

## **Prevention and control of noncommunicable diseases**

### **Report by the Secretariat**

1. The Executive Board at its 134th session noted earlier versions of the reports on the follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases,<sup>1</sup> and adopted decision EB134(1). Documents EB134/14 and EB134/14 Add.1 have been combined and updated in the following report (see paragraphs 2, 5, 7, 8, 10-15), which includes:

– descriptions of:

- progress in implementing the action plan for the global strategy for the prevention and control of noncommunicable diseases 2008–2013
- WHO's role in the preparation, implementation and follow-up to the United Nations General Assembly comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases, and

– consideration of:

- the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases
- the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases
- a limited set of action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

2. This report is submitted in response to Health Assembly resolutions WHA61.14 and WHA66.10. It provides an update on the work done by the Secretariat as follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (adopted in United Nations General Assembly resolution 66/2) and United Nations Economic and Social Council resolution E/RES/2013/12, and in preparation for

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<sup>1</sup> Documents EB134/14 and EB134/14 Add. 1; see also the summary records of the Executive Board at its 134th session, second meeting, section 2, and third meeting, section 2 (document EB134/2014/REC/2).

the General Assembly's comprehensive review and assessment later in 2014 of the progress achieved in the prevention and control of noncommunicable diseases.

### **PROGRESS IN IMPLEMENTING THE 2008–2013 ACTION PLAN FOR THE GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

3. In 2008, in resolution WHA61.14 the Health Assembly endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases and requested the Director-General to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy and the action plan. The Sixty-third World Health Assembly noted the first progress report covering the period 2008–2009.<sup>1</sup> The Sixty-fifth World Health Assembly noted the second report covering the period 2010–2011.<sup>2</sup> A final progress report covering the period 2008–2013 is attached (Annex 1).

### **PROGRESS IN DEVELOPING TERMS OF REFERENCE FOR THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

4. Pursuant to resolution WHA66.10 (subparagraphs 3(2) and 3(3)), the Director-General convened a formal meeting of Member States in Geneva from 11 to 13 November 2013 to conclude work on the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases. The report of that meeting was submitted in Annex 2 of document EB134/14.

5. In decision EB134(1) in January 2014, the Executive Board requested the Director-General to convene a second formal meeting of Member States,<sup>3</sup> to be held before the end of April 2014, in order to conclude the work on the development of terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases, submitting the report of that meeting to the Sixty-seventh World Health Assembly for its consideration. Accordingly, the Director-General will convene a second formal meeting of Member States from 23 to 25 April 2014, and the report of that meeting will be submitted to the Health Assembly in document A67/14 Add.1.

### **PROGRESS IN DEVELOPING THE TERMS OF REFERENCE FOR THE UNITED NATIONS INTER-AGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES**

6. Pursuant to resolution WHA66.10 (subparagraph 3(5)) and in fulfilment of the request in resolution E/RES/2013/12 (paragraph 4), a formal meeting of Member States was held in Geneva on 13 and 14 November 2013 to complete 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

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<sup>1</sup> Document A63/12.

<sup>2</sup> Document A65/8.

<sup>3</sup> And, where applicable, regional economic integration organizations.

organizations. In decision EB134(1) the Board decided also to forward to the Sixty-seventh World Health Assembly for its consideration the report of that formal meeting. That report is contained in Annex 2 to this document.

7. At the formal meeting of Member States, the Secretariat was requested to provide, as supplementary information to paragraph 13 of the terms of reference, a list of potential members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. This list is contained in Annex 3 of the present report.

8. The Director of the Office for ECOSOC Support and Coordination requested that the WHO Secretariat submit by 28 March 2014 a report on the work of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases for consideration at the coordination and management meeting of the Economic and Social Council scheduled in June 2014. That report has been submitted and includes the report of the 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.

### **PROGRESS IN DEVELOPING A LIMITED SET OF ACTION PLAN INDICATORS FOR THE WHO GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2013–2020**

9. Pursuant to resolution WHA66.10 (subparagraph 3(4)), a consultation with Member States and other relevant partners was held in Geneva on 15 November 2013 to conclude work on the limited set of action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The report of that consultation is contained in Annex 4.

10. In decision EB134(1) the Board endorsed the nine action plan indicators contained in the report (see Annex 4, Appendix, paragraph 2), recommending their adoption by the Sixty-seventh World Health Assembly.<sup>1</sup>

### **WHO'S ROLE IN THE PREPARATION, IMPLEMENTATION AND FOLLOW-UP TO THE UNITED NATIONS GENERAL ASSEMBLY COMPREHENSIVE REVIEW AND ASSESSMENT IN 2014 OF THE PROGRESS ACHIEVED IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES**

11. As outlined in its resolution 66/2 (paragraph 65), the United Nations General Assembly will undertake a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases.

12. On 20 November 2013, the President of the General Assembly appointed the Permanent Representatives of Belgium and Jamaica to the United Nations in New York as co-facilitators to lead consultations on the modalities for the comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases. On 29 January 2014, the

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<sup>1</sup> See document EB134/14 Annex 2 and Appendix.

co-facilitators held the first round of consultations in New York on the modalities for the comprehensive review and assessment, including the preferred dates, level of participation, format and duration, scope, outcome and substance.

