Fourth Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs
(Vienna, 11-12 December 2012)
1. The fourth meeting of the UN Funds, Programme and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs (also referred to informally as the “UN Task Force on NCDs”, “UN NCD Interagency Taskforce”, or “IATF”) was hosted by the International Atomic Energy Agency (IAEA) in Vienna on 11-12 December 2012. The meeting was attended by IAEA, ITU, UNAIDS, UNDP, WIPO and WHO and was jointly chaired by IAEA and WHO. Apologies were received from DESA, ECLAC, IARC, UNFPA, UN-HABITAT, UNHCR, UNICEF, UNRWA and WFP.

2. The objectives of the meeting were to develop a framework for action across the UN system, develop a costed workplan for 2013-2014, and agree on overall coordination of the UN response on NCDs. A list of participants is shown in Annex 1. A list of background papers is shown in Annex 2, which included a short paper from UN-HABITAT (Annex 3). A provisional agenda is shown in Annex 4, but in light of the small number attending the meeting it was agreed that there was no need for break-out groups and so the entire meeting was conducted in plenary.

A FRAMEWORK FOR A UN-WIDE NCD RESPONSE

3. The meeting was provided with an update from WHO on key NCD initiatives. These included:
   • The WHO global monitoring framework, including 25 indicators and a set of 9 voluntary global targets for the prevention and control of NCDs, that were agreed by consensus during a formal meeting with Member States on 5-7 November 2012.
   • A “Note by the UN Secretary-General transmitting the report of WHO Director-General on options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership” that was welcomed by Member States during discussions on 28 November 2012 at the UN General Assembly in New York.
   • The “Zero Draft WHO Global NCD Action Plan 2013-2020” that was discussed by Member States during informal consultations with Member States on 1 November 2012 and will be further discussed at the WHO Executive Board in January 2012.

4. Participants agreed that the above agreements and the Political Declaration should be used to frame and galvanise IATF activities. Participants agreed that it was important to develop a coherent plan of work across that UN system and that the IATF should use the six draft objectives of the Global NCD Action Plan in framing its work, taking into account the suggested activities for international partners which are included under each objective. Participants also recognized that these objectives may be further fine-tuned as the Global NCD Action Plan will be finalized ahead of the World Health Assembly in May 2013. Participants also recognized that it was important that the IATF was a strategic component of any Global Coordination Mechanism on NCDs once the Global Action Plan on NCDs is agreed, and that it would wish to share its activities in any such collaborative arrangement.

5. Participants also discussed three wider development initiatives: the MDG Acceleration Framework, the outcome document of the UN Conference on Sustainable Development (or Rio+20) and
the ongoing discussions on the post-2015 development agenda. Participants also discussed agency-specific strategies where NCDs were described, as well as agency-specific strategies and programmes where NCDs needed to be integrated in the future.

6. The result of these discussions was an initial integrated UN framework for addressing NCDs and the next step would be to refine and enhance this framework:

7. Participants agreed that there would be a variety of elements within a IATF framework for coordinated action. These would include:
   i. work individual agencies were taking forward with Members States and international partners;
   ii. initiatives being taken forward by 2 or more agencies (e.g. the IAEA-WHO programme on cancer control);
   iii. Joint Global Programmes in accordance with the UNDG Guidance Note on Joint Programming (e.g. the ITU/WHO mhealth programme); and
   iv. Joint National Programmes in accordance with the UNDG Guidance Note on Joint Programming (e.g. work of the UN Standing Committee on Nutrition at country level) and
   v. IATF-wide joint global or national programmes involving the members of the IATF.

The rationale for using a variety of instruments was discussed and it was agreed that this would be a way of engaging with a variety of donors and partners most effectively in the short term. The feasibility of establishing a Multi-Partner Trust Fund on NCDs was also discussed.

8. Agencies shared countries where they are supporting national efforts to address NCDs and participants agreed that WHO should finalise this list and then make this available to the IATF. Participants agreed that, while individual agencies and joint initiatives and programmes would focus on a range of different countries, IATF-wide activities should focus on a set of at least 6 countries initially.
This figure could increase if resources allowed. This initial set of countries would demonstrate coherence through the UN system working as one, providing consistent support to governments in their efforts to scale up whole-of-government approaches to preventing and controlling NCDs. Mechanisms and ways of supporting countries would need to be done during the development of the proposal. IAEA specifically drew attention to their assessment tools of energy expenditure and physical activity as part of programs promoting healthy lifestyle to prevent chronic diseases. IAEA (NAHRES) is supporting the efforts of Member States to evaluate programmes to prevent and control childhood obesity, through the Technical Cooperation Programme (and CRP’s) in 31 countries.

