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

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

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As the United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (Task Force) looks to increase awareness on NCDs and advocates for ever greater attention and mobilization of resources to combat NCDs, it is important that the Task Force Members, Member States and the partners working with the Task Force are aware of Task Force Members’ governing body policies, strategies and plans with regards NCDs.

This paper brings together the information returned by Task Force Members in alphabetical order. Invitations were sent by the Secretariat of the Task Force to 30 of its Members. Responses were received from 23 (i.e. 77% response rate).

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

- 2011 UN Political Declaration on NCDs;¹
- 2014 UN Outcome Document on NCDs;²
- WHO Global NCD Action Plan 2013-2020, including the 9 voluntary global targets for NCDs;³
- WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2020, including the 6 voluntary global targets for nutrition;⁴
- Rome Declaration on Nutrition and the accompanying Framework for Action;⁵
- Report of the Open Working Group on Sustainable Development Goals, 6 including a target for NCDs.

A number of Members will, in addition, be reviewing key policies, strategies and plans once the post-2015 development agenda is finalized in September 2015. Members may also use this milestone as an opportunity to raise the priority accorded to NCDs on the agendas of their governing bodies, and further integrate NCDs into their respective policies, strategies and plans.

UN Inter-Agency Task Force on the Prevention and Control of NCDs
18 December 2014

¹ Resolution A/RES/66/2
² Resolution A/RES/68/300
³ Resolution WHA66.10
⁴ Resolution WHA65.6
⁵ Adopted at the Second International Conference on Nutrition (ICN2)
⁶ Resolution A/RES/68/309
Food and Agriculture Organization of the United Nations (FAO)

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

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

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

International Atomic Energy Agency (IAEA)

Current Situation
The IAEA’s health mandate is drawn from Article II of the IAEA's Statute: "The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world." The IAEA Medium Term Strategy 2012 – 2017 and the IAEA 57th General Conference Resolution (2013) on Strengthening the Agency’s activities related to nuclear science, technology and applications highlight the growing global need and demand by the low and middle income Member States to address the cancer burden. The IAEA supports its Member States to respond to NCDs through its Programme of Action for Cancer Therapy (PACT), Technical Cooperation (TC) and Human Health programmes. The Agency funding for capacity building and infrastructure improvements in cancer control is roughly US$25 million annually.
Next Steps
For 2014-2015, PACT aims to: (i) strengthen existing partnerships and identify new strategic, innovative collaborative approaches to address identified cancer-related priorities in Member States, including by mobilizing sustainable resources for cancer control; (ii) emphasize radiation medicine, design and adapt innovative tools, products and services (e.g. imPACT Reviews) to support Member States to strengthen capacity in cancer control; and (iii) support Member States to integrate radiation medicine within a comprehensive cancer control strategy.

International Development Law Organization (IDLO)

Current Situation
IDLO’s Strategic Plan 2013-2016 includes specific reference to the use of the law to advance the right to health under Goal 2: ‘IDLO will enhance access to justice by enabling governments to uphold human rights and empowering people to claim them.’\(^1\) IDLO’s health law strategy 2014-2016 includes specific reference to building legal capacity to address NCDs with a focus on healthy diets and physical activity.

Next Steps
In 2014, IDLO and the Caribbean Public Health Agency (CARPHA) adopted a memorandum of understanding to support collaboration to address NCDs in the Caribbean region. IDLO will pursue similar partnerships for collaboration to address legal aspects of NCDs, and thus advance the right to health.

International Labour Organization (ILO)

Current Situation
In 2003 the International Labour Conference adopted the Global Strategy on Occupational Safety and Health which included the introduction of a preventive safety and health culture, the promotion and development of relevant instruments, and technical assistance. The prevention and control of NCDs has become a priority for the ILO under the framework of the ILO Plan of action (2010-2016). The ILO Governing Body approved a new list of occupational diseases in 2010, which includes a number of NCDs. The ILO Governing Body in 2013 called on ILO to scale up the prevention of occupational diseases as a central element of the Decent Work Agenda.

