1. On the 7 April 2014, the United Nations Secretary-General transmitted to the Economic and Social Council (ECOSOC) the report of the Director-General of the World Health Organization (WHO) on the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (E/2014/55\(^1\)), submitted pursuant to Council resolution 2013/12.

2. Paragraph 10 of the report indicates that Members of the UN Task Force on NCDs have underscored their ongoing commitment to supporting Member States in implementing the WHO Global NCD Action Plan 2013-2020\(^2\) and that, to ensure transparency, policy coherence and accountability, Members agreed that individual and collaborative progress would be published at regular intervals on the WHO website. Accordingly, the update below describes progress up to April 2014.

**Food and Agricultural Organization (FAO)**

3. FAO is particularly interested in the topic of NCDs, which is at the nexus between food security, nutrition and health. As a knowledge Organization, FAO will be able to provide assistance from its headquarters. With regard to NCDs, 2014 will be an important year with the forthcoming joint FAO/WHO Second International Conference on Nutrition (ICN2)\(^3\), which will take place from 19 to 21 November 2014 in Rome. A technical preparatory meeting was organized from 13 to 15 November 2013 and highlighted the need to support countries in addressing NCDs. It is envisaged that the need to scale up the priority accorded to NCDs on national agendas will be highlighted in the Political Declaration to be adopted at the Conference, as well as in the accompanying Framework for Action.

4. FAO is supportive of the WHO Global NCD Action Plan 2013-2020 and consistently participates in Codex Committees on Nutrition and Foods for Special Dietary Uses (CCNFSDU) and Codex Committees on Food Labeling (CCFL). Furthermore, FAO is working on a draft on

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“Guidelines on incorporating information on food processing into food consumption survey tools”. FAO has contributed to guidelines on food labeling (2012), a Front of Pack Labeling workshop (2013), and a Handbook on Food Labeling (2014). FAO has negotiated an agreement with WHO on procedures for providing scientific advice to Codex entitled “Joint Expert Meetings on Nutrition” (JEMNU) since 2012.

5. FAO’s Nutrition Division, through the activities of the Nutrition Education and Consumer Awareness unit also plays an active role in working on the prevention and control of under- and over-nutrition and diet related chronic diseases through capacity development at regional and national levels in the development and implementation of national dietary guidelines and the creation of nutrition education strategies and programmes with a focus on promoting an increase in the production and consumption of vegetables and fruit.

International Atomic Energy Agency (IAEA)

6. IAEA has ongoing work with several agencies in the UN Task Force on NCDs. IAEA participated in an informal discussion on the development of a joint project with WHO and IARC, building upon the existing WHO/IAEA Joint Programme on Cancer Control. IAEA is working in preparation of the “International Symposium on Understanding Moderate Malnutrition in Children for Effective Interventions” to be held in Vienna in May 2014, with WHO, World Food Programme and UNICEF.

7. The IAEA, through its technical cooperation programme focused on strengthening essential capabilities in and on improving the quality and accessibility of the national health care and services institutions notably for cancer and cardio-vascular diseases, through the provision of equipment; training in radiation oncology, nuclear medicine, and medical physics; provision of expert guidance for safe and effective diagnosis, treatment and palliative care. In addition, the effectiveness of national programmes to prevent and treat infant and child malnutrition and promote exclusive breastfeeding was evaluated.

8. In 2013, the Programme Action for Cancer Therapy (PACT) conducted twelve imPACT Review missions to Bangladesh, Benin, Botswana, Cambodia, Cameroon, Haiti, Jamaica, Lebanon, Oman, Pakistan, Papua New Guinea and Tunisia, bringing to 59 the total number of Member States having received such a mission.

9. Responding to the request of its Member States, a total of 16 new national and regional technical cooperation projects related to NCDs (cancer, cardiovascular diseases, and malnutrition) have been approved by the IAEA for implementation as from 2014, half of which in the Africa Region.

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International Narcotics Control Board (INCB)

10. In 2010, the INCB prepared a special report entitled “Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes (E/INCB/2010/1/Supp.1)”. That report provided a global overview of the consumption and availability of controlled drugs for medical use, as well as major impediments and recommendations to improve the availability. Since the publication of the 2010 report, the international community has shown interest in this issue. The Commission on Narcotic Drugs (NCD) adopted resolution 53/4 in 2010 and 54/6 in 2011 with a view to promoting adequate availability internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse. It has also established a separate sub agenda item to ensure that sufficient attention is being devoted to this issue.