**OPERATIONAL, INSTITUTIONAL AND TECHNICAL COOPERATION**

9. Participants reviewed the priorities under the three areas of cooperation identified in the *Concept Note resulting from the Third Meeting of UN agencies on NCDs*: operational, institutional and technical cooperation, as well as the next steps that were also identified in the concept note. The paper from UN Habitat was also discussed and welcomed. Participants mapped each priority under institutional and technical cooperation to the appropriate objective of the current draft global NCD action plan and then identified action to be taken over the next two years. Some work was done on operational cooperation, but as there was insufficient time to complete this exercise. Actions for the next two years for taking forward next steps were also agreed. It was also agreed that it would be more efficient if next steps were included in future under the three areas of cooperation.

WHO will develop initial inputs for operational cooperation and fill in any remaining gaps under institutional and technical cooperation and merge the “next steps” section into the areas of cooperation and then send round for comment in early January.

<table>
<thead>
<tr>
<th>Areas of cooperation identified in the concept note</th>
<th>NCD Action Plan Objective</th>
<th>Action Plan over the next two years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATIONAL</strong></td>
<td></td>
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</tr>
<tr>
<td>Raise public awareness about the links between NCDs, inclusive social development, inclusive economic development, environmental sustainability, and peace and security</td>
<td>1</td>
<td>Institutional generic issue briefs (based on country analyses)</td>
</tr>
<tr>
<td>Support governments in conducting a national capacity assessment of key challenges to address NCDs taking into account domestic circumstances</td>
<td>2</td>
<td>Develop a generic joint UN capacity assessment tool (based on WHO/IAEA Self-assessment NCCP Tool, WHO tobacco control assessments, WHO FCTC assessments)</td>
</tr>
<tr>
<td>Support governments in conducting a national capacity assessment of key challenges to address NCDs taking into account domestic circumstances</td>
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</tr>
<tr>
<td>Assist governments in developing national NCD policies and plans, integrating NCDs into health-planning processes and the national development plans</td>
<td></td>
<td>Develop a joint UN capacity assessment tool based on imPACT mission experience</td>
</tr>
<tr>
<td>Assist governments in developing national NCD policies and plans, integrating NCDs into health-planning processes and the national development plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate NCDs into UNDAF design processes and implementation as well as national development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of cooperation identified in the concept note</td>
<td>NCD Action Plan Objective</td>
<td>Action Plan over the next two years</td>
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<tr>
<td>---------------------------------------------------</td>
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<td>-----------------------------------</td>
</tr>
<tr>
<td>Provide technical assistance to develop and implement country-led national multisectoral plans and policies for the prevention and control of NCDs</td>
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<tr>
<td>Develop joint programmes at the national level in support of national efforts (Annex 2).</td>
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<tr>
<td>Learn lessons from the HIV/AIDS response, building efficiency in terms of governance and coordination</td>
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<tr>
<td>Support the development of innovative approaches to financing</td>
<td></td>
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<tr>
<td>Provide technical assistance to promote and monitor country-action to address NCDs and to promote, establish, support or strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include NCDs in national consultations on the post-2015 development agenda.</td>
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</tbody>
</table>
| INSTITUTIONAL | 1 and 2 | • UN Agencies engaged in continuing efforts to develop the WHO Global Action Plan 2013-2020, including architecture for the Coordinated Network  
• Individual Governing Bodies to discuss “UN Business Plan” resulting from WHO Action Plan  
• Formalize UN Task Force on NCDs in ECOSOC |
| Integrate NCDs into relevant Governing Bodies’ discussions of relevant UN Agencies | 1 | • GHI reaffirm the need (e.g. statement) to add NCDs components to national health programmes (paragraph 45.o)  
• GHI quantify potential impact of NCDs on better child and maternal health |
| Integrate NCDs into existing global health initiatives (e.g. H4+, HHA, IHP+, REACH) | 1 | • Continue to identify opportunities to raise the priorities given to NCDs:  
  • National consultations  
  • UNICEF/WHO Health Consultation on Post-2015 Development Agenda (5-6 March 2013, Botswana)  
  • Ongoing web-based consultation in preparation of the March consultation  
  • Regional consultations led by UN Economic Commissions  
  • Explore the possibilities of developing a two pager |
| Include NCDs in global consultations on the post-2015 UN development agenda with academia, media, private sector, employers and trade unions, civil society, and decision makers, and in preparatory conferences/meetings by partners which discuss the post-2015 UN development agenda informed by UN | 1 |                                   |
### Areas of cooperation identified in the concept note

