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**Coordination, programme and other questions: prevention  
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 [2021/27](#).



## **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. In its resolution [2015/8](#), the Economic and Social Council encouraged the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases 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 support Member States in reflecting non-communicable disease-related targets of the Sustainable Development Goals.

2. In its resolution [2017/8](#), the Council urged national Governments, the private sector, as appropriate, and bilateral and multilateral donors to explore financing for the prevention and control of non-communicable diseases and to mobilize the provision of adequate, predictable and sustained resources for the programmatic work of the Task Force, including its global joint programmes.

3. 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.

4. In its resolutions [2019/9](#) and [2020/22](#), the Council encouraged bilateral and multilateral donors, as well as other relevant stakeholders, to mobilize resources to support Member States, upon their request, to catalyse sustainable national responses to non-communicable diseases and mental health conditions, including a dedicated multi-partner trust fund. The Council also called upon the Task Force to support Member States in the provision of access to safe, effective, quality and affordable essential medicines and vaccines, as well as in strengthening regulatory systems, supply chain management and health systems for the prevention and control of non-communicable diseases.

5. In its resolution [2020/22](#), the Council called upon the members of the Task Force to continue to identify technical resources to enhance support for Member States, paying particular attention to the needs of Member States during their coronavirus disease (COVID-19) response and recovery efforts.

6. In its resolution [2021/27](#), the Council welcomed the establishment of the United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health, encouraged bilateral and multilateral donors, as well as other relevant stakeholders, to mobilize resources to catalyse sustainable national responses to non-communicable diseases and mental health conditions and called upon the Task Force and its members to support the capacity of Member States for improved regulatory and legal frameworks that address non-communicable diseases and mental health.

7. In the 2011 and 2018 political declarations of the high-level meetings of the General Assembly on the prevention and control of non-communicable diseases, the leading role of the World Health Organization (WHO) was emphasized in providing technical assistance and policy advice to Member States, as well as directing and coordinating multi-stakeholder engagement and dialogue, including the actions of the United Nations system through the Task Force. The present report provides an overview of the work of the Task Force in the past 12 months.

## II. Situation analysis

8. In his report to the Executive Board of WHO at its 150th session, the Director General reviewed challenges for the prevention and control of non-communicable diseases and the reduction of mental health conditions, including the impact of the COVID-19 pandemic.<sup>1</sup> These challenges are summarized below.

### Non-communicable diseases

9. The global share of deaths from non-communicable diseases among all deaths increased from 61 per cent in 2000 to 74 per cent in 2019. At the global level, 7 of the 10 leading causes of death in 2019 were non-communicable diseases (see box 1).

#### Box 1

#### Non-communicable diseases in 2019

- The world's biggest killer is ischaemic heart disease (responsible for 16 per cent of total deaths). Since 2000, deaths due to ischaemic heart disease increased by more than 2 million to 8.9 million.
- Stroke and chronic obstructive pulmonary disease were the second and third leading causes of death (responsible for approximately 11 per cent and 6 per cent of total deaths, respectively).
- Deaths from tracheal, bronchial or lung cancer ranked sixth (1.8 million deaths).
- Alzheimer's disease and other forms of dementia were the seventh leading cause of death.
- Diabetes entered the top 10 causes of death, with a 70 per cent increase since 2000.
- Kidney disease was the tenth leading cause of death (increasing from 813,000 deaths in 2000 to 1.3 million in 2019).

10. In 2019, 3 of the 10 leading causes of death in low-income countries, 5 out of 10 in lower middle-income countries, 8 out of 10 in upper middle-income countries and 9 out of 10 in high-income countries were non-communicable diseases. The following observations can also be made:

(a) Deaths due to non-communicable diseases in persons aged between 30 and 70 years (premature deaths) are rapidly increasing, with cardiovascular disease the leading killer of people in this age group;

(b) While the overall risk of dying between the ages of 30 and 70 from any cardiovascular disease, cancer, diabetes or chronic respiratory disease declined globally by more than one fifth between 2000 and 2019, progress has slowed in recent years;

(c) Premature mortality from non-communicable diseases parallels, and can be partly attributed to, a lack of success in addressing many of the non-communicable disease risk factors. Although tobacco use is steadily declining, the prevalence of obesity is rising and, despite progress in reducing harmful consumption of alcohol

<sup>1</sup> World Health Organization (WHO), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, document EB150/7.

globally, its consumption and the related level of harm remain high, with consumption increasing in South-East Asia;

(d) Countries with policy, legislative and regulatory measures, including fiscal measures, for the prevention and control of non-communicable diseases and strong and inclusive health systems have had the best outcomes against non-communicable diseases.

11. Many countries remain off track to meet global commitments on non-communicable diseases (see box 2).

**Box 2**

**Country progress in meeting global commitments**

- 34 countries have implemented 10 or more of the commitments made on the prevention and control of non-communicable diseases at the General Assembly.
- 66 countries have implemented fewer than five commitments, including 4 countries that have implemented none.
- No countries are on track to achieve all nine voluntary global targets for 2025 set by the World Health Assembly in 2013 against a 2010 baseline.
- 14 countries are on track to achieve Sustainable Development Goal target 3.4.

**Mental health**

12. Close to 1 billion people experience a mental health disorder, including 1 in 7 adolescents and adults. Some 700,000 deaths are suicide, which is the fourth leading cause of death in young people aged 15 to 29 years. Progress on mental health-related Sustainable Development Goal indicators is shown in box 3. Mental health disorders are the leading cause of disability, and neurological disorders are the leading cause of disability-adjusted life years and the second leading cause of death. The use of psychoactive substances, including alcohol, nicotine and psychoactive drugs, is the largest contributor to poor health globally, and around 300 million people worldwide live with alcohol or drug use disorders.

**Box 3**

**Mental health-related Sustainable Development Goal indicators**

- 3.4.2. Suicide mortality rate: estimated at 9.2 per 100,000 people in 2019 (a 3 per cent reduction in the crude rate of suicide since 2015).
- 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders: little progress made since 2010.
- 3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol: estimated in 2019 at 5.8 litres, representing a 5 per cent relative decrease from 2010 (6.1 litres).

