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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 [2020/22](#).



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 provide support to Member States in reflecting non-communicable disease-related targets of the Sustainable Development Goals.

2. In its resolution [2017/8](#), the Economic and Social 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. The Council also 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, 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 Economic and Social 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-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, pursuing good supply chain management and strengthening health systems for the prevention and control of non-communicable diseases.

5. In its resolution [2020/22](#), the Economic and Social Council called upon the members of the Task Force to continue to work together to identify additional technical resources to enhance their support for Member States in line with the Task Force strategy for 2019–2021, paying particular attention to the needs of Member States during their coronavirus disease (COVID-19) response and recovery efforts. The Council also encouraged members of the Task Force to continue to develop and implement their own policies on preventing tobacco industry interference, bearing in mind the United Nations model policy.

6. The General Assembly, in its resolution [74/306](#) on a comprehensive and coordinated response to the COVID-19 pandemic, called upon Member States to further strengthen efforts to address non-communicable diseases as part of universal health coverage, recognizing that people living with non-communicable diseases are at a higher risk of developing severe COVID-19 symptoms and are among the most

affected by the pandemic. The Assembly also encouraged Member States to address mental health in their response to and recovery from the pandemic by ensuring widespread availability of emergency mental health and psychosocial support, and highlighted the need for Member States to build, strengthen and promote the importance of legislative and regulatory frameworks, which are important in tackling non-communicable diseases and improving mental health.

7. The present report describes the work of the Task Force in the past 12 months, with particular reference to the COVID-19 pandemic. It also describes the findings of a midpoint evaluation of the implementation of the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030 that pertain to the work of the Task Force.

II. Situation analysis

8. The 2030 Agenda for Sustainable Development 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 (cardiovascular disease, diabetes, cancer and chronic respiratory disease) and the four main risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) to include commitments on reducing air pollution and promoting mental health and well-being. In September 2019, the 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.

Burden of non-communicable diseases

9. In its previous reports, the Task Force described in detail the public health and socioeconomic impacts of non-communicable diseases. Despite rapid progress between 2000 and 2010 in reducing the risk of premature death from the four main non-communicable diseases, the momentum of change has since dwindled (see box 1).¹

10. An estimated 41 million people worldwide died from non-communicable diseases in 2016 (71 per cent of all deaths) and an estimated 15 million people worldwide died prematurely from non-communicable diseases (between the ages of 30 and 70 years). Based on estimates of the global burden of disease for 2017, 971 million people have a mental disorder and almost 800,000 people die as a result of suicide each year; suicide is the second leading cause of death in those aged between 15 and 29 years. For the poorest 1 billion, non-communicable diseases account for more than one third of their burden of disease, including almost 800,000 deaths annually among those aged under 40 years, which is more than HIV, tuberculosis and maternal deaths combined. Worldwide, healthy diets were unaffordable for more than 3 billion people in 2017 and were estimated to be, on average, five times more expensive than diets that met only dietary energy needs through a starchy staple.²

¹ For data from 2010 to 2016, see World Health Organization (WHO), *World Health Statistics 2020: Monitoring Health for the SDGs, Sustainable Development Goals* (Geneva, 2020).

² Food and Agriculture Organization of the United Nations (FAO) and others, *The State of Food Security and Nutrition in the World 2020: Transforming Food Systems for Affordable Healthy Diets* (Rome, FAO, 2020).

Box 1

Metabolic and behavioural risk factors for non-communicable diseases³

- In 2015, the prevalence of hypertension was 28.4 per cent in low-income countries and 17.7 per cent in high-income countries.
- While tobacco use has decreased steadily globally, nearly one quarter (23.6 per cent) of adults (aged 15 years and older) used tobacco in some form in 2018.
- Worldwide, alcohol consumption, measured in litres of pure alcohol per person aged 15 years or older, has been relatively stable since 2010 and was estimated at 6.2 litres in 2018.
- Worldwide, an estimated 5.6 per cent of children under 5 years of age (38.3 million) were overweight in 2019, compared with about 30.3 million in 2000.
- In 2016, the prevalence of physical inactivity for adults aged 18 years and older was 27.5 per cent.
- In 2016, 9 out of 10 people breathed air that did not meet WHO air quality guidelines, and more than half of the world's population was exposed to air pollution levels at least 2.5 times above the safety standard set by WHO.

Progress towards non-communicable disease-related targets of the Sustainable Development Goals

11. Only 17 countries are on track to meet target 3.4 (by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being).⁴ There is some reduction in the global age-standardized suicide rate (8 per cent reduction from 2010 to 2016)⁵ but progress is insufficient.

12. Overall, there has been almost no progress for target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) with regard to the prevention, screening, early diagnosis and appropriate treatment of non-communicable diseases.⁶ Between 2010 and 2019, many countries showed lagging performance on effective coverage indicators for non-communicable diseases compared with indicators for communicable diseases and maternal and child health, suggesting that many health systems are not keeping pace with the rising burden of non-communicable diseases. The expansion of universal health coverage is unlikely to be realized without greater action on non-communicable diseases.⁷

³ Data are taken from WHO, document EB148/7.

⁴ NCD Countdown 2030 Collaborators, "NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4", *The Lancet*, vol. 396, No. 10255 (September 2020).

⁵ WHO, *Mental Health Atlas 2017* (Geneva, 2017); and WHO, "Key messages", in *World Health Statistics 2020*.

⁶ WHO, *Primary Health Care on the Road to Universal Health Coverage: 2019 Global Monitoring Report*, conference ed. (2019).

⁷ GBD 2019 Universal Health Coverage Collaborators, "Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019", *The Lancet*, vol. 396, No. 10258 (October 2020).

13. Little progress has been made since 2010 on target 3.5 (strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol). There has been uneven development and implementation of effective alcohol control measures by countries and regions.

14. Implementation has also been uneven for target 3.a (strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate). Only 32 Member States are currently on track to achieve the voluntary WHO target of a 30 per cent relative reduction in the prevalence of tobacco use between 2010 and 2025.