13. On 10 February 2014, Member States at the United Nations General Assembly in New York considered the Note by the United Nations Secretary-General transmitting the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases.<sup>1</sup> That report highlights: (i) the progress made by the Secretariat in completing the global assignments given to WHO; (ii) the progress made by Member States, on the basis of the outcomes of a WHO survey to assess national capacity for the prevention and control of noncommunicable diseases in 2013 (compared to 2010);<sup>2</sup> and (iii) a set of priority actions recommended for Member States<sup>3</sup> to accelerate the implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. In the discussion, delegates welcomed the report and the progress made by the Secretariat in completing the global assignments, but underlined that progress at country level had been insufficient and highly uneven.<sup>4</sup>

14. On 25 February 2014, the President of the United Nations General Assembly and the co-facilitators briefed the Director-General on the possible modalities for the comprehensive review and assessment in 2014, taking into account the ongoing consultations by the co-facilitators with Member States and other relevant stakeholders.

15. Further details on WHO's role in the preparation, implementation and follow-up to the United Nations General Assembly comprehensive review and assessment in 2014 will be submitted to the Health Assembly in document A67/14 Add.2.

## **ACTION BY THE HEALTH ASSEMBLY**

16. The Health Assembly is invited to note the report on progress made in implementing the 2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases (Annex 1).

17. The Health Assembly is also invited to note the report of the 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 as well as the list of potential members of the Task Force (Annex 2 and Appendix and Annex 3) and to recommend its submission to the coordination and management meeting of ECOSOC scheduled in June 2014.

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<sup>1</sup> Document A/68/650.

<sup>2</sup> World Health Organization. Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey. Geneva: World Health Organization; 2012.

<sup>3</sup> See documents A/68/650, paragraph 45, and EB134/14, Annex 6.

<sup>4</sup> A summary is available in English from the United Nations Department of Public Information at <http://www.un.org/News/Press/docs/2014/ga11483.doc.htm> (accessed 7 March 2014).

18. The Health Assembly is further invited to consider the report of the consultation with Member States to conclude the work on the limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Annex 4 and Appendix) and to adopt the nine action plan indicators contained in the report.

## ANNEX 1

### **REPORT ON PROGRESS MADE IN IMPLEMENTING THE 2008–2013 ACTION PLAN FOR THE GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

#### **SUMMARY OF ACTIONS IMPLEMENTED BY THE SECRETARIAT COVERING THE PERIOD 2008–2013**

##### **OBJECTIVE 1. To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments**

- The Secretariat worked with Member States and international partners to build and disseminate information about the evidence base for informing policy-makers on the relationship between noncommunicable diseases, poverty and development, including the links to the health-related Millennium Development Goals and the post-2015 development agenda, at regional and international events.
- The first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, organized by the Russian Federation and WHO, took place in Moscow from 28 to 29 April 2011. Representatives of 160 Member States, including 87 health ministers, attended the Conference. The Moscow Declaration on Noncommunicable Diseases, adopted at the Conference, outlined the rationale for and commitment to action at national and international levels. The Moscow Declaration was endorsed by the Sixty-fourth World Health Assembly, including as a key input into preparations for the High-level Meeting of the of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011).
- The Secretariat provided technical support to preparations for the High-level Meeting, which attracted the participation of representatives of 113 Member States, including 34 Heads of State and Government. In the Political Declaration of the High-level Meeting, they acknowledged that the global burden and threat of noncommunicable diseases constitute one of the major challenges for development in the 21st century and included commitments from Heads of State and Government to promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of noncommunicable diseases, and to consider the development of national targets and indicators based on national situations, building on guidance provided by WHO.
- After the Political Declaration was adopted, a large number of planning ministries in developing countries, international agencies and civil society organizations rallied behind it. In June 2012 the General Assembly, endorsing the outcome document of the United Nations Conference on Sustainable Development entitled “The Future We Want”, acknowledged that the global burden of noncommunicable diseases constitutes one of the major challenges for development in the 21st century.<sup>1</sup> In July 2012, the United Nations System Task Team on the

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<sup>1</sup> United Nations General Assembly resolution A/RES/66/288.

Post-2015 Development Agenda, in its report “Realizing the Future We Want for All”, identified noncommunicable diseases as one of several priorities for social development and investment in people in the post-2015 development agenda.<sup>1</sup> In December 2012, the General Assembly recommended that consideration be given to including universal health coverage in the discussions on the post-2015 development agenda and recognized that the provision of universal health coverage is mutually reinforcing with implementation of the Political Declaration.<sup>2</sup> In May 2013, the report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda<sup>3</sup> included an illustrative target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority noncommunicable diseases in support of an illustrative goal to ensure healthy lives by 2030. The Panel chose to focus on health outcomes in this goal, recognizing that to achieve these outcomes requires universal access to basic health care. In July 2013, the report of the Secretary-General entitled *A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015*<sup>4</sup> noted that bringing this vision to life in the post-2015 era will require a number of transformative and mutually reinforcing actions by all countries to reduce the burden of noncommunicable diseases.