13. Globally, \$1 trillion is lost in economic productivity annually owing to depression and anxiety. In a report submitted to the World Health Assembly at its seventy-fourth session, 75 per cent of WHO member States reported having a stand-alone policy or plan for mental health, and 57 per cent reported a stand-alone mental health law, representing increases from 68 per cent and 51 per cent, respectively, from 2014.

14. Public expenditure on mental health remains low, at a global median of 2.1 per cent of national government expenditure on health. Of this expenditure, most (66 per cent) is spent on hospitals for mental health conditions. Indeed, only 25 per cent of WHO member States report the integration of mental health into primary health care, and 28 per cent reported on the existence of systems for mental health and psychosocial preparedness for emergencies.

### **Coronavirus disease pandemic**

15. The COVID-19 pandemic continues to be a major disrupter of progress on non-communicable diseases:

(a) 87 per cent of countries reported that all or some health ministry staff with responsibility for non-communicable diseases and their risk factors were supporting COVID-19 efforts either full-time or alongside routine activities;

(b) 37 per cent of countries reported complete or partial disruption to services for the management of hypertension or diabetes, 30 per cent for asthma services and cancer treatment and 22 per cent for cardiovascular emergencies.

16. The pandemic continues to be a major disrupter of progress on improving mental health:

(a) In the first year of the pandemic, the global prevalence of anxiety and depression increased by 25 per cent, in part due to social isolation and the fear and impact of infection, suffering and death for individuals, families and friends;

(b) Among health workers, exhaustion has been a major trigger of suicidal thinking;

(c) The increase in mental health problems has coincided with severe disruptions to mental health services, leaving huge gaps in care;

(d) Neurological consequences, including cognitive impairment, are also emerging as either persisting or newly developing signs and symptoms (post-COVID-19 condition).<sup>2</sup>

## **III. Work of the Task Force and broader response of the United Nations system to non-communicable diseases and mental health**

17. The activities of the Task Force over the past year continued to be in line with the four priorities set out in the 2019–2021 strategy.

<sup>2</sup> WHO, “Neurology and COVID-19: scientific brief” (September 2021) and corrigendum.

## **A. Supporting countries to deliver multisectoral action on the non-communicable disease-related targets of the Sustainable Development Goals**

### **Joint programming missions**

18. The COVID-19 pandemic continued to hamper opportunities for joint programming missions. Nevertheless, in the past 12 months, the Task Force was able to participate in missions to Bahrain to follow up on earlier joint missions, and to Uganda to support efforts to reduce the harmful use of alcohol (see para. 28).

19. The joint programming mission to Bahrain took place from 9 to 11 November and was led by WHO with the support of the Task Force secretariat, with the participation of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF). The mission met with government and non-governmental partners with a view to further implementing the national action plan for 2019–2030, considering the recent non-communicable disease investment case. Recommendations were made in four areas: (a) scaling-up services for the prevention and management of non-communicable diseases; (b) strengthening multisectoral action, with an emphasis on the food system to enable a healthy diet; (c) strengthening monitoring and evaluation mechanisms; and (d) enhancing research and development activities.

### **Global joint programmes and initiatives undertaken by members of the Task Force**

#### *Catalysing multisectoral action for the prevention and control of non-communicable diseases and mental health*

20. The WHO-UNDP global joint programme continued to strengthen whole-of-government and whole-of-society responses to non-communicable diseases and mental health conditions with funding from the Russian Federation, the Gulf Council of Health Ministries, the European Union and the Government of Italy.

21. Non-communicable disease investment cases were completed for Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, Thailand and the United Arab Emirates and are being finalized for Botswana, Nigeria and Uganda. Mental health investment cases were completed for Kenya, the Philippines and Uzbekistan and are in progress for Bangladesh, Guyana, Nepal, Suriname, Uganda and Zimbabwe. Investment cases quantify the costs to the health system and the broader economy of non-communicable diseases and mental health conditions and the return on investment in evidence-based interventions, in line with the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030 and the comprehensive mental health action plan 2013–2030. Investment cases are in high demand among member States to make the argument for scaling up national investment and development assistance to address non-communicable diseases and mental health conditions.

22. A total of 30 non-communicable disease and mental health investment cases were undertaken between 2016 and 2021, with many countries implementing the recommended policies and measures. According to evaluations, the investment case process, including the recommendations made in the reports, is contributing to

changes in policy and the strengthening of governance and financing. Examples of the impacts have been described.<sup>3</sup>

23. Several investment cases have highlighted the health, development and fiscal benefits of increasing taxes on tobacco, alcohol and sugar-sweetened beverages. To support countries in implementing recommendations on optimizing health taxes, guidance and tools are being developed and rolled out. Guidance is also being developed to support countries in securing the benefits of optimizing taxes on fossil fuels.

24. The joint programme provided additional on-the-ground support in 2021 to countries in Africa (Côte d'Ivoire, Nigeria and Uganda), the Caribbean (Guyana, Suriname and Trinidad and Tobago) and the Pacific (Fiji). These countries were supported in: (a) developing and/or implementing effective fiscal, legislative and regulatory measures; (b) enhancing policy coherence across government sectors and their partners; (c) strengthening policy and capacity for equitable access to health care; and (d) increasing awareness, ownership and engagement for population-wide responses.

25. This work contributed to a number of outcomes, including: (a) in Nigeria, the passage of the first new mental health bill since 1958 and the development of national multisectoral policies on non-communicable diseases and the harmful use of alcohol; (b) in Uganda, improved access for the treatment of non-communicable diseases through integration with HIV service delivery and inclusion in a national health insurance bill, together with the establishment of a parliamentary forum on non-communicable diseases and the advancement of local-level action by orienting mayors towards the WHO Healthy Cities Network initiative; (c) in Guyana, Suriname and Trinidad and Tobago, steps to improve access to mental health and psychosocial services, including through the training of health workers and enhanced self-harm surveillance, along with strengthened multisectoral planning, coordination and sustainable financing for mental health and suicide prevention; and (d) in Fiji, reaffirmed high-level political prioritization of non-communicable diseases and the advancement of a new multisectoral strategy on non-communicable diseases. Key lessons that emerged from the work are shown in box 4.