COVID-19 pandemic: a deadly interplay with non-communicable diseases

15. The COVID-19 pandemic should remove all doubt as to why addressing non-communicable diseases is crucial for health and sustainable development. In different contexts worldwide, such diseases and their risk factors increase susceptibility to COVID-19 infection and the likelihood of severe outcomes, including in younger people (see box 2).

16. In September 2020, WHO and the United Nations Development Programme (UNDP) issued a series of papers on the theme “Responding to non-communicable diseases during and beyond the COVID-19 pandemic”, with inputs from over 30 members of the Task Force: (a) a policy brief describing why strong action on non-communicable diseases must be an integral part of the COVID-19 response and recovery and efforts to build back better, outlining steps that should be taken immediately and in the longer term; (b) a rapid review of emerging information on the relationship between COVID-19 and non-communicable diseases, including the impact of the pandemic on services for the prevention and treatment of such diseases; and (c) examples of non-communicable disease-relevant actions being taken by agencies, funds and programmes to support countries in their response and recovery efforts.⁸ The papers were developed to support Governments, policymakers, United Nations entities and development partners in addressing non-communicable diseases as an integral part of their COVID-19 response and to strengthen broader efforts to restore and drive progress in achieving the 2030 Agenda.

17. It is emphasized in the publications that the pandemic is making it even more challenging to achieve the Sustainable Development Goals.⁹ Since non-communicable diseases are worsening the impact of the pandemic, they need to be considered a major issue in the response and recovery and efforts to build back better in order to restore and drive progress in achieving the Goals. The 2030 Agenda, including the pledge to leave no one behind, must continue to be the overarching approach for integrated action on non-communicable diseases (see General Assembly resolution [70/1](#)).

⁸ WHO and United Nations Development Programme (UNDP), “Responding to non-communicable diseases during and beyond the COVID-19 pandemic”, 2020; “Responding to non-communicable diseases during and beyond the COVID-19 pandemic: state of the evidence on COVID-19 and non-communicable diseases – a rapid review”, 2020; and “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”, 2020.

⁹ *The Sustainable Development Goals Report 2020* (United Nations publication, Sales No. E.20.I.7).

Box 2

Interaction between COVID-19 and non-communicable diseases

- Non-communicable diseases and their metabolic, behavioural and environmental risk factors are associated with greater susceptibility to COVID-19 infection and increased risks of severe disease and death from the virus.
- The pandemic has severely disrupted diagnostic, treatment, rehabilitation and palliative services for people living with non-communicable diseases.
- The pandemic and measures taken in response to it, such as lockdowns, are, for some people, increasing certain behavioural risk factors for non-communicable diseases, such as physical inactivity, unhealthy diet and harmful use of alcohol.
- Pressure on health services is likely to increase in the long term once they are restored and because of possible increases in cardiovascular and respiratory complications among COVID-19 survivors.
- The public and political attention paid to the pandemic has, in some places, resulted in difficulty in maintaining preventive interventions for tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

Rapid assessment of service delivery for non-communicable diseases

18. In 2020, WHO conducted a rapid assessment of the continuity of essential health services during the pandemic.¹⁰ It was demonstrated in responses from 105 Member States that over half had limited or suspended outpatient and community-based services. More than half also reported disruptions in service areas related to the diagnosis and treatment of non-communicable diseases, mental health disorders and cancer.

19. Before the pandemic, most communities, in particular in settings with humanitarian crises or conflict, already had limited access to good-quality, affordable diagnosis and care for non-communicable diseases. That access has now been reduced further, as the pandemic has disrupted services.

Rapid assessment of the continuity of essential health services

20. In 2020, WHO conducted a rapid assessment survey of service delivery for non-communicable diseases during the pandemic among 194 ministries of health,¹¹ with 122 of 163 countries (75 per cent) reporting disruption to services for such diseases. The more severe the transmission phase of the pandemic, the greater the disruption to services for non-communicable diseases.

21. The most common reasons for discontinuing or reducing services were cancellations of planned treatment, reductions in public transport availability and a lack of staff because health workers had been reassigned to COVID-19-related services. The closure of population-level screening programmes, such as for breast and cervical cancer, was reported by 46 per cent of countries. This was consistent with initial WHO recommendations to minimize non-urgent facility-based care while tackling the pandemic.

¹⁰ WHO, "Pulse survey on continuity of essential health services during the COVID-19 pandemic", interim report, 27 August 2020.

¹¹ WHO, "Rapid assessment of service delivery for NCDs during the COVID-19 pandemic", 2020.

COVID-19 and mental health

22. The profound impact of the pandemic on mental health and well-being was set out in a brief by the Secretary-General,¹² a joint statement by 95 Member States (see [A/74/894/Rev.1](#)) and a joint inter-agency call to scale up investment in mental health and psychosocial support.¹³

23. Mental and neurological manifestations, such as depression, anxiety, loss of smell and stroke, have been reported in people with COVID-19. Those with pre-existing mental, neurological and substance use disorders are facing an exacerbation of symptoms due to stressors during disruptions to the limited number of available services. Some people cope with stressors in harmful ways, such as turning to alcohol, drugs or risky patterns of potentially addictive behaviour, including playing video games and gambling. In 2020, WHO assessed the impact of the pandemic on services for mental, neurological and substance use disorders.¹⁴ Of 130 countries, 93 per cent reported disruptions to one or more such services.

III. Work of the Task Force and broader response of the United Nations system to the COVID-19 pandemic with respect to non-communicable diseases and mental health

24. The activities of the Task Force over the past year have been in line with the four priorities set out in its strategy for 2019–2021¹⁵ and adapted to take into account the COVID-19 pandemic in terms of activities and their delivery.¹⁶

25. In its series of publications on the theme “Responding to non-communicable diseases during and beyond the COVID-19 pandemic”, the Task Force highlighted that addressing non-communicable diseases must be an integral part of the immediate COVID-19 response and recovery at the global, regional, national and subnational levels and efforts to build back better to achieve the 2030 Agenda. It described what building back better meant with regard to non-communicable diseases, including building human rights and gender equality into non-communicable disease and COVID-19 responses. The publications provided a road map that detailed health-specific and broader sectoral actions and opportunities for countries to take on non-communicable diseases during and after the pandemic, with the collective support of the United Nations system and other intergovernmental development agencies and partners, highlighting also that United Nations entities at the country level should integrate the subject of non-communicable diseases into COVID-19 response and recovery plans.