Next Steps
In line with the Plan of Action (2010 - 2016) and the request from the Governing Body to intensify ILO’s work on the prevention of occupational diseases (GB.317/POL/3), placing special emphasis on knowledge of these diseases in developing countries, implementing programmes will be carried out in selected countries. Progress on the implementation of the occupational safety and health instruments will be regularly reported to the Governing Body. The ILO will provide technical assistance to Member States to integrate the prevention and control of occupational NCDs into national occupational safety and health programmes.

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\(^1\) http://www.idlo.int/about-idlo/strategic-plan
International Narcotics Control Board (INCB)

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

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

International Olympic Committee (IOC)

Current situation
An IOC position/consensus paper on NCD prevention was adopted in 2013, supported by an expert working group looking at how to materialize the position through a number of projects, including the feasibility of an on-line course on the prevention of NCDs. IOC works with Olympic Games Organizing Committees (OCOGs) and future candidate cities to help them reinforce positive health practices within the venue cities to help reduce the incidence of preventable illness and injury. The IOC supports a project led by TAFISA (The Association for International Sport for All) and its partner EVALEO (a non-governmental organisation specialized in sustainable health) aiming at establishing a “Framework for Active Cities“ targeting all cities interested in physical activity promotion for health and education around the world, amongst which Olympic Cities who will have a leading role to play. IOC supports numerous initiatives and programmes of National Olympic Committees to tackle healthy lifestyles and NCDs prevention through sport and physical activity.

Next steps
As part of the organization’s future strategy to 2020, healthy life-styles promotion through adapted and sustainable physical activity and sport for all are at the core of the discussions, especially with regards youth development. This will include: (i) framing a new IOC strategic roadmap to 2020 which provides a clear positioning on PA and sport for all promotion as a way to support healthy lifestyles and NCDs
prevention; (ii) pursuing the pilot phase of the project “Framework for active cities”; ; (iii) pursuing IOC work with OCOGs on Games legacy and positive boost to PA access and practice across the population leading up and after the Games; (iv) strengthening IOC communication and awareness raising work around PA/sport for all promotion; and (v) continuing to build the capacity of the Olympic movement’s members to understand, develop and implement sport/PA-based programmes which promote healthy and active living, NCDs prevention, and social change at large.

**International Organization for Migration (IOM)**

**Current situation:**
Migrants may face disproportionately high burden of common NCD risk factors due to unhealthy living and working conditions, stress, risky behaviours and practices, social isolation and discrimination. Moreover, many migrant populations face a double burden of NCD and communicable diseases. As the leading inter-governmental agency on migration, IOM encourages States, key stakeholders and partners to consider health needs of migrants, identifying and addressing needs and gaps existing in such populations.

**Next Steps**
In line with WHA 61.17 on the Health of Migrants, IOM would like to underline that universal health care, social protection mechanisms and strategies for NCDs should be made available for migrants: (i) monitoring and surveillance of NCDs, their risk factors and determinants should include data on internal and international migrants; (ii) national health systems strengthening for NCDs prevention and control should include investments in migrant-sensitive health systems, with culturally competent health services and personnel; (iii) financing schemes for essential NCD health care interventions should respect a rights’ based approach to migrants’ access to health insurance, services and treatment; (iv) Implementation of cost-effective population-wide interventions for NCD risk factors should ensure coverage of migrants through promotion of health literacy, awareness and improved access to health promoting environments; (v) stronger partnerships should be fostered between health and non-health migration-relevant sectors such as labour, immigration, education, social welfare and border agencies. Similarly, partnerships between public and private sectors, as well as governmental, academic and civil society groups should be fostered to overcome barriers to NCD treatment and care faced by migrants.

**International Telecommunications Union (ITU)**

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

**Future Plans**

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

**United Nations International Children’s Fund (UNICEF)**

**Current Situation**

Within the Strategic Plan for 2012-2017 UNICEF takes a life-cycle approach to child development and sets specific targets for reducing under-five mortality, HIV infections and stunting, among others, with a focus on the most vulnerable and disadvantaged children and families. In this context, UNICEF is drawing on the synergies between health, nutrition, HIV/AIDS, WASH, education, communication and social policy enabling to integrate NCDs in the current programs. Recently UNICEF revised its approach on Scaling up Nutrition Programming. The approach sets childhood overweight and obesity prevention as a focus of UNICEF’s work including support to nutrition specific and sensitive policy development and program design, development of human and institutional capacities, empowerment communities as well as to strengthening global and national systems for monitoring and knowledge management based on the rights-based and equity-focused approaches. In addition, the UNICEF Gender Action Plan 2014-2017, approved by the Executive Board in June 2014, prioritizes adolescence health as one of the key areas and provides an opportunity to set NCDs in the specific policy frameworks and action plans on national and subnational levels.