#### Box 4

##### **Key lessons that emerged from in-country work**

- Non-communicable disease governance tools and approaches that WHO and UNDP have developed at the global level can be advanced through country-led action and enhanced by new ways of delivery calibrated to country contexts.
- Relatively low levels of technical and financial support can catalyse action. Effective engagement produces commitments, demand and opportunities for follow-on action, which may require additional support. The continuity of support is critical to increase and sustain impact, at least in the near term as capacities develop.
- Multisectoral engagement on non-communicable diseases and mental health is strengthening health systems, including by advancing efficient people-centred health services and addressing links with sustainable development broadly. At the same time, for

<sup>3</sup> United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, WHO and United Nations Development Programme (UNDP), *The WHO/UNDP Global Joint Project on Catalysing Multisectoral Action for Non-Communicable Diseases: Report to the Ministry of Health of the Russian Federation* (Geneva, 2021).

national partners, responding to the COVID-19 pandemic has been a competing priority. Additional advocacy and support is needed to act on the links between non-communicable diseases, mental health and pandemic preparedness and response.

- Close collaboration between WHO and UNDP at the country level has reinforced the value of the United Nations delivering as one. Together they have advanced country-owned and country-led approaches with broad stakeholder engagement and the prioritization of integrated health and development solutions. The work and emerging demand can inform future directions of the joint programme as well as the United Nations multi-partner trust fund.

### *Eliminating cervical cancer*

26. An independent review of the 2016–2021 United Nations Joint Global Programme on Cervical Cancer Prevention and Control<sup>4</sup> was completed in 2021.<sup>5</sup> Its main conclusions were that the programme had improved inter-agency collaboration and coordination, added value to global, regional and country action and experienced significant challenges in mobilizing resources owing to competing priorities, including the COVID-19 pandemic. The next phase of collaboration (United Nations joint action on cervical cancer elimination) will be: (a) fully aligned with the global strategy to accelerate the elimination of cervical cancer as a public health problem, prioritizing support for countries to implement the strategy, including through the integration of cervical cancer elimination into national and United Nations development frameworks; and (b) harmonized and aligned with key strategies such as the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, the United Nations Population Fund (UNFPA) strategic plan for 2022–2025, the International Atomic Energy Agency medium-term strategy for 2018–2023 and the UNICEF strategic plan for 2022–2025. The United Nations multi-partner trust fund will support joint United Nations action and fundraising. The International Atomic Energy Agency, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF and WHO have recently supported a small number of countries in mobilizing resources for their national comprehensive cervical cancer programmes.

### *Digital health*

27. The Be He@lthy, Be Mobile initiative led by WHO and the International Telecommunication Union continued to adapt its work to support member States during the COVID-19 pandemic. The initiative continued to increase access to chatbots and expand into new areas, including mental health and smoking cessation. It continued to respond to its initial focus on non-communicable diseases, with mobile health diabetes programmes in Senegal and the Sudan collectively reaching over 500,000 people in 2021. In addition, handbooks on mobile oral health and mobile dementia health were published.

<sup>4</sup> The agencies involved were the International Agency for Research on Cancer, the International Atomic Energy Agency, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women, the United Nations Population Fund and WHO.

<sup>5</sup> Global Health Visions, "A review of the United Nations Joint Global Programme on the Elimination of Cervical Cancer" (2018).

*Harmful use of alcohol*

28. The Task Force continued to support the implementation of the WHO-led SAFER initiative,<sup>6</sup> which focuses on the five most cost-effective interventions to reduce the harmful use of alcohol.<sup>7</sup> Funds provided by the Government of Norway have supported: (a) collaboration with the Government of Uganda (including through a joint programming mission in November 2021 that met with the Government, parliamentarians, non-government agencies, academic institutions and professional associations), with agreement on a multi-agency, multisectoral road map for future activities; (b) the development of an initial plan of action to support the Government of Nepal; (c) the development of a global SAFER monitoring system; (d) the development of the SAFER investment case methodology; and (e) advocacy materials, including the SAFER video in six languages.

**Working groups and work streams***Coronavirus disease*

29. Members of the Task Force continued to support member States in responding to the impact of the COVID-19 pandemic on non-communicable diseases and mental health conditions. In October 2021, they updated their strategic actions by including examples of recent activities in responding to non-communicable diseases during and beyond the pandemic.<sup>8</sup>

*Tobacco control*

30. The Task Force and its members continued to prioritize action on tobacco control. The secretariat of the WHO Framework Convention on Tobacco Control, through the FCTC 2030 project, continued to support parties eligible to receive official development assistance in advancing sustainable development through accelerated implementation of the Convention. The secretariat, with WHO and UNDP, conducted five virtual needs assessment missions and facilitated dialogues to foster cooperation by the health and non-health sectors on implementing the Convention. To raise awareness of individual roles and strengthen support and governance for implementation at the country level, the secretariat and UNDP are leading the development of 11 sectoral briefs targeting different government departments, as well as a parliamentary caucus to build the capacity of parliaments on tobacco control. By the end of 2021, the secretariat, UNDP and WHO had developed investment cases for the Convention for 18 countries and had compiled four country briefs on tobacco control as an accelerator for the Sustainable Development Goals. Intensive support continues to be provided to strengthen tobacco taxation policies as well as multisectoral planning and coordination as part of a comprehensive strategy to build back better. A publication is being developed on how strengthened implementation of the Convention can enhance the COVID-19 response and recovery, as well as resilience to future pandemics.

31. FAO, the World Food Programme and WHO provided support to the Government of Kenya to improve working conditions on tobacco farms in the country

<sup>6</sup> See [www.who.int/initiatives/SAFER](http://www.who.int/initiatives/SAFER).

<sup>7</sup> These are: strengthen restrictions on alcohol availability; advance and enforce drink driving countermeasures; facilitate access to screening, brief interventions and treatment; enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and raise prices on alcohol through excise taxes and pricing policies.