<table>
<thead>
<tr>
<th>NCD Action Plan Objective</th>
<th>Action Plan over the next two years</th>
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<tbody>
<tr>
<td>Articulate policy options to strengthening multisectoral NCD action through partnerships at global and national levels (SG’s report)</td>
<td>• Completed (following the 28 November 2012 discussions)</td>
</tr>
</tbody>
</table>
| Establish mechanisms to promote joint (i) advocacy, awareness raising and accountability; (ii) voluntary innovative financing mechanisms; (iii) capacity building and technical support; (iv) product access and market shaping; (v) product development/innovation and (vi) coordination | • Set ...  
• Develop these knowledge products  
• Develop a two-pager that sets out how to establish a global hub-and-spoke mechanism that addresses these six functional gaps? |
| Develop joint programmes at the global level, building on continuing efforts. | • ITU/WHO (mhealth)– Ongoing  
• IAEA/WHO (cancer) – Ongoing. Plans to scale up to next level (including MoUs with ROs)  
• UNAIDS/WHO/UNDP (HIV and NCDs) – LoA signed. Plan under development.  
• WIPO/WTO/WHO (TRIPS)– Ongoing  
• WHO/UNFPA/UNICEF (reproductive and child health)- Under development  
• UNICEF/WHO/IAEA (child nutrition) – Under development |
| Develop a common framework of engaging and working with the commercial private sector whilst safeguarding public health from any potential conflict of interest | • Code of conduct  
• Develop .... Programmatic engagement  
• Plan to engage private sector Paragraph 44  
• Report back on governance mechanisms (due diligence) |
| TECHNICAL | • World Health Report 2013  
• Global Status Report on NCDs 2014  
• WHO Capacity Assessment Survey on NCDs (Jan-Mar 2013)  
• Individual agencies  
• Conferences and/or Platform South-South Collaboration (e.g. Conferences)  
• World Bank Report on Health and/or NCDs |
| Development of effective delivery systems for treatment of chronic conditions alongside experiences in the prevention and control of NCDs | • Ongoing efforts (work UNAIDS/WHO underway) |
| Recommend, based on a review of international experience, successful approaches for multisectoral action against NCDs, for example drawing on the experience of the HIV response | • UNDP Social Determinants of NCDs (review on 21 December 2012 for publication in February 2013)  
• WHO toolkit for WHO Global Conference on Health Promotion (focus: Health-in-all-Policies) (Helsinki, June 2013) |
| Provide guidance for the development of national policy frameworks, taking into account the 2013-2020 Action Plan for the Prevention and Control of NCDs, as well as the WHO FCTC, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy to Reduce the Harmful Use of Alcohol, and the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children | Criteria for “Roll out” countries:  
• UNDAF roll out  
• Delivering as one pilot  
• Report on Joint Letter  
• PEPFAR countries  
• UNAIDS priority countries  
• NCD burden |
### Areas of cooperation identified in the concept note

<table>
<thead>
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<th>Action Plan over the next two years</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Government demand</td>
<td>- Tobacco (&quot;Bloomberg countries&quot;)</td>
<td></td>
</tr>
<tr>
<td>- WHO FCTC Parties</td>
<td>- Different regions and different health systems</td>
<td></td>
</tr>
<tr>
<td>- Countries covered by existing global joint programmes</td>
<td>- Political readiness and quick ones</td>
<td></td>
</tr>
<tr>
<td>- WHO CCS list</td>
<td>- WHO Russian Funding</td>
<td></td>
</tr>
</tbody>
</table>

### NEXT STEPS

**Consolidate coordination structures:**
- Maintain the current taskforce of UN agencies on NCDs at global level, meeting quarterly, with a rotating chair amongst UN agencies with rotating venues
- Invite UN agencies to establish similar task forces at regional level
- Invite UN Resident Coordinators and WHO Country Representatives to start establishing coordination mechanisms at national level with experience shared, as they develop

**Cultivate a systematic exchange of information**
- Establish a practice community on NCDs to enhance cooperation and sharing information
- Based on work to date, fine-tune a provisional division of labour amongst UN agencies based on core competencies and existing programme frameworks and partnerships
- Establish a roster of NCD experts, that includes issue and geographical area specialization

**Support the development of global and regional joint UN programmes**
- Sensitize and train UNCTs on opportunities to integrate NCDs into UNDAF design processes and implementation, with initial focus on UNDAF roll out countries 2012-2013 and ‘Delivering as one’ countries. This would be achieved through developing (a) a training package and guidance notes for UNCTs on how to integrate NCDs into...

