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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 [2019/9](#).



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.

2. 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 non-communicable disease-related targets of the Sustainable Development Goals. 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, to scale up Task Force support for Member States. Also in its resolution [2017/8](#), the Council encouraged members of the Task Force, as appropriate and in line with their respective mandates, to develop and implement their own policies on preventing tobacco industry interference, bearing in mind the model policy for entities of the United Nations system on preventing such interference.

3. In its resolution [2018/13](#), the Economic and Social Council called upon the Task Force to develop partnerships to achieve public health goals with Governments, non-governmental organizations (NGOs), relevant private sector entities, academic institutions and philanthropic foundations to support the work of the Task Force at the global, regional and country levels. In its resolution [2019/9](#), 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, considering various voluntary funding mechanisms, including a dedicated multi-donor 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, pursuing good supply-chain management and strengthening health systems for the prevention and control of non-communicable diseases.

II. Situation analysis

4. The 2030 Agenda and the 2018 political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (resolution [73/2](#)) continue to provide the strategic framework for the work of the Task Force. The political declaration broadened the scope of the commitments for the four major non-communicable diseases and four main risk factors to include commitments on reducing air pollution and promoting mental health and well-being.

5. In September 2019, the General Assembly adopted the political declaration of the high-level meeting on universal health coverage (resolution [74/2](#)), in which it reaffirmed the strong commitments made in the political declarations adopted at the high-level meetings on non-communicable diseases and noted that such diseases account for over 70 per cent of all deaths in the 30–69 age group. Notably, suicide is the second leading cause of death in the 15–29 age group and for girls aged between

15 and 19 years (for boys, it is the third leading cause of death). Heads of State and Government committed themselves to further strengthening efforts to address these diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage, with a view to progressively providing coverage for 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies. They also noted that mental health and neurological conditions are an important cause of morbidity and contribute to the non-communicable and part of the communicable diseases burden worldwide. Heads of State and Government also committed themselves to promoting and implementing policy, legislative and regulatory measures, including fiscal measures as appropriate, aimed at minimizing the impact of the main risk factors for non-communicable diseases and promoting healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be effective means to reduce consumption and related health-care costs and represent a potential revenue stream for financing development activities in many countries.

6. The World Health Organization (WHO) estimates that, in 2016, 15.2 million people between the ages of 30 and 70 years died from non-communicable diseases; close to 800,000 people of all ages died as a result of suicide in 2016. The number of these premature deaths continues to increase owing to population growth, rapid urbanization, poverty and the impact of globalization on 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 has decreased from 22 per cent in 2000 to 18 per cent in 2016. However, the rate of decline is insufficient to meet target 3.4 of the Sustainable Development Goals on reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being. Huge disparities remain in the probability of dying from a major non-communicable disease between the ages of 30 and 70, ranging from 8 per cent in Japan and the Republic of Korea to 31 per cent in Fiji and Yemen. WHO estimates that 40 countries are currently on track to achieve target 3.4. Another 50 countries could be on track by 2023 if they accelerate national efforts during the next two years.

7. For the first time since the first high-level meeting held in 2011, relative reductions were seen in overall mortality from non-communicable diseases, tobacco use, insufficient physical activity and raised blood pressure. However, no significant progress was made at the global level in reducing the harmful use of alcohol, and an increase was seen in the prevalence of diabetes, overweight and obesity.

8. In February 2020, WHO published *Noncommunicable Diseases Progress Monitor 2020*, which includes a scorecard for each Member State against 19 indicators (see table). On average, Member States have implemented four “best buys” interventions as of 2019 for the prevention and control of non-communicable diseases, compared with three in 2016. 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 doubled 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 71 in 2017 to 89 in 2020.

<i>Indicator</i>	<i>Percentage of countries fully achieving the indicator in 2019</i>
National non-communicable disease targets	57
Mortality data on non-communicable diseases	40

<i>Indicator</i>	<i>Percentage of countries fully achieving the indicator in 2019</i>
Surveys on non-communicable disease risk factors	27
National integrated non-communicable disease policy/strategy/action plan	57
Tobacco taxation	19
Policies on smoke-free environments	31
Tobacco health warning	47
Tobacco bans	25
Tobacco mass media campaigns	20
Regulations on alcohol availability	16
Alcohol advertising or promotion bans	27
Alcohol pricing policies	24
Policies on saturated fatty acids and trans-fats	30
Restrictions on marketing to children	31
Restrictions on marketing of breast-milk substitutes	18
Public education and awareness campaign on physical activity	52
Guidelines for management of the four major non-communicable diseases	48
Drug therapy/counselling to prevent heart attacks and strokes	34

9. Countries continue to face many challenges in responding to the rapid rise in the number of cases of non-communicable diseases and the need to promote mental health, including: (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 “best buys” and other recommended interventions for the prevention and control of such diseases into primary health care; (c) limited capacity or prioritization to establish or strengthen cross-sectoral partnerships; (d) lack of international finance and unmet demand for technical assistance in national resource mobilization and use; (e) inadequate attention to economic, market and commercial factors, which are impeding a number of countries from implementing some of the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases.¹

10. Countries need to continue to prioritize actions to integrate low-cost, high-impact interventions for the prevention and control of non-communicable diseases and the promotion of mental health into primary health care, as well as into other health service delivery platforms and programmes, including programmes on HIV/AIDS and adolescent and women’s health, and benefit packages for universal

¹ See World Health Organization (WHO) document A71/14.

health coverage. These interventions require Governments to work as one and join forces with other key stakeholders across society. The integration of action on non-communicable diseases and mental health into national development plans is also important.

