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**Coordination, programme and other questions:
prevention and control of noncommunicable diseases**

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

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases, submitted pursuant to Council resolution [2024/17](#).



Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases

I. Introduction

1. The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases, which was established in 2013 by the Secretary-General in line with resolution [2013/12](#) of the Economic and Social Council, convenes United Nations system agencies and intergovernmental organizations to support Governments in reducing the burden of noncommunicable diseases, including mental health conditions, in order to meet the health-related targets of the 2030 Agenda for Sustainable Development.

2. The present report is being published shortly before the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being.¹ The Task Force is helping and will continue to help Member States to prepare for a successful outcome.

3. The present report serves to highlight the achievements of the Task Force with respect to the four priorities of its 2022–2025 strategy: (a) supporting countries in delivering multisectoral action on the noncommunicable disease-related Sustainable Development Goal targets; (b) mobilizing resources to support the development of national responses to reach the noncommunicable disease-related Goal targets; (c) harmonizing action and forging partnerships; and (d) exemplifying United Nations reform. It also serves to describe the findings of the joint independent evaluation of the Task Force. A full description of the work of the World Health Organization (WHO) in 2024 on the prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions is provided in the 2025 report of the Director General to the Executive Board of WHO.²

II. Situation analysis

4. Noncommunicable diseases, including cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are responsible for the majority of global deaths annually and also cause the majority of morbidity and disability. The main modifiable risk factors for these four classes of diseases are behavioural (tobacco and alcohol use, unhealthy diets and physical inactivity), environmental (air pollution) or metabolic (overweight and obesity, high blood pressure, abnormal blood lipids and high blood glucose) and are largely preventable.

5. Reducing the burden of noncommunicable diseases and mental health conditions remains a leading health and development challenge. Selected points from the report transmitted by the Secretary-General to the General Assembly on progress on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being ([A/79/762](#)) since the third high-level meeting in 2018 are shown in box 1.

¹ See General Assembly resolution [79/273](#). The previous high-level meetings on noncommunicable diseases were held in 2011, 2014 and 2018.

² See https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_7-en.pdf.

Box 1

Selected points from the report on progress on the prevention and control of noncommunicable diseases and the promotion of mental health (A/79/762)

In 2021, more than 43 million people globally died from noncommunicable diseases, with cardiovascular diseases accounting for at least 19 million deaths, equivalent to 28 per cent of global mortality. Every two seconds, someone under the age of 70 years dies from a noncommunicable disease. In 2021, more than 700,000 people died from suicide. Beyond mortality, noncommunicable diseases and mental health conditions accounted for four out of every five years lived with disability in 2021.

Globally and in all World Health Organization regions, the likelihood of premature death from any of the four main types of noncommunicable disease decreased between the years 2000 and 2019. In 2000, a 30-year-old had a 23 per cent chance of dying from one of the four major types of noncommunicable disease (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) before the age of 70 years. The risk decreased to 18 per cent in 2019.

However, progress has slowed since 2015, when the 2030 Agenda for Sustainable Development was adopted. The global rate of decline from 2015 to 2019 was more than halved compared with the first 15 years of the century. Based on progress made before the onset of the coronavirus disease (COVID-19) pandemic, the world was not on track to meet target 3.4 of the Sustainable Development Goals.

Nevertheless, some countries have shown that this target is achievable: 19 individual countries and territories were estimated to be on track to meet the 2030 target. In addition, in 2022, 151 countries, covering 5.6 billion people, were protected by at least one of the tobacco control policies included in the “best buys” outlined in “Tackling noncommunicable diseases: best buys and other recommended interventions for the prevention and control of noncommunicable diseases”. In 2023, 74 per cent of Member States had policies in place addressing the harmful use of alcohol, 86 per cent had adopted policies promoting healthy diets, 77 per cent reported having physical activity policies in place, and 57 per cent had approved clinical guidelines for all four major types of noncommunicable disease.

Economically, the impact of noncommunicable diseases and mental health conditions is enormous, driven by direct costs of care and indirect costs, such as productivity losses. These conditions also place significant emotional, financial and physical burdens on families and caregivers, straining household resources, disrupting daily life, and adversely affecting the health and well-being of those providing care.

6. Noncommunicable diseases, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people at all ages, including children and adolescents.

7. Poor, socioeconomically disadvantaged, vulnerable and marginalized communities, including those in emergency and humanitarian settings, are often at

greatest risk from noncommunicable diseases and mental health conditions. There are also unique vulnerabilities for people living in small island developing States.

8. Since the adoption of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, fiscal capacity has been strained and national responses to noncommunicable diseases and mental health have been negatively affected by the coronavirus disease (COVID-19) pandemic, humanitarian crises, climate emergencies, conflicts and other intersected crises, as well as by challenging macroeconomic conditions.

9. There are evidence-based interventions for preventing, screening, diagnosing, treating and caring for people with noncommunicable diseases³ and mental health conditions.⁴ Given that resources are scarce, the most cost-effective, affordable and feasible interventions should be prioritized, which for the most part can be delivered at the community and primary healthcare levels.

10. Economic analysis indicates that investing in cost-effective noncommunicable disease interventions generates significant returns on investment and is pro-growth.⁵

III. Work of the Task Force and the broader response of the United Nations system to noncommunicable diseases and mental health

A. Supporting countries to deliver multisectoral action on the noncommunicable disease-related targets of the Sustainable Development Goals

Global joint programmes and initiatives undertaken by members of the Task Force

Catalysing action in countries

11. The global joint programme of WHO (including the Task Force secretariat) and the United Nations Development Programme (UNDP), continued to strengthen whole-of-government and whole-of-society responses to noncommunicable diseases, mental health conditions and related areas.

12. A noncommunicable disease investment case was completed for Malaysia in 2024.⁶ Noncommunicable disease investment cases are progressing in Armenia, Kyrgyzstan and Tajikistan. A mental health investment case for Jordan was completed in 2024.⁷ Mental health investment cases are being finalized in the Gambia and Kyrgyzstan. A methodology for investment cases for ambient and household air pollution reduction was developed. Air pollution investment cases were completed in

³ See <https://iris.who.int/bitstream/handle/10665/376624/9789240091078-eng.pdf?sequence=1>.

⁴ See <https://iris.who.int/bitstream/handle/10665/374250/9789240084278-eng.pdf?sequence=1>.

⁵ See <https://iris.who.int/bitstream/handle/10665/350449/9789240041059-eng.pdf?sequence=1>.