## **OBJECTIVE 2. To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases**

- Regional and country workshops and training seminars were held in all WHO regions to provide technical support to Member States to develop and implement multisectoral national policies and plans for prevention and control of noncommunicable diseases. At the Eighth Global Conference on Health Promotion (Helsinki, Finland, 10–14 June 2013) attended by some 650 experts from over 120 countries, a framework for building health in all policies was developed, with examples of good practice to strengthen country action.
- A set of very cost-effective interventions for the prevention and control of noncommunicable diseases, feasible for implementation in all countries, were elaborated in the *Global status report on noncommunicable diseases 2010*.<sup>5</sup> A global “price tag” for their implementation was estimated, and a costing tool was developed to facilitate phased implementation at country level.<sup>6</sup>
- Evidence-based guidelines, diagnostic criteria and simplified implementation tools were developed for assessment of risk, early detection and management of cardiovascular disease, cancer, diabetes and chronic respiratory disease. The Secretariat developed a package of

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<sup>1</sup> See [www.un.org/en/development/desa/policy/untaskteam\\_undf/report.shtml](http://www.un.org/en/development/desa/policy/untaskteam_undf/report.shtml).

<sup>2</sup> United Nations General Assembly resolution A/RES/67/81.

<sup>3</sup> See [www.post2015hlp.org/the-report](http://www.post2015hlp.org/the-report).

<sup>4</sup> United Nations General Assembly document A/68/202.

<sup>5</sup> Global status report on noncommunicable diseases 2010. Geneva: World Health Organization; 2011.

<sup>6</sup> Scaling up action against noncommunicable diseases: how much will it cost? Geneva: World Health Organization; 2011.

cost-effective, essential primary care interventions<sup>1</sup> to facilitate the management of noncommunicable diseases even in resource constrained settings.

- Technical support was provided to more than 30 countries to identify and address gaps in capacity at primary care level, to train primary health care workers, and to implement the package of primary care interventions.

**OBJECTIVE 3. To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol**

- The Secretariat provided guidance and technical assistance to Member States to carry out or strengthen interventions to reduce risk factors, including ratifying and implementing the WHO Framework Convention on Tobacco Control and implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding and the Global Strategy to Reduce the Harmful Use of Alcohol, as well as recommendations on the marketing of foods and non-alcoholic beverages to children and other relevant strategies through national strategies, policies and action plans.
- Evidence-based guidelines, standards and tools have been elaborated and updated as appropriate, for use in support of the above global strategies, including on tobacco control, promotion of physical activity, reducing harmful use of alcohol, population salt reduction, prevention of childhood obesity, and nutrient profiling and dietary goals, focusing in particular on intake of sugars, fatty acids, sodium and potassium.
- In 2008, to assist countries with implementing the demand reduction measures of the WHO Framework Convention on Tobacco Control, WHO developed a technical assistance package known as MPOWER. Extensive practical support has been provided to countries to measure the prevalence and related determinants of tobacco use (smoking and smokeless tobacco), as well as to implement and evaluate MPOWER interventions aimed at reducing the demand for tobacco. Almost all progress in giving effect to MPOWER measures over the past five years has been achieved in low- and middle-income countries. In the period 2007–2012, one third of all countries successfully implemented one or more of the MPOWER measures at the highest level of achievement. Currently, a total of 2300 million people are protected, i.e. an increase of nearly 1300 million people (and 48 countries) since 2007. More recently, the Secretariat has responded to the increasing demand for capacity-building to counter tobacco industry interference and deal with issues related to trade and investment. During this period, the WHO Secretariat ensured synergy with the work of the Convention Secretariat and the implementation of the Framework Convention by participating in working groups and needs assessments as required.

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<sup>1</sup> Prevention and control of noncommunicable diseases: guidelines for primary health care in low-resource settings. Geneva: World Health Organization; 2012.



**OBJECTIVE 4. To promote research for the prevention and control of noncommunicable diseases**

- Reviews were prepared on evidence of successful interventions for prevention and control of noncommunicable diseases which also identified gaps in knowledge relating to behavioural risk factors, cardiovascular diseases, cancer, diabetes, chronic respiratory disease human genetics, primary health care and relevant health system and equity issues. The reviews outlined priorities for multisectoral and transnational research that have special relevance to the development and implementation of national policies and programmes for noncommunicable disease prevention and control. About 200 leading researchers and representatives of international nongovernmental organizations, donor agencies and WHO collaborating centres were convened to discuss these research priorities and mechanisms for strengthening research capacity in low- and middle-income countries and for enhancing international collaboration to advance a coordinated and coherent research agenda.
- The draft agenda for prioritized research was elaborated on the basis of these discussions, reviewed by a group of experts in October 2009 and finalized in 2010. Workshops have been held to adapt the prioritized research agenda to national contexts and to strengthen capacity for conducting health systems research related to noncommunicable diseases, with a special focus on primary care.