11. The Task Force is designed to mobilize its members² to support countries in developing whole-of-government and whole-of-society action to respond to the non-communicable disease-related targets of the Sustainable Development Goals.³ Through its work, the Task Force supports countries in delivering on the 2030 Agenda, the political declarations on non-communicable diseases and universal health coverage and the triple billion targets in the thirteenth WHO general programme of work.⁴

12. The Task Force remains 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 and is at its most effective when working in partnership with all types of development partners, including non-State actors and communities, while ensuring that its work is protected from undue influence by any form of vested interest.⁵

13. The present report was written as the world was responding to the COVID-19 pandemic. Those suffering from COVID-19 endure worse outcomes when they have serious underlying medical conditions, including cardiovascular disease, diabetes, cancer and chronic respiratory disease. Tobacco smokers also appear to have worse outcomes. People with non-communicable diseases are especially vulnerable to the effects of emergencies on health services.

III. Work of the Task Force

14. The Task Force's activities over the past year have been in line with the four strategic priorities set out in its strategy for 2019–2021:⁶ (a) supporting countries to deliver multisectoral action on the non-communicable disease-related targets of the Sustainable Development Goals; (b) mobilizing resources; (c) harmonizing action and forging partnerships; and (d) being an exemplar for United Nations reform.

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

² Agencies, funds and programmes of the United Nations system, international financial institutions, development banks and other key intergovernmental organizations and treaty secretariats.

³ In line with recent Economic and Social Council resolutions on the Task Force, the term “non-communicable disease-related targets of the Sustainable Development Goals” is used in reference to the strategy. The Task Force uses the term to include targets for non-communicable diseases, mental health and environmental determinants of those diseases. In its report to the Council in 2018 (E/2018/49), the Task Force indicated that global joint programmes and thematic working groups led by the Task Force addressed 12 Goals and 30 targets.

⁴ The triple billion targets are as follows: 1 billion more people with universal health coverage, 1 billion people better protected from health emergencies and 1 billion people enjoying better health and well-being, primarily through multisectoral policy, advocacy and regulation.

⁵ 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 entities of the United Nations system on preventing tobacco industry interference. See <https://www.who.int/ncds/un-task-force/events/model-policy-agencies-united-nations1.pdf?ua=1>.

⁶ See <https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?ua=1>.

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

Joint programming missions

16. In the past 12 months, the Task Force has responded to requests from the Governments of Nigeria and Uganda for joint programming missions. A joint programming mission to Uganda was undertaken in December 2019, consisting of eight Task Force members⁷ and the Government of Uganda, with recommendations on governance, finance and the health system response. An investment case on non-communicable diseases is being prepared, and the Government of Uganda has asked for further technical support in tackling the harmful use of alcohol.

17. A joint programming mission to Nigeria by the Task Force and the WHO global tuberculosis programme was undertaken in February 2020 to catalyse action on non-communicable diseases and tuberculosis across the Government, society and the United Nations country team. It was the first Task Force mission focused on both non-communicable and communicable diseases, and it highlighted linkages and synergies across both for prevention, care and control, as well as universal health coverage and the health-related Goals. The mission included 16 members of the Task Force and two development partners as observers,⁸ who visited Abuja, Lagos and Kano. They also provided inputs for developing an investment case.

18. In 2019, integrated missions of the Programme of Action for Cancer Therapy were undertaken in Armenia, Burkina Faso, Ecuador, Seychelles and Sri Lanka at the request of each country. These reviews are conducted by the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer and WHO to assess cancer control capacities and needs.

19. To provide greater clarity in the support that Task Force members can provide to Governments and development partners in responding to non-communicable diseases, 11 of its members issued briefing papers in 2019.⁹ The briefs contain information on the following areas: (a) the role of various United Nations system entities in making an effective contribution to the prevention and control of non-communicable diseases; (b) current and potential actions for various entities to support the “best buys” endorsed by the World Health Assembly and other recommended interventions to address such diseases; (c) the importance of partnerships for ensuring that agencies mobilize an effective response to the diseases; and (d) the ways in which agencies are mobilizing resources to deliver support to Member States.

⁷ Food and Agriculture Organization of the United Nations (FAO), International Development Law Organization, Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Bank, World Food Programme and WHO, which led the mission.

