UN Inter-Agency Task Force on the Prevention and Control of NCDs

How NCDs are reflected in governing body policies, strategies and plans

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (Task Force) looks to increase awareness on NCDs and advocates for ever greater attention and mobilization of resources to combat NCDs. As part of this Members are encouraged to raise the importance of NCDs as a development issue, especially now that NCDs are part of the SDGs, with their governing bodies.

This paper updates one that was published in December 2014 and reviewed by the Fourth meeting of the Task Force. At the Firth Meeting the Task Force agreed that an update should be provided for the Sixth Meeting.

An invitation to update the 2014 paper was sent to 37 Members.

- 15 members provided updates to their 2014 contributions;
- 6 agencies provided new returns (ADB, GFATM, IARC, UNESCO, UNODC and WIPO).

A return from 2014 and/or end-2015 is now available for 30 Task Force members. Around one half have included NCDs into their mandates and have already operationalised programmes and projects with an obvious NCD component focused on the prevention, diagnosis, management or rehabilitation of NCDs. Of the remaining 50%, there seems to be an interest in incorporating NCDs into their policies and programmes.

Overall, while there are examples where NCDs are being discussed at governing board (or equivalent) level, there remains considerable opportunity for Task Force Members to create ever greater awareness at this level to highlight NCDs and their agency-specific response within the context of the:

- 2011 UN Political Declaration on NCDs;\(^1\)
- 2014 UN Outcome Document on NCDs;\(^2\)
- WHO Global NCD Action Plan 2013-2020, including the 9 voluntary global targets for NCDs;\(^3\)
- WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2020, including the 6 voluntary global targets for nutrition;\(^4\)

\(^1\) Resolution A/RES/66/2
\(^2\) Resolution A/RES/68/300
\(^3\) Resolution WHA65.6
\(^4\) Resolution WHA65.6
• Rome Declaration on Nutrition and the accompanying Framework for Action;⁵ and now most importantly
• Transforming our world: the 2030 Agenda for Sustainable Development.⁶

A number of Members will be reviewing key policies, strategies and plans following the adoption of the post-2015 development agenda.

UN Inter-Agency Task Force on the Prevention and Control of NCDs
03 February 2016

⁵ Adopted at the Second International Conference on Nutrition (ICN2)
Asian Development Bank (ADB)  (last updated January 2016)

Current Situation
ADB highlights in its Operational Plan for Health 2015-2020 the need to invest in NCD prevention and to strengthen health systems in order to be better equipped to respond to the increasing incidence of NCDs in Asia and the Pacific. The plan aims to double ADB’s health sector investments from 1-2% to 3-5% of total project approvals per year by 2020. Objective is to support Asia-Pacific developing member countries to achieve Universal Health Coverage and better respond to the double burden of communicable and non-communicable diseases.

Next Steps
ADB is engaging in policy dialogue with countries to borrow for health, invest in NCD prevention, and increase universal health coverage. ADB’s main instruments are technical assistance and loan products, which help countries structure mid and long-term health financing for their health systems and programs.

Food and Agriculture Organization of the United Nations (FAO)  
(last updated December 2014)

Current Situation
FAO’s mandate for nutrition is underpinned by its constitutional mandate of raising levels nutrition for all. FAO developed a new nutrition strategy in 2011 and was approved by its Council in 2012 (www.fao.org/docrep/meeting/024/mc783e.pdf). FAO’s nutrition strategy recognized that addressing malnutrition in a sustainable way requires a holistic approach that brings the potential of food and agriculture systems in link with other interventions. FAO’s vision is for a world free of hunger and malnutrition, where food and agriculture contribute to improving the living standards of all. Although FAO’s work on nutrition over the years focused significantly on addressing hunger, food insecurity and undernutrition in deprived populations, its emphasis in ensuring that populations have access to healthy diets has direct relevance to nutrition-related NCDs.

Next Steps
At the 2nd International Conference on Nutrition (ICN2) held in November 2014, FAO member states and the European Union adopted the Rome Declaration on Nutrition (www.fao.org/3/a-ml542e.pdf ) and the accompanying Framework for Action (www.fao.org/3/a-mm215e.pdf ). Among the 10 commitments made in the Rome Declaration, the following have direct relevance to NCDs: i) eradicate hunger and prevent all forms of malnutrition, worldwide; ii) develop policies, programmes and initiatives for ensuring healthy diets throughout the life course; iii) empower people and create an enabling environment for making informed choices about food products for healthy dietary practices and appropriate infant and young child feeding practices through improved health and nutrition information and education.

The Framework for Action clearly lists nine recommended actions that countries can implement (Rec 8-16) for sustainable food systems for promoting healthy diets, three recommended actions (Rec 19-21) to establish national dietary guidelines, nutrition labelling and coherent food and nutrition policies, and four recommended actions (Rec 38-41) to address childhood overweight and obesity. The Rome Declaration on Nutrition and the Framework for Action have both been endorsed and approved by the FAO 150th Council session in December 2014.
The Global Fund to fight HIV/AIDS, TB and Malaria (GF) (last updated January 2016)

Current Situation

The Global Fund is of course primarily a fund for the communicable diseases of HIV, Tuberculosis and Malaria, however 2015 was an important year for the Global Fund in terms of certain policies and strategies presented to the board of the Global Fund with potential relevance to NCDs. The first of these policies, was the board approved policy on Global Fund support for Co-Infections and Co-Morbidities (COIM) of the three diseases.7

A co-morbidity occurs when two or more acute or chronic conditions exist, either concurrently or sequentially. The term is reserved for situations in which at least one of the conditions is a non-communicable disease (NCD). People living with NCDs, such as diabetes or alcohol use disorders, have a higher risk of developing communicable diseases, such as TB, due to their immunosuppression. As treatment for HIV has become more widely available, NCDs now account for a greater proportion of morbidity and mortality in HIV infected populations.

The framework on financing COIM that was approved aims to establish criteria for when COIM interventions could be financed by the Global Fund in accordance with its mission and objectives. The purpose of the framework is to:

a. Provide guidelines to countries, where appropriate, on developing an investment case for COIM funding within their relevant country allocations; and

b. Provide guidance to the Technical Review Panel (TRP) on assessing COIM funding requests.

The approach taken in the policy supports country ownership and impact, while ensuring that Global Fund financing remains closely linked to and targeted at the three diseases. The decision and framework is subject to the existing global disease split, and allocation methodology, and will not prejudge future allocations.