⁶ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/malaysia-ncd.pdf?sfvrsn=2da5da9c_1 and <https://uniatf.who.int/about-us/news/item/18-12-2024-new-report-highlights-threat-of-non-communicable-diseases-to-malaysia>.

⁷ See https://cms.partnership.who.int/docs/librariesprovider22/default-document-library/jordan-ncd-report.pdf?sfvrsn=d4a5e3a1_1 and <https://uniatf.who.int/about-us/news/item/02-09-2024-launch-of-the-investment-case-on-the-prevention-and-management-of-mental-health-conditions-in-jordan>.

Ethiopia,⁸ India,⁹ Mongolia¹⁰ and Nigeria. Findings and recommendations were used to develop multisectoral action plans in Ethiopia, India and Mongolia. Air pollution investment cases for Ghana and South Africa are ongoing.

13. UNDP launched a new interactive website that can be used to produce detailed analysis of results across countries and of the actions that countries are taking to advance health financing decisions, and serves to demonstrate the co-benefits and impacts of health on other sectors and the broader development agenda.¹¹ The Task Force secretariat and UNDP continue to work with Member States to promote and implement recommendations from investment cases. During the Global Noncommunicable Disease Alliance Forum (Kigali, February 2025), the Task Force secretariat and UNDP highlighted ways that civil society can advocate for investment cases, assist in their development and support implementation of associated recommendations.

14. Reports were published on strengthening taxes on unhealthy products in the Gulf States¹² and on primary healthcare costing in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.¹³

15. A series of four reports on health taxes was published, including an overarching report and reports on making the case for tobacco, alcohol and sugar-sweetened beverage taxes.¹⁴ The reports provide practical guidance for developing, strengthening and implementing health taxes, including for navigating the broader stakeholder environment and political economy.

Elimination of cervical cancer

16. The joint action group to support the global elimination of cervical cancer¹⁵ continues to coordinate technical support at the regional and country levels. Such support has included: (a) WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) assessing country proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria that include measures related to cervical cancer; (b) the United Nations Children's Fund (UNICEF) and WHO scaling up the introduction and coverage of human papillomavirus (HPV) vaccination programmes, including plans for introducing vaccines in seven countries in 2025, with the HPV dashboard providing an up-to-date and valuable collaborative tool for tracking progress; (c) WHO-led high-level missions to Sierra Leone, Zambia and Zimbabwe in April 2024, with preparatory support from UNAIDS and the International Atomic Energy Agency; and (d) WHO and Unitaid strengthening joint technical assistance to countries across Africa, Asia and Latin America, including developing national policies and implementing WHO guidelines.

⁸ See www.undp.org/publications/methodology-developing-household-and-ambient-air-pollution-investment-cases.

⁹ See www.undp.org/india/publications/investment-case-study-air-pollution-reduction-amritsar-and-gurugram-india.

¹⁰ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/mongolia-eng.pdf?sfvrsn=2c09937e_1.

¹¹ See <https://data.undp.org/insights/health-investment-case>.

¹² See www.undp.org/arab-states/publications/strengthening-taxes-unhealthy-products-gulf-states.

¹³ See www.undp.org/arab-states/publications/costing-primary-healthcare-arrangements-six-gulf-cooperation-council-countries-synthesis-report.

¹⁴ See <https://uniatf.who.int/guidance-publications/health-taxes>.

¹⁵ The members of the joint action group are the International Agency for Research on Cancer, the International Atomic Energy Agency, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund, WHO and the Task Force secretariat.

17. The joint action group continues to support advocacy for the elimination of cervical cancer, including through: (a) meetings of partners in the initiative to eliminate cervical cancer (Geneva, May and September 2024); (b) the global cervical cancer elimination forum: advancing the call to action (Colombia, March 2024);¹⁶ and (c) the twenty-fifth international AIDS conference (Germany, July 2024).

Digital health

18. The International Telecommunication Union (ITU) and WHO continue to promote digital public infrastructure for health, working together to build capacity for interoperable and multifunctional service-delivery platforms.

19. The Be He@lthy, Be Mobile initiative¹⁷ continued to promote knowledge exchange and capacity-building by documenting and disseminating best practices and lessons learned from the implementation of noncommunicable disease prevention and care programmes, through regional and country events, communities of practice and expert groups, including the ITU Telecommunication Development Sector Study Groups.¹⁸

20. In 2024, WHO and ITU published *Going Digital for Noncommunicable Diseases: The Case for Action*.¹⁹ The report highlighted the health and economic benefits obtained from implementing digital interventions.

Reducing the harmful use of alcohol through the SAFER initiative

21. At the end of 2024, the Director General wrote to the heads of 24 United Nations entities, encouraging them to scale up their support for the global alcohol action plan 2022–2030²⁰ in line with their respective mandates, including through the Task Force and the WHO-led SAFER initiative.²¹ The Task Force is following up on commitments expressed by heads of entities in response to the Director General.

22. The SAFER initiative has continued to support countries in the implementation of high-impact, cost-effective, population-wide interventions to curb alcohol consumption and its determinants. SAFER partners continued to support Nepal and Uganda, while 26 countries in Africa, Asia and the Pacific participated in a SAFER intercountry learning platform. A report prepared by the Task Force secretariat on how alcohol control measures are integrated into United Nations Sustainable Development Cooperation Frameworks indicated that of the 135 countries that rolled out a Cooperation Framework between 2020 and 2023, only 9 (7 per cent) included alcohol measures as a strategic priority or metric.²²

23. On the margins of the seventy-ninth session of the General Assembly, UNICEF, UNDP and the Task Force secretariat co-sponsored a high-level side event on alcohol

¹⁶ See www.who.int/initiatives/cervical-cancer-elimination-initiative/cervical-cancer-forum.

¹⁷ See www.who.int/initiatives/behealthy.

¹⁸ See www.itu.int/en/ITU-D/Study-Groups/2022-2025/Pages/default.aspx.

¹⁹ See <https://iris.who.int/bitstream/handle/10665/378478/9789240089921-eng.pdf?sequence=1&isAllowed=y>.

²⁰ See www.who.int/publications/i/item/9789240090101.

²¹ See www.who.int/initiatives/SAFER. SAFER is an acronym for five key interventions: (a) strengthen restrictions on alcohol availability; (b) advance and enforce drink-driving countermeasures; (c) facilitate access to screening, brief interventions and treatment; (d) enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and (e) raise prices on alcohol through excise taxes and pricing policies. The members of SAFER are UNDP, WHO, the Task Force secretariat, the Global Alcohol Policy Alliance, the Noncommunicable Disease Alliance, Movendi International and Vital Strategies.