⁸ Task Force members that participated in the mission included: African Development Bank, FAO, International Atomic Energy Agency (IAEA), International Organization for Migration, Office of the United Nations High Commissioner for Human Rights, Public Health England, UNAIDS, UNDP, United Nations Children’s Fund (UNICEF), UNFPA, United Nations Office on Drugs and Crime, WHO (which led the mission) and World Bank. Public Health England and the United States Agency for International Development joined as observers.

⁹ FAO, WHO Framework Convention on Tobacco Control secretariat, IAEA, International Organization for Migration, UNAIDS, UNDP, UNFPA, Office of the United Nations High Commissioner for Refugees, UNICEF, World Bank and World Food Programme. The briefs are available at <https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?ua=1>.

20. WHO and the United Nations Development Programme (UNDP) produced a policy brief, entitled “What government ministries need to know about non-communicable diseases”, for the transport sector in 2020 for inclusion in the larger set of previously developed sector briefs.¹⁰ In total, there are now 12 sector briefs, which are available in all official languages of the United Nations. A number of countries have adapted and translated the briefs for their own purposes. For suicide prevention, one-page briefs on actions that health workers, emergency workers, teachers, prison officers, media professionals and employers can take to help to prevent suicide¹¹ were released, together with videos lasting 40 seconds (because every 40 seconds someone dies as a result of suicide) for health workers, emergency workers, teachers and employers.¹²

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

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

21. This WHO-UNDP joint programme is designed to support Governments in engaging beyond the health sector, across and beyond Government, delivering on global and national non-communicable diseases and development commitments and strengthening governance for non-communicable diseases.

22. Over the past year, the joint programme has undertaken investment case missions to Bahrain, Kuwait, Nigeria, Oman, the Russian Federation, Timor-Leste and Uganda and presented the results of earlier investment cases in Armenia, Cambodia, Ethiopia, the Philippines and Zambia. Investment cases to date have contributed to the advancement by Member States of new and stronger laws, policies and fiscal measures, improvements in planning, coordination and whole-of-society engagement and the strengthening of public awareness. Funding for such work has principally been provided by the Russian Federation and the Gulf Council of Health Ministries.

23. An intergovernmental forum to review the results and impact of 23 investment cases conducted to date was held in Moscow in October 2019. A total of 18 countries attended, represented by their ministries of health and ministries of finance. Participants agreed that national investment cases provide powerful advocacy to scale up whole-of-government and whole-of-society action on the prevention and control of non-communicable diseases. The process has been important in catalysing discussions between ministries of health and ministries of finance on financing for the prevention and control of such diseases and cost-effective, evidence-based and feasible interventions.¹³ Participants at the meeting expressed the need for technical support from the joint programme and from the Task Force more broadly to develop and implement policies to enhance legislative, fiscal and regulatory policies in order to take forward investment case recommendations. Funds from the Russian Federation have been made available to initiate this work.

24. As a result of requests from Member States, the joint programme is expanding in order to undertake mental health investment cases. In the past year, the

¹⁰ See www.who.int/ncds/un-task-force/policy-briefs/en. The briefs cover the following sectors: agriculture; education; environment and energy, finance, tax and revenue, Heads of State and Government; information and communication; labour and employment; legislators, municipal authorities, local governments and ministries responsible for urban planning; trade and industry; transport; and youth and sport.

¹¹ Available at www.who.int/health-topics/suicide/campaign-materials-handouts.

¹² Available at www.who.int/health-topics/suicide/campaign-materials-animations.

¹³ See www.who.int/ncds/management/best-buys/en.

methodology for mental health investment cases has been developed, and the Philippines received an initial mental health investment case mission in February 2020. Guidance on mental health investment cases, in a similar format to that published for non-communicable diseases,¹⁴ will be issued shortly.

25. The third annual meeting of Task Force members and partners involved in the development of guidance for the non-communicable diseases, mental health and tobacco control investment case methodology and their execution in countries was held in June 2019 to ensure that the approach of various partners is harmonized and aligned with country programming.

Eliminating cervical cancer

26. Seven members of the Task Force formed the Joint United Nations Programme on Cervical Cancer Prevention and Control in 2016¹⁵ and, working closely with a number of multilateral, philanthropic, civil society and government partners, have provided support to Member States. Over the past year, agencies in the Joint Programme have engaged at the global and regional levels in developing the WHO global strategy on the elimination of cervical cancer as a public health problem. In his report to the WHO Executive Board in February 2020, the WHO Director General highlighted the importance of multisectoral partnerships that extend beyond the health sector to encompass multidisciplinary and multi-stakeholder platforms and inclusiveness, including of communities, for the elimination of cervical cancer.¹⁶ Work is now under way to align fully and accelerate further programmatic work that had been undertaken through the Joint Programme with the global elimination initiative. An evaluation of the work of the Joint Programme is currently being undertaken.