**OBJECTIVE 5. To promote partnerships for the prevention and control of noncommunicable diseases**

- A global noncommunicable diseases network<sup>1</sup> was launched at the High-level Segment of the Economic and Social Council (Geneva, 6–9 July 2009) to encourage the involvement of all relevant stakeholder groups in advocacy, multistakeholder action to build national capacity and mobilization of human and financial resources for prevention and control of noncommunicable diseases. The network catalysed and facilitated the engagement of stakeholders in supporting implementation of the 2008–2013 action plan.
- The Secretariat prepared the Note by the United Nations Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership,<sup>2</sup> which gave an overview of existing partnerships in this area, lessons learned and key elements for successful approaches, and proposed five models for global partnerships against noncommunicable diseases. The report was considered by the United Nations General Assembly on 28 November 2012.
- Between 2011 and 2013, WHO convened six informal meetings of United Nations organizations on implementation of the Political Declaration. These informal collaborative arrangements resulted in a number of strategic initiatives, including (i) a global joint ITU/WHO programme on the use of mobile technologies to address noncommunicable diseases; (ii) a global joint IAEA/WHO programme on supporting cancer control in developing countries; (iii) a joint letter from the UNDP Administrator and the WHO

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<sup>1</sup> See [www.who.int/ncdnet](http://www.who.int/ncdnet).

<sup>2</sup> United Nations General Assembly document A/67/373.

Director-General proposing that the United Nations country teams integrate, according to country context and priorities, noncommunicable diseases into the United Nations Development Assistance Framework design processes and implementation, with initial attention being paid to countries where roll-outs of development assistance frameworks are scheduled for 2012–2013; (iv) a joint workshop on trade agreements and noncommunicable diseases organized by UNDP and WHO; and (v) a letter of agreement between UNAIDS and WHO on collaboration to facilitate and assist developing countries to successfully address their disease burden of HIV and noncommunicable diseases. A number of heads of organizations of the United Nations system have delivered statements to raise the priority accorded to noncommunicable diseases on international agendas.

- The Economic and Social Council at its substantive session of 2013 adopted resolution E/RES/2013/12 requesting the United Nations Secretary-General to establish a United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases by expanding the mandate of the existing United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control. The Task Force will be convened and led by WHO and report to the Economic and Social Council through the United Nations Secretary-General.

**OBJECTIVE 6. To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels**

- Technical support was provided to Member States to build capacity through training workshops in survey implementation, data collection, data analysis and reporting for the Global School-Based Student Health Survey, the Global Youth Tobacco Survey and household surveys using the WHO STEPwise approach, and the Global Adult Tobacco Survey. As not all countries have the financial resources or support to carry out the latter survey in full, the Secretariat has developed a set of core and minimum questions on tobacco for inclusion in health multirisk factor and other surveys.
- A WHO global status report on noncommunicable diseases was published in 2011. Complementary noncommunicable diseases country profiles were also published in 2011.<sup>1</sup> The status report presented global trends in noncommunicable diseases and their determinants and described Member States' capacity to prevent and control them. The report provides a baseline for future monitoring of trends in noncommunicable diseases and their risk factors and for assessing the progress made in countering the epidemic. In 2011 the Secretariat also published a global status report on alcohol and health,<sup>2</sup> and in 2012 a global report on mortality attributable to tobacco.<sup>3</sup>
- A global monitoring framework for noncommunicable diseases, including a set of nine voluntary global targets and 25 indicators, was endorsed by the Sixty-sixth World Health Assembly.

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<sup>1</sup> Noncommunicable diseases country profiles. Geneva: World Health Organization; 2011.

<sup>2</sup> Global status report on alcohol and health. Geneva: World Health Organization; 2011.

<sup>3</sup> WHO global report on mortality attributable to tobacco. Geneva: World Health Organization; 2012.

## ANNEX 2

**REPORT OF THE 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 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, chaired by Dr Lindiwe Makubalo (South Africa). The session was attended by representatives of 116 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 (document A/NCD/UNT/1/2) and a report summarizing the outcomes of the first meeting of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (document A/NCD/UNT/1/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 (Appendix) were agreed by consensus.
4. The formal meeting requests the 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 Executive Board at its 134th session, to the Sixty-seventh World Health Assembly for its consideration, with a view to requesting the United Nations Secretary-General to include the terms of reference in his report on the implementation of resolution E/RES/2013/12 for the consideration of the Economic and Social Council at its substantive session of 2014.
5. The formal meeting strongly recommends that the 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 WHO Constitution.*

*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 United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (UN Political Declaration on NCDs), and further elaborated in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (WHO Global NCD Action Plan 2013–2020).*

## **INTRODUCTION**

1. In paragraph 13 of the UN Political Declaration on NCDs, Heads of State and Government and representatives of States and Governments recognized the leading role of the World Health Organization (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 (NCDs) 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 UN Political Declaration on NCDs, Heads of State and Government and representatives of States and Governments called upon WHO, as the lead United Nations 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 noncommunicable diseases and mitigate their impacts.
3. In paragraph 1(1) of resolution WHA66.10, the World Health Assembly endorsed the WHO Global NCD Action Plan 2013–2020. The plan aims to operationalize the commitments by Heads of State and Government included in the UN Political Declaration on NCDs. The WHO Global NCD Action Plan 2013–2020 comprises a set of actions which, when performed collectively by (i) Member States, (ii) international partners and the private sector, and (iii) the WHO Secretariat, will support governments in their national efforts to contribute to the attainment of nine voluntary global targets for noncommunicable diseases by 2025. The building and coordinating of results-oriented engagement or

collaborative efforts, as appropriate, including with non-health and non-State actors,<sup>1</sup> at the national, regional and global levels for the prevention and control of noncommunicable diseases are essential components of the WHO Global NCD Action Plan 2013–2020.