The Global Fund will consider financing a COIM intervention when there is sufficient evidence the intervention: (a) is based on a strong investment case considering impact and cost within the context of existing programs within that country; and (b) Extends the life expectancy, prevents and/or reduces mortality and morbidity, of people living with HIV, TB and malaria by acting directly on HIV, TB or malaria; or (c) is an effective health intervention that prevents or treats a COIM that has a disproportionate impact on people living with HIV, TB or malaria; (d) financing would not detract from or displace financing for cost-effective HIV, TB or malaria interventions; and (e) Global Fund financing would not displace resources from other funding sources; and (f) There is alignment with national policy guidelines; and (g) interventions are synergistic and can be integrated with other HIV, TB or malaria delivery platforms.

This board approved policy, provides clarity on the issue of COIM, including funding for NCD’s by setting out a clear framework under which circumstance COIMs are within the mission and objectives of the Global Fund.

Secondly, The board has recently approved in November 2015 the new strategic framework for the 2017-2021 Global Fund strategy, detailing the clear strategic objectives upon which to judge the organisations success.

7 (GF/B33/11)
The new strategic framework is fully aligned with the Sustainable Development Goals embraced by member states of the United Nations in September 2015, with a holistic and multidisciplinary approach that seeks to reach those most in need, reduce inequalities, and support sustainable transition across the development continuum as countries move toward self-sustainability.

The new strategic framework underlines Global Fund commitment to contribute to building resilient and sustainable systems for health (RSSH) together with robust national strategies for health and with national disease-specific strategic plans in each country.

Building RSSH has always been a critical element in the fight to ending the three diseases, and the fact that historically over 40% of Global Fund investments have been in building RSSH reflects this, and recognizes that health services provided for the three diseases should be provided under the umbrella of a resilient, efficient and integrated national health system in order to be sustainable.

This is an important and relevant for those in the NCD community, by building the overall resilience of the whole health system, of which treatment and care for NCD’s is a growing part of those systems in many countries moving up through the development continuum, the Global Fund continues to take a lead role in building the capacity of national health systems to improve universal access to quality health services and care.

**Next Steps**

Through 2016, the Global Fund will continue to work on developing the 2017-2021 strategy for Board approval. To develop pilot projects on co-morbidities based on the new Global Fund policies. The GF and partners will develop some pilot projects to address some key co-morbidities that have effect on 3 diseases. The GF and partners should explore greater use of chronic disease models for treatment of AIDS especially focusing on service quality, and patient involvement to achieve greater adherence.

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**International Atomic Energy Agency (IAEA) (last updated January 2016)**

**Current Situation**

The IAEA’s health mandate is drawn from Article II of the IAEA's Statute: "The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world." The IAEA Medium Term Strategy 2012 – 2017 highlight the growing global need and demand by the low and middle income Member States to address the cancer burden. In 2015, the 59th IAEA General Conference in its resolution entitled “Strengthening of the Agency's technical cooperation activities” (G(59)RES11, which also incorporates the Resolution for Programme of Action for Cancer Therapy (PACT), welcomed the WHO’s global action plan for the prevention and control of non-communicable diseases, and the participation of the IAEA at the United Nations Interagency Task Force on NCD.

The IAEA supports its Member States to respond to NCDs through its PACT, Technical Cooperation (TC) and Human Health programmes. The Agency funding for capacity building and infrastructure improvements in cancer control is approximately US$25 million annually.

**Next Steps**

As highlighted in the IAEA 59th General Conference Resolution (2015) on PACT, in 2015-16 PACT aims to: a) harness benefits derived from international partnerships for accelerated programme delivery, strengthen public health approaches to cancer control and increase resource mobilization potential at country level, b) assist Member States to adopt and implement national comprehensive cancer control
plans, c) continue to provide services e.g. imPACT reviews and follow-up activities designed to support Member States in strengthening capacity in cancer control, d) develop sustainable solutions to increase access to radiotherapy, e) expand and facilitate training of health professionals, f) raise awareness of the global cancer burden and the role of radiation medicine in comprehensive cancer control.

For 2016-2017, the IAEA Human Health Programme aims at enhancing the capabilities in Member States to address needs related to the prevention, diagnosis and treatment of health problems through the development and application of nuclear and related techniques within a Quality Assurance framework. Specifically, the Human Health Programme will support Member States to enhance their capabilities (i) to combat malnutrition in all its forms through the use of nuclear and related techniques, and (ii) to use nuclear techniques in health safely and effectively. Examples of areas where nuclear techniques in health are used include treatment or diagnosis of NCDs such as cardiac disease, cancer, malnutrition, among others, as well as diagnosis of infectious diseases by nuclear techniques. The Human Health Programme is implemented through the publication of guidance documents, supporting capacity building in Member States, provision of essential dosimetry and verification services, provision of guidance on safe and effective transitioning to new technologies, implementing peer-review and quality assurance missions in Member States and supporting the establishment or upgrade of radiation medicine and nutrition related infrastructure through the IAEA Technical Cooperation Programme.

International Agency for Research on Cancer (IARC) (last updated January 2016)

Current Situation

The fight against cancer as one of the main contributors to NCDs, is at the heart of IARC’s mission and activities. The “IARC Medium-Term Strategy for 2016-2020”\(^8\), recently approved by its Governing Council, highlights throughout the importance of IARC’s continuing engagement and participation in the growing international mobilization against cancer, either directly with collaborators in countries around the world, or jointly with WHO and other partners such as IAEA-PACT, or more recently as part of the broader UN response with the UNIATF on NCDs. Major areas of activity for IARC include the description of cancer occurrence, identifying the causes and evaluating and implementing cancer prevention strategies. The Agency has a particular focus on low and middle-income countries for research and for capacity building.

Next Steps

IARC will continue to report to its governing bodies annually on its activities in this area, and to advocate with the representatives of its Participating States on the need for increased mobilization of resources to combat cancer among other NCDs. IARC will continue to demonstrate international leadership in cancer research in order to shape the agenda towards translation of knowledge into effective cancer control measures.

\(^8\) [http://governance.iarc.fr/GC/GC57/En/Docs/GC57_7.pdf](http://governance.iarc.fr/GC/GC57/En/Docs/GC57_7.pdf)
International Development Law Organization (IDLO) (last updated January 2016)

Current Situation

IDLO’s Strategic Plan 2013-2016 includes specific reference to the use of the law to advance the right to health under Goal 2: ‘IDLO will enhance access to justice by enabling governments to uphold human rights and empowering people to claim them. IDLO’s health law strategy 2014-2016 includes specific reference to building legal capacity to address NCDs with a focus on healthy diets and physical activity.