**Next steps**

Next steps are: (i) to develop guidance on integrating NCDs control and prevention into existing programmes including establishment of effective systems for monitoring progress; (ii) to establish a knowledge hub to liaise between sectors and coordinate research and program activities related to NCDs for children and adolescents; and (iii) as part of the mid-term review of the UNICEF Strategic Plan in 2015/6, assess opportunities for strengthening prevention and control of NCDs across UNICEF programmes.
Joint United Nations Programme on HIV/AIDS (UNAIDS)

**Current Situation**
The current UNAIDS 2011-2015 Strategy Getting to Zero was adopted before the 2011 NCD political declaration and does not refer to NCDs. However, at the High Level Meeting on AIDS in 2011 UNAIDS highlighted the need to enhancing linkages, coordination and cooperation with other areas such as NCDs to ensure healthier communities, especially as people living with HIV are living longer and often develop other chronic conditions. During the 2012 International AIDS Conference, UNAIDS and WHO led an event to highlight synergies across HIV, NCDs and other chronic conditions in relation to health systems strengthening. In 2011 the UNAIDS Secretariat and WHO signed a Letter of Agreement to accelerate collaboration to address common agenda of HIV and NCDs. The GAP report 2014, a UNAIDS corporate publication, proposes eight action points on ending the AIDS epidemic.

**Next Steps**
The UNAIDS PCB in July 2014 agreed to extend the current UNAIDS Strategy until the end of 2017. In developing the post 2017 strategy, UNAIDS will explore opportunities for the linkages between HIV and NCDs to be included in to the new strategy.

United Nations Development Programme (UNDP)

**Current Situation**
As both the current UNDP Strategic Plan (2014-2017) and the UNDP Strategy on HIV, Health and Development (2012-2013) were drafted before the establishment of the UN-IATF on NCDs, neither explicitly describes UNDP’s role in the joint UN response to non-communicable diseases. Yet both allow space for UNDP to work on the wider issues of health and development, which include NCDs. The Results Framework accompanying the Strategic Plan features NCD-relevant Outputs on access to essential services, national policy frameworks, anti-corruption measures and civil society strengthening efforts. The HIV, Health and Development Strategy describes UNDP’s work in improving health outcomes by helping countries address the social, cultural and economic determinants of health, though UNDP’s work in strengthening governance, institutions and management capacity and in improving aid coordination and effectiveness – areas that mirror UNDP’s co-convening role in the IATF Division of Tasks and Responsibilities.

**Next Steps**
A new HIV, Health and Development Strategy is currently being drafted and will be submitted to the Executive Board for approval in early 2015. The next version will describe UNDP’s commitments on NCDs as described in the Division of Tasks and Responsibilities. Further, it is widely expected that the UNDP

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8 [http://www.who.int/nmh/events/2013/letter_agreement.pdf?ua=1](http://www.who.int/nmh/events/2013/letter_agreement.pdf?ua=1)
Strategic Plan will be revisited in 2016 to reflect the adoption of the SDGs, at which time NCDs are expected to be included.

**United Nations Human Settlements Programme (UN-Habitat)**

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

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

**United Nations Population Fund (UNFPA)**

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

**Next Steps**
Advocacy, fund raising and development of programmes to integrate screening for cervical cancer into existing Sexual and Reproductive Health services are the next challenges. UNFPA is working with WHO to develop a joint global programme on this issue.
United Nations High Commission for Refugees (UNHCR)

Current Situation
NCDs have been a priority for UNHCR and its partners since 2007. The UNHCR Health Information System (twine.unhcr.org) collects routine surveillance and service data from primary health care providers and referral facilities in refugee settings on NCD consultations and burden of disease. UNHCR has engaged with a clinical training group specialized in developing clinical protocols and trainings with the aim of improving the management and follow up of NCD care at the primary health care level. Since 2009 UNHCR collects data on mental, neurological and substance use (MNS) disorders in its Health Information System for refugee camps. In November 2013 UNHCR published its first Operational Guidance for Mental Health and Psychosocial Support Programming in Refugee Operations. With WHO, UNHCR is publishing the humanitarian version of the mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders for non-specialist health settings. UNHCR advocates for inclusion of refugee girls in national Human Papilloma Virus (HPV) vaccination programmes, it further augments national efforts by building capacity of health staff and health facilities serving refugees and host communities through quality training on screening and treating pre-cancerous lesions and provision of equipment.