<sup>8</sup> WHO and UNDP, "Update 21: responding to non-communicable diseases during and beyond the COVID-19 pandemic – examples of actions being taken by selected members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases" (Geneva, 2021).

and move towards alternative crops and livelihoods. This work is expected to be expanded to other countries.

32. The Convention secretariat, FAO, the International Labour Organization (ILO), the United Nations Office of Drugs and Crime (UNODC), UNDP and WHO developed a toolkit that will support countries in developing economically sustainable alternatives to tobacco growing. They plan to pilot the toolkit in a few countries before disseminating it more widely.

33. The Task Force secretariat worked with experts to develop a methodology for country-specific tobacco cessation investment cases, which is now being piloted in Uzbekistan. The investment case will calculate the economic burden of diseases attributable to tobacco use and the benefits of the successful implementation of tobacco cessation interventions.

34. As part of efforts to scale up United Nations-wide action on the Protocol to Eliminate Illicit Trade in Tobacco Products, the Task Force's working group on tobacco is mapping the expertise of members of the Task Force to support parties in implementing the Protocol. As part of this, the Organisation for Economic Co-operation and Development, UNODC, the World Customs Organization, WHO and the World Bank contributed to a series of webinars and a meeting of experts organized by the Convention secretariat to discuss the evidence-based research required under articles 6.5 and 13.2 of the Protocol.<sup>9</sup>

35. The ninth session of the Conference of the Parties to the Convention was held from 8 to 13 November, with the participation of members of the Task Force. The parties adopted 13 decisions, including on launching an investment fund for the implementation of the Convention, and a declaration on the Convention and the recovery from the COVID-19 pandemic was also adopted.<sup>10</sup> The second session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products was held from 15 to 18 November. Decisions were adopted to, inter alia, set up a new investment fund to help to support the drive to end the illicit tobacco trade and to encourage international and regional organizations to support parties in implementing the Protocol.

#### *Nutrition, including ending childhood obesity*

36. The working group on nutrition is convened by the secretariat of UN-Nutrition. Its activities include: (a) supporting the United Nations multi-country office in the Pacific in scaling up action on diet-related non-communicable diseases; (b) modelling nutrition best buys to advance nutrition investment case methods; (c) promoting nutrition and healthy diets by co-organizing side events such as the pre-summit event at the United Nations Food Systems Summit on 27 July 2021, on the theme "Putting nutrition at the centre of food systems transformation", the Committee on World Food Security event on 13 October 2021, on the theme "Human rights, nutrition and law: keys to transform food systems", and the Nutrition for Growth event on 2 December 2021, entitled "Building investment cases for nutrition interventions: rationale and experience"; and (d) developing joint messages on healthy diets and sustainable food systems in national dialogues during the Food Systems Summit. The working group is collaborating with the working group on non-communicable diseases and the environment to define key messages linking climate change, the environment, healthy diets and nutrition in preparation for the twenty-seventh Conference of the Parties to

<sup>9</sup> Protocol, art. 6.5, para. 5 ("Evidence-based research to ascertain whether any key inputs exist that are essential to the manufacture of tobacco products, are identifiable and can be subject to an effective control mechanism"), and art. 13.2, para. 2 ("Evidence-based research to ascertain the extent of illicit trade in tobacco products related to duty free sales of such products").

<sup>10</sup> Decision FCTC/COP9(10).

the United Nations Framework Convention on Climate Change Conference, to be held in 2022.

*Mental health and well-being*

37. In 2021, UNODC and WHO celebrated a decade of delivering effective and humane treatment for people with drug use disorders through their joint programme with a side event during the sixty-fourth session of the Commission on Narcotic Drugs that featured the main achievements of the programme, including international standards for the treatment of drug use disorders.<sup>11</sup> A report summarizing action in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine under the UNODC-WHO Stop Overdose Safely project was published.<sup>12</sup> A new inter-agency technical working group on the prevention of drug use and the treatment and care of drug use disorders was established to boost inter-agency action and collaboration.

38. UNICEF and WHO co-published *Helping Adolescents Thrive Toolkit: Strategies to Promote and Protect Adolescent Mental Health and Reduce Self-harm and Other Risk Behaviours*, along with country case studies to support its roll-out. In addition, a global report is being finalized to support countries in integrating early interventions for children with developmental delays and developmental disabilities into primary health care and schools.

39. The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings published a mental health and psychosocial support toolkit for older adults during the COVID-19 pandemic, as well as “My hero is you 2021: how kids can hope with COVID-19!” in 30 languages, including Braille, as a sequel to “My hero is you: how kids can fight COVID-19!”. In addition, a draft minimum services package for mental health and psychosocial support for populations affected by humanitarian crises was developed by WHO and UNICEF in collaboration with the Office of the United Nations High Commissioner for Refugees and UNFPA and is being piloted in Colombia, Iraq, Nigeria, South Sudan and Ukraine.<sup>13</sup>

40. As part of the 2017 framework of cooperation between WHO and the Office of the United Nations High Commissioner for Human Rights to advance work on health and human rights, guidance for countries to develop mental health-related legislation in line with international human rights standards is being finalized. This included consultations with organizations representing persons with disabilities, individuals with lived experience, mental health, human rights and law experts, policymakers and legislators.

41. Other activities included the development of guidance or briefings on integrating HIV and mental health services (UNAIDS and WHO), maternal mental health (UNFPA, UNICEF and WHO), strengthening national regulatory action to reduce deaths from pesticide poisoning (FAO and WHO) and mental health and work (ILO and WHO).

<sup>11</sup> United Nations Office on Drugs and Crime (UNODC), “UNODC and WHO celebrate a decade of delivering effective and humane treatment for people with drug use disorders through their joint programme”, 20 April 2021.

<sup>12</sup> WHO and UNODC, *Summary Report: UNODC-WHO Stop-Overdose-Safely (S-O-S) Project Implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine* (Geneva, 2021).

<sup>13</sup> See <https://mhpsmsp.org/en>.