26. The publications on the theme “Responding to non-communicable diseases during and beyond the COVID-19 pandemic” provided examples of non-communicable disease-relevant actions being taken by members of the Task Force to support countries in their COVID-19 response and recovery efforts,

¹² United Nations, “Policy brief: COVID-19 and the need for action on mental health”, 13 May 2020.

¹³ Inter-Agency Standing Committee, “Joint inter-agency call for action on mental health and psychosocial support 2020”, note presented at the high-level meeting, Geneva, 9 December 2020.

¹⁴ WHO, *The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment* (Geneva, 2020).

¹⁵ The priorities are: (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.

¹⁶ WHO, document WHO/NMH/NMA/19.98.

emphasizing that members should ensure that their support for addressing such diseases is aligned with the United Nations comprehensive response to the pandemic.

27. In “Rapid assessment of continuity of essential health services”, WHO noted that 66 per cent of countries had included the continuity of non-communicable disease services in national COVID-19 plans.¹⁷ Mental health and psychosocial support was integrated into nearly 90 per cent of plans.¹⁸ Mental health and psychosocial support was also included for the first time in the Global Humanitarian Overview,¹⁹ sections of the Global Humanitarian Response Plan for COVID-19,²⁰ the United Nations Framework for the Immediate Socioeconomic Response to COVID-19²¹ and the COVID-19 Strategic Preparedness and Response Plan.²²

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

Joint programming missions

28. In the past 12 months, the Task Force has responded to requests from a number of countries, including to follow up on the recommendations of joint programming missions. In Nigeria, for example, the Task Force provided assistance through the United Nations country team to support the Government in establishing a multi-stakeholder expert thematic working group on non-communicable diseases.

29. Building on the experience of the mission to Nigeria in 2020, which was focused jointly on non-communicable diseases and tuberculosis,²³ the Task Force developed a briefing paper on how it could be used as a platform for joint programming missions to support countries and United Nations country teams in strengthening their responses to non-communicable disease-related targets of the Sustainable Development Goals and broader public health goals.²⁴

30. In Thailand, the United Nations system provided support to the Government (see box 3).

¹⁷ WHO, “Rapid assessment of service delivery for NCDs during the COVID-19 pandemic”.

¹⁸ WHO, *The Impact of COVID-19 on Mental, Neurological and Substance Use Services*.

¹⁹ United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2020* (Geneva, 2020).

²⁰ United Nations, Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Response Plan: COVID-19 – May Update* (Geneva, 2020).

²¹ United Nations, “A United Nations framework for the immediate socioeconomic response to COVID-19”, April 2020.

²² WHO, “2019 Novel Coronavirus (2019-nCov): strategic preparedness and response plan”, 4 February 2020.

²³ WHO, *Report of the Joint United Nations High-Level Mission on Non-Communicable Diseases and Tuberculosis, Nigeria, 24–28 February 2020* (Geneva, 2020).

²⁴ United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, “Using the Task Force as a platform for joint programming missions to support countries and United Nations country teams to strengthen their responses to NCD related SDGs and broader public health goals”, briefing paper, 14 January 2021.

Box 3

Case study: United Nations thematic working group on non-communicable diseases in Thailand

In Thailand, the United Nations thematic working group on non-communicable diseases is catalysing multisectoral actions to promote health and well-being among the population and reduce the risk of non-communicable diseases. With impetus from the Task Force mission in 2018,²⁵ the partnership brings together high-level officials from 10 government ministries, including the Office of the Prime Minister, civil society organizations and 10 United Nations entities based in Bangkok.²⁶ On 26 November 2020, at its third meeting, the working group noted that 12 of the 17 recommendations of the Task Force mission had been partially or fully addressed, including regulation on plain packaging for tobacco products, increased taxes on sugar-sweetened beverages and the introduction of taxes on roll-your-own cigarettes. Future activities of the working group include developing a non-communicable disease investment case for Thailand, launching a national campaign to promote fruits and vegetables and developing comprehensive regulation to restrict marketing of unhealthy foods and beverages to children. The working group has proved to be a valuable platform and neutral space in which civil society and government ministries can interact and find solutions to bottlenecks. The partnership has provided an additional opportunity for the United Nations system to show solidarity under the One United Nations initiative to support Thailand in achieving its development goals.

Global joint programmes and initiatives undertaken by members of the Task Force*Catalysing multisectoral action for the prevention and control of non-communicable diseases*

31. This WHO-UNDP joint programme supports Governments in engaging outside the health sector, across and beyond Government, delivering on global and national non-communicable disease, mental health and development commitments and strengthening governance for non-communicable diseases and mental health.

32. Work has continued, with funds and support from Italy, the Russian Federation and the Gulf Council of Health Ministries. Non-communicable disease investment cases are under way or were completed in 2020 for Bahrain, Botswana, Kuwait, Nigeria, Oman, Qatar, Saudi Arabia, Thailand, Timor-Leste, Uganda and the United Arab Emirates. The results of the investment case in the Russian Federation were presented at a multi-stakeholder forum held in October 2020. Non-communicable disease investment cases to date have helped Member States to advance new and stronger legislative, regulatory and fiscal measures; improved planning, coordination and stronger whole-of-society and whole-of-government engagement; and strengthened public awareness. Investment cases are an important advocacy tool for scaling up national and international investment as part of universal health coverage.

²⁵ WHO, document WHO/NMH/NMA/18.70.

²⁶ See [www.who.int/thailand/activities/un-thematic-working-group-on-noncommunicable-diseases-\(ncds\)-in-thailand](http://www.who.int/thailand/activities/un-thematic-working-group-on-noncommunicable-diseases-(ncds)-in-thailand).