In 2015, IDLO and WHO adopted a memorandum of understanding to promote and facilitate multi-stakeholder consultations, at regional and global level, on healthy diet, physical activity and the law; to establish cooperation to support the development of health legislation for addressing emerging public health treats in countries; and to promote coordination of their policies and activities to strengthen and develop health systems.

Also in 2015, IDLO and the Caribbean Public Health Agency (CARPHA) adopted a memorandum of understanding to support collaboration to address NCDs in the Caribbean region. In 2015 IDLO developed concept notes with both WHO and CARPHA.

Next Steps

IDLO will pursue resources for the above initiatives, and similar partnerships for collaboration to address the legal aspects of NCDs, and thus advance the right to health.

International Labour Organization (ILO) (last updated January 2016)

Current Situation

In 2015 the ILO adopted the Programme and Budget for 2016-17 focusing resources on ten policy outcomes, which address key areas of concern to governments, employers and workers and contribute to global development priorities, particularly the 2030 SDGs. Several of these are relevant to the prevention and control of NCDs including: “Ratification and application of international labour standards, “Creating and extending social protection floors”, “Formalization of the informal economy” and “Promoting workplace compliance through labour inspection”. In addition, the Governing Body requested the ILO to implement an OSH Global Action for Prevention (OSH–GAP) flagship programme aligned with these priorities, which will assist ILO constituents in establishing and implementing policies and systems that reduce the incidence and severity of work-related deaths, injuries and diseases.

Next Steps

In line with the adoption of the 2030 Agenda, the Governing Body has called the Office to offer the ILO’s technical and normative leadership on SDG 8 and related decent work goals. The ILO will thus continue to work on prevention of occupational diseases as a central element of the Decent Work Agenda. The way forward requires also taking action on the conclusions and recommendations adopted at the Committee on the recurrent discussion of the strategic objective of social protection (labour protection), held at the International Labour Conference 104th Session, June 2015, which emphasized the need to tackle new OSH emerging risks such as chemicals, psychosocial risks and violence at work, and

9 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
reaffirmed the essential role of prevention, national OSH policies, systems and programmes. The Office will prepare a plan of action to give effect to the conclusions, for consideration of the Governing Body. The Office is also preparing a General Survey for 2017 concerning several OSH instruments.

International Narcotics Control Board (INCB) (last updated December 2014)

Current Situation
Ensuring availability and rational use of narcotic drugs and psychotropic substances for medical use has always been the goal of the international drug control treaties. The issue of availability was at the heart of a 2010 INCB special report entitled “Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes”. The report was also accompanied by the INCB/WHO Joint publication: Guide on Estimating Requirements for Substances Under International Control which is meant to help member states define their own legal requirements. The Commission on Narcotic Drugs adopted resolutions 53/4 in 2010 and 54/6 in 2011 with a view to promoting adequate availability internationally controlled substances for medical and scientific purposes while preventing their diversion and abuse. The CND have also established a separate sub-agenda item to ensure that sufficient attention is being devoted to this issue.

Next Steps
At its 108th sessions the Board also decided to prepare a special report to be published in 2016 as a supplement to INCB annual report for 2015. The report should focus on the implementation by Governments of the Board’s recommendations contained in its report entitled “Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes” published in 2010. The Board is working with Member States, WHO and other stakeholders to provide the international community, Member States with new recommendations to consider in the development of policies at country level to ensure the availability and rational use narcotic drugs and psychotropic substances.

International Olympic Committee (IOC) (last updated January 2016)

Current situation
IOC continues to work with Olympic Games Organizing Committees (OCOGs) and future candidate cities to help them reinforce positive health practices within the venue cities and promote physical activity and healthy lifestyles. The IOC sustains its support the “Active Cities” project led by TAFISA (The Association for International Sport for All) and its partner EVALEO. The IOC supports the implementation on both the national and local level through the 53 countries of the EU region of the physical activity (PA) strategy for WHO European Region. It also supports numerous initiatives and programmes of National Olympic Committees to tackle healthy lifestyles and NCDs prevention through sport and physical activity.

Next steps
Our work to frame the future strategy to 2020 and its components of healthy lifestyles promotion through adapted and sustainable physical activity and sport for all continues. IOC pursue work with OCOGs on Games legacy and positive boost to PA access and practice across the population leading up
and after the Games, around IOC communication and awareness raising work around PA/sport for all promotion, and to build the capacity of the Olympic movement’s members to understand, develop, and implement sport/PA-based programmes which promote healthy and active living, NCDs prevention, and social change at large. IOC also continue its involvement in the Active Cities programme and its pilot projects.

IOC also plan to work with WHO on advocacy for PA in relations to the 9th Conference on Health Promotion (Shanghai, China, 21-25 November 2016). NCDs prevention will also have a prominent place in the new MOU which is to be signed between IOC and WHO in Q1-Q2 of 2016.

**International Organization for Migration (IOM) (last updated January 2016)**

**Current situation**

With changing epidemiological profiles in several countries, as well as mobility and displacement of persons coming from high NCD burden countries, NCD prevention and management are becoming increasingly relevant to migration health. In recent years, IOM has initiated some innovative projects, including NCD study among displaced persons in Georgia, and an operational research on NCD management in partnership with Johns Hopkins and MIT, including digital health records, among refugees seeking primary healthcare in Lebanon. Secondary analyses of IOM programme data also generates evidence on NCD burden among refugees and migrants, as well as nutrition problems among under-five refugee children.

**Next Steps**

Indeed, while there remain large gaps in raising NCDs and migration issues at IOM governing bodies/Council debates, we note how the achievement of several targets identified in the Global NCD Action Plan 2013-20, and regional action plans, will be limited if vulnerable groups amongst migrants and mobile populations are left out of national multi-sectoral plans and domestic public financing for NCDs. IOM at its 2015 Council meeting laid out the way forward to advance the unfinished migration health agenda on various aspects, which would be applicable to migration and NCDs. IOM plans to engage with WHO, National NCD stakeholders and other partners to generate evidence that can inform action and strategy adaptation for the nine targets, to include migrants and mobile populations. IOM can engage with WHO and NCD partners in supporting country responses, through migrant health monitoring and surveillance for NCD risk factors and burden, and then integration of interventions in countries. Given the WHO comprehensive implementation plan on maternal, young child and adolescent nutrition, there is a need to address nutrition problems faced by migrant and refugee children, to ensure that accountability mechanisms for nutrition targets do not exclude these vulnerable children and women.