**NEXT STEPS**

- April 2013 – 5th meeting hosted by the World Bank (Washington DC) or UNDP (New York) – TBD
- June/July 2013 – 7th meeting hosted by ITU and/or WIPO (Geneva) – on the occasion of ECOSOC
- September 2013 – country-visit, FAO/Rome,
- December 2013 – TBD
- Action: More resources from WHO to proactively manage the UN Task Force on NCDs
- Regional level: WHO to take the lead and send out to other UN Agencies to nominate focal points (e.g. AMRO, EURO, EMRO, WPRO), including UNDG
- Country-level: same as “pilot countries” (TBD)

**Support the development of global and regional joint UN programmes**
- Practice community: WHO Secretariat function (requires resources)
- Division of labour in line with “UN business plan” resulting from the WHO Action Plan 2013-2020
  - Principles
  - Modus operandi
  - Roles
  - Matrix (areas, convenors, agency partners)
- Convenor groups to identify experts to populate database (and GIZ-funded)

**Support the development of global and regional joint UN programmes**
- Two-day training course developed for UNCTs and roll out in “early adopter” countries.
- Upstream policy advice in six pilot countries
- Standard operating procedures (= steps)
- Strategic planning guidelines and tools – learning by doing in 6 pilot countries, then codify and roll out in other countries
## Areas of cooperation identified in the concept note

<table>
<thead>
<tr>
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<th>Action Plan over the next two years</th>
</tr>
</thead>
</table>
| UNDAFs and (b) technical papers links between NCDs and their social determinants, socioeconomic development, environmental sustainability, human rights frameworks, and peace and security  
  • Provide support, as required, to the development and implementation of UNCT joint programmes to support national efforts to address NCDs, including policy advice, technical assistance and capacity-building  
  • Work with UNCTs to develop a series of publications that sets out what the UN system will deliver as one at national level to support governments implement the Political Declaration, and the modalities for achieving this coherent support | (outcome: guidance on strategic planning)  
  • Develop technical assistance plans  
  • UNDP social determinants of health  
  • Issue briefs (to be determined, e.g to be identified by areas under collective division of labour)  
  • Develop publications with the governments in the six countries and the UNCTs | 

| Facilitate upstream policy advice and sophisticated technical support to developing countries | Pilot countries  
  • Tools  
  • “Guidance Note” and Technical Training Material for WRs on NCDs (Feb/March)  
  • Agencies to consider to develop and dispatch their own “Guidance Note”  
  • Follow-up to Helen Clark and Margaret Chan letter – status update, 5-page progress report, and contours of prioritized UN plan for next two years  
  • Define a list of service offerings that UN Task Force will deliver | 

| Consolidate governance arrangements | Identify a champion among 54 ECOSOC Member States (e.g. Australia) to propose a decision that an UN Task Force on NCDs be established reporting to ECOSOC.  
  • CEB: explore agenda item on NCDs (e.g. in prep for 2014 High-level Meeting on NCDs).  
  • UNDG: send update note and UN business plan to UNDG |
THE IATF PROGRAMME OF WORK AND ITS COSTS