*Non-communicable diseases and the environment*

42. In 2021, WHO estimated that air pollution caused 5 million premature deaths annually.<sup>14</sup> By reducing air pollution, countries can reduce the health and economic costs of poor health while safeguarding the planet. Action to support member States in addressing household and ambient air pollution includes global monitoring of access to clean cooking, the 2022 update of the ambient air quality database, updating WHO air quality guidelines and new and/or updated tools such as the newly developed WHO clean household energy solutions toolkit.

43. The Health and Energy Platform of Action, co-convened by WHO, UNDP, the Department of Economic and Social Affairs and the World Bank, increases cooperation by the health and energy actors to accelerate access to clean cooking. The WHO technical advisory group on global air pollution and health convenes over 80 experts, including from the World Meteorological Organization, the United Nations Environment Programme, the World Bank, the United Nations Human Settlements Programme (UN-Habitat) and the Economic Commission for Europe, to support: (a) a health impact assessment of air pollution, related methods and input data; (b) methods for assessing the co-benefits of climate action; (c) action on desert dust and health; and (d) interventions and policies to address the health impacts of air pollution as part of the global agenda on non-communicable diseases.

44. UNDP, the United Nations Environment Programme, UNICEF and WHO, as partners within the global coalition on health, environment and climate change, which also includes the secretariat of the United Nations Framework Convention on Climate Change and the World Meteorological Organization and acts as the Task Force's working group on non-communicable diseases and the environment, developed a compendium of WHO and other United Nations guidance on health and the environment, with a chapter on air pollution. Country-level implementation of the recommended actions will reduce the burden of non-communicable diseases.

*Non-communicable diseases and humanitarian emergencies*

45. UNHCR continued to convene the informal inter-agency group on non-communicable diseases in humanitarian settings. Activities are in line with those reported to the World Health Assembly at its seventy-fifth session (see also paragraph 59 (iii)). An inter-agency study that identified major gaps in diabetes care and surveillance was published.<sup>15</sup> The WHO emergency kit on non-communicable diseases underwent revision following consultation and will be ready for use later in 2022. Partners scaled up efforts to provide care for people living with non-communicable diseases as part of the COVID-19 response.

*Non-communicable diseases in the workplace*

46. WHO and ILO published the first joint estimates of the work-related burden of disease and injury. Work-related diseases and injuries were responsible for 1.9 million deaths in 2016, with non-communicable diseases accounting for 81 per cent of workplace-related deaths, mostly from respiratory and cardiovascular disease.<sup>16</sup>

47. ILO published *Exposure to Hazardous Chemicals at Work and Resulting Health Impacts: A Global Review*, in which it showed that: (a) every year more than 1 billion

<sup>14</sup> WHO, *WHO Global Air Quality Guidelines: Particulate Matter (PM<sub>2.5</sub> and PM<sub>10</sub>), Ozone, Nitrogen Dioxide, Sulfur Dioxide and Carbon Monoxide* (Geneva, 2021).

<sup>15</sup> Sylvia Kehlenbrink and others, "An inter-humanitarian agency study of diabetes care and surveillance in humanitarian settings", *The Lancet*, vol. 10, No. 3 (March 2022).

<sup>16</sup> WHO and International Labour Organization, *Global Monitoring Report: WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury, 2000–2016* (Geneva, 2021).

workers are exposed to hazardous substances, including pollutants, dust, vapours and fumes, in their working environments; (b) cancer is the main cause of work-related death; and (c) only a limited number of chemical occupational exposures are considered, monitored and regulated in workplaces. The report includes priority actions. ILO also published *Principles and Guidelines for Human Factors/Ergonomics (HFE) Design and Management of Work Systems* to promote safe and healthy work environments.

*Non-communicable diseases and the Global Fund to Fight AIDS, Tuberculosis and Malaria*

48. In line with the actions described in the previous report (E/2021/48/Rev.1), the Task Force continues to advocate for and support countries and partners in leveraging resources for non-communicable diseases, including mental health conditions, from the Global Fund to Fight AIDS, Tuberculosis and Malaria, including by incorporating non-communicable diseases into countries' funding requests to the Fund, in line with its 2015 financing policy on co-infections and co-morbidities<sup>17</sup> and the vision for integrated, people-centred quality services articulated in the Fund's strategy for 2023–2028.

49. A working group consisting of the secretariat of the Framework Convention on Tobacco Control, the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, WHO and the Task Force secretariat was established at the seventeenth meeting of the Task Force to develop advocacy and support countries and partners in leveraging resources from the Fund for non-communicable diseases. A brief that highlights the linkages between HIV, tuberculosis, malaria, non-communicable diseases and mental health conditions is being finalized, and demand for support is being explored.

## **B. Mobilizing resources**

50. In May 2021, WHO, UNDP, UNICEF and the Multi-Partner Trust Fund Office signed a memorandum of understanding,<sup>18</sup> including terms of reference,<sup>19</sup> to establish a United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health, in response to country demand and in line with recent resolutions, decisions, declarations and reports, including those of the Economic and Social Council.<sup>20</sup>

51. The trust fund was established during the COVID-19 pandemic because: (a) persons with non-communicable diseases (and their risk factors) and those with mental health conditions (and at risk of such conditions) are highly vulnerable to COVID-19 and its impacts; (b) non-communicable diseases and their risk factors are associated with an increased risk of severe disease and death from COVID-19, and the pandemic has led to an increased prevalence of mental health conditions; (c) the pandemic has resulted in severe disruptions to diagnostic, treatment, rehabilitation and palliation services for people living with, or at risk of, non-communicable diseases and mental health conditions; and (d) the pandemic will make it even more challenging to meet the non-communicable disease-related and mental health-related Sustainable Development Goal targets.

<sup>17</sup> Global Fund to Fight to Fight AIDS, Tuberculosis and Malaria, "Thirty-third Board Meeting: Global Fund support for co-infections and co-morbidities", Board decision GF/B33/11 (Geneva, 2015).

<sup>18</sup> See <https://mptf.undp.org/document/download/28075>.