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International Telecommunications Union (ITU) (last updated December 2014)

Current Situation

The International Telecommunication Union (ITU) and the World Health Organization (WHO) launched a partnership in October 2012 called the ‘Be He@lthy, Be Mobile’ Initiative to use mobile technology, in particular text messaging and apps, to help combat non-communicable diseases (NCDs) such as diabetes, cancer, cardiovascular diseases and chronic respiratory diseases. The number of mobile-cellular subscriptions worldwide is approaching the number of people on Earth, reaching almost 7 billion by 2014 – this means that roughly 96% of the global population has access to a phone at any given moment. The mobile’s role in individuals’ daily routines puts it in a unique position to foster behavioural change via health promotion and empowers patients to manage their own diseases. Current programmes are underway in Costa Rica, Senegal and Zambia using mHealth practices to help save lives, reduce illness and disability, and reduce healthcare costs significantly.

Next Steps

As the UN’s information and communication technologies agency, ITU will harness the best mobile technology available and make it accessible for all countries to fight NCDs. ITU will continue its partnership with WHO to help governments gain the technical knowledge needed to establish mHealth services within their national health systems and ensure an effective, sustainable model of health care. By bringing all the lessons learned and best practices from existing mHealth projects around the globe together, the ‘Be He@lthy, Be Mobile’ Initiative can establish the right mechanisms to support small-scale projects to expand into fully fledged services well integrated with existing systems and practices. Future programmes are planned for Philippines, Mauritius, Norway, United Kingdom, Tunisia and beyond.


Current Situation

UNESCO renewed its efforts to highlight the correlation between Physical Education, Physical Activity, Sport and the fight against NCDs. Through the promotion of Quality Physical Education (QPE) and adoption of the innovative International Charter of Physical Education, Physical Activity and Sport by the 38th General Conference of UNESCO, the Organization reinforced awareness of the benefits of physical activity on health. The aim of the QPE initiative is mainly to encourage Governments to revise their national physical education policy in line with the QPE Guidelines, promoting core values such as inclusiveness, flexibility, and the use of a child-centered approach.

Physical activity is encouraged beyond the school day, notably through community partnerships, and a close cooperation with UNESCO’s Education section fosters the inclusion of guidance on nutrition and healthy habits into the delivery of Physical Education. So as to increase the social impact of the initiative, parents, local organizations, teachers, and youth will be involved in the roll-out of this project, notably through grassroots consultations.

In 2015, four pilot countries have been selected to revise their physical education policy in line with the QPE Guidelines: Fiji, Mexico, South Africa and Zambia. All key stakeholders engaged both at national and
international level in the project will be designated at the beginning of 2016, in order to finalize the preparatory phase of the project.

Efforts to raise awareness about the necessary fight against inactivity and related health problems are enhanced by the recently adopted International Charter of Physical Education, Physical Activity and Sport, which introduces universal principles such as gender equality, non-discrimination and social inclusion in and through sport. It also highlights the benefits of physical activity, the sustainability of sport, the inclusion of persons with disabilities and the protection of children.

The Charter promotes inclusive access to sport by all without any form of discrimination. It sets ethical and quality standards for all actors designing, implementing and evaluating sport programmes and policies.

The benefits of Physical Education, Physical Activity and Sport on health, and in particular NCDs appears in several articles of the Charter, thus highlighting the positive impacts of an active population, e.g. economic independence, decrease of health care costs, physical literate individuals, development of personal non-cognitive skills such as endurance, strength, flexibility, coordination, balance and control, etc.

Finally, a communication kit for 2016 was developed to efficiently promote the Charter worldwide, with a specific strategy elaborated for each category of targeted audience.

Next steps

QPE project: National coordinators will be selected at the country level and the policy revision process will be officially launched for approximately 12 months, in the light of cooperation around the promotion of a sustainable environment for healthy and well-rounded citizens.

International Charter of Physical Education, Physical Activity and Sport:

UNESCO will work with Governments and other stakeholders to develop a methodology for the international follow-up to the Sport Charter.

2016 will be marked by the preparation of the International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS VI) to be held during the first half of 2017. MINEPS VI will concentrate on the implementation and monitoring of the Declaration of Berlin, adopted by MINEPS V, and of the revised International Charter of Physical Education and Sport.

United Nations International Children’s Fund (UNICEF)  
(last updated January 2016)

Current Situation

During 2015, a number of opportunities were created to discuss UNICEF potential role on NCDs. A background document on UNICEF engagement on NCDs was elaborated as a basis for the internal discussion on the inclusion of NCDs control and prevention into existing programmes. Systematic reviews of the literature were performed to assess available information on the most effective programmes for the prevention of NCDs and its risk factors (which emphasis on overweight and obesity) during pregnancy, childhood and adolescence. Furthermore, a pilot survey of present UNICEF country programmes was used to identify the most appropriate programmatic entry points for such NCD prevention interventions.
More broadly, the UNICEF Health Strategy 2016-2030 has been elaborated during 2015, through a large consultative internal and external process. The new strategy recognizes the need for UNICEF to adapt to local epidemiology and needs beyond the more traditional under 5 mortality, aiming at the health and wellbeing of all children (under 18). The strategy has been finalized and under final approval process.

Next steps
Once approved, the UNICEF health strategy will be disseminated among all levels of the organisation.

The NCD background document, that is at present being revised with the inputs of all programme sectors within the organization, will be translated into a programmatic guidance in the first half of 2016, within the framework of the overall health strategy.

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**United Nations Office on Drug and Crime (UNODC) (last updated January 2016)**

**Current Situation**

The Office’s global programme on drug prevention and treatment promotes effective and efficient drug prevention and treatment strategies, and is focussed on assisting Member States in reaching target 3.5 of the Sustainable Development Goals (SDG). UNODC has developed the International Standards on Drug Use Prevention, and has been disseminating the Standards through regional trainings for policy makers in 5 regions, promoting better quality and coverage of effective drug prevention. Primary among the UNODC’s work in this area is family-based interventions that have been proven to be effective in strengthening protective factors against NCD’s, risky health and social behaviours, including drug use, substance abuse and violence. UNODC continues to disseminate psychosocial protocols for drug prevention and drug dependence treatment among children exposed to drug use at a very young age. Early onset of drug use can be seen in very vulnerable children (e.g. street children and refugees), and is linked to higher prevalence of drug dependence later in life and potentially other NCDs. UNODC collaborates and works closely with multiple Ministries, international organizations, civil society and local NGOs in Afghanistan, Liberia, India, Bangladesh and Pakistan.