33. A methodology has been developed for mental health investment cases, which have been completed in the Philippines and Uzbekistan and are under way in Kenya, Uganda and Zimbabwe.

34. Guidance and tools are being developed to strengthen fiscal measures, in particular health taxes, to prevent and control non-communicable diseases. Health taxes on harmful products, such as tobacco products, alcoholic beverages, sugar-sweetened beverages and fossil fuels, are aimed at saving lives, mobilizing resources, addressing health inequalities, reducing the burden on health services and targeting non-communicable disease risk factors²⁷ and are cost-effective.²⁸ They raise revenue, improve health and health equity and help to avoid health and economic costs. They are powerful public health and economic interventions that can be implemented during and after the COVID-19 pandemic. Removing subsidies for fossil fuels also benefits the environment.

35. New funds were obtained in 2020 from the European Union to support work in Africa (Côte d'Ivoire, Nigeria and Uganda), the Caribbean (Guyana, Suriname and Trinidad and Tobago) and the Pacific (Fiji) in the 2021–2022 period.

Eliminating cervical cancer

36. Seven members of the Task Force formed the Joint United Nations Programme on Cervical Cancer Prevention and Control in 2016.²⁹ Their focus during 2020 was to support the WHO-led global strategy to accelerate the elimination of cervical cancer as a public health problem,³⁰ which involves an independent evaluation of the work of the joint programme in order for Task Force members to identify how best to support implementation of the strategy when the joint programme ends in 2021.

Supporting countries in providing evidence-based digital health programmes

37. The Be He@lthy, Be Mobile initiative of WHO and the International Telecommunication Union adapted its work to support Member States during the pandemic. In Tunisia, for example, the text messaging platform of the initiative was used to provide information on COVID-19 to around 10 million people. The initiative has supported the development of a number of messenger chatbots, with a collective reach of over 34 million users.³¹

38. In 2020, a digital health platform handbook was published, and other handbooks are currently in development. In collaboration with the Ministry of Health of Andalusia, the Be He@lthy, Be Mobile initiative established the European mHealth hub to collate evidence on digital health solutions.³² The initiative is also developing telemedicine projects, including remote diagnosis of diabetic retinopathy in Senegal.

²⁷ WHO, *WHO Technical Manual on Tobacco Tax Policy and Administration* (Geneva, 2021).

²⁸ Sugar, Tobacco and Alcohol Taxes Group, "Sugar, tobacco and alcohol taxes to achieve SDGs", *The Lancet*, vol. 391, No. 10138 (June 2018).

²⁹ International Agency for Research on Cancer, International Atomic Energy Agency, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), United Nations Population Fund and WHO.

³⁰ WHO, *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* (Geneva, 2020).

³¹ WHO, "WHO launches a chatbot on Facebook Messenger to combat COVID-19 misinformation", 15 April 2020.

³² See <https://mhealth-hub.org>.

Harmful use of alcohol and the SAFER initiative

39. Members of the Task Force continued to support development of the WHO SAFER initiative, a partnership between WHO, Task Force members and civil society focused on the five most cost-effective interventions. In 2020, the initiative received funding from Norway to scale up action at the country level.

Working groups and work streams

Tobacco control

40. Current evidence suggests that smoking is associated with increased severity of disease and death in hospitalized patients with COVID-19.³³ In response to Member State requests, WHO, the Task Force, PATH and other partners established the Access Initiative for Quitting Tobacco to support countries in delivering comprehensive tobacco cessation services during the pandemic through a digital health worker (Florence), scaling up national toll-free quit lines and mobilizing donations of nicotine replacement therapies. The COVID-19 Solidarity Response Fund is also supporting this work. In 2021, WHO launched a year-long campaign to help 100 million tobacco users to quit, using evidence-based interventions as part of the ongoing pandemic response and efforts to build back better. Taxation of tobacco products remains the most effective measure to reduce tobacco use, discourage first use in children and adolescents and encourage people to quit.

41. Several members of the Task Force³⁴ are finalizing a toolkit to support low- and lower middle-income countries in developing economically sustainable alternatives to tobacco growing. It will be piloted in a small number of countries ahead of its wider roll-out. Members of the Task Force are helping to improve working conditions on tobacco farms in Africa, as well as supporting farmers in Kenya in shifting to alternative crops and livelihoods. Members have also developed tobacco control social impact bonds to help farmers to move away from tobacco growing. Partnering agencies are working to identify outcome funders to underwrite the upfront financing of the impact investors already engaged.

42. The secretariat of the Framework Convention on Tobacco Control and the secretariat of the Task Force jointly organized a side event at the high-level political forum on sustainable development in July 2020 to highlight the importance of target 3.a of the Sustainable Development Goals during and after the COVID-19 pandemic.³⁵ The Convention secretariat launched the *Guide for WHO Framework Convention on Tobacco Control Parties on including SDG Target 3.a in Voluntary National Reviews*. The event also promoted the model policy for United Nations system entities on preventing tobacco industry interference.³⁶

43. The Convention secretariat has brought to the attention of the secretariat of the United Nations Global Compact the fact that some of its participants are directly funded by the tobacco industry, have tobacco companies as members or are serving as front groups for the industry. Examples include the International Chamber of Commerce, the Eliminating Child Labour in Tobacco Growing Foundation and the Transnational Alliance to Combat Illicit Trade. According to the Convention secretariat, this is not in line with the United Nations model policy. The Global

³³ WHO, "Smoking and COVID-19", scientific brief, 30 June 2020.

³⁴ Secretariat of the Framework Convention on Tobacco Control, FAO, International Labour Organization (ILO), UNDP, United Nations Environment Programme (UNEP), United Nations Office on Drugs and Crime, WHO and the Task Force secretariat.

³⁵ See www.who.int/fctc/mediacentre/news/2020/integrating-sdg-target-3-a-into-national-and-global-sdg-agendas/en.

³⁶ See www.who.int/ncds/un-task-force/events/model-policy-agencies-united-nations1.pdf.