Supporting countries in providing evidence-based digital health programmes

27. The Be He@lthy, Be Mobile initiative of WHO and the International Telecommunication Union continues to provide evidence-based guidance and technical support to Member States that wish to implement national mobile health programmes for non-communicable diseases. Over the past six years, the initiative has provided support for 16 programmes in 12 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.

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

29. The initiative is aimed at scaling up interventions to reach at least 100 million people in one or more for its mobile health programmes in addition to developing a digital solutions bank, handbooks, platforms, mobile applications, data repositories, messaging channels and frontier and emerging technologies. The initiative is now developing multisectoral partnerships, including with the United Nations Children's Fund (UNICEF) and reaching beyond non-communicable diseases to facilitate

¹⁴ See www.who.int/ncds/un-task-force/publications/WHO-NMH-NMA-19.95/en.

¹⁵ IAEA, International Agency for Research on Cancer, UNAIDS, UNFPA, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), UNICEF and WHO.

¹⁶ See WHO document EB146/9.

collaboration on complementary goals, bringing existing technology to scale and jointly creating new services.

Harmful use of alcohol

30. Task Force members continue to support the WHO SAFER initiative to reduce the harmful use of alcohol. The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol and its development consequences by boosting and enhancing ongoing implementation of the WHO global strategy to reduce the harmful use of alcohol, the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030 and other WHO and United Nations instruments. It is focused on the most cost-effective priority interventions (“best buys”) using a set of WHO tools and resources to prevent and reduce alcohol-related harm.¹⁷ A SAFER technical package focusing on multisectoral approaches across five key alcohol policy interventions, based on their impact on population health and their cost-effectiveness, was launched in 2019.¹⁸ Several Member States have requested WHO and other Task Force members to provide technical and advocacy support to implement the initiative.

Working groups and work streams

Tobacco control

31. The thematic group on tobacco control, established in 2017, is chaired by the secretariat of the WHO Framework Convention on Tobacco Control and its members include FAO, the International Labour Organization (ILO), UNDP, the United Nations Environment Programme, UNICEF, the United Nations Office on Drugs and Crime and WHO. The work of the thematic group is guided by the Global Strategy to Accelerate Tobacco Control, which was adopted at the eighth session of the Conference of the Parties to the Convention. In the past year, the thematic group has focused its work on article 17 of the Convention on economically viable alternative livelihoods, which is led by the Convention secretariat, and strengthening implementation of the Convention to achieve the Goals, with funding from the Governments of Australia and the United Kingdom of Great Britain and Northern Ireland.

32. The work on sustainable alternatives to tobacco growing is aimed at supporting low- and lower middle-income countries in developing economically sustainable alternatives in support of the implementation of articles 17 of the WHO Convention on the provision of support for economically viable alternative activities and article 18 on the protection of the environment and the health of persons. The thematic group is conducting a review of the literature on alternative livelihoods to tobacco growing, as well as on the environmental impact of tobacco growing. The next step is to develop a toolkit to support low- and lower-middle-income countries.

33. The project to strengthen implementation of the Convention to achieve the Goals, led by the Convention secretariat, has provided support to 15 parties in its first phase. In 2020, the project was expanded to include a further nine parties to the Convention. It provides technical support to: (a) improve governance at the national level and protect tobacco control policies from tobacco industry interference;

¹⁷ See www.who.int/substance_abuse/safer/msb_safer_brochure.pdf?ua=1 and the SAFER technical package.

¹⁸ The SAFER technical package covers the following five areas of intervention at the national and subnational levels: (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.

(b) strengthen tobacco taxation; (c) scale up implementation of the time-bound measures of the Convention; and (d) integrate tobacco control into broader sustainable development efforts and national health and development agendas. A specific area of support is the development of investment cases under the Convention, which assess social and economic impacts of tobacco use and benefits from accelerated implementation of Convention interventions.¹⁹

34. There are reports that tobacco use has a disproportionately negative impact on those in the lowest income groups and that one of the most cost-effective tobacco control measures is tobacco taxation. Following Convention investment cases, developed in partnership by UNDP, WHO, United Nations resident coordinator offices and Research Triangle Institute International, Member States have advanced new and stronger laws, policies and fiscal measures, improved planning, coordination and whole-of-society engagement and strengthened public awareness.

35. A new collaboration between several Task Force members has been initiated to identify new opportunities to prevent tobacco use among children.

36. The thematic group continues to promote the model policy for agencies of the United Nations system on preventing tobacco industry interference, which was endorsed by the Economic and Social Council in 2017. In 2019, the Secretary-General issued a memorandum to the members of the United Nations System Chief Executives Board for Coordination to encourage them to implement the model policy, emphasizing that the tobacco industry had no place in sustainable development. Preliminary results of a survey conducted by the Convention secretariat suggest that most Task Force members still do not have a policy on preventing tobacco industry interference that is in line with the model policy. Members, however, indicate that they do not engage with the tobacco industry but there remain examples in which Task Force members are engaging with United Nations Global Compact partners that receive support from the tobacco industry.