In the area of drug dependence treatment and care and in partnership with WHO, UNODC promotes accessible, affordable, evidence-based and ethical treatment and care strategies to reduce the health and social burden caused by drug use disorders. Programme activities are implemented in close coordination with governmental counterparts, research institutions and civil society to improve the knowledge and skills of national and regional policy makers, researchers and service providers. Since 2008 the TREAT-Net program to reduce negative health and social consequences of drug dependence has been implemented in 46 countries with varying degrees of intensity (trained more than 11,000 treatment practitioners over the course of the years, supported innovative treatment pilots at national level and has carried out assessments on the situation with regard to drug demand reduction services in most African countries). Currently, in the framework of this project, UNODC has developed a training package for policy makers on the nature, prevention and treatment of drug use disorders.

Programme on drug Dependence Treatment and Care has implemented activities at the regional and national level in more than 20 countries including Albania, Benin, Brazil, Cambodia, Cote d’Ivoire, Haiti, Iraq, Lao PDR, Macedonia, Montenegro, Mozambique, Myanmar, Nigeria, Pakistan, Senegal, Serbia, Sierra Leone, Togo, the United Arab Emirates (and countries from the surrounding region) and Viet Nam, focusing on technical support, assessment and data collection, service improvement, capacity building and policy support.
UNODC partners with WHO and the Union for International Cancer Control (UICC) to increase access to controlled drugs for medical purposes, while preventing diversion and misuse. The programme supports legislative and policy review, as well as training for healthcare workers related to intervention services for patients. It also raises awareness within Government systems, and among medical servers, local communities and families about the importance of addressing issues related to pain for patients suffering from NCDs.

**Next steps**

UNODC will continue to implement the global programs to support Member States striving to effectively prevent drug use and implement drug treatment intervention. In 2016 an increasing focus will be on building the capacity of high priority countries to reach target 3.5 of the Sustainable Development Goals (SDG).

The UN General Assembly will hold a Special Session (UNGASS) on drugs in 2016. This Special Session will be an important milestone in achieving the goals set in the policy document of 2009 "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem", which defined action to be taken by Member States as well as goals to be achieved by 2019. GA has requested the Commission on Narcotic Drugs, as the United Nations organ with the prime responsibility for drug control matters, to engage in the preparatory process for the UNGASS. In response to this request, the Commission adopted resolution 57/5, entitled "Special session of the General Assembly on the world drug problem to be held in 2016", in which it decided to ensure an adequate, inclusive and effective preparatory process for the 2016 Special Session.

UNODC will continue to expand the work scope of the Joint Global Program on access to controlled drugs for medical purposes in partnership with WHO and UICC, with a goal of highlighting the issue at UNGASS.

**United Nations Office of the High Commissioner for Human Rights (OHCHR)**

(last updated January 2016)

**Current Situation**

Due to the nature of OHCHR’s work (human rights advocacy rather than public health) and also as a result of resource considerations, the approach generally taken is to focus on mainstreaming rights-based approaches into the promotion and protection of health rather than to focus on specific health challenges. There has, however, been a departure from this general principle in the case of NCDs as a consequence of which work to support the UNIATF, including travel for meetings, has been included into UNICEF’s work plans for 2016.

**Next steps**

Coordination of work on the SDGs, the work of the Task Force as well as other related initiatives to address NCDs will be part of UNICEF advocacy strategy as part of human rights mainstreaming.
United Nations Office for Project Services (UNOPS) (last updated January 2016)

Current Situation

The UNOPS Strategic Plan (2014-2017) does not explicitly describe UNOPS role in the joint UN response to NCDs. UNOPS focuses on three practices: infrastructure, project management and procurement with a strong focus on ensuring sustainability and promoting national ownership and capacity building. Many initiatives, especially in infrastructure and procurement, aim at improving the health sector from rehabilitation and construction of hospitals and clinics to procurement of medicines and medical equipment, which benefit the NCD agenda.

Next Steps

It is expected that the UNOPS Strategic Plan will go through a mid-term review in 2016 to reflect the adoption of the SDGs, at which time specific references to NCDs may be included. Ideas that are being discussed relate to how we can improve statistics and disaggregate data to specifically track procurement for different NCDs and also development of indicators which will reflect the main use of hospitals/clinics that we contribute to rehabilitate or build.

Joint United Nations Programme on HIV/AIDS (UNAIDS) (last updated January 2016)

Current Situation

37th meeting of the UNAIDS Programme Coordinating Board adopted a new strategy 2016-2021 to end the AIDS epidemic as a public health threat by 2030, which is aligned with Sustainable Development Goals (SDGs). Structured with 10 targets and associated with 5 SDGs, the Strategy has 8 result areas. One of which, people-centred HIV and health services integrated in the context of stronger systems of health, has NCDs as one of the proposed integrated services that people living with, at risk of and affected by HIV, should have access to, especially at the community level.

Strategy encourages cross-sectoral collaboration towards shared goals for 2030 between joint action and shared progress between HIV and the SDGs, e.g. (a) HIV-sensitive universal health coverage can play a vital role in promoting health equity, while integration with rights-based services for sexual and reproductive health, noncommunicable diseases, tuberculosis and other conditions can improve broad health outcomes under Goal 3; (b) efforts to secure affordable HIV commodities, including second and third-line drugs, can benefit wider health and equity agendas, including tuberculosis, hepatitis C and noncommunicable diseases under Goal 17.

Next Steps

UNAIDS has joined the Global Joint Programme on Cervical Cancer - a global coalition to stop cervical cancer among women and girls in developing countries, to launch a new 5 year initiative.

United Nations Development Programme (UNDP) (last updated January 2016)

Current Situation

At the request of the ASG, Director of the Bureau of Policy and programme Support, the, HIV, Health and Development Group updated the Group Strategy, with NCDs integrated throughout.
UNDP’s draft HIV, Health and Development Strategy 2016-2021 includes specific attention to NCDs under the action area on ‘Promoting effective and inclusive governance for HIV and health.’ Cited as a priority of UNDP’s work in this area is ‘Strengthening governance to address NCDs and tobacco control.’ Specifically noted is UNDP’s work in supporting countries to develop multisectoral, whole-of-government responses to NCDs, including through strengthened multisectoral governance arrangements, investment case development, and the integration of NCDs and tobacco control into national and local development plans and strategies. This support leverages UNDP’s core competencies in poverty reduction and multisectoral governance, including in its response to AIDS. The support is directly aligned with UNDP’s tasks and responsibilities within the UNIATF on NCDs, in furtherance of Objective 2 of the WHO Global Action Plan on NCDs 2013-2020.

Next Steps

The draft HIV, Health and Development Strategy 2016-2021 was opened for external consultation from 26 October 2015 through 10 November 2015. Feedback is now being incorporated before the strategy is submitted to the UNDP Executive Office for approval in January 2016.