Next Steps
UNHCRs public health strategy 2014-2018 provides significant focus on integrating NCD including cancer cervix prevention and MHPSS into primary health care programmes in refugee settings. UNHCR will continue to prioritize NCDs and mental health in the next years, with the aim to strengthen and harmonize activities across countries, in line with growing global attention for prevention and control of NCDs.

United Nations Office for Project Services (UNOPS)

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

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

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

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

United Nations System Standing Committee on Nutrition (UNSCN)

Current situation:
UNSCN is the interagency platform furthering, coordinating and supporting joint efforts across the UN system on improving nutrition. The UNSCN was set up in response to resolution V of the World Food Conference held in Rome during the first world food crisis in 1973/4. The UNSCN was charged by ECOSOC in 1977 with promoting cooperation among UN agencies and partner organizations in support of national, regional, and international efforts to end malnutrition. It is driven by the four core UN agencies with clear mandates on nutrition (FAO, UNICEF, WHO and WFP). The reduction of malnutrition in all its forms is at the core of the UNSCN vision statement which was updated in March 2012: UNSCN sees it as an important task to contribute to moving forward the prevention and control of diet-related NCDs. The UNSCN Secretariat is hosted by WHO in Geneva and shares information about nutrition and NCDs, including to its e-Group which has 589 members in 77 countries. UNSCN supported the organization of the Second International Conference on Nutrition (ICN2), (November 2014) which looked at how the food system can be reshaped for better nutrition: overweight, obesity, healthy diet and NCDs and are highlighted in the ICN2 Rome Declaration and Framework for Action. The UNSCN has also made statements at the 2014 October Annual Session of the Committee on World Food Security and Nutrition (CFS41) on the need for the CFS to consider malnutrition in all its forms, including obesity in its work.
Next steps
UNSCN, which is co-facilitator of the UN Network for scaling up nutrition, will continue to raise awareness and advocate for harmonized approaches on NCDs; it will review and update the UN Network workplan and NCDs are expected to be included. UNSCN is also working on a UN Global Nutrition Agenda (UNGNA) which will be a framework of action laying out the key focus areas, objectives and activities of the UN in support of country efforts to achieve national and global nutrition goals. The UNGNA will address malnutrition in all its forms (including overweight and obesity) and elaborate how UN agencies with an interest in, and mandate to, address nutrition challenges, work together on the nutrition-specific and nutrition-sensitive actions that are needed to achieve these goals.

United Nations University (UNU)

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

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

World Bank Group

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

**Next Steps**

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

**World Food Programme (WFP)**

**Current Situation**

WFP approaches NCDs through the linkages between nutrition and chronic disease. WFP’s Strategic Plan (2014-2017) acknowledges the immediate and long-term impact of malnutrition on health and development, and continues to emphasize the promotion of nutrition, particularly during emergencies and the 1,000 days between conception and 2 years of age. WFP’s Nutrition Policy, established in 2012, underscores the importance of ensuring access to the right food, at the right place, at the right time. Its 2013 update reflects WFP’s prioritization of the prevention of chronic malnutrition (stunting) as one of five areas covered by the policy framework, emphasizing the heightened risk of NCDs associated with stunting. WFP provides food and nutrition support to people living with HIV and TB to prevent and/or delay the onset of associated NCDs or limit their severity and impact. This provides potential for the prevention and control of NCDs, including the use of HIV counselling and testing and nutrition assessments as an opportunity to screen for NCDs.