37. As part of promoting implementation of the model policy, a decision was made by the ILO Governing Body at its 337th session, following three years of discussions, to authorize the ILO Director General to publish the note on the proceedings of the technical meeting to promote an exchange of views on the further development and implementation of the integrated strategy to address decent work deficits in the tobacco sector, held in Kampala from 3 to 5 July 2019, and to endorse the time-bound and costed integrated strategy to address decent work deficits in the tobacco sector and direct the International Labour Office to implement the strategy.

38. The thematic group also continues to promote smoke-free United Nations premises. According to a recent survey among Task Force members, most responders had implemented indoor smoke-free policies in line with the United Nations smoke-free policy but more work was required to make the whole of their campuses smoke-free. WHO, the Convention secretariat and the Task Force secretariat jointly published guidance to support United Nations entities in implementing General Assembly resolution 63/8 on smoke-free United Nations premises and establishing smoke-free campuses.²⁰ Following discussions during Task Force meetings, members are, where possible, increasingly demanding the use of smoke-free hotels and meeting venues for events organized by the United Nations.

¹⁹ These have been conducted by UNDP, WHO and the Convention secretariat in Cabo Verde, Cambodia, Chad, Colombia, Jordan, Madagascar, Nepal, Samoa, Sierra Leone, Sri Lanka and Zambia.

²⁰ Available from www.who.int/publications-detail/how-to-make-your-campus-smoke-free.

39. On 5 March 2020, Task Force members contributed to the celebrations led by the Convention secretariat for the fifteenth anniversary of the entry into force of the Convention.

Nutrition, including ending childhood obesity

40. 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 conducted an inventory of their work related to addressing childhood obesity, in particular focusing on school settings; piloted nutrition guidance for joint missions; developed and launched a community of practice to bring together multisector representatives, including experts in nutrition, law and human rights, and to create a cohesive narrative on nutrition, human rights and law among themselves; and developed plans for guidance on intersectoral programming at the country level to end all forms of malnutrition.

Mental health and well-being

41. Members of the thematic working group on mental health are currently working towards a plan to support the implementation of the WHO special initiative on mental health in advancing mental health policies, advocacy and human rights, by synergistically combining the technical expertise and strengths of the various agencies involved in the group. In 2020, the group will also bring together the United Nations system to make an effective contribution to World Suicide Prevention Day and World Mental Health Day. UNAIDS is an example of a member of the Task Force that has strengthened its work on mental health, such as by including mental health in its recent Programme Coordinating Boards to draw attention to mental health in the context of HIV/AIDS and the promotion of human rights, as well as the importance of integrated and person-centred approaches to improving HIV prevention, treatment and care and well-being. UNAIDS and WHO are now developing guidance for integrating mental health services into HIV prevention and care.

Non-communicable diseases and the environment

42. The global coalition on health, environment and climate change serves as the primary platform and acts as the Task Force's thematic working group on non-communicable diseases and the environment.²¹ In accordance with its terms of reference, the group provides a platform for United Nations and non-State actors to collaborate, with a specific focus on air pollution. Activities to support countries in scaling up their work are being developed. The group is hosting a knowledge-sharing event in 2020 to bring together relevant United Nations entities to discuss their individual and collective work on air pollution and non-communicable diseases, as well as on other initiatives on health and the environment, including air pollution and food systems.

Non-communicable diseases and humanitarian emergencies

43. 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. Members of the group have contributed to clinical

²¹ Members of the group are: World Meteorological Organization, UNEP, WHO, UNDP, UNICEF, United Nations Framework Convention on Climate Change secretariat, World Bank, Non-Communicable Diseases Alliance and Global Climate and Health Alliance.

guidelines for the management of non-communicable diseases in humanitarian settings, as well as operational guidance on care for such diseases in those settings, both to be published soon to support operational and clinical responses at the country level. There is an ongoing evaluation of the WHO emergency health kit for non-communicable diseases, with a focus on the adaptiveness and capacity of its content, readiness and use.

Non-communicable diseases in early life

44. In 2019, UNICEF launched a strategy to support countries in the prevention and control of non-communicable diseases in early life along with programmatic guidance,²² based on the WHO “best buys” interventions. In the guidance, potential entry points are identified to mainstream non-communicable diseases into the existing work of UNICEF, which is currently building global, regional and country capacity, developing new partnerships and strengthening existing ones with Task Force members and other agencies to support this work.

Non-communicable diseases in the workplace

45. In 2019, ILO, along with WHO and others, established the Global Coalition on Occupational Safety and Health, in part to promote and create safe and healthy working environments, by implementing occupational health measures, including tobacco-free workplaces, workplace wellness programmes and health insurance plans (see General Assembly resolution 73/2, para. 44 (a)). The Coalition develops and shares guidance, tools and advocacy materials for 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, as well as on how to promote health and reduce non-communicable disease risk factors in the workplace and improve mental health.