Further, the Executive Board has decided for UNDP’s Strategic Plan 2014-2017 and Human Development Index to both be revisited in 2016 to reflect the adoption of the SDGs.

United Nations Human Settlements Programme (UN-Habitat) (last updated December 2014)

Current Situation

UN-Habitat’s Global Action Plan considers that sustainable human settlements depend on the creation of a better environment for human health and well-being, which will improve the living conditions of people and decrease disparities in the quality of their lives. An MoU between UN-Habitat and WHO focuses on the need to address urban health and development and agrees to: (a) promote sustainable development of cities, particularly through encouraging social inclusion and reducing the social divide, including health inequities, between urban populations; (b) develop, monitor, and disseminate urban indicators and metrics with the aim of assessing baselines across the social, environmental, economic, and political domains, and monitoring the impact of urban policies within these domains on the health and well-being of its residents; (c) support capacity-building in order to strengthen cities’ capacity to mitigate and respond to the potential effects of emergencies and disasters inclusive of climate change health impacts on urban populations.

Next Steps

UN-Habitat is currently preparing a position paper which will explore opportunities for joint programs addressing NCDs. This will include development of capacity for local-level city-wide urban planning and design to promote healthy lifestyles, policies for prevention and control of NCDs in secondary urban centres and appropriate monitoring systems. The position paper will be available by February 2015 and will lead to a more formalized collaboration.

**Current Situation**

UNFPA’s Global Strategic Plan does not mention NCDs explicitly however key elements for preventing and controlling NCDs are included in UNFPA’s current priorities. The “bull’s eye” of the Strategic Plan is Sexual and Reproductive Health and this includes the prevention of reproductive organ (breast and cervical) cancers. Programme guidance for countries to prevent cervical cancer has been available since 2011. UNFPA also provides support for NCD screening and their prevention during pregnancy. UNFPA’s Adolescents and Young People’s programme provides information through its country programmes on healthy lifestyles. UNFPA provides technical assistance to countries introducing HPV vaccine (Note: UNFPA-GAVI MoU signed in 2014).

**Next Steps**

UNFPA will play an active role as a member of the Joint Global Programme on Cervical Cancer.

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**United Nations High Commission for Refugees (UNHCR) (last updated January 2016)**

**Current Situation**

Following on from the initial roll-out of the NCD project in 2014, UNHCR continued to expand the scope and coverage of NCD care in refugee settings. In order to benefit from lessons learnt and to further build the evidence base for NCD care in humanitarian settings, UNHCR initiated an informal working group in which experts from WHO, academia and humanitarian organizations work on adaptations of NCD approaches to humanitarian emergency settings, including the operationalization of the PEN strategy, situation adapted effective management of essential medicines, improvements to adherence to treatment among displaced populations and health information management issues.

The mhGAP humanitarian intervention guide has been published and is being rolled out through trainings, of which 5 were held in 2015.

**Next Steps**

Based on lessons learnt from the past 16 months of project implementation, the NCD project in 2016 will focus on continuous learning and use of peer-support network mechanisms to establish a wider NCD champion community among clinical staff working in refugee health care services.

To further strengthen NCD care in acute emergencies, the humanitarian partners with support from WHO and academia are (1) working on a simplified model of minimum NCD interventions during acute emergencies, and (2) reviewing evidence to establish a baseline for adaption of NCD essential medicines and devices to be added/adapted to the current Inter-agency Emergency Health Kit.
United Nations System Standing Committee on Nutrition (UNSCN)
(last updated January 2016)

Current situation:

New UNSCN strategy is under development and will be discussed by the UN Nutrition leads in January 2016. The draft strategy mentions that UNSCN will continue to promote understanding on all forms of malnutrition. The continuation of UNSCN’s active participation in the UNIATF is also mentioned in the strategy. UNSCN is an active member of the Advisory Group of the Committee on World Food Security (CFS). The UNSCN particularly contributed to and advocated for mainstreaming nutrition through the inclusion of nutrition-sensitive and nutrition-specific elements in CFS products and activities. UNSCN advocated for the engagement of CFS in the ICN2 follow up and for a nutrition workstream in the programme of works 2016-2017. Major topics that have been advocated and emphasized throughout the CFS inter-sessional period (July 2014-July 2015) include: i) CFS to play a major role in the follow up of the outcomes of the Second International Conference on Nutrition (ICN2) which acknowledges that current food systems are being increasingly challenged to provide adequate, safe, diversified food that contribute to healthy diet; ii) Addressing all forms of malnutrition including the dietary risk factors for Non-Communicable Diseases (NCDs); iii) Changing diets and food systems and the inter-linkages between the main drivers of change, including urbanization, climate change and food and nutrition security. UNSCN continued (in October 2015) to raise awareness on the double burden of malnutrition, on the importance of food systems for providing healthy foods through formal communications in CFS42 plenary, through the organization of a side event on “Investments in healthy food systems”.

The UNSCN also continued to advocate within the Scaling Up Nutrition Movement on the need to support countries in their fight to reduce the double burden of malnutrition. The SUN Movement has developed its new 5-year strategy 2016-2020 and is currently developing a concrete roadmap.

The UNSCN has finalized, distributed and presented the UN Global Nutrition Agenda (UNGNA) in June 2015 which is endorsed and owned by the UN agencies with a key mandate in nutrition, and which provides a broad framework for aligning the work of the UN agencies in support of global and national nutrition goals.

The UNSCN has also been accepted as member of the Multistakeholder Advisory Committee (MAC) of the 10-year framework of programmes on sustainable consumption and production patterns (10YFP) Sustainable Food Systems (SFS) programme. The first meeting of the MAC took place in October 2015 and UNSCN advocated for the linkage between sustainable food systems and healthy diet.

United Nations Office on Sport for Development and Peace (UNOSDP)
(last updated December 2014)

Current Situation

The Special Adviser to the UN Secretary-General on Sport for Development and Peace and UNOSDP are part of a broad network and implement and support projects and initiatives which utilize sport as a means to promote education, health, development and peace. In its recent resolution A/RES/69/6 the UN General Assembly encouraged Member States to adopt best practices and means to promote the practice of sport and physical activities among all members of society. It welcomed initiatives to adopt dedicated health, youth and sport days, including specialized sport days, at the national and local levels, as a means to promote physical and mental health and cultivate a sport culture in society. Harnessing
the power of sport to promote health and healthy lifestyles is an important inherent part of the activities conducted by UNOSDP and the Special Adviser. Such activities notably include promoting policy development, encouraging and facilitating collaboration in a network of stakeholders, awareness-raising and implementing and supporting SDP programmes.