Compact policy on tobacco excludes companies that derive any revenue from the production or manufacturing of tobacco. However, at present, this exclusion does not apply to non-business participants. In the meantime, the Convention secretariat will continue to follow up with the Global Compact secretariat on behalf of the Task Force, urging that new strategies and their implementation be aligned with the United Nations model policy, with the exclusion criteria applying to all categories of participants.

44. The secretariat of the Framework Convention on Tobacco Control, the United Nations Office on Drugs and Crime (UNODC), the World Bank, WHO and UNDP have promoted ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products and supported its implementation. The Convention secretariat, UNODC and the Government of Ecuador jointly organized a side event at the tenth session of Conference of the Parties to the United Nations Convention against Transnational Organized Crime, held in October 2020, to highlight the importance of the Protocol and its synergy with the United Nations Convention against Transnational Organized Crime.

45. Funding from the Governments of Australia, Norway and the United Kingdom of Great Britain and Northern Ireland has enabled the FCTC 2030 project of the secretariat of the Framework Convention on Tobacco Control to provide support to parties to accelerate implementation of the Convention as part of broader sustainable development efforts.³⁷ Four needs assessment missions were conducted in 2020, with those for Armenia and Suriname held virtually. UNDP, the key project delivery partner, led the development of: (a) a set of country-level briefs on tobacco control as an accelerator of the Sustainable Development Goals; (b) an online network for parliamentarians on tobacco control; and (c) tobacco control investment cases. Under the project, 79 countries participated in a virtual workshop on tobacco tax modelling.

46. A guide on nicotine- and tobacco-free school campuses was developed by WHO for teachers and students and is currently being piloted in the Islamic Republic of Iran, Kazakhstan and Kyrgyzstan. Participating schools will receive a certificate of achievement from WHO.

47. In 2019, WHO, the Convention secretariat and the Task Force published *How to make your campus smoke-free*.³⁸ In July 2020, during the COVID-19 pandemic, the headquarters of the Office of the United Nations High Commissioner for Refugees (UNHCR) were made smoke-free, the WHO headquarters having become smoke-free in 2013. WHO and the Task Force secretariat will now step up efforts to encourage Task Force members to transition to 100 per cent smoke-free campuses.

Nutrition, including ending childhood obesity

48. Over the past year, the thematic working group on nutrition, convened by the secretariat of the Standing Committee on Nutrition, has: (a) piloted nutrition guidance for joint missions in Uganda; (b) published, along with the community of practice on nutrition, law and human rights, examples of action across human rights-based approaches and legal mechanisms to address malnutrition; (c) mapped nutrition impacts and opportunities to the seven accelerators of the Global Action Plan for Healthy Lives and Well-being for All; (d) published *Strengthened action on nutrition in the COVID-19 response*; (e) initiated dialogue to expand the investment case methodology so that it has a greater focus on nutrition; and (f) completed mapping of work on childhood overweight and obesity in school settings. As from January 2021, the working group is convened by the secretariat of UN-Nutrition, following the merger of the Standing Committee on Nutrition and Scaling Up Nutrition.

³⁷ See www.who.int/fctc/implementation/fctc2030/en.

³⁸ WHO, document WHO/NMH/PND/2019.8.

Mental health and well-being

49. WHO and the United Nations Children's Fund (UNICEF) established a joint programme on the mental health and psychosocial well-being of children and adolescents and developed the Helping Adolescents Thrive toolkit based on WHO guidelines for adolescent mental health. UNODC and WHO continued to collaborate on scaling up drug use prevention and treatment, including through the Stop Overdose Safely project and the UNODC-WHO international standards on the treatment of drug use conditions. WHO and the Office of the United Nations High Commissioner for Human Rights are developing guidance for countries to align mental health-related legislation with international human rights standards. WHO and the International Labour Organization (ILO) are developing a policy brief to support implementation of the forthcoming WHO guidelines on mental health in the workplace.

50. In 2020, the first global inter-agency rapid deployment mechanism for mental health and psychosocial support was launched by Dutch Surge Support.³⁹ The International Organization for Migration, UNHCR, UNICEF and WHO hosted mental health and psychosocial support experts deployed through the mechanism to support the response in 17 countries facing humanitarian emergencies.

51. Country-level mental health and psychosocial coordination groups have been supported through the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Joint development of the minimum services package for mental health and psychosocial support in humanitarian settings also continued throughout 2020 through inter-agency collaboration between WHO, UNICEF and UNHCR.

Non-communicable diseases and the environment

52. The number of requests from Member States to address household and ambient air pollution as contributors to the global burden of non-communicable diseases has been increasing since the issuance of the 2018 political declaration, which included air pollution as a fifth non-communicable disease risk factor. As a result, the WHO-UNDP joint programme on catalysing multisectoral action for non-communicable diseases, through collaboration with other partners, is expanding the non-communicable disease investment case methodology to include air pollution.⁴⁰ In 2020, UNDP determined the health and economic impacts of household air pollution and continued work focusing on the air pollution burden of traditional cookstoves in Ethiopia, India, Mongolia, Nigeria and Thailand.

53. A meeting of the Health, Environment and Climate Change Coalition, which acts as the Task Force working group on non-communicable diseases and the environment, was held in February 2021, taking stock of ongoing activities and agreeing on future actions to support Member States.⁴¹

³⁹ See <https://english.rvo.nl/subsidies-programmes/mental-health-and-psychosocial-support-humanitarian-emergencies-dss-mhpss>.

⁴⁰ See WHO, *Benefits of Action to Reduce Household Air Pollution Tool*, available at [www.who.int/publications/m/item/benefits-of-action-to-reduce-household-air-pollution-\(barhap\)-tool](http://www.who.int/publications/m/item/benefits-of-action-to-reduce-household-air-pollution-(barhap)-tool).

⁴¹ Participating agencies included UNDP, UNEP, UNICEF, United Nations Framework Convention on Climate Change, the children and youth major group, WHO, World Meteorological Organization, Climate and Clean Air Coalition, Global Climate and Health Alliance, and NCD Alliance.

