United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council resolution 2013/12.

* E/2014/1/Rev.1, annex II.

Summary

The present report, prepared by the World Health Organization (WHO) pursuant to Economic and Social Council resolution 2013/12, sets out the progress achieved since July 2013 in: (a) establishing the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases by expanding the mandate of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control; and (b) developing terms of reference for the Task Force, including a division of tasks and responsibilities.

The report details progress made since July 2013 in the establishment by the Secretary-General of the Task Force, which is convened and led by WHO; the development of terms of reference for the Task Force, including a division of tasks and responsibilities, in close collaboration with the Director General of WHO and in full consultation with Member States through the governing bodies of WHO; and the alignment by United Nations organizations of their activities with the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 to support countries in realizing the commitments made by Heads of State and Government at the high-level meeting of the General Assembly held in September 2011.

The report underscores the fact that, given the insufficient and highly uneven progress at the country level, the United Nations system should scale up its capacities to support national efforts to implement priority actions if progress is to be widespread and sustainable in the post-2015 development era. A common workplan for United Nations organizations covering the period 2014-2015 to support Member States is to serve as a first reference for broader investments to take place.
I. Introduction

1. In the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (General Assembly resolution 66/2, annex), Heads of State and Government expressed a commitment to a world free of the avoidable burden of non-communicable diseases, an issue that the Millennium Development Goals did not address. They acknowledged that the global burden and threat of non-communicable diseases constituted one of the major challenges for development in the twenty-first century and agreed on a bold set of commitments to respond to this challenge.

2. Planning ministries of developing countries, the United Nations system and civil society organizations rallied behind the commitments made in the Political Declaration, which constitute a paradigm shift in thinking about non-communicable diseases as an issue that: (a) requires Governments to assume a primary role and responsibility; and (b) goes beyond the health sector alone. Among the commitments made was a commitment to promote, establish or support and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to consider the development of national targets.

3. Following the adoption of the Political Declaration, the immediate challenge was to reach consensus on a global action plan that crystallized the commitments in clear, easy-to-communicate objectives that would help to guide coherent policy action at the global, regional and national levels. Accordingly, in its resolution 66.10, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The Global Action Plan provides a road map and a menu of policy options for Member States, the United Nations system and non-State actors to take coordinated and coherent action, at all levels, from 2013 to 2020, to attain nine global targets in 2025 and realize the commitments made in the Political Declaration.

4. Many developing countries, however, are struggling to move from these commitments to a multisectoral response that reduces the exposure risk factors for non-communicable diseases and enables health systems to respond more effectively and equitably. A global survey conducted by WHO in 2013 found that, while more developing countries have policies and plans to tackle non-communicable diseases than in 2010, few engage sectors outside the health sector. Moreover, existing policies and plans are often not funded or implemented. National capacities are particularly weak in the poorest countries. Demand from Governments for policy advice to support their efforts to address non-communicable diseases is very high. An analysis of 144 WHO country cooperation strategies that are jointly agreed with national authorities found that 136 strategies included requests for support in addressing non-communicable diseases. Arrangements to support country needs through North-South, South-South and triangular cooperation continue to be inadequate. The Council, at its substantive session of 2013, provided a defining moment to set out an approach for ways in which the United Nations system responds to country demand for technical assistance when it adopted resolution 2013/12, in which the Council requested the Secretary-General to establish the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, convened and led by WHO and reporting to the Council through the Secretary-General.
II. Development of terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

5. In its resolution 2013/12, the Council requested the Secretary-General, in close collaboration with the Director General of WHO, and in full collaboration with Member States through the governing bodies of WHO, to develop the terms of reference for the Task Force, incorporating, but not limited to, the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control. The Council requested the Task Force to report back to the Council in 2014 through the Secretary-General. Accordingly, WHO convened the first meeting of the Task Force on 2 and 3 October 2013 to develop draft terms of reference for consideration by Member States at a formal meeting convened by WHO on 13 and 14 November 2013.

6. The report of the formal meeting of Member States was transmitted by the Director General of WHO to the 134th session of its Executive Board (held from 20 to 25 January 2014), which in turn transmitted the report to the sixty-seventh World Health Assembly (to be held from 19 to 24 May 2014) for its consideration. The report of the formal meeting of Member States is contained in the annex to the present report.