Next Steps

UNOSDP and the Special Adviser will continue to work with partners from the UN system to address matters related to NCDs. In their facilitating role, UNOSDP and the Special Adviser serve as a gateway for collaborations between UN agencies, funds and programmes on the one hand and the world of sport on the other. UNOSDP has been providing secretariat services for the Sport for Development and Peace International Working Group (SDP IWG) to support the development and adoption of Sport for Development and Peace policies and programmes into national and international development strategies. SDP IWG’s thematic working group focusing on “Sport and Health” has seen an increasing interest by Member States and is expected to become active shortly. Questions and activities related to NCDs will form an important part of its activities.

United Nations University (UNU) (last updated January 2016)

Current Situation

The mission of UNU is “to contribute, through collaborative research and education, dissemination, and advisory services, to efforts to resolve the pressing global problems of human survival, development and welfare that are the concern of the United Nations, its Peoples and Member States” (UNU, 2011). As part of the UNU system, UNU International Institute for Global Health (UNU-IIGH) undertakes “research, capacity development and dissemination of knowledge related to key issues of human health. The Institute seeks to contribute to the development and strengthening of health services policy frameworks and management actions, particularly for people in developing countries and to support implementation of promotive and preventive approaches to human health” (UNU-IIGH, 2012). In the current UNU-IIGH strategic plan, NCDs are strongly reflected in two programme themes: (i) Planetary Change and Health, particularly the focus on urbanization and health, and (ii) Governance for Global Health (governance frameworks for NCDs including trade agreements and harmful products like tobacco).

Next Steps

In partnership with the International Council for Science and the Inter-Academy Medical Panel, UNU has launched a new 10-year global interdisciplinary science programme on Health and Wellbeing in the Changing Urban Environment: a Systems Analysis Approach. This programme aims to build knowledge and capacity for decision-making in cities and thereby improve health, including by preventing NCDs, through strengthened urban governance.

World Bank Group (WB) (last updated December 2014)

Current Situation

The World Bank’s contributions to support NCD prevention and treatment at country, regional, and local levels spans a wide range of both projects and knowledge and learning activities. Moreover, as early as 2007 the World Bank’s Healthy Development: the World Bank’s Strategy for Health, Nutrition and Population included NCD goals and indicators. Specifically the strategy called for the Bank to support
reducing the population’s exposure to NCD risk factors as measured by the smoking prevalence among teenagers and adults as well as the percentage of population with a BMI (basal metabolic rate) above 25 kcal/day. In recent years, the WB has carried out a substantial number of country-specific and regional analytical works related to NCD control. The strategic vision on NCD control was also reflected in the Banks’ Public Health Policy Note, “Connecting Sectors and Systems for Health Results”. In early 2014, the World Bank signed a memo with the WHO Framework Convention on Tobacco Control’s Secretariat, which will have a wide-ranging impact in coming years. The Health Nutrition and Population Global Practice (HNP GP) strategic and business lines include NCDs prevention and control in three out of six of its global solutions work lines: Nutrition, Service Delivery, and Public Health and Healthy Societies. In addition, Tobacco Taxation has specifically been identified as a flagship work area. In the global arena, the World Bank is a co-convener with WHO of the “Core Global Health Indicators” endorsed by the global health leaders this past September at the United Nations General Assembly (UNGA).

Next Steps

In the context of the newly constituted Health Nutrition and Population Global Practice, several NCD control performance indicators are included in the WB internal “Health Nutrition and Population Scorecard” which will be used to measure the WB’s contribution to results in the health sector. At the country level the WB continues to support NCD control. Currently about US$634 million of projected new funding is targeted directly at NCD prevention from 2015-2017. In addition, the Bank is negotiating with its partners a US$10 million multi-donor trust fund to support tobacco control with a focus on taxation.”

World Food Programme (WFP) (last updated January 2016)

Current Situation

WFP approaches NCDs through the linkages between nutrition and chronic diseases. WFP’s Strategic Plan (2014-2017) acknowledges the immediate and long-term impact of malnutrition on health and development, and continues to emphasize the promotion of nutrition, particularly during emergencies and the 1,000 days between conception and 2 years of age. WFP’s Nutrition Policy underscores the importance of ensuring access to the right food, at the right place, at the right time. Its 2013 update reflects WFP’s prioritization of the prevention of chronic malnutrition (stunting) as one of five areas covered by the policy framework, emphasizing the heightened risk of NCDs associated with stunting. The summary evaluation report of the Nutrition Policy was presented to the Board in 2015 and no update was recommended until 2016. Reducing overweight and obesity also contributes to lower prevalence of NCDs and WFP is also strengthening its efforts in this area of work. WFP provides food and nutrition support to people living with HIV and TB to prevent and/or delay the onset of associated NCDs, especially among long-term ART patients, or limit their severity and impact. This provides potential for the prevention and control of NCDs, including the use of HIV counselling and testing and nutrition assessments as an opportunity to screen for NCDs. WFP convened the UNAIDS Interagency Task Team on nutrition and HIV in December and discussed 2016 activities and project which includes research on nutritional requirements for aging PLHIV on treatment and development of guidelines for PLHIV – nutrition and food security and NCDs.

Next Steps

WFP’s Strategic Plan (2014-2017) will undergo a mid-term review in 2016. Based on the recommendations by the Board in 2015, the next policy update is scheduled for 2016. An evaluation of WFP’s HIV/AIDS Policy is planned for 2016. These are expected to align with the post-2015 development
agenda and reflect WFP’s role in NCDs in line with the within the context of the WHO Global NCD Action Plan 2013-2020.

World Health Organization (last updated January 2016)

Current Situation

The year 2015 was a historic crossroads when global leaders decided to include NCDs in the 2030 Agenda for Sustainable Development 2016-2030 – an issue which the Millennium Development Goals (2000-2015) did not address. The new agenda recognizes NCDs as a major challenge for sustainable development and includes a global target to reduce premature mortality from NCDs by one third by 2030. Global leaders also agreed in 2015 in the Addis Ababa Action Agenda that price and tax measures on tobacco represent a revenue stream for financing the implementation of this new agenda in many countries.

The decision made by global leaders in 2015 to include NCDs in the SDGs derives from their decision in 2011 to acknowledge that NCDs constitute one of the major challenges for development in the twenty-first century. During the first UN High-level Meeting on NCDs in 2011, global leaders also agreed on a road map of national commitments to reduce premature mortality from major NCDs. This roadmap was based on the vision rooted in the global strategy for the prevention and control of NCDs endorsed by the World Health Assembly in 2000. The WHO Global NCD Action Plan 2013-2020 and regional action plans provide guidance to governments and international partners on how to implement the commitments included in the roadmap.