Non-communicable diseases and humanitarian emergencies

54. In 2020, UNHCR, the International Rescue Committee and the informal inter-agency group on non-communicable diseases in humanitarian settings published an operational guide entitled “Integrating non-communicable disease care into humanitarian settings”. Work is under way to improve access to glucose measurement and identification of suitable cardiometabolic platforms for point-of-care testing in humanitarian contexts. The group is contributing to the evaluation of the WHO non-communicable diseases emergency health kit.

Non-communicable diseases in the workplace

55. In 2020, the International Labour Office published “Managing work-related psychosocial risks during the COVID-19 pandemic”; *In the Face of a Pandemic: Ensuring Safety and Health at Work; and Teleworking during the COVID-19 Pandemic and Beyond*. The publications highlighted the issue of non-communicable diseases and mental health. The publication *Anticipate, prepare and respond to crisis – invest in resilient occupational safety and health systems* is being finalized. WHO and the International Labour Office published “COVID-19: occupational health and safety for health workers”.

56. ILO is finalizing its updated International Classification of Radiographs of Pneumoconioses. ILO and WHO, with the European Commission, continue to collaborate on the International Chemical Safety Cards project, which promotes the safe use of chemicals in the workplace with over 1,700 data sheets in more than 10 languages.

57. WHO developed an online course on occupational health and safety for health workers⁴² during the COVID-19 pandemic to provide guidance to tens of thousands of health workers in five languages.⁴³ The course was supported by initiatives such as “COVID-19: health and safety in the workplace”.⁴⁴

World Health Organization

58. As the United Nations specialized agency for health, WHO leads and coordinates the response of the United Nations system to non-communicable diseases and mental health. During the COVID-19 pandemic, WHO is supporting countries in strengthening the design and implementation of policies, including for resilient health systems, health services and infrastructure, treating people living with non-communicable diseases and preventing and controlling non-communicable disease risk factors, with a focus on those most vulnerable to the impact of COVID-19. The WHO interim guidance entitled *Maintaining Health Services: Operational Guidance for the COVID-19 Context* included considerations for non-communicable diseases, mental health and nutrition.

59. WHO has integrated mental health and psychosocial support as a central part of the COVID-19 response, including by maintaining essential health services, case management and risk communication.⁴⁵ A report on mental health preparedness for and responses to the pandemic was submitted to its Executive Board.⁴⁶

⁴² See <https://openwho.org/courses/COVID-19-occupational-health-and-safety>.

⁴³ See <https://openwho.org/courses/COVID-19-and-work>.

⁴⁴ See www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-health-and-safety-in-the-workplace.

⁴⁵ Tedros Adhanom Ghebreyesus, “Addressing mental health needs: an integral part of COVID-19 response”, *World Psychiatry*, vol. 19, No. 2 (June 2020).

⁴⁶ WHO, document EB148/20.

60. Looking beyond the pandemic, WHO is scaling up its programme on non-communicable diseases and mental health. The immediate aim is to catalyse progress towards target 3.4 of the Sustainable Development Goals within the next three years, especially through new and bold innovative solutions that have a multiplier effect across the Goals.

61. A major contribution to attaining target 3.4 will come from WHO-led initiatives to eliminate cervical cancer⁴⁷ and scaling up treatment for diabetes, childhood cancer and breast cancer.

62. WHO continues to develop and implement a set of policy and technical packages for preventing and treating non-communicable diseases and to improve mental health in line with its best buys and other recommended interventions (see table).

Table

Policy and technical packages and guidance for the prevention and control of non-communicable diseases and improving mental health

<i>Risk factor/disease</i>	<i>Interventions</i>
Tobacco use	WHO mPOWER policy package; WHO Framework Convention on Tobacco Control and its guidelines; Protocol to Eliminate Illicit Trade in Tobacco Products
Excess sodium consumption	WHO SHAKE technical package
Cervical, liver, colon and other cancers	Hepatitis B and human papillomavirus vaccination; detection, screening and treatment of cervical and other preventable or treatable cancers
Hypertension	WHO HEARTS technical package for cardiovascular disease
Household air pollution	WHO guidelines for indoor air quality; household fuel consumption
Consumption of industrially produced trans-fatty acids	WHO REPLACE action package; WHO protocol for measuring trans-fatty acids in foods
Harmful use of alcohol	SAFER action package
Physical inactivity	WHO global action plan to promote physical activity, which provides guidance and a framework for effective and feasible policy actions

63. WHO continues to lead the inter-agency working group on health taxes, working with United Nations system entities and other partners, including the Global Network for Health Financing and Social Health Protection.

64. In 2020, in collaboration with *The Lancet*, WHO published data through the NCD Countdown 2030 project to emphasize the importance of tobacco control, reducing harmful use of alcohol, detecting and treating hypertension and diabetes,

⁴⁷ WHO, "A cervical cancer-free future: first-ever global commitment to eliminate a cancer", 17 November 2020.

and preventing and treating cardiovascular diseases, asthma and chronic obstructive pulmonary disease in order to meet target 3.4 of the Sustainable Development Goals.⁴⁸

65. In November 2020, WHO published the *WHO Guidelines on Physical Activity and Sedentary Behaviour* for children, adolescents, adults and older adults.

66. Current capacities for non-communicable disease and mental health surveillance remain inadequate in many countries, contributing to weak or lacking data on mortality, morbidity and risk factors, which hinders evidence-based policymaking, service provision and accountability. Improving country-level surveillance and monitoring for non-communicable diseases and mental health therefore remains a priority for WHO support for Member States.

67. WHO is working with Member States and other partners, including Task Force members, on the preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control on non-communicable diseases, to be convened in 2025.

68. WHO has developed a range of materials to assist country-level technical working groups on mental health and psychosocial support in 53 countries affected by humanitarian emergencies.⁴⁹

B. Mobilizing resources

69. Despite the impact of non-communicable diseases and poor mental health on sustainable development, national funding and action for prevention and management remain far from sufficient to meet the demand for technical support from low- and middle-income countries. WHO, UNDP and UNICEF have therefore signed a memorandum of understanding with the Multi-Partner Trust Fund Office to establish a United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health. Terms of reference have been developed and the first meeting of the steering group will be held shortly.