III. Work of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

7. From 2011 to 2013, WHO convened six informal meetings of United Nations organizations to promote the implementation of the Political Declaration.¹ These meetings resulted in a number of informal collaborative arrangements being taken forward, including: (a) a global joint programme between the International Telecommunication Union and WHO on the use of mobile technologies to address non-communicable diseases;² (b) a global joint programme between the International Atomic Energy Agency and WHO on providing support for cancer control in developing countries; (c) a first joint letter from the Administrator of the United Nations Development Programme (UNDP) and the Director General of WHO proposing that the United Nations country teams integrate non-communicable diseases into the United Nations Development Assistance Framework design processes and implementation;³ (d) a joint workshop on trade agreements and non-communicable diseases organized by UNDP and WHO;⁴ and (e) a letter of agreement between the Joint United Nations Programme on HIV/AIDS and WHO on collaboration to assist developing countries in successfully addressing their disease burden of HIV and non-communicable diseases.⁵ A number of heads of United Nations agencies delivered statements during this informal phase to raise the priority accorded to non-communicable diseases on international agendas⁶ and

¹ Reports of the meetings are available from www.who.int/nmh/events/ncd_task_force/en/.
⁶ An overview is available from www.who.int/nmh/events/2013/updates_un_agencies/en/.
published discussion papers or analyses on the impact of non-communicable diseases.

8. The first and second meetings of the Task Force were held on 2 and 3 October 2013 and on 29 and 30 January 2014, respectively. The first meeting resulted in draft terms of reference, including a division of tasks and responsibilities, which served as an input to the formal meeting of Member States to complete the work on the terms of reference, which was convened by WHO on 13 and 14 November 2013. The second meeting resulted in a joint workplan covering the period 2014-2015 that will ensure policy coherence and accountability among United Nations organizations in their support for national efforts to implement the following set of priority actions recommended for Member States to accelerate the implementation of the Global Action Plan:

(a) Governance:

(i) Set national targets based on national situations, taking into account the nine global targets for non-communicable diseases;

(ii) Develop a national multisectoral policy and plan to achieve national targets, taking into account the Global Action Plan, and allocate a budget to implement the national plan;

(iii) Integrate non-communicable diseases into national health-planning processes and broader development agendas, including the United Nations Development Assistance Framework design processes and implementation;

(iv) Prepare for the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases to be conducted by the General Assembly on 10 and 11 July 2014;

(b) Reduce exposure to risk factors and enable health systems to respond: prioritize the implementation of highly cost-effective and affordable interventions for all Member States included in appendix 3 to the Global Action Plan, as part of the implementation of a national multisectoral action policy and plan;

(c) Measure results: strengthen the surveillance of non-communicable diseases by implementing the WHO surveillance framework for non-communicable diseases covering the monitoring of: (i) risk factors and determinants; and (ii) outcomes (mortality and morbidity) and health systems response.

9. In a second joint letter sent to United Nations country teams on 24 February 2014, the Administrator of UNDP and the Director General of WHO reiterated the importance of mainstreaming non-communicable diseases into United Nations Development Assistance Framework roll-out processes and encouraged United Nations country teams to scale up their capacities to support Governments in implementing these priority actions.

10. Members of the Task Force have underscored their ongoing commitment to supporting Member States in implementing the Global Action Plan. To ensure

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transparency, policy coherence and accountability, members agreed at the second meeting that individual and collaborative progress would be published at regular intervals on the WHO website. A first update was published in April 2014 and is available from www.who.int/nmh/en/.

IV. Ongoing work to reduce tobacco use

11. Members of the Task Force continue to acknowledge the special focus on tobacco control within the Task Force’s mandate and remain committed to ensuring that tobacco control continues to be duly addressed and prioritized.

_Multisectoral assistance_

12. The Conference of the Parties, the governing body of the WHO Framework Convention on Tobacco Control, has put in place multisectoral assistance mechanisms to help countries to implement the Convention (for more information, see the report of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2012/70). The Conference of the Parties has requested the Convention secretariat to promote these assistance mechanisms by encouraging contributions from the members of the Task Force. These contributions remain important and need to continue to be encouraged.

13. Members of the Task Force continue to work on the basis that tobacco control is the cornerstone for the prevention and control of non-communicable diseases. Members also reaffirm the potential of the Framework Convention as an internationally agreed and legally binding preventive global health tool. Support to Member States in accelerating the implementation of the Framework Convention is considered crucial in achieving a world free of the avoidable burden of non-communicable diseases. Public policies to address tobacco use and non-communicable diseases provide opportunities for synergy through:

• Applying lessons learned from the implementation of the Framework Convention to address other risk factors for non-communicable diseases.

• Mobilizing treaty principles to reinforce a whole-of-government approach to address non-communicable diseases and vice versa, where appropriate.

• Supporting countries through technical assistance, upon request, in areas of their respective mandates, in coordination with WHO and the secretariat of the Convention.

• Continuing to follow the matrix of potential contributions as identified in the reports of the Secretary-General on the Ad Hoc Inter-Agency Task Force on Tobacco Control (E/2012/70 and E/2013/61). Accordingly, for the period 2014-2015, the Convention secretariat shall continue to pursue its work in line with the matrix of activities identified in the two reports.

_National coordination mechanisms_

14. National coordination mechanisms play an essential role in the sustainable implementation of the Framework Convention. Under article 5 (2) (a) of the Convention, parties have an obligation to set up such mechanisms at the national level. To highlight this aspect, during each joint needs assessment mission
undertaken, stakeholder meetings are organized with all relevant ministries, departments and representatives of civil society. However, further scale-up is required in 2014.