²² See [https://uniatf.who.int/docs/librariesprovider22/default-document-library/integration-of-alcohol-measures-into-united-nations-sustainable-development-cooperation-frameworks-\(1\).pdf?sfvrsn=b21a301f_3&download=true](https://uniatf.who.int/docs/librariesprovider22/default-document-library/integration-of-alcohol-measures-into-united-nations-sustainable-development-cooperation-frameworks-(1).pdf?sfvrsn=b21a301f_3&download=true).

policy.²³ Task Force members are currently exploring options to join forces with Member States and civil society to identify a dedicated day each year to raise awareness of the harmful impact of alcohol.

Tobacco-Free Farms initiative

24. The Tobacco-Free Farms initiative supports countries in assisting tobacco farmers in developing economically viable alternative livelihoods to tobacco cultivation. It is led by WHO, with support from the World Food Programme, the Food and Agriculture Organization of the United Nations, the United Nations Capital Development Fund and the secretariat of the WHO Framework Convention on Tobacco Control. By the end of 2024, 8,600 farmers in Kenya and 500 farmers in Zambia had received support to shift from tobacco to alternative crops, including high-iron beans, soya beans, groundnuts, green grams and finger millet.

Global Regulatory and Fiscal Policy Capacity Building Programme

25. The Global Regulatory and Fiscal Policy Capacity Building Programme on healthy diets and physical activity (Global RECAP) is a collaboration between the International Development Law Organization and WHO, in coordination with the International Development Research Centre and with the support of the Swiss Agency for Development and Cooperation and the European Union.²⁴ It helps countries to build their regulatory and fiscal capacity for the development, adoption, implementation and monitoring of cost-effective, evidence-informed, coherent and equitable measures to promote healthy diets and physical activity.

26. The programme is supporting Bangladesh, Ghana, Kenya, Indonesia, Mauritius, Nepal, Sri Lanka, Thailand, the United Republic of Tanzania and Uganda. Achievements include: (a) Kenya adopting a national nutrient profile model and developing draft regulations to restrict marketing of unhealthy foods to children; (b) Indonesia drafting regulations for front-of-pack labelling and starting to develop national sodium benchmarks; and (c) Bangladesh developing multisectoral guidelines for active living and physical activity guidelines, with plans to implement front-of-pack labelling.

Working groups and workstreams

Protocol to Eliminate Illicit Trade in Tobacco Products

27. The secretariat of the WHO Framework Convention on Tobacco Control and UNDP are finalizing two reports addressing, respectively, how international organizations are helping countries to address the illicit trade in tobacco products and to implement the Protocol and how illicit trade in tobacco products is a barrier to sustainable development.

Nutrition

28. UN-Nutrition, the United Nations inter-agency coordination mechanism for nutrition, convenes the Task Force nutrition working group,²⁵ which focuses on overweight, obesity and unhealthy diets.²⁶

²³ See <https://movendi.ngo/event/unga79-high-level-side-event-alcohol-policy-for-delivering-a-better-present-and-safeguarding-the-future>.

²⁴ See www.who.int/initiatives/global-regulatory-and-fiscal-policy-capacity-buidling-programme.

²⁵ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/twg-nutrition-and-ncds-tor-december-2022.pdf?sfvrsn=42667e3a_1&download=true.

²⁶ More than 1 billion people were estimated to be living with obesity in 2022.

29. The working group highlighted the importance of the right to food within the context of noncommunicable diseases at the fifty-second session of the Committee on World Food Security (October 2024), including through a side event on the theme “Healthy diets, sustainable futures: bridging nutrition, biodiversity and climate change policies”.²⁷

30. The nutrition working group also provided inputs for: (a) background papers for the international dialogue on sustainable financing for noncommunicable diseases and mental health (Washington, D.C., June 2024); (b) the “Food systems thinking guide for United Nations resident coordinators and United Nations country teams”, prepared by the United Nations food systems task force;²⁸ (c) the consultation on the proposal for the 2025–2030 World Health Assembly global maternal, infant and young child nutrition targets and process indicators; and (d) a guidance note for United Nations country teams, government counterparts and other stakeholders.²⁹

31. UN-Nutrition emphasized policy coherence and coordination in addressing diet-related noncommunicable diseases at the ministerial round table on working nationally and internationally to transform agrifood systems for people and the planet, held during the seventy-ninth session of the General Assembly.

Mental health and brain health

32. WHO launched new guidance on mental health policy and strategic action plans to support countries in developing rights-aligned, person-centred and community-based systems, providing a comprehensive framework to strengthen governance, service delivery and workforce capacity and to expand access to holistic support across sectors.³⁰

33. WHO is collaborating with UNICEF to expand the QualityRights e-training programme³¹ to address the specific needs and rights of children and adolescents with mental health conditions or psychosocial disabilities. A new module will provide practical guidance on rights-based, recovery-oriented and inclusive approaches to care for children and adolescents, including strategies for promoting community inclusion, strengthening holistic, person-centred support and clarifying the roles of families, professionals and other stakeholders in supporting young people.

34. UNICEF and WHO are supporting 13 countries through the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents.³² To date, support has reached 7 million children, adolescents and caregivers.

35. In 2024, WHO and UNICEF published guidance on mental health services for children and young people.³³ In collaboration with WHO and the University of the Witwatersrand, UNICEF published the Caring for the Caregiver package, which aims

²⁷ See www.unnutrition.org/events/cfs52-se24-healthy-diets-sustainable-futures-bridging-nutrition-biodiversity-and-climate.

²⁸ See <https://openknowledge.fao.org/items/32036fae-c433-4688-b493-226e10be89ef>.

²⁹ See www.unnutrition.org/library/publication/guidance-note-nutrition-united-nations-country-teams-their-government.

³⁰ See <https://iris.who.int/bitstream/handle/10665/380465/9789240106796-eng.pdf?sequence=1>.

³¹ See www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qe-training.

³² See www.who.int/teams/mental-health-and-substance-use/promotion-prevention/unicef-and-who-joint-programme-on-mental-health-and-psychosocial-well-being-and-development-of-children-and-adolescents.