4. In paragraph 3(5) of resolution WHA66.10, the 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 United Nations Economic and Social Council (ECOSOC) resolution E/RES/2013/12 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, the Economic and Social Council requested the United Nations Secretary-General to establish the Task Force by expanding the mandate of the existing United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control. The Task Force will be convened and led by WHO, report to ECOSOC through the United Nations Secretary-General and incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the World Health Organization Framework Convention on Tobacco Control.

6. In paragraph 2 of ECOSOC resolution E/RES/2013/12, the Council decided that the Task Force will 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 UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020.

7. In paragraph 3 of ECOSOC resolution E/RES/2013/12, the Council urged all members of the existing United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control<sup>2</sup> 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 ECOSOC resolution E/RES/2013/12, the Council requested the United Nations 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 United Nations Ad Hoc Inter-Agency Task Force 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 NCD Action Plan 2013–2020, and also requests the United Nations Secretary-General to include the terms of reference in his report on

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<sup>1</sup> Non-State actors include academia and relevant nongovernmental 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.

<sup>2</sup> World Health Organization, Secretariat of the World Health Organization Framework Convention on Tobacco Control, Department of Economic and Social Affairs of the Secretariat, Food and Agriculture Organization of the United Nations, International Atomic Energy Agency, International Civil Aviation Organization, International Labour Organization, International Monetary Fund, International Telecommunication Union, Office of the United Nations High Commissioner for Human Rights, Secretariat of the Permanent Forum on Indigenous Issues, United Nations Children's Fund, United Nations Conference on Trade and Development, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations Environment Programme, United Nations Fund for International Partnerships, United Nations Office on Drugs and Crime, United Nations Population Fund, World Bank, World Customs Organization, World Intellectual Property Organization and World Trade Organization.

the implementation of the present resolution for the consideration of ECOSOC 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 includes 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 operative paragraph 2 of the ECOSOC resolution adopted on 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 Noncommunicable Diseases, in particular through the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.”*

### **Objectives of the Task Force**

12. Pursuant to ECOSOC resolution E/RES/2013/12, the objectives of the Task Force are as follows, taking into account the overall principles and approaches outlined in the UN Political Declaration on NCDs and the WHO Global NCD Action Plan 2013–2020, and in support of a global coordination mechanism for the prevention and control of noncommunicable 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 NCDs 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 NCDs and mitigate their impacts, at 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 NCDs.
- To facilitate information on available resources to support national efforts to prevent and control NCDs 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 NCDs 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 United Nations Ad Hoc Interagency Task Force on Tobacco Control, including by utilizing the matrix of work of the Members of the UN Task Force on the implementation of the WHO FCTC, 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 noncommunicable 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 Appendix I.<sup>1</sup>

### **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 NCD Action Plan 2013–2020, as well as the objectives of the Task Force.

### **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 would 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 work plan will be developed, which will be monitored and reviewed during the meetings of the Task Force.

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<sup>1</sup> Available in Annex 3 of the present document.

## **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 WHO's Cluster for Noncommunicable Diseases and Mental Health.

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 UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD 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 NCDs.
- 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/ncd](http://www.who.int/ncd), 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 NCDs.
- Coordinate the preparation of the report to ECOSOC through the United Nations Secretary-General and incorporate the work of the former United Nations 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 ECOSOC and the World Health Assembly on a regular basis on the progress made by the Task Force on the implementation of the WHO Global NCD 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 interagency collaborations).



## Accountability

21. In accordance with operative paragraph 1 of ECOSOC resolution E/RES/2013/12, the Task Force will report to ECOSOC through the United Nations Secretary-General and incorporate the work of the United Nations 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 NCDs must be protected from undue influence by any form of vested interest.<sup>1</sup>

23. In carrying out responsibilities under the WHO Global NCD 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 NCDs

25. Operative paragraph 3(2) of resolution WHA66.10, requested the WHO Director-General to develop draft terms of reference for a global coordination mechanism for the prevention and control of NCDs.

26. The Task Force, in accordance with its mandate provided by ECOSOC, 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 outline *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 support the realization of the commitments made by Heads of State and Government in the UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020.

28. These tasks and responsibilities build on, and include, existing work being undertaken on the prevention and control of NCDs 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 ECOSOC and the World Health Assembly a biennial update of the division of tasks and responsibilities, and amendments, as appropriate.

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<sup>1</sup> In accordance with the overarching principles and approaches included in paragraph 18 of the WHO Global NCD Action Plan 2013–2020.

29. The following division of tasks and responsibilities is organized around the six objectives of the WHO Global NCD 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 work plan and report progress against it, as it pertains to the objectives of the WHO Global NCD 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 NCD Action Plan 2013–2020 and to encourage 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 NCDs across the United Nations system, in line with the WHO Global NCD Action Plan 2013–2020.
- To provide timely inputs to the Secretariat for the Task Force to enable it to draft reports to ECOSOC through the United Nations 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 NCD 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, development of a work plan and report progress against it, as it pertains to the objectives of the WHO Global NCD Action Plan 2013–2020.
- To collaborate on activities that are in line with the WHO Global NCD Action Plan 2013–2020 and to support 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 NCDs across the United Nations system, in line with the WHO Global NCD Action Plan 2013–2020.
- To support convening institutions to provide timely inputs to the Secretariat for the Task Force to enable it to draft reports to ECOSOC through the United Nations 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 NCD 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,<sup>1</sup> and builds on Appendix 4 of the WHO Global NCD Action Plan 2013–2020.<sup>2</sup> The table was finalized during the first meeting of the Task Force (Geneva, 2–3 October 2013).