<sup>19</sup> See <https://mptf.undp.org/document/download/28258>.

<sup>20</sup> These include Economic and Social Council resolution 2021/27; WHO, document WHA72/2019/REC/1, decision 72 (11); and General Assembly resolution 73/2.

52. The trust fund aims to raise \$250 million over its first five years to catalyse global and national financing for non-communicable diseases and mental health and contribute to lowering premature mortality. Recent estimates suggest that achieving target 3.4 worldwide would require \$140 billion in additional funds between 2023 and 2030, an average of \$18 billion annually, which would result in 39 million deaths being averted, with \$2.7 trillion in net economic benefits.<sup>21</sup> Initial investment in the trust fund will be used to catalyse a significant increase in national resources and development assistance to support low- and middle-income countries in addressing non-communicable diseases and mental health.

53. In June 2021, a multi-partner trust fund secretariat was established within the Task Force secretariat using funds from the European Union. In August, WHO issued a circular to its member States advising them that the trust fund had been established to catalyse action in low- and middle-income countries for: (a) the development and implementation of fiscal, legislative and regulatory measures; (b) the strengthening of health systems as part of broader efforts to achieve universal health coverage; (c) national financing; and (d) engagement with communities and affected populations.<sup>22</sup> A total of 23 countries responded to the circular requesting further information, expressing an urgent need for the trust fund. In September 2021, Uruguay became a founding strategic partner of the fund and, in November 2021, Kenya and Thailand also joined as founding strategic partners.

54. In November, the first meeting of the multi-partner trust fund steering committee was held, co-chaired by WHO and UNDP.<sup>23</sup> A resource mobilization strategy, an operational guidance note or manual and governance procedures are expected to be agreed upon at the next meeting. The steering committee agreed that, for general communication, marketing and advocacy, the trust fund would be called the “Health4Life Fund: a global financing partnership on non-communicable diseases and mental health”. WHO, UNDP and UNICEF are working with other members of the Task Force, member States and development partners to mobilize resources for the fund.

55. Investment cases under the WHO-UNDP joint programme are an important tool for advocating and directing greater national and international financing for non-communicable diseases and mental health.

56. In 2021, the Task Force secretariat worked with WHO and other partners such as the Program for Appropriate Technology in Health to implement \$4 million in financial and in-kind contributions, including from the private sector, for the Access Initiative for Quitting Tobacco. The SAFER initiative received additional funds from the Government of Norway.

57. In 2021, the Task Force secretariat received financial support from the Government of the Russian Federation, the European Union and the Gulf Council of Health Ministries and in-kind support from the Government of Italy.

### C. Harmonizing action and forging partnerships

58. Action taken by WHO in response to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (see para. 7) was noted by the Executive Board at its

<sup>21</sup> “NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries”, *The Lancet*, vol. 399, No. 10331 (March 2022).

<sup>22</sup> WHO, “C.L.30.2021: Multi-Partner Trust Fund”, 9 February 2021.

<sup>23</sup> See <https://mptf.undp.org/document/download/29458>.

150th session<sup>24</sup> and was reported to the World Health Assembly at its seventy-fifth session. Those reports highlighted the leading work of WHO and the importance of partnership across the United Nations system and contained specific actions taken by and requested from Task Force members. These included: (a) an implementation road map for 2023–2030 for the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030; (b) draft recommendations on strengthening and monitoring diabetes responses within national non-communicable disease programmes; (c) recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with non-communicable diseases and to prevent and control their risk factors in humanitarian emergencies; (d) a 2022–2030 action plan to implement the global strategy to reduce the harmful use of alcohol as a public health priority; (e) implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem; (f) draft recommendations on the prevention and management of obesity over the life course; and (g) a draft workplan for the WHO global coordination mechanism on the prevention and control of non-communicable diseases for 2022–2025.

59. In response to member State requests, WHO, the Task Force, the Program for Appropriate Technology in Health and private sector partners established the Access Initiative for Quitting Tobacco in 2020 to support countries in delivering comprehensive tobacco cessation services during the pandemic. In 2021, nicotine replacement therapy donations were supplied to India, Jordan and the Philippines to enable smokers, including front-line health workers and those at high risk from COVID-19, to stop smoking. Pro bono support was provided for developing the WHO digital health worker and chatbots.

60. A new WHO-led tobacco cessation consortium<sup>25</sup> was launched in 2021 on World No Tobacco Day (31 May)<sup>26</sup> as part of a one-year campaign to help 100 million tobacco users to stop using tobacco as part of the COVID-19 response.

61. A number of Task Force members participated in the inter-agency working group on health taxes,<sup>27</sup> which is chaired by WHO and aims to: (a) raise the profile of health taxes; (b) collaborate on technical products and ensure that partners' publications are aligned; and (c) coordinate technical assistance for member States. Health taxes were promoted in international forums such as Intergovernmental Group of Twenty-four on International Monetary Affairs and Development technical group meetings, and as a result a subcommittee on health taxes was established within the United Nations Tax Committee. The group contributed to an International Monetary Fund publication on applying excise taxes to fight obesity and supported its dissemination.<sup>28</sup> The group is developing a web portal to raise awareness of health taxes. The World Bank and WHO have demonstrated the potential of excise taxes on

<sup>24</sup> WHO, documents EB150/7 and EB150/7 Add.1.

<sup>25</sup> WHO, WHO Cessation Consortium, "What is the WHO Cessation Consortium?", 5 November 2021.

<sup>26</sup> See [www.who.int/campaigns/world-no-tobacco-day/2021](http://www.who.int/campaigns/world-no-tobacco-day/2021).

<sup>27</sup> Members include the Alliance for Health Policy and Systems Research, the Asian Development Bank, the secretariat of the Association of Southeast Asian Nations, the Center for Global Development, GAVI (the Vaccine Alliance), the Organisation for Economic Co-operation and Development, P4H – Global Network for Health Financing and Social Health Protection, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the secretariat of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, UNDP, the United Nations Tax Committee, WHO, the secretariat of the WHO Framework Convention on Tobacco Control and the World Bank.