11. The INCB, in all its activities, invites countries and governments to implement the recommendations contained in the 2010 report with the overall goal of establishing a well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances that should provide relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, prevent the diversion of drugs for the purpose of abuse. The INCB has decided to produce an update of the report on availability of international controlled drugs to facilitate discussions at the international level, particularly in view of the 2016 in time for the planned Special Session of the UN General Assembly on the world drug problem.

International Labour Organization (ILO)

12. Employment and working conditions are important social determinants of health. The ILO has a mandate to promote social justice in the world of work and to improve employment and working conditions for all workers. Many of ILO’s activities contribute directly or indirectly to the prevention and control of NCDs. The work of ILO intersects with the prevention of NCDs with respect to occupational diseases in particular. Exposure to chemical, physical, biological, ergonomic and psychosocial risk factors at the workplace can cause many non-communicable occupational diseases.

13. The ILO Governing Body, at its March 2013 Session, reviewed the global situation of occupational diseases and called for a global intensified effort on: the prevention of occupational diseases through promotion and application of ILO OSH Conventions, including those regarding occupational cancer, asbestos, chemicals, radiation and occupational health services; the exchange of good practices, the global awareness campaigns, including the World Day for Safety and Health at Work which is celebrated each year on 28 April, as well as the international and regional conferences on safety and health at work. Prevention of occupational diseases is an important component in the ILO Plan of action (2010-2016) to achieve widespread ratification and effective implementation of the OSH instruments. In collaboration with WHO and other international organizations, ILO is currently working on
the development of practical guides on the identification and recognition of occupational diseases including guidance on diagnostic and exposure criteria for occupational diseases. Over the years, the ILO has developed training programmes and practical tools on workplace prevention, protection and health promotion including promotion of smoke-free workplaces.

14. The ILO also supports the WHO FCTC and provides technical input to the WHO FCTC Working Group on Articles 17 (Provision of support for economically viable Alternative activities) and 18 (Protection of the environment and the health of persons). The ILO conducts research and studies on decent work, food security and alternatives for tobacco growers and promotes social dialogue to support economically viable livelihoods for tobacco growers and workers.

International Telecommunication Union (ITU)

15. ITU has come together in a new partnership with WHO to launch an initiative that focuses on the use of mobile technology to improve NCD prevention and treatment: the “Be He@lthy, Be mobile” initiative. ITU partnered with a number of organizations to support the initiative including telecommunication providers, governments, health insurers, NGOs, foundations and telecom/technology companies and other interested groups who provide relevant technologies, content, expertise, and funds to the initiative. Four partners have joined the initiative in addition to more than 30 countries that have showed interest to be enrolled in the programme.

16. As a first country and in line with a new anti-smoking law passed in March 2012, the Costa Rican government has strategically chosen to use mobile technology for smoking prevention and as an aid to smoking cessation. The ITU/WHO team has been working closely with the Ministries of Health and Science and Telecommunications and selected public sector and private sector entities to launch the mCessation programme which offers mobile quit services to all of the country’s smokers. A second programme was launched in November 2013 in Senegal to use mobile for Diabetes Prevention and Control. A kick-off workshop that was held in Dakar bringing key professionals and partners to discuss priorities and mechanisms to run the mDiabetes programme and scale it nationally in Senegal. Stakeholders have identified three major areas of intervention: (1) Primary, secondary and tertiary prevention using an SMS-based campaign; (2) An mTraining programme for health professionals and; (3) A patients monitoring component that sends images of diabetic feet taken by mobile phones to a central server for remote consultation and second opinion. The launch of the service for the general public is planned by end of November 2014.

Secretariat of the WHO Framework Convention on Tobacco Control (FCTC)

17. The Convention Secretariat supports the implementation of the WHO FCTC in line with the provisions of the Convention and decisions and workplans adopted of the Conference of the Parties. The Secretariat continued to work with the relevant members of
the task force in line with the report of the Secretary General to the substantive sessions of the ECOSOC in 2012/2013 and corresponding ECOSOC decisions. The activities organized by the Secretariat with the participation of other agencies included joint needs assessment missions, regional meetings on the implementation of the Convention, joint publications, information sharing and technical support to Parties, upon request. The Secretariat continues to follow the guidance contained in the ECOSOC resolutions of 2012 and 2013 as well as the matrix of potential cooperation contained in the report of the UN Secretary-General E/2012/70.