10. The elements and costs of the full UN response to NCDs were discussed. These fell under four areas:

<table>
<thead>
<tr>
<th>Cost elements</th>
<th>Estimated cost (USD)</th>
<th>Potential funding sources (including co-funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Global coordination mechanism that will emerge following UNGA discussions</td>
<td>To be determined based on (1) functions and (2) structure</td>
<td>TBD</td>
</tr>
<tr>
<td>(Vienna, 11-12 December 2012)</td>
<td>(approximately US$2-3 million per year)</td>
<td></td>
</tr>
<tr>
<td>ii. A functioning IATF with an IATF-wide joint global programme (the common</td>
<td>WHO as the convener</td>
<td>TBD</td>
</tr>
<tr>
<td>global joint programme)</td>
<td>UNDP as the fundraising and administrative</td>
<td></td>
</tr>
<tr>
<td>- Upstream policy advice to be provided to 6 countries in the first instance</td>
<td>US$3 million per year (US$ 500K per country)</td>
<td></td>
</tr>
<tr>
<td>- Knowledge platform, secretariat, travel costs etc</td>
<td>US$x million per year for the UN IATF to include secretariat, travel costs, external communication etc</td>
<td></td>
</tr>
<tr>
<td>iii. Six Global Joint Programmes providing upstream policy advice and</td>
<td>Cost of the joint programmes</td>
<td>TBD</td>
</tr>
<tr>
<td>sophisticated technical assistance to a range of countries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add names of the programmes from the flip chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Work streams of other UN funds, programmes and agencies in the areas of</td>
<td>US$ 1-3 million per year per UN agency</td>
<td>TBD</td>
</tr>
<tr>
<td>technical guidance to non-health sectors, coordination and reporting, technical</td>
<td>(totals US$14-42 million per year)</td>
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</tr>
<tr>
<td>support, implementation for the prevention and control of NCDs</td>
<td>* USD 3 million</td>
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<tr>
<td>* This would need to be differentiated as the budget evolves from joint work</td>
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<tr>
<td>already constituted and funded, and new bi- or multilateral programmes that</td>
<td></td>
<td></td>
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<tr>
<td>are unfunded. Further work on division of labour would help guide this.</td>
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</table>

11. With regards the IATF-wide programme, it was agreed that the first step was develop a global joint proposal (the common global joint programme) for donors to establish the UN Task Force and to plans to provide upstream policy advice to support national efforts to address NCDs initially in at least six countries. Participants agreed that, during January 2013, the IATF should agree its ToR and a preliminary division of labour. A full joint UN business plan should then be developed once the Global NCD Action Plan is endorsed by the WHO World Health Assembly in May 2013.

12. Participants agreed that the IATF should look to identify resources from donors and UNDP said that they were willing to lead this with the rest of the IATF fully involved. UNDP would act as the Administrative Agency (AA) with WHO as the convener of this group to develop the proposal.

13. WHO then described its own estimates to deliver its work relating to NCDs in terms of: (i) setting norms and standards for the prevention and control of NCDs; (ii) articulating policy options, (iii) shaping
the NCD research agenda; and (iv) and monitoring health trends related to NCDs. WHO’s current estimates are around US$240 million per year.

2013 MILESTONES

14. Key events, activities and milestone for 2013 were identified and tabulated. Proposed dates for quarterly Interagency Taskforce meetings are shown in italics.