Coordination at the regional and country levels

15. During the second meeting of the Task Force, participants highlighted the importance of proper coordination of all information and technical support for tobacco control activities at all levels. Such coordination is necessary to ensure proper implementation of capacity-building activities and availability of multisectoral assistance to parties to the Convention, coordination at the level of regional offices/structures, and effective engagement with the United Nations country teams.

Surveillance and reporting obligations with regard to the implementation of the Convention and its impact on global health

16. Work on robust and functioning surveillance systems during the joint needs assessment missions continued. With the involvement of relevant national authorities and, where appropriate, international agencies, policy recommendations have been made on the Global Tobacco Surveillance System surveys and the inclusion of core tobacco questions in WHO STEPS surveys demographic and health surveys and other surveys supported at the country level. The recommendations were made with a view to avoiding duplication and utilizing the most appropriate methods to collect data necessary for reporting obligations under the Convention. WHO leads such efforts without creating additional surveys, as the surveillance indicators are already harmonized with existing global surveys.

Knowledge management

17. In the context of the work on the Framework Convention information platform, which seeks to combine, in an integrated manner, information on the implementation of the Convention, members of the Task Force have been approached to take this work forward in 2014.

Tobacco and reproductive health

18. At the second meeting of the Task Force, WHO presented a report on the prevention and management of tobacco use and second-hand smoke exposure during pregnancy, and explored the implications of the recommendations contained in the report for public health professionals and United Nations organizations. The report was prepared pursuant to Council resolution 2010/8, in which the Council called upon all relevant United Nations funds, programmes and specialized agencies to work together to promote the reduction of tobacco use among women, in particular women of reproductive age, and those around them. The report was developed in collaboration with the United Nations Population Fund and the United Nations Children’s Fund.

19. Key recommendations include mandatory screening by health-care providers of all pregnant women for tobacco use and exposure to second-hand smoke, and the provision of advice on tobacco cessation to users. Furthermore, the report contains a recommendation that further research be carried out on pregnant women regarding the safety and efficacy of and factors affecting adherence to pharmacotherapeutic
cessation agents before conclusive judgements are made on the use of such interventions. The report also outlines the need for direct engagement between health-care providers and pregnant women and their families regarding tobacco use to provide advice and inform them of the risks of exposure to tobacco smoke. The report stresses the need for smoke-free health-care facilities, workplaces and public places for the protection of staff, patients and visitors, including pregnant women. Promoting the implementation of these recommendations will require the active engagement of the “H4+” agencies and other United Nations organizations.

V. Conclusions

20. For the first time in history, resources and know-how are available to achieve a world free of the avoidable burden of non-communicable diseases. In its resolution 66.10, the World Health Assembly endorsed the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which provides a road map and a menu of policy options for all Member States, United Nations organizations and other stakeholders to take coordinated and coherent action from 2013 to 2020 to attain nine global targets in 2025 and realize the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Within the United Nations system, WHO has been leading efforts to build a strategic coalition of United Nations organizations — with a role for each organization — and ensure policy coherence and accountability among United Nations organizations in promoting and supporting national action against non-communicable diseases.

21. Remarkable progress has been made since July 2013 with the establishment of the Task Force and the development of its terms of reference, including a division of tasks and responsibilities among United Nations organizations, in close collaboration with the Director General of WHO and in full consultation with Member States through the governing bodies of WHO. Many United Nations organizations, including some of the smallest, have started to align their activities with the Global Action Plan to support countries in realizing the commitments made in the Political Declaration.

22. Acting in unity to address non-communicable diseases requires a continued commitment to coordination and collaboration. The United Nations organizations must show that they can be effective in shaping a world free of the avoidable burden of non-communicable diseases. The comprehensive review and assessment by the General Assembly to be conducted on 10 and 11 July 2014 will provide a timely opportunity to rally political support for the acceleration of the implementation of actions foreseen in the Global Action Plan.

VI. Recommendations

23. The following recommendations are submitted to the Economic and Social Council:

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8 See www.who.int/reproductivehealth/global_strategy_women_children/h4plus/en/.
(a) The Council is invited to take note of the report of the formal meeting of Member States convened by WHO on 12 and 13 November 2013 to complete the work on the terms of reference for the Task Force, including a division of tasks and responsibilities for United Nations organizations (see annex), and to adopt its terms of reference, taking into account the recommendations of the 134th session of the Executive Board of WHO and the sixty-seventh World Health Assembly;

(b) The Council is invited to request the Secretary-General to continue to report to it on a yearly basis on progress made in implementing Council resolution 2013/12;

(c) The Council is invited to continue to call upon WHO, as the lead specialized agency for health, and all other relevant United Nations organizations, international financial institutions and other key international organizations to continue to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and implement the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

(d) The Council is invited to continue to encourage Member States to implement the policy options for Member States included in the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, and to give due consideration to the priority actions recommended for all Member States set out in paragraph 9 thereof.
Annex

Report of the World Health Organization formal meeting of Member States to complete the work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations

1. The World Health Organization (WHO) formal meeting of Member States to complete the work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations, was held in Geneva on 13 and 14 November 2013 and chaired by Dr. Lindiwe Makubalo (South Africa). The session was attended by representatives of 116 WHO member States, one regional economic integration organization and four organizations of the United Nations system.