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

18. UNAIDS continues to work with its country and regional offices to promote a one-government response to strengthen care and support for people living with HIV, most of whom now expect to live long lives on ARVs and many of whom have additional risk factors for NCDs beyond their ARVs. UNAIDS is working with the Lancet Commission to define the place of HIV and the AIDS response within the broader post-2015 agenda.

19. UNAIDS is working to share lessons learned from the HIV response and is maintaining its ongoing work with academic partners to bring more specificity to the interactions between NCDs and HIV at three levels – individual care and treatment, health service delivery models, and multi-sectoral working.

**United Nations Conference on Trade and Development (UNCTAD)**

20. The UNCTAD had been a member of the UN Task Force on NCDs since its inception and was its first Convener before the convening functions shifted to the WHO. UNCTAD provided the following update on its contributions and plans towards the implementation of the Convention:

- Informal internal working group on tobacco control issues and development covering areas of trade, investment, intellectual property and commodities continues to function and support treaty implementation work in close collaboration with the Secretariat.

- Participated in the Inter-Country workshop in South East Asian Region (New Delhi) and Region of Americas (Bogota) and highlight potential support and assistance by UNCTAD to countries in areas such as value chain analysis of the tobacco crop and promoting sustainable alternatives under Article 17 of the Convention, information and technical support on bilateral Investment agreements and technical assistance, capacity building on Intellectual Property Rights and Patent and copyright issues.

21. For the year 2014, UNCTAD envisages:

- Finalization and publication of three technical papers covering global value chain analysis of tobacco crop, the relationship between International Investment Agreements
and tobacco control policies and Issues of copyrights and patents pertaining to Packaging and labelling under Article 11 of the Convention.

- Participation in regional meetings on implementation of the Convention to raise awareness on available mechanisms of assistance to the countries in above areas and to joint needs assessment missions, where relevant. Such regional meetings include Budapest (18-21 March) and Nadi, Fiji (28-30 April) for the European and Western pacific Regions respectively.

- To work closely with Task Force members in providing support through trade related information and analysis, including trade statistics and database.

**United Nations Development Programme (UNDP)**

22. In October 2013, UNDP released a Discussion Paper on Addressing the Social Determinants of NCDs, developed with the Institute of Health Equity at the University College London. The paper synthesizes the conceptual foundations for engagement by UNDP and other development actors in supporting multisectoral responses to NCDs. UNDP has since initiated a series of four training webinars – targeted to UNDP staff globally, but open to any UN agency and civil society – to raise awareness on the importance of addressing the social determinants of NCDs and demonstrate how doing so supports UNDP’s existing mandates.

23. In February 2014, UNDP and the WHO FCTC Secretariat jointly produced a report on Integrating Tobacco Control into National Development Planning. The report captures emerging lessons from practical experience and provides recommendations for further integrating the WHO FCTC into national development plans (NDPs) and the UN Development Assistance Frameworks (UNDAFs) that support them. To further support countries in implementing Article 5 of the WHO FCTC, UNDP participated in seven FCTC joint country needs assessments and two regional meetings of the Parties. In China, a joint UNDP/WHO initiative has been initiated to conduct a national socio-economic impact analysis of tobacco use, with projections under different future scenarios, modelling different policy options for projected impacts on tobacco use in order to strengthen China’s tobacco control efforts.

24. Following the first joint letter from UNDP Administrator Ms Helen Clark and WHO Director-General Dr Margaret Chan to UN Country Teams, urging them to work with governments to ensure that NCDs are integrated into UNDAF roll-out processes, UNDP undertook a preliminary assessment of the nature and extent of NCD integration into current UNDAFs. UNDP also coordinated an MDG Acceleration Framework exercise in Tonga that focused on NCDs (June 2013), building on a regional trade and NCDs workshop.