46. ILO and WHO are developing a new methodology for estimating the global burden of work-related disease and injury. Building on existing work to estimate the burden of disease for 39 pairs of occupational risk factors and health outcomes, the methodology will make it possible to estimate the burden of 13 additional occupational risk factor-outcome pairs, including the following: (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.

47. ILO is finalizing the update to the digital edition of the ILO International Classification of Radiographs of Pneumoconioses, with training courses being organized by the ILO International Training Centre in Turin, Italy. ILO and WHO, with the European Commission, continue to collaborate on the ILO-WHO International Chemical Safety Cards project, which involves over 1,700 data sheets in more than 10 languages to promote the safe use of chemicals in the workplace. ILO has published new material on sound management of chemicals and the prevention of non-communicable diseases that can result from exposure to hazardous substances, dust and fumes.

48. 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 and training materials. It has adopted the Violence and Harassment Convention (No. 190) and the Violence and Harassment Recommendation, 2019

²² See www.unicef.org/media/61431/file.

(No. 206), and will be promoting ratification of the Convention in the context of the 2020 World Day for Safety and Health at Work.

Cancer treatment

49. Member States continue to receive assistance to provide quality radiotherapy through the WHO-IAEA postal dose audit service²³ and the Network of Secondary Standards Dosimetry Laboratories.²⁴ The Network supports standardization in dosimetry in 83 countries, while the dose quality audits continue to check the dosimetry of around 1,000 radiotherapy beams every year, contributing to improving the quality of radiotherapy treatment in many countries. A WHO-IAEA publication, entitled “Roadmap towards a national cancer control programme: milestones in establishing nuclear medicine, diagnostic imaging and radiotherapy services”, is an important resource for Member States.²⁵

World Health Organization

50. During the past 12 months, WHO implemented three strategic shifts for its programme on the prevention and control of non-communicable diseases: stepping up leadership, driving the public health impact in every country and focusing global public goods on impact.

51. WHO increased its programme budget for the period 2020–2021 for accelerated action on the prevention and control of non-communicable diseases and the promotion of mental health to \$362 million (i.e., an increase of \$11 million compared with 2018–2019). Its efforts to build political momentum over several years on universal health coverage reached a high point when world leaders made key commitments at the high-level meeting on universal health coverage, held in September 2019. The meeting included a commitment from Heads of State and Government to progressively cover 1 billion additional people by 2023 with essential health services, medicines and technologies for the prevention and control of non-communicable diseases.

52. WHO finalized the development of the following 10 solutions to support country needs and demands: (a) HEARTS, to reduce hypertension and diabetes; (b) PEN, to increase access to early diagnosis, screening and treatment of non-communicable diseases in primary health care; (c) MPOWER, to reduce tobacco use; (d) REPLACE, to eliminate industrially produced trans-fats from the global food supply; (e) SAFER, to reduce the harmful use of alcohol; (f) SHAKE, to reduce sodium/salt intake; (g) ACTIVE, to improve physical activity; (h) Save LIVES, to reduce road traffic crashes; (i) INSPIRE, to reduce violence against children; and (j) LIVE LIFE, to reduce the number of suicides.

53. In response to government requests, WHO provided more than 100 developing countries with technical support to refine and adapt those solutions. It has worked closely with partners to build county capacity to embed the solutions into health systems.

54. Five special global initiatives were launched by the WHO Director General to scale up a mix of policy advisory, technical support, financing and programme implementation for Governments in demonstration countries, including the strengthening of WHO in-country capacities in the following areas: (a) mental health; (b) Global Hearts initiative; (c) elimination of cervical cancer as a public health

²³ See <https://dosimetry-audit-networks.iaea.org/Home/PostalDoseAuditService>.

²⁴ See <http://www.iaea.org/resources/databases/secondary-standards-dosimetry-laboratory-network>.

²⁵ See www.iaea.org/sites/default/files/19/10/milestones-document-2019.pdf.

problem; (d) childhood cancer; and (e) elimination of industrially produced trans-fats from the global food supply.

55. In terms of focusing global public goods on impact, WHO issued and disseminated the following status reports in the past two years: (a) *WHO Report on the Global Tobacco Epidemic 2019*; (b) *Global Status Report on Road Safety 2018*; (c) Global Dementia Observatory; (d) *State of Food Security and Nutrition in the World*; (e) *Global Status Report on Alcohol and Health 2018*; and (f) global comparable estimates and trends in physical inactivity in adults and adolescents.

56. WHO launched its first insulin pre-qualification programme in November 2019 to expand life-saving treatment for diabetes. There were 12 new cancer medicines added to the WHO Model List of Essential Medicines in July 2019. WHO also launched a paper in which it set out six options to enhance the affordability and accessibility of cancer medicines.

B. Mobilizing resources

57. The Economic and Social Council, in its resolution [2019/9](#), 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, considering various voluntary funding mechanisms, including a dedicated multi-donor trust fund. The World Health Assembly, in its decision WHA72(11), requested the WHO Director General to make available adequate financial and human resources to respond to the demand from Member States for technical support in order to strengthen their national efforts for the prevention and control of non-communicable diseases, including by identifying voluntary innovative funding mechanisms, such as a multi-donor trust fund.