2. The WHO discussion paper on draft terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations organizations and other international organizations (A/NCD/UNT/1/2), and a report summarizing the outcomes of the first meeting of the Task Force (A/NCD/UNT/I/INF.1) were considered by member States.

3. The attached terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (see appendix) were agreed by consensus.

4. The formal meeting requests the WHO Director General to submit this report and the attached terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, through the WHO Executive Board at its 134th session, to the sixty-seventh World Health Assembly for its consideration, with a view to requesting the Secretary-General to include the terms of reference in his report on the implementation of Economic and Social Council resolution 2013/12 for the consideration of the Council at its substantive session of 2014.

5. The formal meeting strongly recommends that the WHO Executive Board consider this report and its attachments, with a view to noting the terms of reference and to recommending their submission to the World Health Assembly for consideration.
Appendix

Draft terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (Task Force) and all its members affirm the right to health as a human right, as enshrined in the Universal Declaration of Human Rights and the Constitution of the World Health Organization (WHO).

Actions of the Task Force and its members are to support, in accordance with their respective mandates, the realization of the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non communicable Diseases and further elaborated in the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

Introduction

1. In paragraph 13 of the Political Declaration, Heads of State and Government and representatives of States and Governments recognized the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirmed its leadership and coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing non-communicable diseases in a coordinated manner.

2. In paragraph 51 of the Political Declaration, Heads of State and Government and representatives of States and Governments called upon WHO, as the lead specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts.

3. In paragraph 1.1 of resolution 66.10, the World Health Assembly endorsed the WHO Global Action Plan 2013-2020. The Plan aims to operationalize the commitments by Heads of State and Government included in the Political Declaration. The Global Action Plan comprises a set of actions which, when performed collectively by (a) Member States, (b) international partners and the private sector, and (c) the WHO secretariat, will support Governments in their national efforts to contribute to the attainment of nine voluntary global targets for non-communicable diseases by 2025. The building and coordinating of results-oriented engagement or collaborative efforts, as appropriate, including with
non-health and non-State actors,\textsuperscript{a} at the national, regional and global levels, for the prevention and control of non-communicable diseases are essential components of the WHO Global Action Plan 2013-2020.

4. In paragraph 3.5 of resolution 66.10, the World Health Assembly requested the WHO Director General to work together with other United Nations funds, programmes and agencies to conclude the work, before the end of October 2013, on a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations.

5. In paragraph 1 of Economic and Social Council resolution 2013/12 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, the Council requested the Secretary-General to establish the Task Force by expanding the mandate of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control. The Task Force will be convened and led by WHO, report to the Council through the Secretary-General and incorporate the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.

6. In paragraph 2 of Council resolution 2013/12, the Council decided that the Task Force would coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the Political Declaration, in particular through the implementation of the WHO Global Action Plan 2013-2020.

7. In paragraph 3 of the same resolution, the Council urged all members of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control\textsuperscript{b} and other United Nations funds, programmes and specialized agencies, and intergovernmental organizations, to contribute, within their respective mandates, as appropriate, to the activities of the Task Force.

8. In paragraph 4 of that resolution, the Council requested the Secretary-General, in close collaboration with the WHO Director General, and in full consultation with Member States through WHO, to develop the terms of reference for the Task Force, incorporating, but not limited to, the work of the Ad Hoc Inter-Agency Task Force

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\textsuperscript{a} Non-State actors include academia and relevant non-governmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

on Tobacco Control and the current work of the WHO secretariat to develop a division of tasks and responsibilities, as exemplified by appendix 4 to the WHO Global Action Plan 2013-2020, and also requested the Secretary-General to include the terms of reference in his report on the implementation of the resolution for the consideration of the Council at its substantive session of 2014.

9. This appendix outlines the terms of reference for the Task Force, including a division of tasks and responsibilities for members of the Task Force.

**Terms of reference**

10. The terms of reference outline the purpose of the Task Force, as well as its objectives, participants, responsibilities of participants, periodicity of general meetings, working groups, secretariat, administrative arrangements and accountability, and include a collaborative division of tasks and responsibilities for members of the Task Force.