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6 Letter available at [http://who.int/nmh/media/undaf_20120329.pdf](http://who.int/nmh/media/undaf_20120329.pdf)
co-hosted with WHO earlier in the year in Fiji. Partnering with New York University, a review of national NCD responses in Tanzania was undertaken, assessing the degree and depth of intersectoral coordination for NCDs.

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**

25. In accordance with the Declaration of Berlin of the 5th International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS V) that was held in cooperation between UNESCO and the authorities of Germany, in Berlin, from 29 to 30 May 2013, UNESCO advocates that physical education is the entry point for participation in lifelong physical activity. Addressing inequalities in the levels of participation in physical education and sport, which mirror those in education, health and material wealth, UNESCO, in co-operation with experts from WHO, UNICEF, UNDP, UNOSDP and academics from all regions of the world, has developed Guidelines for Quality Physical Education for Policy Makers that can help education, sport and health authorities at country level to work jointly towards the target of reducing insufficient physical activity levels. Of particular importance, in this context, is to reach children at early age when they acquire the building blocks of a physically active life. These Guidelines will be rolled out in co-operation with UN country teams.

**United Nations Population Fund (UNFPA)**

26. UNFPA has worked with partners (GAVI, WHO, UNICEF) to introduce HPV vaccine in a number of low-income countries (which are eligible for GAVI support for vaccines). UNFPA is currently working with a number of countries to develop a model of integration of adolescent health programmes with the introduction of HPV. This work is important per se, and the model developed can also be used for the integration of other aspects of NCD prevention in adolescent health programmes.

**Office of the United Nations High Commissioner for Refugees (UNHCR)**

27. UNHCR is working on a project to develop clinical tools and training packages to address the high burden of NCDs in refugee populations and its associated resource requirements at specialist/secondary level care. The objective of this project is to better integrate NCDs into the primary health care and community-care levels, including the management with essential medicines. The focus of the project is on 4 most prevalent conditions: hypertension, IHD, COPD and diabetes. Pilot roll-outs will be conducted in both camp and non-camp refugee operations in Jordan, northern Iraq, Kenya and Burkina Faso.

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28. With its mandate on the survival, development and protection of children worldwide, UNICEF has acknowledged the fact that NCDs and related risk factors (including tobacco use by children and adolescents), are seriously threatening the well-being of children, especially those in less developed countries. At the first meeting of the UN Task Force, UN agencies agreed to collaborate with UNICEF on the development of a new NCD Chapter in the “Facts for Life” UN collaborative publication. “Facts for Life” has been produced and used globally by UNICEF since 1989 (with over 15 million copies in use in 215 languages across 200 countries in multi-media formats) to provide key information, stimulate behaviour change, guide community action and influence policy and decision makers on a range of critical issues affecting children. The aim of the chapter on NCDs is to help raise the prominence of children and adolescents within the global response to NCDs, given the significant impact on child mortality, disability, quality of life and the fulfilment of rights.

29. At the second meeting of the UN Task Force, a side meeting was held with UN agency representatives that have committed to serve on the Reference Group for the chapter. Useful comments provided by the UN Reference Group on the draft outline for the chapter have helped to shape the framework for content which will focus on promoting healthy lifestyles throughout the life course. In order to ensure strong input in development and use of the chapter by the Civil Society Organization community and from children and young people affected by NCDs, UNICEF is establishing a partnership agreement with NCD Child, a strong global alliance of organizations with special focus on NCDs and children/adolescents and youth. As part of the collaboration, UNICEF is working with NCD Child on coordination of a one-day Technical Review meeting to be held immediately before the Second international NCD Child conference being hosted in 2014 by the Minister of Health, Honorable Dr. Fuad Khan of Trinidad and Tobago on 19-21 March. UNICEF will also be working with NCD Child on a youth engagement strategy including establishment of an on-line platform to solicit wider input of children and youth affected by NCDs and CSOs internationally and to secure their inputs in the chapter and on-going engagement and advocacy on the issue of NCDs. It is planned that field testing of the “Facts for Life” chapter will be undertaken in some of the countries selected by the IATF for first phase country engagement for joint IATF work around NCDs.