**Next Steps**

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

Current Situation
The WHO Global NCD Action Plan 2013-2020 put in place a global agenda, based on nine concrete global targets for 2025. The plan was endorsed by the World Health Assembly in May 2013 and comprises a set of actions which, when performed collectively by Member States, international partners and WHO, will help to attain a global target of a 25% reduction in premature mortality from NCDs by 2025 and achieve the commitments made by Heads of State and Government in the 2011 UN Political Declaration of NCDs. The WHO Programme Budget for 2014-2015, approved by the World Health Assembly in May 2014, includes a US$192 million budgetary provision for technical assistance to developing countries in their efforts to set national NCD targets and develop national multisectoral NCD action policies and plans to attain them. Output indicators of the WHO Programme Budget include: (a) the number of countries that have established national multisectoral action plans for the prevention and control of NCDs; (b) the number of countries that have integrated work on NCDs into their UNDAF; and (c) the number of countries reporting on the nine global targets for NCDs.

Next Steps
The World Health Assembly in May 2015 will review WHO’s role in the follow-up to the 2014 High-level Meeting of the United Nations General Assembly to undertake a Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of NCDs (New York, 10-11 July 2014) and the implementation of the Outcome Document adopted at the Meeting. In particular, Member States at the World Health Assembly will provide guidance to WHO on how to complete the work on two new global assignments given to WHO in the 2014 Outcome Document, i.e.

- Development of an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary global targets for NCDs
- Development of a framework for action to engage sectors beyond health for NCDs.

World Health Organization Framework Convention for Tobacco Control Secretariat (FCTC)

The Conference of the Parties (COP), the governing body of the Convention recognizes that the Framework Convention, as the first treaty in global health and the only treaty instrument available to address tobacco risk factor, has an important role to play in providing a robust framework for prevention and control of tobacco use. This is reflected in the decisions of the Conference of the Parties at its fifth and sixth sessions in 2012 and 2014. COP decision FCT/COP5(14) took note of the developments in international fora, such as the Moscow Declaration adopted by the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, the Political Declaration adopted by the High-level Meeting of the General Assembly on the Prevention and Control of NCDs, and the Rio Political Declaration on Social Determinants of Health, which called for comprehensive implementation of the WHO FCTC and recognize the Convention’s significant role in the prevention and control of noncommunicable diseases. At its sixth session, the COP decision FCTC/COP6 (16) called for greater contribution of the COP to achieving the noncommunicable disease global target on reduction of tobacco use.
Next steps
The COP called on the parties: (i) by 2015, to consider setting a national target for 2025 for relative reduction of current tobacco use in persons aged 15 years and over, taking into account the voluntary global target of a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years, building on guidance provided by the World Health Organization; and (ii) by 2015, to consider developing or strengthening national multisectoral policies and plans to achieve national targets on reduction of current tobacco use by 2025, taking into account the WHO Global NCD Action Plan 2013–2020.

World Trade Organization (WTO)

Current Situation
NCD-control measures are often discussed in the Committee on Technical Barriers to Trade (TBT Committee) and in the TRIPS Council. In the case of the TBT Committee, the products covered include alcohol, tobacco and processed food (nutrition). The TRIPS Council has witnessed a debate about tobacco plain packaging measures, in particular, while also examining the link between intellectual property rights and public health more generally. A number of recent WTO training activities and events included aspects related to NCDs. In particular, the November 2014 WTO Workshop on Trade and Public Health (organized in cooperation with WHO and WIPO) covered the intersection between trade and prevention of NCDs. Another example is the October 2014 session on nutritional labelling standards held in the context of the WTO Public Forum (including participation of WHO and CODEX).12 TBT technical assistance activities often cover aspects of NCD-control measures and trade; the "protection of human health" being a "legitimate objective" addressed by the TBT Agreement. Under the WTO dispute settlement mechanism, a panel has been established to examine Australia's plain packaging measures to control tobacco consumption in view of their compatibility with WTO law, in particular the TBT Agreement and the TRIPS Agreement.13

Next Steps
It is expected that WTO Members will continue their engagement in such discussions in the future, including in the area of nutrition. Similarly, capacity building activities organized by the WTO Secretariat could, to the extent possible and as appropriate, address health-related issues in general and NCDs in particular when such activities involve WTO Agreements, such as the TBT or SPS Agreements, as well as the TRIPS Agreement. With respect to the WTO's dispute settlement system, the Panel in the ongoing disputes involving Australia's tobacco plain packaging measure informed Members on 10 October 2014 that it "expects to issue its final report to the parties not before the first half of 2016."14