70. The trust fund is designed to enable countries to catalyse national financing to address the imbalance between non-communicable disease burdens and action in line with the pledge in the 2030 Agenda to leave no one behind. Establishing the trust fund during the COVID-19 pandemic will not only save lives and reduce health inequities but also strengthen the resilience of people and countries to future pandemics and, in particular, reduce the morbidity, mortality and impact on health systems that result from non-communicable diseases and mental health during pandemics.

71. The trust fund will cover: (a) mobilization and effective use of national funding for a scaled-up non-communicable disease and mental health response; (b) development and implementation of effective policy, legislative and regulatory measures, including fiscal measures, aimed at minimizing the impact of the main risk factors for non-communicable diseases and mental health conditions and enabling people to live healthy lives and meet their full potential – including mental health service reform or reconfiguration (from institutions to community-based care); (c) ensuring access to essential non-communicable disease health services and medicines, vaccines, diagnostics and health technologies and ensuring access to health care for mental health conditions as part of universal health coverage benefit packages; (d) promoting policy coherence and mutual accountability across government sectors for different spheres of policymaking that have a bearing on

⁴⁸ NCD Countdown 2030 Collaborators, “NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4”.

⁴⁹ See www.who.int/teams/mental-health-and-substance-use/covid-19.

non-communicable diseases and mental health; (e) engaging all relevant stakeholders, including civil society and the private sector as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to mobilize a population-wide response to non-communicable diseases; and (f) strengthening the collection and use of data for non-communicable diseases and mental health.

72. WHO, UNDP and UNICEF will work with other members of the Task Force, Member States and development partners to mobilize resources for the trust fund.

73. At the sixteenth meeting of the Task Force, members reviewed the policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria on supporting co-infections and co-morbidities.⁵⁰ Members considered that more could be done to ensure that countries are aware of the opportunity and able to make the most of the policy to address non-communicable diseases. The Task Force also considered that it should advocate and build the case with country partners in relation to applications submitted to the Global Fund in this regard.

74. In 2020, the Task Force secretariat worked with WHO and other partners, such as PATH, to mobilize \$4 million in financial and in-kind contributions, including from the private sector, for the Access Initiative for Quitting Tobacco.

75. In 2020, the Task Force secretariat received financial support from the Government of the Russian Federation, the European Union, the Gulf Council of Health Ministries and the COVID-19 Solidarity Response Fund and in-kind support from the Government of Italy.

76. The investment cases under the WHO-UNDP joint programme (see paras. 31–35) are an important tool for advocating greater national and international financing for non-communicable diseases and mental health. The SAFER initiative has recently received funds from the Government of Norway. Through the International Atomic Energy Agency, the joint programme on cervical cancer has received funds from the Government of Belgium.

77. In addition to WHO, Task Force members such as the International Atomic Energy Agency, UNDP and UNICEF have increased their funding for non-communicable diseases and mental health. 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 to supporting countries in responding to non-communicable diseases and mental health conditions.

C. Harmonizing action and forging partnerships

78. The Task Force secretariat has collated relevant publications on COVID-19 and non-communicable diseases from Task Force members on its website.⁵¹ The secretariat hosted 18 virtual meetings focused on a number of aspects of COVID-19 and non-communicable diseases in order to share information and develop action to support Member States. Subjects included non-communicable disease risk factors and service delivery, mental health conditions, disabilities, provision of chronic care, human rights and building back better.

79. The fifteenth meeting of the Task Force was held in October 2020, and the sixteenth meeting in March 2021. During the meetings, Task Force members and the

⁵⁰ Global Fund to Fight AIDS, Tuberculosis and Malaria, “Global Fund support for co-infections and co-morbidities”, Board decision GF/B33/11 (Geneva, 2015).

⁵¹ See www.who.int/teams/noncommunicable-diseases/covid-19/unitaf.

secretariat reviewed their support for implementing *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-Being for All – Strengthening Collaboration among Multilateral Organizations to Accelerate Country Progress on the Health-Related Sustainable Development Goals*.

80. In 2020, the Task Force published a briefing paper on how Governments and United Nations country teams can work together to deliver the non-communicable disease-related targets of the Sustainable Development Goals and monitor and evaluate progress.⁵²

81. The Access Initiative for Quitting Tobacco (see paras. 40 and 73) worked with the private sector to generate nicotine replacement therapy donations (from Johnson & Johnson and Cipla for India, Jordan and the Philippines) to enable large numbers of smokers, including front-line health workers and high-risk groups for COVID-19, to stop smoking and to provide pro bono support for developing the WHO digital health worker (Soul Machines, with support from Amazon Web Services and Google Cloud).

82. The sixth meeting of the Friends of the Task Force was held in the margins of the high-level week of the seventy-fifth session of the General Assembly and convened Member States, Task Force members and other partners on the theme of working with Member States to deliver the non-communicable disease-related targets of the Sustainable Development Goals during and after the COVID-19 pandemic.⁵³ Some 15 Task Force awards were announced by the Director General of WHO to recognize government and non-government agencies making outstanding contributions to the non-communicable disease-related targets of the Goals.⁵⁴ It marked the third year of the awards scheme.

D. Being an exemplar for United Nations reform

83. 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.

84. The actions described in the present report include joint actions to support Member States and United Nations country teams in demonstrating their commitment to an ever more effective United Nations system, for example by: (a) aligning action on non-communicable diseases and mental health with COVID-19 response and recovery efforts; (b) promoting and implementing joint programming and joint missions; (c) joint resource mobilization, including establishing a trust fund; and (d) contributing to other relevant initiatives such as the Global Action Plan for Healthy Lives and Well-being for All.

85. The Task Force continues to publish relevant practical material, including the briefing papers described above and two briefs by ILO and the Organisation for

⁵² United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, "Governments and United Nations country teams: working together to deliver NCD-related Sustainable Development Goals", briefing paper, 25 January 2021.

