Health-related SDGs”; available at www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf.

Mahidol Award Conference, the theme of which was “the political economy of non-communicable diseases: a whole of society approach”.

78. The Government of Japan and the Government of the United States of America have participated in joint programming missions in the past. In 2018, the United Kingdom Government through Public Health England participated in the joint programming mission to the Philippines.

79. Joint programming missions engage with a range of non-State actors. A key aim of the missions is to encourage an ever stronger and more coherent civil society response in the country. For example, the 2018 WHO-UNDP mission to India witnessed a considerably more aligned civil society since the Task Force joint programming mission of 2014.

80. A meeting on the theme “Working constructively with the private sector towards Sustainable Development Goals target 3.4” was held on 5 March 2019 in New York under Working Group 3 of phase 2 of the WHO Independent High-level Commission on Non-communicable Diseases, which is developing recommendations for the WHO Director General on bold and practical actions on how to engage with the private sector for its meaningful and effective contribution to target 3.4. Five Governments and 14 private sector entities participated. Eight members of the Task Force also participated,²⁹ in line with paragraph 8 of Economic and Social Council resolution [2018/13](#) and within the mandate of the Task Force, as set out in Council resolution [2013/12](#).

81. The objectives of the meeting were to develop (a) a common understanding of how the United Nations system is working on the non-communicable disease-related Sustainable Development Goals and engaging with the private sector; (b) a common understanding of ways the private sector could strengthen its commitment to target 3.4 of the Goals; (c) a draft list of suggested commitments and actions by different private sector entities to support target 3.4; and (d) inputs for Working Group 3 of the WHO Independent High-level Commission. Discussion focused on (a) reviewing evidence and identifying best practice; (b) identifying opportunities and challenges in developing and sustaining the partnerships; and (c) challenges for government. The meeting also explored issues relating to resource mobilization. A series of recommendations from the meeting will be reviewed by the full Commission in April 2019. The report of the meeting will be published on the Task Force web pages.

82. On 4 March 2019, in preparation for the above-mentioned meeting, the Task Force co-organized a meeting with three of the Working Group 3 Commissioners, at which participation was limited to the Commissioners, representatives of selected Governments and the eight United Nations entities mentioned above. The report of the meeting will be published on the Task Force web pages.

83. The third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases included a side event hosted by the Task Force and the Russian Federation and co-sponsored by Jamaica, Kenya, Sri Lanka, Sweden and the United Arab Emirates, on the theme “Friends of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases: new phase for the Task Force in developing partnerships”.³⁰ This side event provided a platform for Member States, United Nations agencies and non-State actors to take stock of (a) progress in how countries are developing whole-of-government

²⁹ Food and Agriculture Organization of the United Nations, United Nations Office for Project Services, United Nations Development Programme, United Nations Children’s Fund, United Nations Population Fund, World Bank, World Food Programme, World Health Organization.

³⁰ See www.who.int/ncds/un-task-force/developing-partnerships/en/.

responses to non-communicable diseases; (b) how the United Nations system is scaling up action, including mobilizing domestic and international financing; and (c) how non-State actors can do more in responding to non-communicable diseases.

84. In order to demonstrate how the work of the Task Force is aligned with the thirteenth general programme of work, 2019–2023, of WHO, two briefing papers are available, providing (a) illustrative examples of Task Force activities that contribute to outputs in the thirteenth general programme of work; and (b) linkages between the strategic priorities of the Task Force strategy for 2019–2021 and the outputs of the thirteenth general programme of work, including the triple billion targets.³¹ This exercise indicates that the Task Force is making a contribution to 15 of the outputs of the general programme of work of WHO.

D. Being an exemplar for United Nations reform

85. In line with the Secretary-General's commitment to reposition the United Nations development system to deliver on the 2030 Agenda for Sustainable Development, the Task Force continues to encourage its members, at all levels, to work as one, in supporting Governments in responding to the non-communicable disease-related targets of the Sustainable Development Goals and broader public health goals.

86. The Task Force continues to catalyse the United Nations system-wide response in countries to support Governments in integrating non-communicable diseases into their national non-communicable disease responses to the 2030 Agenda. At country level, there has been a year-to-year increase in the number of countries that have included non-communicable diseases in their United Nations Development Assistance Frameworks. A survey published in 2018 indicated that 75 countries had included non-communicable diseases in the results-based matrixes of their Development Assistance Frameworks, a threefold increase since 2013.

87. The Task Force continues to encourage the governing bodies of its members to consider the non-communicable disease-related Sustainable Development Goals and broader public health goals in their policies and plans. Currently, more than 60 per cent of United Nations agencies that are members of the Task Force report the inclusion of non-communicable disease-related Sustainable Development Goals in their work plans. This is an increase from 30 per cent in 2014 and 50 per cent in 2016.

88. Short briefing papers on the political declaration of the third high-level meeting of the General Assembly and the Economic and Social Council resolution on the work of the Task Force have been published to provide easily digestible summaries for staff throughout the United Nations system, Governments, and development partners.

IV. Recommendations

89. **The Economic and Social Council is invited:**

(a) **To take note of the present report;**

(b) **To request the Secretary-General to report to the Economic and Social Council in 2020 on progress made in implementing Council resolution 2013/12, following up on the decisions of the comprehensive review in 2018 by the General**

³¹ The triple billion targets are: one billion more people with universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

Assembly of the progress achieved in the prevention and control of non-communicable diseases;

(c) To note the impact of the work of the Task Force over the past few years and the need for a significant increase in financing in order for the Task Force to reach its full potential in providing timely and effective specialized technical assistance to Member States;

(d) To call upon the members of the Task Force to continue to work together to identify additional resources to enhance their support to Member States in line with the Task Force strategy for 2019–2021;

(e) To call upon bilateral donors and multilateral donors to mobilize resources for the work of the Task Force in order to meet the goals in the Task Force strategy for 2019–2021.

Annex

New commitments made by Member States in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases*

Paragraph Summary of new commitments

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|----|---|
| 17 | At the level of Heads of State and Government, provide strategic leadership for the prevention and control of non-communicable diseases |
| 21 | Implement policy, legislative and regulatory measures, including fiscal measures, aiming at minimizing the impact of the main risk factors for non-communicable diseases |
| 23 | Implement interventions to halt the rise of overweight and obesity ^a |
| 24 | Develop a national investment case on the prevention and control of non-communicable diseases |
| 29 | Respond to the needs of the rapidly ageing population |
| 31 | Address premature deaths from non-communicable diseases attributed to indoor and outdoor air pollution |
| 32 | Address the impact of environmental determinants |
| 33 | Encourage regular physical activity |
| 37 | Implement measures to improve mental health and integrate them into national responses for non-communicable diseases |
| 38 | Promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer |
| 40 | Treat people living with non-communicable diseases in humanitarian emergencies |
| 42 | Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of non-communicable diseases |
| 44 | Invite the food and beverage industry, economic operators in the area of alcohol production and trade, and the pharmaceutical industry to strengthen their commitment and contribution to Sustainable Development Goal target 3.4 |
| 45 | Establish national accountability mechanisms |
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* General Assembly resolution [73/2](#).

^a Although paragraph 15 of the 2014 outcome document (resolution [68/300](#)) includes a commitment to reverse the rising trends in overweight and obesity, it is made by ministers and representatives of the Food and Agriculture Organization of the United Nations and the World Health Organization, not by Member States at the highest level as in the 2018 political declaration.