**Division of Tasks and Responsibilities for the  
United Nations Inter-Agency Task Force on the Prevention and Control of NCDs<sup>3</sup>  
(Status as of 3 October 2013)**

| Objective <sup>4 5</sup>   | Convening institutions | Suggested areas of work  | Linkages with actions for international partners <sup>6</sup> | Partner institutions  |
|--|------------------------|--|---|---|
| 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 | WHO                    | 1.1 Advocacy for attention to/integration of NCDs in the international development agenda/goals              | 23 (a), (b), (c), (f)   | IAEA<br>UNAIDS<br>UNDP<br>United Nations Human Settlements Programme (UN-HABITAT)<br>UNICEF<br>United Nations Standing Committee on Nutrition (UNSCN) |
|  |                        | 1.2 Multistakeholder partnership management and resource mobilization  | 23 (d), (e)   | IAEA<br>UNAIDS<br>UNDP<br>UN-HABITAT<br>WFP   |
|  |                        | 1.3 Mainstreaming of the prevention and control of NCDs in international development cooperation initiatives | 23 (c)  | FAO<br>IAEA<br>UNAIDS<br>UNDP<br>UNEP<br>UNICEF<br>UNSCN<br>World Bank  |

<sup>1</sup> The full list of meetings is available at [http://www.who.int/nmh/events/ncd\\_task\\_force/en/index.html](http://www.who.int/nmh/events/ncd_task_force/en/index.html).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> The six objectives in this table are the six objectives included in the WHO Global NCD Action Plan 2013–2020.

<sup>5</sup> These six objectives are linked to the nine voluntary global targets, as referenced in Appendix 3 of the WHO Global NCD Action Plan 2013–2020.

<sup>6</sup> Included in the WHO Global NCD Action Plan 2013–2020.

| Objective <sup>4 5</sup>  | Convening institutions             | Suggested areas of work   | Linkages with actions for international partners <sup>6</sup> | Partner institutions  |
|---|------------------------------------|---|---|---|
| 2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs | UNAIDS <sup>1</sup><br>UNDP<br>WHO | 2.1 Multisectoral action planning and coordination  | 32 (a), (g)   | UNAIDS  |
|   |                                    | 2.2 Mainstreaming of the prevention and control of NCDs in national development plans/poverty reduction strategies  | 32 (d), (g)   | FAO<br>IAEA<br>IARC<br>UNAIDS<br>UN-HABITAT<br>UNFPA<br>UNHCR<br>UNICEF<br>UNSCN<br>WFP<br>World Bank |
|   |                                    | 2.3 Integrate NCDs and HIV responses where appropriate  | 32(g) and 50(b)   | ILO<br>UNFPA<br>UNHCR<br>World Bank   |
|   |                                    | 2.4 Innovative financing for national NCD responses   | 50(a) and 32(g)   | World Bank  |
|   |                                    | 2.5 Supporting enabling legal and regulatory environments that promote favourable health outcomes for NCDs (including universal access to essential medicines and basic technologies) | 32 (f) and (g)  | International Development Law Organization (IDLO)<br>UNFPA<br>WIPO<br>WTO <sup>2</sup><br>World Bank  |
|   |                                    | 2.6 Addressing gender and human rights dimensions of NCD prevention and control in national NCD responses   | 32 (e) and (g)  | IDLO<br>UNFPA   |

<sup>1</sup> For 2.3 only.

<sup>2</sup> 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 NCDs.

| Objective <sup>4 5</sup>   | Convening institutions   | Suggested areas of work  | Linkages with actions for international partners <sup>6</sup> | Partner institutions  |
|--|--|--|---|---|
| 3. To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments | Convention Secretariat of the WHO Framework Convention on Tobacco Control <sup>1</sup><br>FAO<br>ILO <sup>2</sup><br>UNFPA <sup>3</sup><br>UNICEF<br>WHO | 3.1 Implementation of the WHO Framework Convention on Tobacco Control, taking into account the matrix summarizing the areas of collaboration included in paragraph 61 of ECOSOC document E/2012/70 | 45  | Convention Secretariat of the WHO Framework Convention on Tobacco Control<br>UNCTAD<br>UNDP<br>World Bank |
|  |  | 3.2 National capacity development to implement the Global strategy to reduce the harmful use of alcohol  | 45  | UNDP<br>UNICEF<br>World Bank  |
|  |  | 3.3 Implementation the WHO Global Strategy on Diet, Physical Activity and Health   | 45  | IAEA<br>UNDP<br>UNEP<br>World Bank  |
|  |  | 3.4 National capacity development to reduce the risk of NCDs among children/adolescents  | 45  | FAO<br>IAEA<br>UNFPA<br><b>UNICEF</b> <sup>4</sup><br>WFP   |
|  |  | 3.5 National capacity development to reduce the risk of NCDs among women and girls   | 32 (a), (e), (f), (g)   | IAEA<br>UNDP<br>UNICEF<br><b>UNFPA</b> <sup>5</sup><br>UNHCR<br>WFP                                       |
|  |  | 3.6 NCD prevention and care integrated into maternal health  | 32 (a), (e), (f), (g)   | IAEA<br>UNAIDS<br><b>UNFPA</b> <sup>5</sup><br>UNICEF<br>UNHCR<br>WFP                                     |

<sup>1</sup> As pertains to area of work 3.1.