**Purpose of the Task Force**

11. The purpose of the Task Force described in paragraph 2 of Economic and Social Council resolution 2013/12 of 22 July 2013 is to:

coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the Political Declaration of the High level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, in particular through the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

**Objectives of the Task Force**

12. Pursuant to Council resolution 2013/12, the objectives of the Task Force are as follows, taking into account the overall principles and approaches outlined in the Political Declaration and the WHO Global Action Plan 2013-2020, and in support of a global coordination mechanism for the prevention and control of non-communicable diseases:

- To enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impacts.

- To facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases.
• To facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group.

• To strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials.

• To incorporate the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate.

• To strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines.

**Members of the Task Force**

13. Membership of the Task Force will be open to United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key intergovernmental organizations and treaty secretariats. The potential members are included in a list that appears at the end of this document.¹

**Responsibilities of the members of the Task Force**

14. Within their respective mandates, as appropriate, the responsibilities of the members of the Task Force are to support, in a harmonized manner, the implementation and monitoring of relevant policy options and proposed actions for international partners included in the WHO Global Action Plan 2013-2020, as well as the objectives of the Task Force.

¹ The list of potential members that appears at the end of this document was prepared by the secretariat of the Task Force in December 2013 at the request of the formal meeting of Member States held in November 2013 and was submitted to the 134th session of the WHO Executive Board and the sixty-seventh World Health Assembly as part of the report of the formal meeting of Member States.
Periodicity of meetings of the Task Force

15. It is envisaged that WHO would convene the Task Force twice annually, which would include a one-day annual session devoted to tobacco control and the implementation of the WHO Framework Convention on Tobacco Control. While the meetings will be led by WHO, it is proposed that each meeting be co-chaired by WHO together with another member of the Task Force through rotation. Efforts should be made to have different members host the meetings, including in low- and middle-income countries. Additional regional and ad hoc meetings could also be convened by WHO, as deemed necessary. Meetings will be held by default at the seats of the convening or partner institutions.

16. In accordance with the objective of the Task Force, a biennial workplan will be developed, which will be monitored and reviewed during the meetings of the Task Force.

Secretariat for the Task Force

17. The Task Force will be convened and led by WHO, which will provide the secretariat for the Task Force. The secretariat for the Task Force will be an integral part of the WHO Non-communicable Diseases and Mental Health Cluster.

18. The main responsibilities of the secretariat for the Task Force will be to:

• Convene and lead meetings of the Task Force.

• Encourage and facilitate strategic collaborative arrangements and alliances among the members of the Task Force to enhance support to national-level efforts to realize the commitments made by Heads of State and Government in the Political Declaration, in particular through the implementation of the WHO Global Action Plan 2013-2020.

• Create and manage a virtual practice community for members of the Task Force.

• Create and update an online inventory of commitments and activities of the members of the Task Force on the prevention and control of non-communicable diseases.

• Act as a point of enquiries and information regarding activities being undertaken by members of the Task Force.

• Prepare summary reports of the meetings of the Task Force and publish these at www.who.int/nmh/en, as well as progress reports in achieving the objectives of the Task Force, which will serve as an input into a global coordination mechanism for the prevention and control of non-communicable diseases.

• Coordinate the preparation of the report to the Economic and Social Council through the Secretary-General and incorporate the work of the former Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.

• Without prejudice to the accountability obligations of the Task Force, inform the Economic and Social Council and the World Health Assembly on a regular basis on the progress made by the Task Force in the implementation of the
WHO Global Action Plan 2013-2020, including an evaluation assessing its contribution as part of the final report foreseen for 2021.

**Administrative arrangements for the secretariat for the Task Force**

19. WHO programme budgets will include budgetary provisions for the activities of the secretariat for the Task Force.

20. Members of the Task Force should, in principle, be responsible for meeting their own expenses in relation to activities under the Task Force (including, but not limited to, travel and subsistence for attending meetings and inter-agency collaborations).

**Accountability**

21. In accordance with paragraph 1 of Economic and Social Council resolution 2013/12, the Task Force will report to the Council through the Secretary-General and incorporate the work of the Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.

**Conflicts of interest**

22. Public health policies for the prevention and control of non-communicable diseases must be protected from undue influence by any form of vested interest.\(^d\)

23. In carrying out responsibilities under the WHO Global Action Plan 2013-2020, members of the Task Force are guided by their relevant conflict of interest policies.

24. Should a conflict of interest arise from a situation involving members of the Task Force or external parties, the secretariat for the Task Force will be required to act as a repository with a view to compiling incidents of conflicts of interest and provide a platform to discuss such issues.

**Links with a global coordination mechanism for the prevention and control of non-communicable diseases**

25. In paragraph 3.2 of resolution 66.10, the World Health Assembly requested the WHO Director General to develop draft terms of reference for a global coordination mechanism for the prevention and control of non-communicable diseases.

26. The Task Force, in accordance with its mandate provided by the Economic and Social Council, and within the respective mandates of its members, will contribute, as appropriate, to the work of a global coordination mechanism and participate accordingly.