³³ See <https://iris.who.int/bitstream/handle/10665/379114/9789240100374-eng.pdf?sequence=10>.

to build front-line workers' capacity to deliver counselling and parenting support services to improve caregivers' emotional well-being and social support.³⁴

36. WHO, UNICEF and the United Nations Population Fund have helped Kenya, Mozambique and the United Republic of Tanzania to advance multisectoral coordination for early child development and perinatal mental health.

37. WHO hosted two events (March 2024 and January 2025) for development partners and specialists in mental health, psychosocial support and child protection. The aim was for participants to become trainers and supervisors for the WHO and UNICEF early adolescent skills for emotions initiative, which provides psychological help for young adolescents affected by distress in communities exposed to adversity.³⁵

38. The Global Fund, UNAIDS, UNDP, UNICEF, WHO and civil society continue to promote the integration of mental health services into disease-focused programmes, including those addressing HIV and tuberculosis, through the seventh grant cycle of the Global Fund.

39. WHO held a workshop with eight countries in Africa to strengthen their capacity to integrate noncommunicable disease and mental health services into HIV and hepatitis care programmes. UNAIDS, the United Nations Population Fund, UNICEF and Unitaid participated.

40. WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF continued to collaborate to build country capacity for using the mental health and psychosocial support minimum service package in humanitarian settings. The minimum service package online platform has been used by over 116,000 persons from over 200 countries and territories. Capacity-building workshops have been held in over 10 countries. Inter-agency capacity to implement the WHO mental health gap action programme in humanitarian settings was strengthened through in-person training and field-based multisectoral simulation exercises.

41. WHO continues to co-chair the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. WHO organized a meeting (February 2025) for 35 countries to enhance inter-agency coordination in emergency settings.

Substance use

42. WHO published the *Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders*.³⁶

43. UNHCR, the United Nations Office on Drugs and Crime (UNODC) and WHO continue to co-chair the thematic group on addressing substance use and substance use disorders in humanitarian settings. Through field testing in Afghanistan, Iraq, Myanmar, South Sudan, the north-western Syrian Arab Republic and north-western Uganda, the group is finalizing training materials to support an orientation on substance use and substance use disorders for humanitarian actors who work with communities.³⁷

44. The UNODC-WHO Informal Scientific Network provided a statement on the prevention, treatment and care of substance use disorders among adolescents to the

³⁴ See www.unicef.org/documents/caring-caregiver.

³⁵ See <https://iris.who.int/bitstream/handle/10665/374996/9789240082755-eng.pdf?sequence=1&isAllowed=y>.

³⁶ See www.who.int/publications/i/item/9789240096745.

³⁷ See www.unodc.org/documents/Humanitarian_poster_August_2022.pdf.

high-level segment of the United Nations Commission on Narcotic Drugs (Vienna, 14 and 15 February 2024).³⁸

45. UNODC and WHO are supporting Afghanistan in improving the availability and quality of treatment, rehabilitation and harm reduction activities for standard drug use disorders. In December 2024, over 3,000 people with drug use disorders, including 860 women and children, had completed inpatient or residential drug treatment programmes; nearly 100,000 individuals had been reached through mobile outreach teams; over 350 clinical staff, including 120 women, had received training; and a drug demand reduction task force, including other United Nations entities, was enabling clients to receive opioid agonist treatment services.

Sensory impairments

46. Task Force members have agreed to use the Task Force as a platform to scale up action for eye and hearing health in line with General Assembly and World Health Assembly resolutions.

47. ITU and WHO continue to collaborate through the Make Listening Safe initiative.³⁹ This collaboration includes the development and dissemination of evidence-based awareness materials for safe listening, including the recently published global standard on safe listening for video gameplay and e-sports.⁴⁰ ITU and WHO are developing similar guidance for safe viewing. Be He@lthy, Be Mobile continued to disseminate digital messaging to raise awareness about hearing loss (mSafelistening)⁴¹ and myopia (MyopiaEd).⁴²

48. Collaboration between UNICEF and WHO has resulted in the inclusion of hearing aids, spectacles and other vision and eye care products in the UNICEF supply catalogue. WHO signed a memorandum of understanding with the Universal Postal Union to facilitate the distribution of reading glasses through postal services.

Noncommunicable diseases and human rights

49. During 2024, the Task Force human rights group disseminated a set of advocacy messages on noncommunicable diseases, mental health and human rights.⁴³

50. The human rights group has contributed to a set of policy briefs that WHO is developing for various government sectors to protect and promote mental health and well-being. The group provided inputs for technical papers for the international dialogue on sustainable financing for noncommunicable diseases and mental health (Washington, D.C.).

51. The International Labour Organization (ILO), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Task Force secretariat provided evidence to the Committee on the Elimination of Discrimination Against Women⁴⁴ on noncommunicable diseases and women in the workplace (Geneva, February 2025). The Committee expressed interest in including noncommunicable diseases in their review of State Party reports on the

³⁸ See www.unodc.org/documents/drug-prevention-and-treatment/2024_ISN_Informal_ScientificNetwork_Statement_140324-FINAL.pdf.

³⁹ See www.who.int/activities/making-listening-safe.

⁴⁰ See www.itu.int/rec/T-REC-H.872-202410-I/en.

⁴¹ See www.who.int/publications/i/item/9789240044784.

⁴² See www.who.int/publications/i/item/9789240042377.

⁴³ See [https://uniatf.who.int/docs/librariesprovider22/default-document-library/advocacy-messages-\(final-23apr24\).pdf?sfvrsn=86b557ad_3&download=true](https://uniatf.who.int/docs/librariesprovider22/default-document-library/advocacy-messages-(final-23apr24).pdf?sfvrsn=86b557ad_3&download=true).

⁴⁴ See www.ohchr.org/en/treaty-bodies/cedaw.

implementation of the Convention on the Elimination of All Forms of Discrimination against Women, firstly through its Pacific technical cooperation session in 2025.

Assistive technology

52. WHO and the Task Force secretariat have continued to develop a methodology for estimating the return on investment from scaling up assistive technology, particularly eyeglasses, hearing aids, wheelchairs and prosthetics at the country level. The methodology will be integrated into the WHO assistive technology capacity assessment instruction manual in 2025. The approach is currently being piloted in Bangladesh, Kiribati and Solomon Islands.

53. During the seventy-seventh World Health Assembly, the Governments of Pakistan and Ireland, WHO and the Task Force secretariat launched a call to mobilize \$35 million for a multi-partnership programme to increase access to assistive technology and rehabilitation in humanitarian crises.