<table>
<thead>
<tr>
<th>January 2013:</th>
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<tbody>
<tr>
<td>• 14 January 2013 - First meeting of Steering Group of ITU/WHO Global Joint Programme on mHealth</td>
</tr>
<tr>
<td>• 21-29 January 2013 – WHO Executive Board will consider (i) report on global monitoring framework and targets; (ii) Draft WHO Global NCD Action Plan 2013-2020</td>
</tr>
<tr>
<td>• January - March 2013 – WHO will roll out the WHO Capacity Assessment Survey on NCDs in 194 Member States</td>
</tr>
<tr>
<td>• Approach ECOSOC Member States interested in proposing an ECOSOC resolution that would invite WHO to establish a UN Task Force on NCDs reporting to ECOSOC</td>
</tr>
<tr>
<td>• Finalize a global joint proposal (“the common global joint programme”) to establish the UN Task Force and to operationalize its work streams, including (i) providing upstream policy advice to support national efforts in 6 pilot countries, (ii) a preliminary division of labour and (iii) ToR for the UN Task Force (estimated budget of proposal is US$6 million, UNDP to be assigned the “Administrative Agent”)</td>
</tr>
<tr>
<td>• WHO to establish a new website for the UN Task Force on NCDs (<a href="http://www.who.int/ncd/untaskforce">www.who.int/ncd/untaskforce</a>)</td>
</tr>
<tr>
<td>• IAEA/WHO: Take forward the development of the next phase of the joint programme on cancer (building on the existing joint programme)</td>
</tr>
<tr>
<td>• WHO and UNAIDS to meet in order to operationalize the recently signed Letter of Agreement on HIV and NCDs</td>
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<tr>
<th>February 2013:</th>
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<tbody>
<tr>
<td>• 5 February 2013  – WIPO/WTO/WHO – Launch publication on innovation, public health and trade</td>
</tr>
<tr>
<td>• UNDP to start approaching donors to seek funding for the common global joint programme</td>
</tr>
<tr>
<td>• UNDP will publish its discussion paper on Social Determinants of NCDs</td>
</tr>
<tr>
<td>• Second draft WHO Global NCD Action Plan 2013-2020 will be published</td>
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<tr>
<td>• First planning meeting WHO, IAEA, UNICEF on childhood nutrition</td>
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<tr>
<th>March 2013:</th>
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<tbody>
<tr>
<td>• 5-6 March 2013 - UNICEF/WHO Health Consultation on Post-2015 Development Agenda (Botswana)</td>
</tr>
<tr>
<td>• 11-12 Mar 2013 – (Informal) consultation with Member States and UN Agencies on the revised draft WHO Global NCD Action Plan 2013-2020</td>
</tr>
<tr>
<td>• 12 March 2013 – Informal dialogue with relevant NGOs on the revised draft WHO Global NCD Action Plan 2013-2020</td>
</tr>
<tr>
<td>• 13 March 2013 – Informal dialogue with selected private sector entities on the revised draft WHO Global Action Plan 2013-2020</td>
</tr>
<tr>
<td>• March/April 2013 – Thematic consultation on food and nutrition security on post-2015 development agenda (Madrid)</td>
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<tr>
<td>• Update concerning joint letter from Helen Clark and Margaret Chan on integrating NCDs into UNDAFs, including a progress report on the work by the UN Task Force on NCDs</td>
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<tr>
<td>• Roll out ITU/WHO Global Joint Programme on mHealth in Costa Rica</td>
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<tr>
<th>April 2013:</th>
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<tbody>
<tr>
<td>• Fifth meeting of UN Agencies on NCDs. It was agreed that we should approach the World Bank to see if they would be interested in hosting a meeting. Alternatively UNDP indicated that they would be prepared to host the meeting in New York.</td>
</tr>
<tr>
<td>• World Health Day – Raised blood pressure</td>
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<tr>
<td>• Tentative launch of a possible WHO/UNICEF/UNFPA global joint programme on reproductive health</td>
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<tr>
<th>May 2013:</th>
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<tbody>
<tr>
<td>• 20-28 May – WHO World Health Assembly will be invited to adopt the (i) report on the global monitoring framework and targets; (ii) final draft WHO Global NCD Action Plan 2013-2020</td>
</tr>
</tbody>
</table>
June 2013:
• Finalize the full-fledged UN Joint Business Plan 2013-2015 (Phase I) for the WHO Global Action Plan 2013-2020 covering all work streams of the UN Task Force on NCDs (USD x million), including a final division of labour
• WHO Global Conference on Health Promotion (Helsinki, 10-14 June 2013) will launch a toolkit on Health-in-all-Policies

July 2013:
• ECOSOC Member State will submit resolution to ECOSOC to establish an UN Joint Task Force on NCDs reporting to ECOSOC
• Sixth meeting of UN Agencies on NCDs (to be hosted by ITU or WIPO, on the occasion of ECOSOC)

August 2013:
• UNSG will invite WHO Director-General to submit her progress report on realizing the commitments included in the Political Declaration on NCDs to his Executive Office

September 2013
• WHO will launch the “Global NCD Coordination Mechanism” (“= option 3 of the UNSG’s report”)
• Seventh meeting of UN Agencies on NCDs (possible options would be to do this in a developing country and combine this with a join UN Interagency Taskforce NCD mission visit or ask FAO if they would be interested in hosting the meeting in Rome)

October 2013:
• TBD

November 2013:
• UN General Assembly will discuss the “Note of the SG transmitting the report of the WHO Director-General on the progress achieved in realizing the commitments included in the Political Declaration on NCDs”

December 2013:
• Eighth meeting of UN Agencies on NCDs (host and location to be determined)

IATF GOVERNANCE ARRANGEMENTS

15. The IATF agreed that WHO should act as the Secretariat of the IATF and that the IATF would work with WHO to raise funds for this as part of the proposal. Participants agreed that UN agencies would describe their activities supporting national efforts to address NCDs at future IATF meetings and that the workplan should outline an accountability framework to assist in such reporting. A key task for the IATF was to develop its ToRs. A second task was to develop a dedicated IAFT website and it was agreed that WHO would do this on their website in a way similar to other initiatives. It was also agreed that there should be 3-4 meetings of the IAFT in 2013 and it was agreed that WHO would approach agencies that might be interested in hosting one of these meetings. It was also agreed that there would be short IATF teleconference after each meeting that would review the summary report and prior to each IATF meeting.
Annex 1: List of Participants