**Division of tasks and responsibilities**

27. The division of tasks and responsibilities outlines how the members of the Task Force will work jointly and collectively to coordinate the activities of the relevant United Nations organizations and other intergovernmental organizations to

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\(^d\) In accordance with the overarching principles and approaches included in paragraph 18 of the WHO Global Action Plan 2013-2020.
support the realization of the commitments made by Heads of State and Government in the Political Declaration, in particular through the implementation of the WHO Global Action Plan 2013-2020.

28. These tasks and responsibilities build on, and include, existing work being undertaken on the prevention and control of non-communicable diseases by members of the Task Force. The work areas identified by members of the Task Force are dynamic in nature and may reflect changes that may be necessitated by emerging health risks, shifts in disease burdens and new requirements identified by Member States. The Task Force will include in its reporting to the Economic and Social Council and the World Health Assembly a biennial update of the division of tasks and responsibilities, and amendments, as appropriate.

29. The following division of tasks and responsibilities is organized around the six objectives of the WHO Global Action Plan 2013-2020, and currently includes 27 work areas within the six objectives. Each objective has convening and partner institutions, acting in accordance with their respective mandates, as appropriate.

30. The responsibilities of convening institutions are as follows:

• To determine a scope of work, develop a workplan and report progress against it, as it pertains to the objectives of the WHO Global Action Plan 2013-2020.
• To facilitate the identification of country-level needs and lead on setting the agenda across the United Nations system.
• To ensure that work is in line with the WHO Global Action Plan 2013-2020 and to encourage the harmonization of activities across the United Nations system.
• To safeguard public health interests from undue influence by any form of real, perceived or potential conflicts of interest.
• To lead advocacy and communication on the prevention and control of non-communicable diseases across the United Nations system, in line with the WHO Global Action Plan 2013-2020.
• To provide timely inputs to the secretariat for the Task Force to enable it to draft reports to the Economic and Social Council through the Secretary-General, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control, and to report to the World Health Assembly on the implementation of the WHO Global Action Plan 2013-2020.
• To report, as appropriate, on progress made in integrating relevant activities into the agendas of their respective governing bodies.

31. The responsibilities of partner institutions are as follows:

• To support the determination of a scope of work and development of a workplan and report progress against it, as it pertains to the objectives of the WHO Global Action Plan 2013-2020.
• To collaborate on activities that are in line with the WHO Global Action Plan 2013-2020 and to support the harmonization of activities across the United Nations system.
• To work with convening institutions to safeguard public health from undue influence by any form of real, perceived or potential conflicts of interest.

• To work with convening institutions to support advocacy and communication on non-communicable diseases across the United Nations system, in line with the WHO Global Action Plan 2013-2020.

• To support convening institutions in providing timely inputs to the secretariat for the Task Force to enable it to draft reports to the Economic and Social Council through the Secretary-General, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control and to report to the World Health Assembly on the implementation of the WHO Global Action Plan 2013-2020.

• To report, as appropriate, on activities of the Task Force to their respective governing bodies and/or relevant bodies.

32. A division of tasks and responsibilities is outlined in the table below. This table was developed by organizations in the United Nations system, taking into account discussions between December 2011 and July 2013, and builds on appendix 4 to the WHO Global Action Plan 2013-2020. The table was finalized during the first meeting of the Task Force, held in Geneva on 2 and 3 October 2013.

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\( ^c \) The full list of meetings is available from www.who.int/nmh/events/ncd_task_force/en/.