<sup>28</sup> Patrick Petit, Mario Mansour and Philippe Wingender, *How to Apply Excise Taxes to Fight Obesity*, Note 2021/08 (Washington, D.C., International Monetary Fund, Fiscal Affairs Department, 2021).

sugar-sweetened beverages to increase tax revenue while simultaneously increasing prices and reducing the consumption of such beverages in Kazakhstan, where there are plans to introduce a tax on sugar-sweetened beverages in 2023.

62. On 6 July 2021, the secretariat of the Framework Convention on Tobacco Control, in partnership with WHO, the Task Force secretariat and the Ministry of Health of the Russian Federation, organized a high-level side event entitled “Target 3.a of the Sustainable Development Goals on WHO Framework Convention on Tobacco Control: key to recovery from COVID-19 and building back better” during the high-level political forum on sustainable development. The event highlighted the importance of the Convention as part of COVID-19 response and recovery plans, the need for action to prevent tobacco industry interference during the pandemic and the need to further strengthen coordination and resources for tobacco control.

63. A number of Task Force members participated in the small island developing States Summit for Health on 28 and 29 June 2021, which highlighted the triple challenge of climate change, the COVID-19 pandemic and the high prevalence of non-communicable diseases. In the outcome statement, it was noted that: (a) small island developing States are committed to common values of solidarity, collaboration and partnership with the United Nations; (b) they will continue to collaborate with WHO, the whole United Nations system and partners for strengthened partnerships and more specific platforms and financing frameworks; (c) WHO, other United Nations entities and other partners of small island developing States are encouraged to further strengthen coordinated country support with small island developing States to address these health crises.<sup>29</sup>

64. The eighth meeting of the Friends of the Task Force was held on 22 September 2021 during the high-level week of the seventy-sixth session of the General Assembly, on the theme “Mobilizing resources and technical support with and for Member States to deliver the non-communicable disease and mental health-related Sustainable Development Goal targets during and beyond COVID-19”. It reviewed the work of the Task Force and its partners.<sup>30</sup>

65. The seventeenth meeting of the Task Force was held from 6 to 8 December 2021, with 24 members participating. There were 26 members that participated in the eighteenth meeting, held from 29 to 31 March 2022.<sup>31</sup>

#### **D. Being an exemplar for United Nations reform**

66. In line with the Secretary-General’s commitment to repositioning the United Nations development system to deliver on the 2030 Agenda for Sustainable Development, the Task Force continued to encourage and support its members to work at all levels as one in supporting government responses to the non-communicable disease-related and mental health-related targets of the Sustainable Development Goals and broader public health goals. Examples of working as one include joint programming missions, joint programmes, the work of thematic groups, including support for United Nations country teams, the establishment of the United Nations multi-partner trust fund and the response to the COVID-19 pandemic.

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<sup>29</sup> Outcome statement of the small island developing State Summit for Health: “For a healthy and resilient future in small island developing States”, hosted by WHO on 28 and 29 June 2021. Available at [www.who.int](http://www.who.int).

<sup>30</sup> WHO, “2021 United Nations Inter Taskforce Awards”, 22 September 2021.

<sup>31</sup> See [www.who.int](http://www.who.int).

67. In 2021, the International Development Law Organization, the Office of the United Nations High Commissioner for Human Rights, UN-Nutrition and WHO committed to integrating human rights more systematically into the work of the Task Force. As a result, a new human rights team was established under the Task Force to: (a) support the effective integration of human rights as an overarching principle into the work of the Task Force in accordance with the WHO Global Action Plan; (b) ensure that Task Force outputs, advocacy and messaging, including policy briefs, Economic and Social Council reports and Task Force strategies, substantively integrate and accord with human rights and other applicable laws; (c) support joint missions, joint programmes and thematic working groups, including the community of practice on nutrition and human rights, in aligning their messaging and advocacy with human rights; (d) engage with the United Nations multi-partner trust fund as part of its support for the objectives of the Task Force; (e) support the Task Force in giving effect to the United Nations common understanding of a human rights-based approach to development cooperation; (f) engage with partners beyond the United Nations system, including academics, civil society organizations and professional standards bodies, as appropriate; and (g) maintain contact with the Task Force secretariat and regularly submit reports on its work for meetings of the Task Force.

68. According to recommendation 11 of the midpoint evaluation of the implementation of the WHO Global Action Plan,<sup>32</sup> the Task Force and the Economic and Social Council should consider ways to further support countries and promote joint activities between United Nations entities and identify ways in which support for non-communicable disease responses can be built at senior levels across the United Nations. The Task Force secretariat conducted a survey of Task Force members on how its meetings, discussions and decisions are reported to senior management and how the secretariat could enhance its support for members to include non-communicable diseases and mental health in discussions of the governing body and senior management. The results of the survey were presented at the eighteenth meeting of the Task Force. Generally, Task Force focal points report the outcomes of meetings to their senior management, and the survey identified opportunities for agencies to do more, with greater support from the secretariat, to increase the prioritization of the non-communicable disease and mental health agenda at senior levels across the United Nations. Actions to achieve progress in this work were agreed upon at the eighteenth meeting.

69. Continuous efforts were made to encourage United Nations entities to demonstrate leadership in tobacco control by moving towards 100 per cent smoke-free campuses. In 2021, the Director General wrote to over 50 heads of United Nations entities, offering support from the secretariat of the Framework Convention on Tobacco Control and the Task Force secretariat. As a result of the responses received and discussions at the eighteenth meeting of the Task Force, a set of United Nations campuses was identified for support in attaining 100 per cent smoke-free status. The Convention secretariat and the Task Force secretariat continued to monitor the implementation of the model policy for United Nations entities on preventing tobacco industry interference and provided support to enable members to implement it as required.

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<sup>32</sup> WHO, Evaluation Office, *Mid-point Evaluation of the Implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020 (NCD-GAP)*, vol. 1 (Geneva, 2020).

## IV. Development of the 2022–2025 strategy

70. In 2021, Task Force members developed a successor to the 2019–2021 strategy, with the final version agreed at the eighteenth meeting of the Task Force.