<sup>2</sup> As pertains to area of work 3.9.

<sup>3</sup> As pertains to area of work 3.5 and 3.6.

<sup>4</sup> UNICEF will facilitate this area of work.

<sup>5</sup> UNFPA will facilitate this area of work.

| Objective <sup>4 5</sup>   | Convening institutions   | Suggested areas of work  | Linkages with actions for international partners <sup>6</sup> | Partner institutions  |
|--|--------------------------|--|---|---|
|  |                          | 3.7 Health promotion in environment and energy policies  | 32 (a), (e), (g)  | UNDP<br>UNEP<br>World Bank                                      |
|  |                          | 3.8 Health promotion in the education sector   | 32 (a), (e), (g)  | ILO<br>UNEP<br><b>UNICEF</b> <sup>1</sup><br>World Bank         |
|  |                          | 3.9 Health promotion in the labour sector, including occupational safety and health                            | 32 (a), (e), (g)  | ILO<br>UNEP   |
|  |                          | 3.10 Health/nutrition promotion in the agricultural sector and in food systems                                 | 32 (a), (e)   | ILO<br>UNEP<br>UNSCN  |
| 4. To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage | WHO<br>IAEA <sup>2</sup> | 4.1 Health system strengthening to address NCDs  | 50 (b), (d)   | ITU<br>UNAIDS<br>UNDP<br>UNFPA<br>UNHCR<br>UNICEF<br>World Bank |
|  |                          | 4.2 Resource mobilization for financing of universal health coverage that incorporates NCD prevention and care | 50 (a)  | UNAIDS<br>UNDP<br>UNFPA<br>UNICEF<br>World Bank                 |
|  |                          | 4.3 Promote the development of electronic communication technologies and the use of mobile devices             | 50 (c)  | IAEA<br>UNICEF  |
|  |                          | 4.4 Support increased access to radiation medicine   | 50 (c)  | IAEA  |

<sup>1</sup> UNICEF will facilitate this area of work.

<sup>2</sup> For 4.4 only.

| Objective <sup>4 5</sup>   | Convening institutions | Suggested areas of work  | Linkages with actions for international partners <sup>6</sup> | Partner institutions  |
|--|------------------------|--|---|---|
| 5. To promote and support national capacity for high-quality research and development for the prevention and control of NCDs | WHO                    | 5.1 Promote an international research agenda that ensures the next generation of medicines and technologies for NCDs | 55  | IAEA<br>IARC<br>UNDP  |
|  |                        | 5.2 Support national efforts to increase access to existing essential medicines and basic technologies to treat NCDs | 55  | IAEA<br>ITU<br>UNAIDS<br>UNCTAD<br>UNDP<br>UNHCR<br>UNFPA<br>WIPO<br>WTO <sup>1</sup> |
| 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<br>UN-HABITAT<br>UNICEF<br>World Bank  |
|  |                        | 6.2 Regular reporting against global voluntary targets   | 61  | UN-HABITAT  |

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<sup>1</sup> 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 NCDs.

### ANNEX 3

The following list of potential members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases is provided as supplementary information to that given in the draft terms of reference in Annex 2, Appendix, paragraph 13 of the present document.

#### **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 United Nations General Assembly:*

- International Trade Centre (ITC)
- Office of the United Nations High Commissioner for Refugees (UNHCR)
- United Nations Children's Fund (UNICEF)
- United Nations Conference on Trade and Development (UNCTAD)
- United Nations Development Programme (UNDP)
- United Nations Capital Development Fund (UNCDF)
- United Nations Volunteers (UNV)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Environment Programme (UNEP)
- United Nations Human Settlements Programme (UN-HABITAT)
- United Nations Population Fund (UNFPA)
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
- United Nations World Food Programme (WFP)

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

- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Office for Project Services (UNOPS)
- United Nations System Staff College (UNSSC)
- United Nations University (UNU)
- UN Women (UNW)

*Regional commissions reporting directly to the Economic and Social Council:*

- Economic Commission for Africa (ECA)
- Economic Commission for Europe (ECE)



- Economic Commission for Latin America and the Caribbean (ECLAC)
- Economic and Social Commission for Asia and the Pacific (ESCAP)
- Economic and Social Commission for Western Asia (ESCWA)

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

- International Narcotics Control Board (INCB)
- United Nations System Standing Committee on Nutrition

*Relevant offices of the United Nations Secretariat:*

- Executive Office of the Secretary-General (EOSG)
- United Nations Office for Partnerships (UNOP)
- Department of Economic and Social Affairs (DESA), including the Division of Social Policy and Development (DSPD/DESA) and the Secretariat of the Permanent Forum on Indigenous Issues (UNPFII)
- Department of Public Information (DPI)
- Office of the United Nations High Commissioner for Human Rights (OHCHR)
- Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (OHRLLS)
- Office of the Special Adviser on Africa (OSAA)
- Office on Sport for Development and Peace (OSDP)