\( ^f \) Examples of collaborative divisions of tasks and responsibilities; concerns a provisional list only. A division of labour is being developed by the United Nations funds, programmes and agencies.
### Division of tasks and responsibilities for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (as at 3 October 2013)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Convening institutions</th>
<th>Suggested areas of work</th>
<th>Linkages with actions for international partners</th>
<th>Partner institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.</td>
<td>WHO</td>
<td>1.1 Advocacy for attention to/integration of NCDs in the international development agenda/goals</td>
<td>23 (a), (b), (c), (f)</td>
<td>IAEA, UNAIDS, UNDP, UN-Habitat, UNICEF, UNSCN</td>
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<tr>
<td></td>
<td></td>
<td>1.2 Multi-stakeholder partnership management and resource mobilization</td>
<td>23 (d), (e)</td>
<td>IAEA, UNAIDS, UNDP, UN-Habitat, WFP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Mainstreaming of the prevention and control of NCDs in international development cooperation initiatives</td>
<td>23 (c)</td>
<td>FAO, IAEA, UNAIDS, UNDP, UNEP, UNICEF, UNSCN, World Bank</td>
</tr>
<tr>
<td>2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs</td>
<td>UNAIDS (for 2.3 only)</td>
<td>2.1 Multisectoral action planning and coordination</td>
<td>32 (a), (g)</td>
<td>UNAIDS</td>
</tr>
<tr>
<td></td>
<td>UNDP</td>
<td>2.2 Mainstreaming of the prevention and control of NCDs in national development plans/poverty reduction strategies</td>
<td>32 (d), (g)</td>
<td>FAO, IAEA, IARC, UNAIDS, UN-Habitat, UNFPA</td>
</tr>
<tr>
<td>Objective&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Convening institutions</td>
<td>Suggested areas of work</td>
<td>Linkages with actions for international partners&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Partner institutions</td>
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<td>2.3 Integrate NCDs and HIV responses where appropriate</td>
<td>32 (g) and 50 (b)</td>
<td>UNHCR, UNICEF, UNSCN, WFP, World Bank</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 Innovative financing for national NCD responses</td>
<td>50 (a) and 32 (g)</td>
<td>World Bank</td>
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<tr>
<td></td>
<td></td>
<td>2.5 Supporting enabling legal and regulatory environments that promote favourable health outcomes for NCDs (including universal access to essential medicines and basic technologies)</td>
<td>32 (f) and (g)</td>
<td>IDLO, UNFPA, WIPO, WTO&lt;sup&gt;c&lt;/sup&gt;, World Bank</td>
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<tr>
<td></td>
<td></td>
<td>2.6 Addressing gender and human rights dimensions of NCD prevention and control in national NCD responses</td>
<td>32 (e) and (g)</td>
<td>IDLO, UNFPA</td>
</tr>
<tr>
<td>3. To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments</td>
<td>Secretariat of the WHO Framework Convention on Tobacco Control&lt;sup&gt;d&lt;/sup&gt;</td>
<td>3.1 Implementation of the WHO Framework Convention, taking into account the matrix summarizing the areas of collaboration included in para. 61 of document E/2012/70</td>
<td>45</td>
<td>Secretariat of the WHO Framework Convention, UNCTAD, UNDP, World Bank</td>
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<tr>
<td></td>
<td>FAO</td>
<td>3.2 National capacity development to implement the Global Strategy to Reduce the Harmful Use of Alcohol</td>
<td>45</td>
<td>UNDP, UNICEF, World Bank</td>
</tr>
<tr>
<td>Objective</td>
<td>Convening institutions</td>
<td>Suggested areas of work</td>
<td>Linkages with actions for international partners</td>
<td>Partner institutions</td>
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<tr>
<td>3.3</td>
<td></td>
<td>Implementation of the WHO Global Strategy on Diet, Physical Activity and Health</td>
<td>45</td>
<td>IAEA, UNDP, UNEP, World Bank</td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td>National capacity development to reduce the risk of NCDs among children/adolescents</td>
<td>45</td>
<td>FAO, IAEA, UNFPA, UNICEF, WFP</td>
</tr>
<tr>
<td>3.5</td>
<td></td>
<td>National capacity development to reduce the risk of NCDs among women and girls</td>
<td>32 (a), (e), (f), (g)</td>
<td>IAEA, UNDP, UNICEF, UNFPA, UNHCR, WFP</td>
</tr>
<tr>
<td>3.6</td>
<td></td>
<td>NCD prevention and care integrated into maternal health</td>
<td>32 (a), (e), (f), (g)</td>
<td>IAEA, UNAIDS, UNFPA, UNICEF, UNHCR, WFP</td>
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<td>3.7</td>
<td></td>
<td>Health promotion in environment and energy policies</td>
<td>32 (a), (e), (g)</td>
<td>UNDP, UNEP, World Bank</td>
</tr>
<tr>
<td>3.8</td>
<td></td>
<td>Health promotion in the education sector</td>
<td>32 (a), (e), (g)</td>
<td>ILO, UNEP, UNICEF, World Bank</td>
</tr>
<tr>
<td>Objective&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Convening institutions</td>
<td>Suggested areas of work</td>
<td>Linkages with actions for international partners&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Partner institutions</td>
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<td>3.9 Health promotion in the labour sector, including occupational safety and health</td>
<td>32 (a), (e), (g)</td>
<td>ILO, UNEP</td>
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<td></td>
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<td>3.10 Health/nutrition promotion in the agricultural sector and in food systems</td>
<td>32 (a), (e)</td>
<td>ILO, UNEP</td>
</tr>
<tr>
<td></td>
<td>WHO, IAEA (for 4.4 only)</td>
<td>4.1 Health system strengthening to address NCDs</td>
<td>50 (b), (d)</td>
<td>ITU, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, World Bank</td>
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<td></td>
<td>4.2 Resource mobilization for financing of universal health coverage that incorporates NCD prevention and care</td>
<td>50 (a)</td>
<td>UNAIDS, UNDP, UNFPA, UNICEF, World Bank</td>
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<td></td>
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<td>4.3 Promote the development of electronic communications technologies and the use of mobile devices</td>
<td>50 (c)</td>
<td>IAEA, UNICEF</td>
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<td></td>
<td></td>
<td>4.4 Support increased access to radiation medicine</td>
<td>50 (c)</td>
<td>IAEA</td>
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<td></td>
<td>WHO</td>
<td>5.1 Promote an international research agenda that ensures the next generation of medicines and technologies for NCDs</td>
<td>55</td>
<td>IAEA, IARC, UNDP</td>
</tr>
<tr>
<td>Objective(^a)</td>
<td>Convening institutions</td>
<td>Suggested areas of work</td>
<td>Linkages with actions for international partners(^b)</td>
<td>Partner institutions</td>
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<tr>
<td>5.2 Support national efforts to increase access to existing essential medicines and basic technologies to treat NCDs</td>
<td>WHO</td>
<td>61</td>
<td>55</td>
<td>IAEA</td>
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<td>WIPO</td>
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<td></td>
<td>WTO(^c)</td>
</tr>
</tbody>
</table>