⁵³ Hosted by the Task Force, WHO and the Russian Federation with support from the International Development Law Organization, the Convention secretariat and UNDP. See www.who.int/news/item/14-10-2020-sixth-annual-meeting-of-the-friends-of-the-task-force-working-with-member-states-to-deliver-the-ncd-related-sdg-targets-during-and-beyond-covid-19.

⁵⁴ See www.who.int/news/item/25-09-2020-uniatf-awards-2020.

Economic Co-operation and Development on how they support countries in tackling non-communicable diseases, adding to those reported in 2020.⁵⁵

86. At the country level, there has been a year-on-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 conducted in 2020, three out of four countries integrated non-communicable diseases into the results matrix of their Frameworks. The Task Force is conducting a qualitative analysis to understand how action on non-communicable diseases is prioritized by country teams.

87. The Task Force continues to encourage the governing bodies of its members to consider the non-communicable disease-related targets of the Sustainable Development 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 targets in their workplans. This is an increase from 30 per cent in 2014 and 50 per cent in 2016.

IV. Impact of the work of the Task Force: findings of the midpoint evaluation of the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030

88. In line with paragraph 18 of its terms of reference, the Task Force was included in the midpoint evaluation of the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030.⁵⁶ The purpose of the evaluation was to assess the accomplishments of the six objectives of the Global Action Plan and the lessons learned through its implementation in Member States, by international partners, non-State actors and WHO.

89. Key findings and conclusions on the Task Force and recommendations are shown in box 4.

Box 4

What information about the Task Force is contained in the midpoint evaluation?

“One of the key successes of the Global Action Plan and the actions that flowed from it has been to raise the profile of non-communicable diseases internationally” (p. iii, para. 9). The Task Force is cited as an example of this.

“While there has been some success in promoting multisectoral action (e.g., across the United Nations through the work of the Task Force), the response to non-communicable diseases continues to be seen largely as a health issue” (p. ix, para. 26).

⁵⁵ ILO, “Responding to the challenge of non-communicable diseases: ILO”, 2020; and Organisation for Economic Co-operation and Development (OECD), “Responding to the challenge of non-communicable diseases: OECD”, 2020.

⁵⁶ WHO, *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: report (2020).

“WHO has been active and successful in its leading and convening role in raising the profile of non-communicable diseases internationally and with Member States through mechanisms including high-level meetings, the WHO Independent High-level Commission on Non-communicable Diseases and the Task Force. In their feedback, Member States identified a wide range of ways in which WHO had provided technical support tailored to the country context, including support to develop national non-communicable disease plans, to develop investment cases (through the Task Force), to respond to specific risk factors and to carry out surveys of risk factors. This support was provided through engagement of all levels of WHO, country offices (where relevant), regional offices and headquarters, and through the Task Force” (p. ix, box S2).

“The Task Force has effectively convened and supported coordination between United Nations agencies globally, regionally and in country, including through high-profile country visits which have raised the profile of non-communicable diseases with national Governments and with United Nations agencies in-country. Progress on joint action has been hampered by lack of buy-in at all levels and adequate resourcing for the non-communicable disease agenda across the United Nations sector” (p. ix, para. C11).

“The Task Force, WHO and international partners [should] continue with plans to introduce a catalytic/multi-partner trust fund for non-communicable diseases” (p. ix, para. R1, second bullet).

“The Task Force and the Economic and Social Council [should] consider how they can provide further support to countries, promote joint activities between United Nations agencies and further build support for non-communicable disease responses among the senior leadership of United Nations agencies. Specifically:

- The Task Force and the Council [should] quantify and identify necessary resources and options for how to respond to country requests, including for ongoing support and follow-up, including non-communicable diseases in the context of national COVID-19 response and recovery plans.
- The Task Force and the Council [should] identify ways in which more joint actions can be conducted.
- The Task Force and the Council [should] identify ways in which support for non-communicable diseases can be built at senior levels across the United Nations” (p. xvi, para. R11).

“Some countries wish greater engagement of the Task Force at the country level, including for follow-up and evaluation of visits. [...] United Nations agencies mostly lack any specific budget for work on non-communicable diseases so this reduces the possibility of developing joint programmes. These can also be hampered by United Nations agencies having very different business models from each other. [...] There are some concerns that the response to non-communicable diseases remains too [...] ‘health-focused’. [...] Global health agencies and programmes have created siloes that have failed to integrate non-communicable diseases despite potential to do so in many areas” (p. 9, box S4).

90. The Task Force considered the findings of the midpoint evaluation at its sixteenth meeting and will use its findings and recommendations as the starting point for reviewing the successor to the 2019–2021 strategy later in 2021.

V. Recommendations

91. **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, in particular the response to the COVID-19 pandemic;**
- (c) **Note the key findings and conclusions on the work of the Task Force and recommendations in the midpoint evaluation of the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030;**
- (d) **Note the progress made by the Task Force through joint inter-agency efforts and partnerships, when applicable, to promote public health and foster the achievement of non-communicable disease- and mental health-related targets of the Sustainable Development Goals;**
- (e) **Note the establishment of a United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health to accelerate ambitious action towards the prevention and control of non-communicable diseases and mental health, in particular in the least developed countries;**
- (f) **Call upon WHO and other Task Force members to work with development partners, civil society and the private sector to mobilize resources for the trust fund, while giving due regard to managing conflicts of interest;**
- (g) **Welcome efforts by the Task Force to advocate and support partners in relation to the opportunity to include non-communicable diseases in applications submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria;**
- (h) **Call upon the Task Force and its members to work together to scale up their support for Member States in the provision of 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 in line with previous Economic and Social Council resolutions;**
- (i) **Call upon Task force members to: (a) prioritize their efforts to support Member States in implementing the WHO Framework Convention on Tobacco Control; (b) ensure that they are completely protected from tobacco industry interference, in line with the United Nations model policy; and (c) encourage all United Nations campuses to become 100 per cent smoke-free;**
- (j) **Request the Secretary-General to transmit to the Council, at its 2022 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.**