58. In 2020, the WHO Independent High-level Commission on Non-communicable Diseases, issued its final report, entitled “It’s time to walk the talk”. It included a recommendation that the international community should consider the establishment of a multi-donor fund to catalyse financing for the development of national non-communicable disease and mental health responses and policy coherence at the country level. As part of the Commission’s work, an outline business plan for the prevention and control of non-communicable diseases and mental health was commissioned by the Health Finance Institute. The Institute concluded in its report that there was widespread support for establishing a catalytic multi-partner trust fund for the prevention and control of non-communicable diseases and mental health, as part of the global push to include such diseases and mental health in universal health coverage. All those interviewed from low- and middle-income countries unanimously endorsed the need for the multi-partner trust fund. The Institute also indicated that there was agreement among those interviewed that the areas on which the multi-donor trust fund would focus, as described in the concept note developed by five agencies of the Task Force (WHO, UNDP, UNICEF, UNFPA and World Bank) in 2018, were appropriate.²⁶

59. As a result, WHO is in the process of establishing a multi-partner trust fund. A steering group is being established to be chaired by the WHO Deputy Director General, with membership across the Task Force and development partners. The

²⁶ See www.who.int/ncds/un-task-force/catalytic-flyer.pdf?ua=1. The five areas are as follows: (a) national investment frameworks for non-communicable diseases and mental health; (b) establishment of pro-health partnerships and policy coherence; (c) stronger legislative and regulatory environments, supportive of a healthy and prevention-focused approach; (d) stronger health systems, with scaled-up access; and (e) community-based and population-wide responses.

secretariat of the Task Force will serve as the secretariat of the multi-partner trust fund. The Multi-Partner Trust Fund Office will be the management agent.

60. The Task Force continues to work with Member States, development partners, civil society and the private sector to mobilize resources to support the development of national responses to reach the non-communicable disease and mental health-related targets of the Goals. A main objective of the investment cases undertaken through the WHO-UNDP joint programme is to make the case for greater investment in the prevention and control of non-communicable diseases and mental health, as well as investing in the most cost-effective interventions.

61. The Task Force secretariat has facilitated discussions between the World Bank, regional development banks and UNDP. As a result of discussions at the fourteenth meeting of the Task Force, held on 4 and 5 March 2020, the secretariat will continue discussions with the World Bank, regional development banks and other members of the Task Force to take forward joint activities and actions among a small number of priority countries. Countries selected could be linked to those where Governments are engaging with the World Bank Group on credits and loans involving non-communicable disease interventions, as well as analytic work to better understand the burden of non-communicable diseases and identify cost-effective interventions.

62. The Task Force secretariat continues to encourage and support Task Force members in increasing 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. The set of United Nations agency briefs, responding to the challenge of non-communicable diseases, is important in this regard.

C. Harmonizing action and forging partnerships

63. 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](#). The Task Force is closely engaged in the implementation of the global action plan for healthy lives and well-being for all. Some 9 of the 12 global action plan agencies are members of the Task Force, and the global action plan and the Task Force are closely aligned in their aim to support countries in accelerating progress on the health-related targets of the Goals. To maximize synergies, the Task Force secretariat is part of the inter-agency working group on determinants of health accelerator and engaged in work under the sustainable financing for health accelerator of the global action plan. Joint programming missions under the Task Force use the global action plan as an important resource. The Task Force, at its fourteenth meeting, reviewed a draft paper in which the synergies between the work of the Task Force and the global action plan were described. The paper will be finalized shortly.

64. The Be He@lthy, Be Mobile initiative, the joint programme on cervical cancer, the SAFER initiative, the emerging initiative on scaling up access to treatment of non-communicable diseases and thematic groups on the environment and humanitarian emergencies are examples of initiatives that involve the participation of non-State actors.

65. The Task Force secretariat, together with PATH (as secretariat for the Coalition for Access to Non-communicable Disease Medicines and Products) convened a meeting bringing together Task Force members, NGOs, the private sector and academic institutions to learn about the solutions used to scale up access to diagnosis and treatment of HIV, tuberculosis, malaria and reproductive health and to explore

the potential applicability of those solutions to the prevention and control of non-communicable diseases. This joint exercise served as another step forward for the joint initiative on scaling up access to treatment for non-communicable diseases. The meeting identified case studies that represent the most promising and timely approaches to standardizing, institutionalizing and scaling up public health approaches to improve access to diagnosis, treatment and care for such diseases.

66. Parliamentarians are key to effective and transparent whole-of-government and whole-of-society responses to non-communicable diseases. The Task Force secretariat provided support to a briefing session for parliamentarians from countries in Africa on non-communicable diseases during the ordinary meeting of the Pan-African Parliament held in October 2019. A call to action was shared with parliamentarians, following which the Task Force is exploring potential collaborations with the Pan-African Parliament and other interparliamentary institutions, such as the Inter-Parliamentary Union.