6. To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control | WHO | 6.1 National NCD monitoring and surveillance systems | 61 | IARC |
| | | | | UN-Habitat |
| | | | | UNICEF |
| | | | | World Bank |
| 6.2 Regular reporting against global voluntary targets | | | 61 | UN-Habitat |

Note: The United Nations Office on Sport for Development and Peace will assess opportunities to contribute as a convening or partner institution in a number of areas in the table, 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.


\(^a\) The six objectives in this table are the six objectives included in the WHO Global Action Plan 2013-2020. These objectives are linked to the nine voluntary global targets, as referenced in appendix 3 to the Global Action Plan.

\(^b\) In carrying out this task, WTO will provide technical and factual information regarding relevant WTO agreements in order to support, upon request, relevant ministries and government departments to address the interface between trade policies and health issues in the area of non-communicable diseases.

\(^c\) As pertains to area of work 3.1.

\(^d\) As pertains to area of work 3.9.

\(^e\) As pertains to areas of work 3.5 and 3.6.

\(^f\) Will facilitate this area of work.
Potential members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Relevant programmes and funds reporting directly to the General Assembly:

• International Trade Centre
• Office of the United Nations High Commissioner for Refugees
• United Nations Children’s Fund
• United Nations Conference on Trade and Development
• United Nations Development Programme
• United Nations Capital Development Fund
• United Nations Volunteers programme
• United Nations Office on Drugs and Crime
• United Nations Environment Programme
• United Nations Human Settlements Programme
• United Nations Population Fund
• United Nations Relief and Works Agency for Palestine Refugees in the Near East
• World Food Programme

Other relevant United Nations entities reporting directly to the General Assembly:

• Joint United Nations Programme on HIV/AIDS
• United Nations Office for Project Services
• United Nations System Staff College
• United Nations University
• United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)

Regional commissions reporting directly to the Economic and Social Council:

• Economic Commission for Africa
• Economic Commission for Europe
• Economic Commission for Latin America and the Caribbean
• Economic and Social Commission for Asia and the Pacific
• Economic and Social Commission for Western Asia

Other related relevant bodies reporting directly to the Economic and Social Council:

• International Narcotics Control Board
• United Nations System Standing Committee on Nutrition
Relevant offices of the United Nations Secretariat:

• Executive Office of the Secretary-General
• United Nations Office for Partnerships
• Department of Economic and Social Affairs, including the Division of Social Policy and Development and the secretariat of the Permanent Forum on Indigenous Issues
• Department of Public Information
• Office of the United Nations High Commissioner for Human Rights
• Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States
• Office of the Special Adviser on Africa
• Office on Sport for Development and Peace

Relevant specialized agencies, related organizations, funds and other United Nations entities:

• Food and Agriculture Organization of the United Nations
• International Civil Aviation Organization
• International Fund for Agricultural Development
• International Labour Organization
• International Maritime Organization
• International Monetary Fund
• International Telecommunication Union
• United Nations Educational, Scientific and Cultural Organization
• United Nations Industrial Development Organization
• Standing Committee on Nutrition (a subsidiary body of the United Nations System Chief Executives Board for Coordination)
• Universal Postal Union
• World Bank Group
• World Health Organization, including the International Agency for Research on Cancer
• World Intellectual Property Organization
• World Meteorological Organization
• World Tourism Organization

Relevant related organizations:

• International Atomic Energy Agency
• World Trade Organization
Relevant secretariats of conventions:
• Convention on the Rights of Persons with Disabilities
• WHO Framework Convention on Tobacco Control

United Nations trust funds:
• United Nations Fund for International Partnerships

Relevant intergovernmental organizations having received a standing invitation to participate as observers in the sessions and the work of the General Assembly:
• International Criminal Police Organization
• International Development Law Organization
• International Organization for Migration
• Organization of Islamic Cooperation
• Common Fund for Commodities
• World Customs Organization
• Global Fund to Fight AIDS, Tuberculosis and Malaria

Other relevant entities having received a standing invitation to participate as observers in the sessions and the work of the General Assembly:
• International Committee of the Red Cross
• International Federation of Red Cross and Red Crescent Societies
• International Olympic Committee
• Inter-Parliamentary Union