International Atomic Energy Agency

Rolando CAMACHO RODRIGUEZ
Acting Head PACT Programme Office

Jean Pierre CAYOL
PACT Programme Office

Michael DAGON
PACT Programme Office

Aning KWAKU
DDG for Technical Cooperation

Susan MORGAN
PACT Programme Office

Christine SLATER
Nutritional and Health-related Environmental Studies Section

Juan A CASAS ZAMORA
Director, Technical Cooperation Division of Programme Support and Coordination

International Telecommunication Union

Hani ESKANDAR
ICT Applications Technical Officer

Joint United Nations Programme on HIV/AIDS

Peter GODFREY-FAUSSETT
Senior Science Adviser

United Nations Development Programme

Christoph HAMELMANN
Regional Practice Leader HIV, Health and Development
UNDP Europe and the CIS, Bratislava Regional Centre

Douglas WEBB
Cluster Leader, HIV Group
World Health Organization

Nick BANATVALA
Senior Adviser, Office of the Assistant Director General, Noncommunicable Diseases and Mental Health

Douglas BETTCHER
Director, Department of Tobacco Free Initiative and Acting Director Department of Chronic Diseases and Health Promotion

Peter MERTENS
Coordinator (Management), Officer of the Director-General

Menno VAN HILTEN
External relations Officer, Office of the Assistant Director General, Noncommunicable Diseases and Mental Health

World Intellectual Property Organization

Tom GOODWIN
Senior Counsellor, Traditional Knowledge and Global Challenges
Annex 2: Background documentation for the *Fourth Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs* (Vienna, 11-12 December 2012)

1. Political Declaration on NCDs
2. Concept note that resulted from the 3rd meeting of UN Agencies on NCDs
3. Note by the UNSG transmitting the report of the WHO/DG on multisectoral action and partnerships for NCDs
5. Zero Draft Global NCD Action Plan 2013-2020 (Note: the draft Global NCD Action Plan 2013-2020, which will be reviewed by the WHO Executive Board in January 2013, will be made available as soon as it is published on WHO’s website)
6. Summary reports of the first and second meeting of UN Agencies on NCDs
7. Guidance paper for the 4th meeting of UN Agencies on NCDs
8. Draft agenda for the 4th meeting of UN Agencies on NCDs
9. UNDG Guidance Note on Joint Programming
Annex 3: Prevention and control of NCDs in urban settings: Issues Paper prepared by UN-HABITAT

Addressing urban development from a health perspective presents an untapped opportunity. Sustainable growth of cities, their infrastructure services and facilities can lead to improved health and well-being, but only if guided. Current approaches are sector specific and fragmented. The looming threats of non-communicable diseases will have a severe impact on urban development. In the next 50 years, the greatest threat will be from urbanization and thereafter climate change impacts come to the fore. NCDs exert a significant impact on economic development of cities through reduced productivity and the high cost of healthcare. There is a need to re-focus efforts on primary prevention of the health risks through sustained efforts in areas such as: developing urban spatial plans which promote healthy housing and lifestyles; hazardous and toxic waste management; improved air quality and transportation. The greening of cities will need to include a greening of urban health services. Improved urban design will also enable resilience to be built into cities to combat the impacts of climate change. New approaches to monitoring health risk assessment and developing policies which can enhance health equity will be critical. There are also opportunities to empower citizens to support health interventions. Building on the memorandum between WHO and UNHABITAT, the agencies are well placed to develop and incorporate good urban planning, design and provision of infrastructure through concrete projects in the immediate term.

Possible areas of collaboration

Development of indicators and monitoring systems to highlight intra-urban health differentials
Using health indicators to track progress in urban development and identify critical intra-urban differentials, can be readily adapted to the local level with minimal resources. Utilizing disaggregated data from urban areas can help to target investments in preventative health care.

Develop/adapt tools to build the evidence base on NCDs in urban areas
Opportunities exist for the further development/adaptation of available tools to strengthen the evidence linking NCD health impacts to urban development policies. There is a need to use these tools to promote local level action, through mayors and city managers.