Noncommunicable diseases and humanitarian emergencies

54. The informal inter-agency group on noncommunicable diseases in humanitarian settings met in June and November 2024. Activities included: (a) supporting partners to develop a set of research priorities for noncommunicable diseases in humanitarian crises, focusing on cardiometabolic syndrome;⁴⁵ (b) developing a core set of noncommunicable disease indicators in humanitarian settings; and (c) working with partners to develop content for a handbook on planning, implementing and evaluating peer support with people living with noncommunicable diseases in humanitarian settings.⁴⁶ A side event on noncommunicable diseases and humanitarian settings led by the International Federation of the Red Cross and Red Crescent Societies, with the support of UNHCR and WHO, will take place at the seventy-eighth World Health Assembly to disseminate ongoing work.

Noncommunicable diseases and the environment

55. The second WHO Global Conference on Air Pollution and Health (Cartagena, Colombia, 25–27 March 2025) highlighted evidence-based, multisectoral solutions to prevent communicable and noncommunicable diseases, save lives, protect child health and limit climate change across the world. United Nations organizations participating included the Department of Economic and Social Affairs, the Economic Commission for Europe, the United Nations Environment Programme (UNEP), the World Bank and the World Meteorological Organization. Major commitments were made by over 50 countries, cities and organizations to tackle air pollution and safeguard health.⁴⁷

56. UNEP and WHO supported the fifth Ministerial Meeting of the Asia-Pacific Regional Forum on Health and Environment (Indonesia, September 2024), at which the Jakarta Declaration on Cooperation on Health and Environment was agreed.⁴⁸ A number of workstreams were developed for existing thematic working groups, including action on air quality, chemicals, waste and health.

⁴⁵ See <https://reliefweb.int/report/world/research-priorities-non-communicable-diseases-humanitarian-crises-focus-cardio-metabolic-syndrome>.

⁴⁶ See www.humanitarianaction.org/wp-content/uploads/2024/05/P4C_Peer_Support_Handbook.pdf.

⁴⁷ See www.who.int/news/item/28-03-2025-second-who-global-conference-on-air-pollution-and-health-concludes-with-powerful-commitments-to-protect-public-health.

⁴⁸ See <https://wedocs.unep.org/handle/20.500.11822/46367>.

57. WHO drafted a road map for strengthening the global response to the adverse health effects of air pollution, including voluntary targets, during 2024, for endorsement at the seventy-eighth World Health Assembly in 2025.

58. UNDP, UNEP, WHO and the Task Force secretariat continued to develop plans for joint programming missions to support countries in taking forward action on air pollution relating to noncommunicable diseases.

Noncommunicable diseases in the workplace

59. The ILO global strategy on occupational safety and health and plan of action for 2024–2030 promotes collaboration with WHO and the Task Force.⁴⁹ ILO launched *Ensuring Safety and Health at Work in a Changing Climate* on World Day for Safety and Health at Work in 2024.⁵⁰ The report highlights the linkages between workers, noncommunicable diseases, mental health conditions and climate change. ILO also published *Eye Health and the World of Work*, which underscores the burden of sight loss in the workplace and advocates for formal workplace programmes to protect and enhance workers' vision.⁵¹

Comorbidities associated with noncommunicable diseases and mental health

60. Members of the inter-agency working group on mental health integration, facilitated by United for Global Mental Health: (a) continued to align global advocacy messages on integrating mental health into HIV and tuberculosis programmes, including by updating its technical toolkit;⁵² (b) sponsored a session at the twenty-fifth International AIDS Conference (Munich, Germany, July 2024); and (c) hosted a series of technical webinars that focused on showcasing the current normative guidance and different aspects of countries' integration experiences.

61. United for Global Mental Health and UNAIDS, with additional funding from Grand Challenges Canada and technical support from the inter-agency working group, are tracking how investments for HIV and tuberculosis under the seventh grant cycle of the Global Fund have included support for mental health and psychosocial services and substance use disorders, in addition to other noncommunicable diseases, including cervical cancer.

62. A regional meeting for HIV, hepatitis and noncommunicable disease programme managers across 16 countries in Africa was convened by the WHO Regional Office for Africa and Unitaid (Uganda, 28 October–1 November 2024). The Global Fund, UNICEF, United for Global Mental Health and a number of other development partners participated. The meeting resulted in participants agreeing to a set of actions to enhance the integration of noncommunicable disease and mental health services into HIV care.⁵³

Urban health

63. The United Nations Human Settlements Programme (UN-Habitat) Assembly is currently finalizing its 2026–2029 strategic plan. The draft plan was discussed at the twenty-fourth Task Force meeting. WHO and the Task Force secretariat have provided

⁴⁹ See www.ilo.org/sites/default/files/2025-01/OSH_Globaly_Strategy_r6.pdf.

⁵⁰ See www.ilo.org/sites/default/files/2024-07/ILO_SafeDay24_Report_r11.pdf.

⁵¹ See www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40safework/documents/publication/wcms_892937.pdf.

⁵² See https://unitedgmh.org/the-global-advocate/hiv-tb-technical-toolbox/?utm_campaign=HIV/TB-Technical-ToolBox-&utm_medium=social&utm_source=United-LI-page.

⁵³ See www.afro.who.int/publications/meeting-hiv-and-hepatitis-programme-managers-closing-gaps-hiv-and-hepatitis-programmes.

inputs for consideration on urban health, including noncommunicable diseases and mental health conditions.

64. In November 2024, UN-Habitat signed a memorandum of understanding with the Global Commission on Drug Policy to integrate health, human rights and safety into local drug policy reform. Four cities in Brazil, Egypt, Ghana and Jordan joined the UN-Habitat-International Olympic Committee Sport for Sustainable Urban Development Initiative in 2024,⁵⁴ in line with the UN-Habitat-International Olympic Committee collaboration to promote sustainable urban development through sport, physical activity and active recreation.⁵⁵ UN-Habitat, the WHO Eastern Mediterranean Regional Office and the Task Force secretariat co-hosted a side event during the twelfth session of the World Urban Forum (Cairo, 6 November 2024), which highlighted the importance of noncommunicable diseases in urban settings.⁵⁶

65. UN-Habitat and the Task Force's human rights group are collaborating to promote rights-based approaches to address inadequate housing and prevent and control noncommunicable diseases.

Strengthening manufacturing capacity

66. WHO, the World Intellectual Property Organization and the World Trade Organization held the eleventh trilateral technical symposium on the theme "Strengthening manufacturing capacities to respond to the non-communicable diseases burden".⁵⁷ The event underscored the importance of strengthening production and its diversification through initiatives that promote innovation and enhance access to health technologies. It focused on the global health burden caused by noncommunicable diseases and the role that the partners can play.