United Nations Office on Sport for Development and Peace (UNOSDP)

30. In the Terms of Reference of the UN Task Force, it is stated that "the UNOSDP will assess opportunities to contribute as a convening or partner institution in a number of areas, for example through the establishment of a 'Sport and Health' Thematic Working Group in the context of the Sport for Development and Peace International Working Group. The Sport for Development and Peace International Working Group (SDP IWG) is an intergovernmental policy initiative promoting governments to adopt policies on sport as a means for development and peace objectives."
31. The Group of Friends on Sport for Development and Peace, an informal group of permanent representatives to the United Nations in Geneva, organized a side-event to the World Health Assembly in May 2013 on 'Physical activity, sport and NCDs' with support of the UNOSDP.

32. The 2nd Pacific Youth and Sports Conference (PYASC) was held in New Caledonia between 2-7 December 2013 and focused on addressing NCDs through sport. The participants were Ministers of Youth and Sports of the Pacific region, youth from sports and youth organizations, representatives from national governments, and representatives of international organizations. Under the patronage the UNOSDP, the Special Adviser was among the keynote speakers to open the conference. Over 800 delegates from 18 countries from the Pacific attended the conference.

**United Nations Standing Committee on Nutrition (UNSCN)**

33. A number of UNSCN activities aim to ensure the necessary linkages between agriculture, nutrition and health and contribute to defining the role that agriculture and food systems should and could play for better nutrition outcomes. The UNSCN Secretariat, in collaboration with REACH, has organized the first face-to-face meeting of the UN System Network for Scaling Up Nutrition (SUN) (26-28 August 2013, Nairobi) to discuss UN Collaboration for Nutrition as well as nutrition-sensitive development. The meeting provided a unique space to country UN nutrition teams for discussing the roll out and strengthening of joint UN action for nutrition at country level. The UNSCN Secretariat organized a “Nutrition and Sustainability” seminar (Rome, 12 November 2013) in collaboration with FAO, Bioversity International and the Government of Malawi.

34. The UNSCN Secretariat has provided support to the Preparatory Technical Meeting (PTM) of the International Conference on Nutrition (ICN2)\(^8\), jointly organized by FAO and WHO and continues to do so for the organization of the High-level segment of the ICN2 (Rome, 19-21 November 2014).

35. The UNSCN Secretariat, in close collaboration with FAO and WHO, has supported eight country case studies to review agriculture and food system policies and their (potential) impact on nutrition. The results of these case studies have been presented at the Committee on World Food Security (CFS) 40\(^{th}\) annual session (7-11 October 2013, Rome) as well as during the ICN2 PTM. A “Review of Country-level Programming in Nutrition-Sensitive Agriculture” report has been drafted. The report provides country programme examples of nutrition-sensitive work from FAO, WFP, IFPRI, IDS, USAID and the World Bank and will be available for downloading from the UNSCN website in March 2014. The UNSCN Secretariat is preparing the publication of the peer-reviewed publication SCN News 40. This edition is featuring: “Changing Food Systems for better nutrition”. It will be available for

World Health Organization (WHO)

36. The WHO Programme Budget for 2014-2015 includes a US$192 million budgetary provision for technical assistance to developing countries in their efforts to set national targets and develop national multisectoral action policies and plans to attain them. Output indicators include: (a) the number of countries that have established national multisectoral action plans for the prevention and control of NCDs; (b) the number of countries that have integrated work on NCDs into their United Nations Development Assistance Framework; and (c) the number of countries reporting on the nine global targets.

37. The WHO Regional Committees for the African, Americas, Eastern Mediterranean, European, South-East Asia and Western Pacific regions approved regional policy frameworks, frameworks or plans of action for the prevention and control of NCDs.

38. Continuous technical support has been provided by WHO to developing countries, in accordance with the 2008-2013 and 2013-2020 WHO Global Action Plans for NCDs.

39. In May 2013, the WHO World Health Assembly adopted the WHO Global NCD Action Plan 2013-2020, which comprises a set of actions which, when performed collectively by Member States, UN agencies and WHO, will contribute to achievement of the 9 global targets for NCDs by 2025, including a 25% reduction in premature mortality from NCDs by 2025, and attain the commitments in the Political Declaration. The 25 World Health Assembly also endorsed 25 outcome indicators for NCDs to measure progress towards the attainment of the nine global targets.