Develop capacity for local-level city-wide urban planning and design to promote healthy lifestyles
Current approaches to planning in the developing world have resulted in urban sprawl which in both inefficient, uneconomic and unhealthy. There is a need to critically review and update planning rules and regulations. Significant influence can be brought to bear on the design of urban systems for improved health. Spatial planning which promotes health lifestyles is an important area for development. Linkages to transport planning are also critical. The development of health-orientated urban and spatial planning guidelines is urgently needed.

Development of policies for prevention and control of NCDs in secondary urban centres
Over the coming two decades, most of the urbanization will take place in smaller urban centres of the developing world. Urban agglomerations of between 500,000 to 1 million population will be the most hard hit. These are also the areas where capacity to deal with NCD is weakest. These settlements are too small to adopt the same approaches as larger cities and towns but too large to be effectively included in rural health systems planning.

For further information, please contact: George Deikun, Director UNHABITAT Geneva Office (deikun.unhabitat@unog.org) or Graham Alabaster, Senior Technical Adviser (alabaster.unhabitat@unog.org)
Annex 4: Provisional Agenda

Day 1

09:00 – 09:15
Welcome and introductions
Facilitator/Chair: IAEA

09:15 – 09:30
Icebreaker
Facilitator/Chair: WHO

09:30 – 10:15
Plenary: Aims and objectives
(Introduction by WHO and IAEA, followed by review of expectations from agencies so that everyone agrees on the expected outputs for the meeting.)
Facilitator/Chair: TBD

10:15 – 11:15
Plenary: update on global health developments
(Led by WHO, with inputs from other agencies, followed by facilitated discussion. Will include: 2013 – 2020 NCD action plan and other related plans; progress against implementation of the political declaration (e.g. technical support requests from countries, nature and extent of country NCD plans); newly agreed global monitoring framework, including indicators and targets; and the outcome of 28 November UNGA discussions on partnerships in NY)
Facilitator/Chair: IAEA

11:15 – 11:35
Coffee

11:35 – 13:00
Plenary: A work plan for joint UN system 2013 and 2014 activities
(Initial brainstorm on approach (e.g. logical framework, with goal, objectives, outputs, activities, risks and costings) building on the UN system concept note, linked to existing initiatives (e.g. Political Declaration, the emerging NCD action plan 2013-2020, NCD global monitoring framework), existing work streams and joint plans (e.g. ITU/WHO programme, UNAID-WHO agreement, IAEA-PACT programme), and describing new programmes and activities for taking forward NCD control at global, regional and country level)
Facilitator/Chair: TBD
13:00 – 14:00 Lunch

14:00 – 16:15 (tea break included)
Group work: work planning
(Describing existing joint UN programmes, opportunities for new joint programmes, and wider UN system activities, grouping and prioritising them by objectives, countries for action, and identifying a timetable for their delivery and UN agencies and partners to deliver.)

16:15 – 17:30
Plenary: report back
(Consolidation of group thinking into a draft logical framework and action plan, with agreement on plans for Day 2)
Facilitator/Chair: TBD

Dinner
(Group discussions, reflecting on the day’s discussions and exploring how we communicate as a group, both with ourselves and with others, and the arrangements and functions for a Taskforce Secretariat.)
Rapporteurs to be identified

Day 2

09:00 – 09:45
Plenary: rapporteurs reflect back on the dinner discussions.
Facilitator/Chair: TBD

09:45 – 10:45
Group work: exact nature to depend on discussions from Day 1 and Day 2 morning plenary
(Likely that there may need to be further discussions around the work plan, code of conduct regarding private sector engagement, finance strategy, and governance arrangements (including communication, external relations, and secretariat arrangements and functions))

10:45 – 11:00
Coffee

11:00 – 13:00
Plenary: working group feedback followed by agreement on work plan
(This will also include issues around , finance strategy, and governance arrangements (including communication, external relations, and secretariat arrangements and functions), codes of conduct regarding private sector engagement, future work to be done, by whom and by when.)
Facilitator/Chair: TBD
13:00 – 14:00
Lunch

14:00 – 16:00 (tea break included)
Plenary (continued)
Facilitator/Chair: TBD

16:00 – 16:30
Plenary: Discussion and recommendations on dates, venues and hosts for 2013 meetings
Facilitator/Chair: TBD

16:30 – 17:00
Plenary: Conclusions and next steps
Facilitator/Chair: TBD
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