B. Mobilizing resources

Health4Life Fund

67. The three United Nations participating organizations of the Health4Life Fund (the United Nations noncommunicable disease and mental health multi-partner trust fund) are UNDP, UNICEF and WHO. In 2024, the Governments of Mauritius and the Philippines joined Kenya, Uruguay and Scotland as Health4Life Fund partners, with both making financial contributions to the Fund. The Eli Lilly and Company Foundation committed a multi-year grant of \$4 million for the period 2024–2027 through UNICEF USA.

68. Rwanda (in 2024) and Zambia (in 2025) were the first countries to receive multi-year catalytic funds from the Health4Life Fund. Rwanda is developing a model for integrating mental health and noncommunicable disease services into workplaces, schools and refugee settings. Zambia will be addressing risk factor exposure among its youth population through legislative and policy action and developing new models for the prevention and early detection of mental health conditions. Three countries have been shortlisted to receive new funds.

⁵⁴ See <https://unhabitat.org/news/04-oct-2024/four-new-cities-join-un-habitat-and-the-international-olympic-committees-sport>.

⁵⁵ See www.olympics.com/ioc/news/ioc-and-un-habitat-team-up-to-promote-sport-for-urban-development.

⁵⁶ See <https://uniatf.who.int/collaborations/urban-health>.

⁵⁷ See www.wipo.int/en/web/global-health/w/news/2024/who-wipo-wto-symposium-stresses-boosting-manufacturing-for-non-communicable-diseases#:~:text=It%20focused%20on%20the%20global%20health%20burden%20caused,stresses%20boosting%20manufacturing%20for%20non-communicable%20diseases%20%28Image%3A%20WTO%29.

69. The third meeting of the steering committee was held in March 2024.⁵⁸ The fourth meeting in December 2024 approved the establishment of a South-South learning laboratory to accelerate knowledge-sharing and innovation in noncommunicable disease prevention and control.⁵⁹ In February 2025, WHO published its first ever strategy on multi-partner trust funds and joint programmes.⁶⁰

70. On 28 May 2024, in the margins of the seventy-seventh World Health Assembly, the Government of Kenya and the government of Scotland hosted a meeting to provide an update on progress on the Health4Life Fund and to explore opportunities for scaling up country investments on noncommunicable diseases and mental health.⁶¹ The 2023 annual report was launched at the meeting.⁶²

International dialogue on sustainable financing for noncommunicable diseases and mental health

71. The WHO-World Bank international dialogue on sustainable financing for noncommunicable diseases and mental health was held in Washington, D.C., on 20 and 21 June 2024.⁶³ The aims were to: (a) define and build consensus among stakeholders on actionable national strategies and policy recommendations that enable and enhance the integration of noncommunicable diseases and mental health into national health financing systems; and (b) discuss and identify approaches on how to integrate prioritized noncommunicable diseases and mental health responses within national health and financing plans.⁶⁴ A number of United Nations system agencies as well as the Task Force secretariat participated in the meeting.

72. WHO and the World Bank are now convening a set of seminars with countries and development partners to take forward issues from the meeting as set out in two policy briefs: (a) financing for noncommunicable diseases and mental health: where will the money come from?;⁶⁵ and (b) financing for noncommunicable diseases and mental health: making the money work better.⁶⁶

Chronic respiratory diseases

73. Chronic respiratory diseases cause a significant socioeconomic burden and are too often neglected and underresourced. The WHO Director General's Special Envoy for Chronic Respiratory Diseases highlighted this at Task Force meetings in 2024. Following this, the Task Force secretariat has supported wider efforts in WHO to mobilize resources for country action and highlight chronic respiratory diseases ahead

⁵⁸ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/summary-report---third-steering-committee---un-health4life-fund---final-draft.pdf?sfvrsn=e1a3c422_1&download=true.

⁵⁹ See [https://uniatf.who.int/docs/librariesprovider22/default-document-library/summary-4th-meeting-\(4-march25\).pdf?sfvrsn=35a35d65_1&download=true](https://uniatf.who.int/docs/librariesprovider22/default-document-library/summary-4th-meeting-(4-march25).pdf?sfvrsn=35a35d65_1&download=true).

⁶⁰ See <https://uniatf.who.int/about-us/news/item/14-02-2025-who-launches-first-ever-strategy-on-un-multi-partner-trust-funds#:~:text=WHO%20has%20published%20is%20first%20ever%20strategy%20on,maximizing%20efficiencies%20and%20impact%20on%20health%20and%20development>.

⁶¹ See <https://uniatf.who.int/health4life-fund/side-events>.

⁶² See https://uniatf.who.int/docs/librariesprovider22/default-document-library/h4l-annual-report-6pp-sgl-pages-2024-v01-130524.pdf?sfvrsn=d6883b6a_1&download=true.

⁶³ See www.who.int/news-room/events/detail/2024/06/20/default-calendar/international-dialogue-on-sustainable-financing-for-ncds-and-mental-health.

⁶⁴ See https://cdn.who.int/media/docs/default-source/ncds/sustainable-financing-dialogue-meeting-report.pdf?sfvrsn=40f650ff_4.

⁶⁵ See https://cdn.who.int/media/docs/default-source/ncds/sustainable-financing-for-ncds-and-mental-health-policy-brief-1.pdf?sfvrsn=7466c045_3.

⁶⁶ See https://cdn.who.int/media/docs/default-source/ncds/sustainable-financing-for-ncds-and-mental-health-policy-brief-2.pdf?sfvrsn=aa335853_3.

of the fourth high-level meeting and the Second World Summit on Social Development.⁶⁷

C. Harmonizing action and forging partnerships

Noncommunicable diseases and mental health in United Nations Sustainable Development Cooperation Frameworks

74. The Task Force regularly reviews the extent to which noncommunicable diseases and mental health are included in United Nations Sustainable Development Cooperation Frameworks to: (a) identify gaps in United Nations country support for reaching noncommunicable disease-related and mental health-related Sustainable Development Goal targets; and (b) encourage ever greater whole-of-United Nations system action at the country level.⁶⁸ The most recent analysis found that of the 97 countries that rolled out a Cooperation Framework in 2022–2023, 75 (77 per cent) integrated noncommunicable diseases and 83 (86 per cent) integrated mental health into them.⁶⁹ The analysis on how well alcohol measures are integrated into Cooperation Frameworks is described in paragraph 22. The report describes action required to enhance the prioritization of alcohol measures in future Cooperation Frameworks, emphasizing the role of individual United Nations system agencies in providing a whole-of-United Nations response to support Member States in tackling the harm caused by alcohol. The results of these analyses were discussed at the twenty-third meeting of the Task Force. The Task Force is also currently conducting in-depth analyses on how individual noncommunicable diseases and their risk factors are being prioritized in Cooperation Frameworks.