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

- Food and Agriculture Organization of the United Nations (FAO)
- International Civil Aviation Organization (ICAO)
- International Fund for Agricultural Development (IFAD)
- International Labour Organization (ILO)
- International Maritime Organization (IMO)
- International Monetary Fund (IMF)
- International Telecommunication Union (ITU)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Industrial Development Organization (UNIDO)

- United Nations Standing Committee on Nutrition (UNSCN)<sup>1</sup>
- Universal Postal Union (UPU)
- World Bank Group (WB)
- World Health Organization (WHO)
- World Intellectual Property Organization (WIPO)
- World Meteorological Organization (WMO)
- World Tourism Organization (UNWTO)

*Relevant related organizations:*

- International Atomic Energy Agency (IAEA)
- World Trade Organization (WTO)

*Relevant secretariats of conventions:*

- Convention on the Rights of Persons with Disabilities (SCRPD)
- WHO Framework Convention on Tobacco Control (WHO FCTC)

*United Nations Trust Funds*

- United Nations Fund for International Partnerships (UNFIP)

*Relevant intergovernmental organizations having received a standing invitation to participate as observers in the sessions and the work of the United Nations General Assembly:*

- International Criminal Police Organization (INTERPOL)
- International Development Law Organization (IDLO)
- International Organization for Migration (IOM)
- Organization of Islamic Cooperation (OIC)
- Common Fund for Commodities (CFC)
- World Customs Organization (WCO)
- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

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<sup>1</sup> A subsidiary body of the United Nations System Chief Executives Board for Coordination.

*Other relevant entities having received a standing invitation to participate as observers in the sessions and the work of the United Nations General Assembly:*

- International Committee of the Red Cross (ICRC)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Olympic Committee (IOC)
- Inter-Parliamentary Union (IPU)

## ANNEX 4

### **REPORT OF THE CONSULTATION WITH MEMBER STATES TO CONCLUDE THE WORK ON THE LIMITED SET OF ACTION PLAN INDICATORS FOR THE WHO GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2013–2020**

1. The Consultation with Member States to conclude the work on the limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 was held in Geneva on 15 November 2013, chaired by Dr Lindiwe Makubalo (South Africa). The session was attended by representatives of 116 Member States and one regional economic integration organization.
2. The WHO discussion paper on the development of a limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (document A/NCD/API/2) was considered by Member States.
3. The attached nine NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Appendix) were agreed by consensus.
4. The Consultation requests the Director-General to submit this report and the attached nine NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, through the Executive Board at its 134th session, to the Sixty-seventh World Health Assembly for its consideration and adoption.
5. The Consultation strongly recommends that the Executive Board consider this report and its attachments, with a view to adopting the nine NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and to recommending to the World Health Assembly their adoption.

## Appendix

**NCD ACTION PLAN INDICATORS TO INFORM REPORTING ON PROGRESS  
MADE IN THE PROCESS OF IMPLEMENTING THE WHO GLOBAL  
ACTION PLAN FOR THE PREVENTION AND CONTROL OF  
NONCOMMUNICABLE DISEASES 2013–2020**

**CRITERIA FOR THE DEVELOPMENT OF A LIMITED SET OF NCD ACTION  
PLAN INDICATORS**

1. The Consultation with Member States to conclude work on the limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, which met in Geneva on 15 November 2013, agreed to use the following criteria for the development of a limited set of NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020:

- Cover the six objectives of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.
- Feasible for use in all countries, and, as appropriate, within the national context.
- Availability of recent baseline data for as many countries as possible.
- Existence of data collection tools, which place no additional burden on countries, as appropriate within the national context.
- Will assess overall progress made in implementing the WHO Global NCD Action Plan 2013–2020 in countries by Member States and the WHO Secretariat.
- Complementary to and consistent with the 25 outcome indicators contained in Appendix 2 (Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of noncommunicable diseases) of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.
- Complementary to and consistent with indicators for Category 2 (Noncommunicable Diseases) included in WHO Programme Budget 2014–2015.

## NCD ACTION PLAN INDICATORS

2. The Consultation with Member States agreed by consensus on the following nine NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020:

| Number | NCD action plan indicator <sup>1</sup>   |
|--------|--|
| 1      | Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013–2020. |
| 2      | Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent.   |
| 3a     | Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context.   |
| 3b     | Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity.  |
| 3c     | Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use.  |
| 3d     | Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets.   |
| 4      | Number of countries that have evidence-based national guidelines/protocols/standards for the management of major noncommunicable diseases through a primary care approach, recognized/approved by government or competent authorities.                                   |
| 5      | Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.  |
| 6      | Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.   |

3. For each NCD action plan indicator, the definition and achievement criteria, denominator, baseline (2014), source of baseline, data collection tool, data validation process and expected frequency of data collection through the tool used by technical areas will be set out in a separate technical document, which will be elaborated by the WHO Secretariat.

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<sup>1</sup> These indicators are intended to assess national level capacity in response to noncommunicable diseases. If responsibilities for health are decentralized to subnational levels, these indicators can also be applied at subnational levels.