In 2014, during the second UN High-level Meeting on NCDs, governments committed to prioritize four commitments included in the 2011 road map – designed to accelerate locally-tailored NCD responses within a framework that fosters renewed political commitment, leadership and accountability in preparation for the third UN High-level Meeting on NCD in 2018. These four time-bound commitments include:

- By 2015, set national NCD targets;
- By 2015, develop national multisectoral policies and plans to attain national NCD targets;
- By 2016, reduce risk factors for NCDs, guided by the “best buy” interventions set out in the WHO Global NCD Action Plan;
- By 2016, strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, also guided by the “best buys”.

The WHO Programme Budget for 2016-2017, approved by the World Health Assembly in May 2015, includes a US$198 million budgetary provision for technical assistance to developing countries in their efforts to implement these four time-bound commitments. Output indicators included in the WHO Programme Budget include:

- Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several NCDs and shared risk factors
- Number of countries incorporating noncommunicable diseases in national development agenda, including in UNDAFs, as appropriate

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• Number of countries that have strengthened and expanded their implementation of population-based policy measures to reduce the harmful use of alcohol

• Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

• Number of countries implementing policies that promote a reduction in salt consumption in the population

• Number of countries with an operational obesity prevention policy, strategy or action plan

• Number of countries that have made significant progress in implementing at least one MPOWER measure

• Number of countries that have recognized/government approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, including emergency and palliative care

• Number of countries that have incorporated risk factor detection and disease management into national primary health care systems

• Number of countries that have included the essential NCD medicines in their national essential medicines lists and which are generally available in the public health sector

• Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.

Next Steps

The World Health Assembly in May 2016 will review WHO’s responses to specific assignments given to WHO in preparation for the third UN High-level Meeting on NCDs in 2018, including:

• Progress made in the implementation of the WHO Global NCD Action Plan 2013-2020 during the period from May 2013 to May 2016

• Proposal to update, in 2016, Appendix 3 (i.e. set of very cost-effective and affordable interventions for all Member States, also referred to as the best buys) of the WHO Global NCD Action Plan 2013-2020

• Progress made in 2015 towards attainment of the nine global targets for NCDs for 2025

• Development of an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary global targets for NCDs

• Proposal for consideration by OECD/DAC to establish a creditor reporting system code to track ODA for NCDs

• Progress made in the implementation of the work plan 2014-2015 of the WHO GCM/NCD

• Progress made by the UN Task Force on NCDs

• Contours of the report which the WHO Director-General will submit to the UN General Assembly in the second half of 2017 on the progress made in implementing the 2011 UN Political Declaration and 2014 UN Outcome Document on NCDs.
World Health Organization Framework Convention for Tobacco Control Secretariat (WHO FCTC) (last updated January 2016)

Current Situation
There was no Conference of the Party meeting in 2015. The Convention Secretariat has been working very closely with Parties, WHO, UNDP and civil society organizations to promote the inclusion of the target 3.a “Strengthen the implementation of the WHO FCTC in all countries, as appropriate” into the SDGs and identification of tobacco taxation as an important means within the financing for the SDGs in the Addis Ababa Action Agenda (AAAA), which contains para 32 “We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries” and para 77 “Parties to the WHO FCTC will also strengthen implementation of the Convention in all countries, as appropriate, and will support mechanisms to raise awareness and mobilize resources”.

After the adoption of the WHO FCTC, the World Health Assembly no longer has the implementation of the treaty in its agenda. A few Parties have been taking the lead into proposing to create synergy between the WHA and COP. The Bureau of the WHO Executive Board decided to include the briefing on the progress of the implementation of the WHO FCTC into the agenda of next WHA. Member States of WHO are still undergoing consultation for the next steps.

Next steps
The next Conference of the Parties (COP) will take place in November 2016. An agenda item on the COP’s contribution to achieving the NCD global target on reduction of tobacco use will be on its agenda.

World Intellectual Property Organization (WIPO) (last updated January 2016)

Current Situation
WIPO is a United Nations Specialized Agency with 188 member States. Its mission is to lead the development of a balanced and effective international intellectual property (IP) system that enables innovation and creativity for the benefit of all. WIPO is the global forum for IP services, policy, information and cooperation.


Next Steps
WIPO will continue to contribute in a constructive manner to relevant public policy debates on intellectual property and global health to serve as a credible source of fact-based information and analysis. Also WIPO will continue to be available, upon request, for member States policy-makers that face the challenge of establishing an environment that stimulates health innovation while ensuring

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widespread access to effective health products to address unmet global health needs (e.g. by providing technical assistance and capacity-building, in cooperation with partners, such as the WHO and WTO, and other IGOs).

World Trade Organization (WTO) (last updated January 2016)

Current Situation

NCD-control measures are often discussed in the Committee on Technical Barriers to Trade (TBT Committee) and in the TRIPS Council. In the case of the TBT Committee, the products covered include beverages (alcoholic and non-alcoholic), tobacco and processed food. During the past three years (2013-2015), 27% of the specific trade concerns discussed in the TBT Committee dealt with NCD-related regulations affecting trade in such products. The TRIPS Council has witnessed a debate about tobacco plain packaging measures, in particular, while also examining the link between intellectual property rights and public health more generally. A number of recent WTO training activities and events included aspects related to NCDs. In particular, the October 2015 WTO Workshop on Trade and Public Health (organized in cooperation with WHO and WIPO) covered the intersection between trade and prevention of NCDs. Another example is the October 2014 session on nutritional labelling standards held in the context of the WTO Public Forum (including participation of WHO and CODEX). TBT technical assistance activities often cover aspects of NCD-control measures and trade; the "protection of human health" being a "legitimate objective" addressed by the TBT Agreement. Under the WTO dispute settlement mechanism, a panel is currently examining Australia’s plain packaging measures to control tobacco consumption in view of their compatibility with WTO law, in particular the TBT Agreement and the TRIPS Agreement.

Next Steps

It is expected that WTO Members will continue their engagement in such discussions in the future, including in the area of nutrition. Similarly, capacity building activities organized by the WTO Secretariat could, to the extent possible and as appropriate, address health-related issues in general and NCDs in particular when such activities involve WTO Agreements, such as the TBT or SPS Agreements, as well as the TRIPS Agreement. With respect to the WTO’s dispute settlement system, the Panel in the ongoing disputes involving Australia's tobacco plain packaging measure informed Members on 10 October 2014 that it "expects to issue its final report to the parties not before the first half of 2016.

12 https://www.wto.org/english/news_e/news15_e/trip_12nov15_e.htm