75. The Task Force secretariat continues to work with United Nations country teams whose Cooperation Frameworks are expiring. In the past year, the Task Force secretariat has contacted over 40 countries developing a new Cooperation Framework in 2024 or 2025, encouraging the inclusion of noncommunicable diseases and mental health as part of the Frameworks' strategic priorities, providing guidance and support.

Legislators' initiative

76. A collaboration between the Group of 20-Group of 7 Health and Development Partnership,⁷⁰ the Task Force and the Health4Life Fund was announced at the 2024 Health 20 meeting (Geneva, 19 June), with the purpose of catalysing domestic and international multisectoral partnerships, action and financing to support countries in reducing the burden of noncommunicable diseases and mental health conditions.⁷¹ The Health 20 summit is an independent annual platform in support of the Group of 20 presidency agendas and was launched in Geneva in 2018.

77. The collaboration will seek to strengthen governance for noncommunicable diseases and mental health and their risk factors at the global, regional and country levels through existing and emerging parliamentary forums and caucuses, providing space for high-level policy discussions as part of the broader development agenda, as well as promoting ever stronger and more coherent One United Nations action. The Health and Development Partnership will also support the Task Force's efforts to mobilize resources for United Nations system action and the Health4Life Fund to

⁶⁷ See <https://social.desa.un.org/world-summit-2025>.

⁶⁸ See <https://uniatf.who.int/guidance-publications/un-sustainable-development-frameworks>.

⁶⁹ See <https://uniatf.who.int/publications/m/item/integration-of-noncommunicable-diseases-and-mental-health-into-united-nations-sustainable-development-cooperation-frameworks-2022-2023-rollout-report>.

⁷⁰ See <https://g20healthpartnership.com>.

⁷¹ See <https://uniatf.who.int/collaborations/legislators-initiative>.

support countries in scaling up multisectoral action on noncommunicable diseases and mental health.

78. In the first instance, a set of four hearings is receiving expert evidence on action that legislators need to take to combat noncommunicable diseases and improve mental health, with the Chair and rapporteurs being current and former parliamentarians. Together they will author a report that will be launched at the 2025 Health 20 summit at WHO (Geneva, 19 and 20 June). The secretariats of the Health and Development Partnership and the Task Force, as well as UNDP, are providing support for the hearings and the development of the report. The International Development Law Organization, WHO and the World Bank are part of an advisory group for the initiative. A number of Task Force members have provided evidence to the hearings.

Friends of the Task Force

79. The ninth annual meeting of the Friends of the Task Force was held during the seventy-ninth session of the General Assembly, under the theme of legislative, fiscal and regulatory action to deliver the noncommunicable diseases and mental health-related Sustainable Development Goal targets.⁷²

Task Force awards

80. The 2024 awards were run in partnership with the WHO Department of Health Products, Policy and Standards to recognize those working in the area of assistive technology. Fourteen winners were announced at the meeting of the Friends of the Task Force.⁷³ For the 2025 awards, the Task Force is collaborating with the WHO Department of Nutrition and Food Safety to highlight the importance of overweight and obesity and recognize organizations working in this field.⁷⁴

81. The Task Force secretariat has established a network of former Task Force award winners to exchange information on ongoing activities and to support peer-to-peer learning.⁷⁵

Meetings of the Task Force

82. The twenty-third meeting of the Task Force was hosted by WHO (Geneva, 30 and 31 October 2024). It was co-chaired by ITU and WHO, with 24 members participating.⁷⁶ The twenty-fourth meeting was also hosted by WHO (Geneva, 1–3 April 2025). It was co-chaired by the United Nations Road Safety Fund and WHO, with 26 members participating.⁷⁷

⁷² See <https://uniatf.who.int/about-us/news/item/25-09-2024-health-taxes-to-deliver-health-gains-highlighted-at-the-eleventh-meeting-of-the-friends-of-the-task-force-at-2024-un-general-assembly>.

⁷³ See <https://uniatf.who.int/about-us/news/item/25-09-2024-2024-un-ncd-task-force-awards>.

⁷⁴ See <https://uniatf.who.int/about-us/news/item/18-02-2025-call-for-nominations-for-un-ncd-task-force-award-2025>.

⁷⁵ See <https://uniatf.who.int/task-force-awards/winner-network>.

⁷⁶ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/23treport-final.pdf?sfvrsn=d6b7df19_1&download=true.

⁷⁷ See <https://uniatf.who.int/publications/m/item/24th-meeting-of-task-force>.

D. Being an exemplar of United Nations reform

Tobacco control

83. In 2008, the General Assembly adopted resolution 63/8 on smoke-free United Nations premises, which included a ban on sales of tobacco products at United Nations Headquarters and a recommendation that a complete ban on sales of tobacco products be implemented at all United Nations premises. Efforts continue to encourage United Nations entities to demonstrate leadership in tobacco control by ensuring 100 per cent smoke-free campuses and banning the sale of tobacco and nicotine products on United Nations campuses and/or in commissary stores. Efforts continue to prevent tobacco industry interference across United Nations agencies, in line with the Task Force's model policy for agencies of the United Nations system on preventing tobacco industry interference.⁷⁸ The alert network for tobacco industry involvement, established in 2022, serves as an early warning system for Task Force members on potential or actual tobacco industry involvement or interference in events or activities in which Task Force members may be involved. Advocacy materials developed by the WHO Framework Convention on Tobacco Control secretariat on the model policy and the way that the tobacco industry undermines the 2030 Agenda for Sustainable Development have been disseminated to Task Force members.⁷⁹ World No Tobacco Day 2025 was held on 31 May. The theme, "Unmasking the appeal", reveals strategies employed by tobacco and nicotine industries to make their harmful products enticing, particularly to young people.⁸⁰

Alcohol control

84. Protecting public health policymaking against interference from commercial interests is critical. As part of this, the Task Force has agreed to develop a good practice paper for the way that United Nations system agencies interact with the alcohol industry, as well as United Nations workplace standards for review at the twenty-fifth Task Force meeting.