71. The 2022–2025 strategy articulates the path for the United Nations system to scale up its work to support Member States in developing and implementing their action plans and evidence-based interventions in line with the WHO Global Action Plan, the Framework Convention on Tobacco Control, the Protocol to Eliminate Illicit Trade in Tobacco Products and the WHO comprehensive mental health action plan. The end point of the strategy is in line with the deadline for most of the global non-communicable disease targets<sup>33</sup> and the fourth high-level meeting of the General Assembly on non-communicable diseases,<sup>34</sup> both of which are scheduled for 2025.

72. The strategy will also support the 2023–2030 road map for the WHO Global Action Plan that is currently being finalized,<sup>35</sup> in which it is indicated that: (a) the Task Force provides a mechanism for the coordination of United Nations activities and other intergovernmental organizations to support national responses to non-communicable disease-related targets of the Sustainable Development Goals, the WHO Global Action Plan and the implementation of the Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products; (b) the Task Force provides support for stronger governance for non-communicable diseases and mental health at the country level, by Governments and the United Nations system; and (c) the United Nations multi-partner trust fund will be an enabler for implementing the road map.<sup>36</sup> Delivering the strategy will require action and coordination by Task Force members at the headquarters, regional and country levels and coordination with other relevant platforms such as UN-Nutrition, the global coalition on health, environment and climate change and the WHO global coordination mechanism on the prevention and control of non-communicable diseases.

73. The strategy builds on the experience of the 2019–2021 strategy and the findings of the midpoint evaluation of the WHO Global Action Plan. The four strategic priorities are set out in box 5.

74. The strategy continues in the direction set out in the 2019–2021 strategy because the strategic priorities remain relevant. Nevertheless, because flexibility and responsiveness remain crucial for the Task Force to be most effective, the strategy will be updated as and when required to incorporate and reflect new or emerging global policies and/or resolutions. For now, the focus is on greater action in the four strategic priorities in line with broader development action to achieve the 2030 Agenda, including an effective response to and recovery from the pandemic.

75. An evaluation of the 2022–2025 strategy will be conducted ahead of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 to inform the preparatory process, with the expectation that a subsequent strategy will be developed that accounts for the

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<sup>33</sup> WHO, “WHO discussion paper on the development of an implementation roadmap 2023–2030 for the WHO Global Action Plan for the Prevention and Control of NCDs 2023–2030”, appendix 1 (August 2021).

<sup>34</sup> Menno van Hilten, “4th high-level meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025)” (WHO, Geneva, 2021).

<sup>35</sup> WHO, “WHO discussion paper on the development of an implementation roadmap 2023–2030”.

<sup>36</sup> See [www.who.int/groups/un-inter-agency-task-force-on-NCDs/programmes/un-ncd-mental-healthcatalytic-trust-fund](http://www.who.int/groups/un-inter-agency-task-force-on-NCDs/programmes/un-ncd-mental-healthcatalytic-trust-fund).

outcomes of the meeting and the action required to meet the Sustainable Development Goal targets.

Box 5

**The four strategic priorities of the 2022–2025 strategy**

1. **Support countries in accelerating multisectoral action on the non-communicable disease-related and mental health-related Sustainable Development Goal targets.** The Task Force will continue to advocate for whole-of-government and whole-of-society action, respond to increasing demand for context-specific technical assistance from countries to support national action and capacity-building on the non-communicable disease-related and mental health-related targets of the Goals and support countries in implementing the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products, including with a view to building back better in the context of national COVID-19 response and recovery plans.
2. **Mobilize resources to support the development of country-led responses to meet the non-communicable disease-related and mental health-related Sustainable Development Goal targets.** The Task Force will work to mobilize political, financial and technical resources to support Governments, the United Nations and other development partners in building strong and sustained responses to tackle non-communicable diseases and mental health conditions.
3. **Harmonize action and forge cross-sectoral partnerships.** The Task Force will support countries by harmonizing its work with other global health and development initiatives and forging multi-stakeholder partnerships and alliances at all levels to achieve public health-related, non-communicable disease-related and mental health-related targets of the Sustainable Development Goals.
4. **Be an exemplar for an ever more effective United Nations system.** The Task Force will be a beacon of excellence for the United Nations and development partners, working as one proactively and responsively to support Governments and their partners in responding to the non-communicable disease-related and mental health-related targets of the Sustainable Development Goals.

## V. Recommendations

76. **The Economic and Social Council is invited to:**

(a) **Take note of the present report, including the significant challenges in meeting the non-communicable disease-related and mental-health related targets of the Sustainable Development Goal and the response of the Task Force to support member States in meeting those targets;**

(b) **Consider how to provide further support to countries, promote joint activities between United Nations entities and integrate responses to non-communicable diseases and mental health conditions into the policies, strategies, action plans and activities of entities at the global, regional and country levels, in line with recommendation 11 of the midpoint evaluation of the**

**implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030;**

(c) **Call upon WHO, UNDP, UNICEF and other Task Force members to work with bilateral, multilateral and other development partners to mobilize resources for the multi-partner trust fund and explore opportunities for new and innovative ways of mobilizing resources;**

(d) **Call upon Task Force members to support all countries, upon their request, in implementing their multisectoral national action plans to strengthen their health system response to health emergencies, including to maintain the safe provision of services for non-communicable diseases and mental health;**

(e) **Call upon Task Force members to support member States in intensifying the use of digital health technologies for the prevention and control of non-communicable diseases and mental health conditions;**

(f) **Call upon Task Force members to:**

(i) **Support member States in fully implementing the WHO Framework Convention on Tobacco Control;**

(ii) **Identify areas of collaboration and support the implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products;**

(iii) **Continue to avoid interference from the tobacco industry and from those that work to further its interests, in line with the United Nations model policy, article 5.3 of the Convention and its guidelines for implementation;**

(iv) **Implement 100 per cent smoke-free United Nations campuses as soon as possible, and no later than 2025;**

(g) **Request the Secretary-General to transmit to the Council, at its 2023 session, the report of the Director General of WHO on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.**

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