WHO International Agency Against Cancer (IARC)

40. In line with its mission, the entire activity of IARC is devoted to research on cancer, especially cancer prevention. In that framework, IARC has a long standing close collaboration with WHO and other Agencies, such as the IAEA and FAO, on a number of topics including the burden of cancer, the importance and distribution of chemical, physical, and biological carcinogens and the effectiveness of various cancer preventing measures in different world regions, especially low-resource countries. IARC has also worked with IAEA and other Agencies on country missions in order to provide support to the setting up of National Cancer Plans. The recently endorsed WHO Global NCD Action Plan 2013-2020, to which IARC has provided input since the beginning as part of the Secretariat, calls for a strengthening of these collaborations. An ad hoc IARC/WHO working group has been created in May 2013 and three priority areas have been identified:

1) Global Initiative for Cancer Registry Development (GICR): IARC is the official source of data on cancer incidence worldwide. It is partnering with WHO and other Agencies to
increase the availability and quality of vital statistics, including cancer mortality. A special effort of capacity building for cancer registries is on-going through GICR and the creation of coordinating hubs in different world regions (currently covering Africa, Asia and Latin America).

2) Cervical cancer prevention: IARC and WHO have extensively worked on cervical cancer prevention in low- and medium resource countries and can achieve the NCD Action Plan objectives to bring cervical screening to all women, notably by facilitating the access to HPV testing, and also access to HPV vaccination.

3) Global Nutrition Surveillance System: In response IARC’s longstanding experience in nutrition and dietary, assessment tools in international settings may be integrated into WHO surveys and allow dietary habits and their changes to be captured. In collaboration with WHO and other international partners (e.g. FAO), IARC intends to facilitate a worldwide network of nutrition surveillance using the same standard approach, with a particular but not exclusive focus on low and middle income countries. A draft work plan is under discussion between IARC and WHO.

The World Bank

41. World Bank reorganization and NCDs: Universal Health Coverage is the core framework encompassing Health Nutrition and Population (HNP) activities and priorities to achieve the dual World Bank goals of eliminating poverty by 2030 and fostering shared prosperity for the poorest 40 percent. Starting July 1st 2014, the Bank’s new organizational structure will be implemented, and 14 Global Practices including the new Health, Nutrition and Population Global Practice (HNPGP) will be launched.

42. Some examples of The World Bank’s ongoing joint work with other members of the Task Force
- The World Bank and WHO are putting together a joint discussion paper proposing a framework for monitoring progress towards UHC at country and global level, which will include coverage of interventions for NCD control.
- The World Bank is working with UNDP and WHO to explore a process for increased cooperation to support countries with the implementation of the Global Action Plan, which could include support to formulate national NCD plans and creating global knowledge in certain areas.
- Vital Statistics and Civil Registration. The World Bank with WHO and other partners is working to find ways to strengthen vital registration statistics including capturing NCD-related deaths.
- Participation in, and provision of technical assistance to, FCTC implementation assessment missions regarding Article 6 (tobacco taxes) and article 15 (illicit trade of tobacco products). Recent missions included Georgia, Burkina Faso and Peru.
World Trade Organization (WTO)

43. The WTO Secretariat has been involved, as appropriate and within its mandate, in the global discussions of the interface between trade policies and health issues, in general, and NCDs in particular, through its close collaboration with other international organizations (e.g. WHO, WIPO) and as an observer in relevant organizations and bodies (e.g. WHO, FCTC, WHO/FAO Codex). Among others, the WTO, together with WHO and WIPO, published a trilateral study on public health, trade and intellectual property entitled "Promoting Access to Medical Technologies and Innovation: intersections between public health, intellectual property and trade". The WTO has also been asked to continue to share information on the interface between trade and tobacco issues as appropriate, including in the context of WHO-organized technical assistance events.

44. Trade and health issues, including those specifically related to NCDs, have been discussed in various WTO bodies, such as the Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS Council) and the Committee on Technical Barriers to Trade (TBT Committee). A number of member agencies of the NCD Task Force are observers to these bodies and have made statements under the relevant agenda items in the course of 2013 (e.g. WHO, including the Convention Secretariat; WIPO; WHO/FAO Codex).

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9 For example, the WTO participated as an observer in the last WHO FCTC Conference of Parties meeting in November 2012 in Seoul, Republic of Korea.

10 Available at http://www.wto.org/english/res_e/publications_e/who-wipo-wto_2013_e.htm