67. The Government of Italy has provided support to build the capacity of the secretariat. The United States Agency for International Development and Public Health England participated in a joint programming mission to Nigeria.

68. Following the success of the Task Force awards in 2018, the awards were once again held in 2019 in order to recognize those making outstanding contributions to the non-communicable disease-related targets of the Goals. Awards for 2019 were made in the following four categories: (a) health ministries and agencies; (b) other ministries and agencies; (c) non-State actors (NGOs, academic or philanthropic institutions); and (d) United Nations country teams. Nominations were evaluated against the following criteria: (a) demonstrating outstanding leadership; (b) mobilizing resources, knowledge or expertise; (c) overcoming significant obstacles; (d) advancing or creating new and innovative activities; and (e) being an exemplar for others. A total of 26 awards were distributed (eight to ministries of health, seven to other ministries, nine to non-State actors and two to United Nations country teams). Awards were announced during the meeting of Friends of the Task Force, held on 23 September 2019 in the sidelines of the high-level meeting on universal health coverage. As in 2018, there was significant international and national media attention for the awards and for the need for multisectoral action to tackle non-communicable diseases. At its fourteenth meeting, held in March 2020, the Task Force agreed to hold the awards scheme in 2020.

69. The high-level meeting on universal health coverage included a side event hosted by the Task Force and the Russian Federation and co-sponsored by Belarus, India, Japan Norway, the Philippines, Sri Lanka, Sweden, Tonga, Turkey and Viet Nam, entitled “Friends of the Task Force: new phase for the Task Force in developing partnerships”. The side event provided a platform for Member States, United Nations agencies and non-State actors to take stock of the following: (a) progress in how countries are developing whole-of-government responses to non-communicable diseases, (b) how the United Nations system is scaling up action, including mobilizing national and international financing; and (c) how non-State actors can do more in responding to such diseases. The event also provided an opportunity for the Task Force to announce its awards for 2019.

70. Task Force members participated in the 2019 WHO global meeting to accelerate progress on target 3.4 of the Goals on non-communicable diseases and mental health, held in Oman. The Task Force secretariat and Task Force members held a series of side events with Member States, development partners, NGOs and private sector entities to strengthen partnerships for action at the national and municipal levels. The Convention secretariat organized a side event to raise awareness of the WHO

Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products and their contribution to achieving target 3.4.

D. Being an exemplar for United Nations reform

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

72. The Task Force is an important entry point for countries to request and receive technical support and continues to catalyse the United Nations and multilateral system-wide response in countries to assist Governments in integrating non-communicable diseases into their national responses to the 2030 Agenda. The mission to Nigeria demonstrates that the Task Force can reach beyond communicable diseases to respond to requests from Member States in other areas. At the 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 Sustainable Development Cooperation Frameworks. According to a survey published in 2019, 87 countries had included non-communicable diseases in the results-based matrices of their Frameworks, more than a threefold increase since 2013.

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

74. A set of case studies from Task Force members on non-communicable diseases and mental health was published in 2019. It provides examples of how agencies other than WHO are increasing their action to support countries in their efforts to meet the non-communicable disease-related targets of the Goals.²⁷

IV. Recommendations

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

- (a) **Take note of the present report;**
- (b) **Recognize the significant impact of the work of the Task Force over the past 12 months;**
- (c) **Recognize that action to provide a significant increase in financing for the work of the Task Force is inadequate, that the level of investment to date is insufficient for the Task Force to reach its full potential in providing timely and effective specialized technical assistance to Member States in line with their requests and that the world has yet to fulfil its promise of providing resources through bilateral and multilateral channels, including voluntary innovative financing mechanisms, to support capacity-building for the prevention and control of non-communicable diseases and mental health conditions, in particular to least developed countries;**

²⁷ See <https://apps.who.int/iris/bitstream/handle/10665/326627/WHO-UHC-CD-NCD-19.88-eng.pdf?ua=1>.

(d) **Note the decision by WHO to proceed with the establishment of a multi-partner trust fund on the prevention and control of non-communicable diseases and mental health with the Multi-Partner Trust Fund Office as the fund administrator, including an oversight and decision-making body led by WHO, with the Task Force secretariat serving as the secretariat of the trust fund;**

(e) **Call upon the Task Force and its members to work with development partners, civil society and the private sector to mobilize resources for the multi-partner trust fund for non-communicable diseases and mental health;**

(f) **Call upon the Task Force and its members to work together to scale up their work to support Member States in providing access to safe, effective, quality and affordable essential medicines and services for non-communicable diseases and mental health conditions and to strengthen regulatory systems, pursuing good supply chain management;**

(g) **Call upon the Task Force and its members to continue their commitment and cooperation on the joint initiative to support the implementation of the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products;**

(h) **Request the Secretary-General to transmit to the Council, at its 2021 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.**