Joint independent evaluation of the work of the Task Force

85. The evaluation team reviewed over 100 documents, interviewed 76 key informants and conducted case studies in Kyrgyzstan and Nigeria. A summary of findings, conclusions and recommendations is provided in box 2. Full results, including lessons learned, are available on the WHO Evaluation Office web pages.⁸¹ The evaluation, alongside the outcomes of the fourth high-level meeting and recent Economic and Social Council resolutions on the work of the Task Force, will be used to support the development of the Task Force's 2026–2030 strategy and action plan for 2026–2027.

⁷⁸ See https://uniatf.who.int/docs/librariesprovider22/default-document-library/model-policy-agencies-united-nations.pdf?sfvrsn=2d366a9c_5&download=true.

⁷⁹ See <https://fctc.who.int/resources/publications/m/item/model-policy-for-un-agencies-on-preventing-tobacco-industry-interference> and <https://youtu.be/wr6Y53W2KPk?feature=shared>.

⁸⁰ See www.who.int/campaigns/world-no-tobacco-day/2025.

⁸¹ See www.who.int/publications/m/item/joint-independent-evaluation-of-the-un-inter-agency-task-force-on-the-prevention-and-control-of-non-communicable-diseases--report.

Box 2

Summary of findings, conclusions and recommendations of the joint independent evaluation**Findings***Relevance*

There is high demand from both Member States and United Nations agencies for the Task Force's coordination role. Some members consider that its work is less relevant to them. The Task Force has focused its efforts at the country level, ensuring that it has direct relevance to country needs.

Effectiveness and efficiency

The Task Force secretariat is highly effective in convening Task Force members and coordinating its activities. However, tracking the impact of the Task Force's work is challenging because members do not report on shared, measurable and time-bound targets. Despite this, the secretariat has been able to document progress towards its strategic objectives, and there is evidence of Task Force joint missions, investment cases and other activities contributing to improved multisectoral responses in various countries.

Coherence

At the global level, the Task Force contributes to building synergies among United Nations agencies on noncommunicable diseases through joint programmes and the Health4Life Fund. It does not always have sufficient influence, however, to ensure a unified United Nations response to noncommunicable diseases. While the Task Force has successfully raised the profile of noncommunicable diseases within some member agencies, there needs to be greater transparency on the resources that individual agencies are making available for noncommunicable diseases and mental health. Within WHO, there have been instances of competition across different parts of the agency for resources.

Gender, equity and human rights

There are good examples of the Task Force human rights team supporting the capacity of Task Force members on rights-based interventions, but less attention is given to gender and equity.

Sustainability

Efforts to raise funds for country-level non-communicable diseases and mental health responses – especially through the Health4Life Fund – are helping to ensure the long-term impact of the Task Force's work. Many member agencies have not built financial commitments into their budgets to support the secretariat or sustain Task Force activities. The sustainability of the Task Force's country-level work has been inconsistent.

Conclusions

1. The Task Force is an effective coordination mechanism and is an exemplar of the United Nations working as one.
2. The Task Force needs to strengthen the monitoring and evaluation and operational planning of its multisectoral coordination work.
3. The Task Force secretariat is efficient and highly effective but requires better political support within WHO and stable resourcing.
4. The Task Force has provided strong contributions to noncommunicable disease responses in countries, which can be further enhanced by strengthening engagement with United Nations country teams.
5. The Health4Life Fund is a promising mechanism to catalyse countries' action and needs stronger coordination and support within WHO.
6. Human rights are reflected in the work of the Task Force, but there is little work around embedding gender and equity.

Recommendations

1. Build on the unique added value of the Task Force, maintaining focus on alignment and coordination of the United Nations multisectoral response to noncommunicable diseases at the country level and promoting its contribution to the global health coordination agenda, through the development of a new strategy with a monitoring and evaluation framework and operational plan.
2. Enhance joint accountability and resourcing by Task Force member agencies and strengthen their contribution to the implementation and resourcing of the Task Force's strategy. The 2026–2030 strategy should be developed in consultation with a wide array of stakeholders. Member State champions should be mobilized to support the development and implementation of the strategy.
3. Enhance Task Force secretariat governance and resourcing to ensure that it has the necessary political leadership across the United Nations system to deliver its mandate.
4. Enhance the effectiveness of the Task Force at the country level by reviewing the country prioritization process, employing a programme cycle approach to strengthen the capacity of United Nations country teams and accelerating progress on the Health4Life Fund.
5. Increase the capacity and focus of the Task Force's work on gender equality, equity and disability inclusion, expanding the scope of work of the Task Force human rights team and increasing engagement with communities and networks of people living with noncommunicable diseases or affected by mental health conditions, as well as other relevant vulnerable groups.

IV. Recommendations

86. The Economic and Social Council is invited to:

(a) Take note of the present report and the continuing impact of the work of the Task Force in supporting Member States to reduce the burden of noncommunicable diseases, improve mental health and meet broader health-related Sustainable Development Goals;

(b) Call upon the Task Force to support all countries, upon their request, in developing, implementing and evaluating multisectoral national action plans for noncommunicable diseases and mental health, in line with the WHO global action plan for 2013–2030, Sustainable Development Goal target 3.4, universal health coverage and broader health-related development targets and high-level political declarations;

(c) Call upon the Task Force to work with bilateral, multilateral and other development partners, including civil society and relevant private sector entities, to mobilize resources, including through the Health4Life Fund, to provide catalytic support to countries to advance noncommunicable diseases and mental health responses and mobilize domestic resources;

(d) Call upon the Task Force to scale up support to Member States to implement the WHO acceleration plan to stop obesity, and work with development partners, civil society and the private sector to mobilize resources for implementation of the national acceleration road maps to stop obesity;

(e) Call upon the Task Force to advocate for greater multisectoral action for the prevention and control of chronic respiratory diseases, which is too often neglected and underresourced, including through integration with primary healthcare and by reducing behavioural and environmental risk factors;

(f) Call upon the Task Force to scale up support for Member States in fully implementing the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products and support Parties in their preparations for the eleventh session of the Conference of the Parties and the fourth session of the Meeting of the Parties in November 2025;

(g) Call upon the Task Force to support Member States in their preparation for the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being;

(h) Call upon the Task Force to develop a new strategy for 2026–2030 and action plan for 2026–2027, taking into account the findings, conclusions and recommendations of the joint independent evaluation and the outcomes of the fourth high-level meeting.
