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Agenda item 12 (d)

**Coordination, programme and other questions: prevention  
and control of non-communicable diseases**

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

### **Note by the Secretary-General**

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council decision 2022/355.



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

## **I. Introduction: ten years of the Task Force**

1. The year 2023 marks the tenth anniversary of the establishment by the Secretary-General of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases in line with resolution [2013/12](#) of the Economic and Social Council. The present report highlights the achievements of the Task Force over the past 10 years, while focusing on specific actions taken during 2022.

2. The Task Force was established to bring the full force of the United Nations in supporting countries in scaling up action on non-communicable diseases. It was established for the following reasons:

(a) Non-communicable diseases are the leading cause of death and ill health worldwide;

(b) Non-communicable diseases affect many people during their most active years, with massive socioeconomic impact;

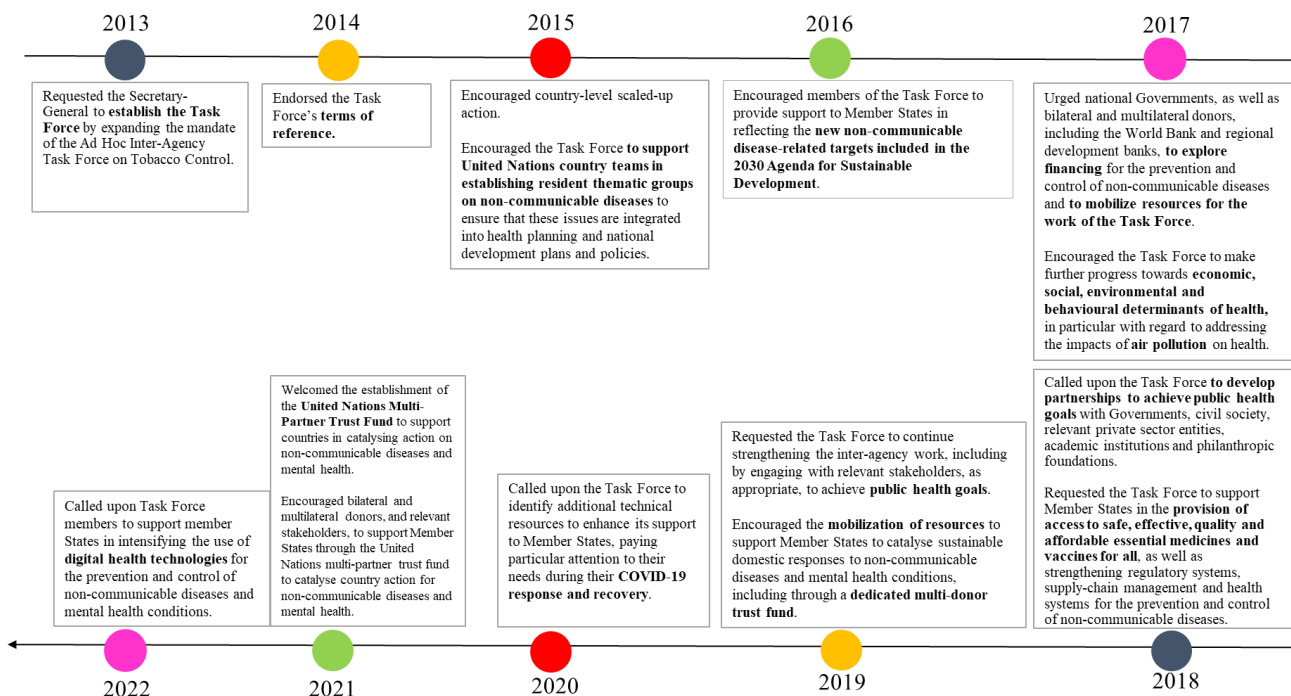
(c) Much of the burden is preventable;

(d) Action is required in sectors beyond health and Task Force members can access various parts of government and society;

(e) The United Nations is most effective when working as one.

3. Since 2013, the Council has broadened the mandate of the Task Force, including to support countries in delivering on mental health and other non-communicable disease-related Sustainable Development Goal targets (see figure I).

Figure I  
Key elements of Council resolutions on the work of the Task Force, 2013–2022



4. The 2022–2025 strategy of the Task Force, described in the 2022 report to the Council (E/2022/59), builds on the 2019–2021 strategy of the Task Force and previous workplans. The 2022–2025 strategy has four priorities: (a) supporting countries in delivering multisectoral action on the non-communicable disease-related Sustainable Development Goal targets; (b) mobilizing resources to support the development of national responses to reach the non-communicable disease-related Goal targets; (c) harmonizing action and forging partnerships; and (d) being an exemplar of United Nations reform.

5. Over the past 10 years, the Task Force has provided support to 50 Member States (see figure II) through:

(a) Joint programming missions:

- Meeting heads of State and ministers, parliamentarians and non-State actors to promote whole-of-government, whole-of-society action.
- Elevating the profile of non-communicable diseases and mental health across United Nations country teams, with commitment to act.

(b) Hands-on technical support:

- Strengthening national coordination mechanisms and multi-sectoral action plans.
- Developing investment cases for increased resources.
- Catalysing changes in national policy and strategy.
- Scaling up non-communicable disease and mental health programming.

(c) Developing innovative partnerships, for example:

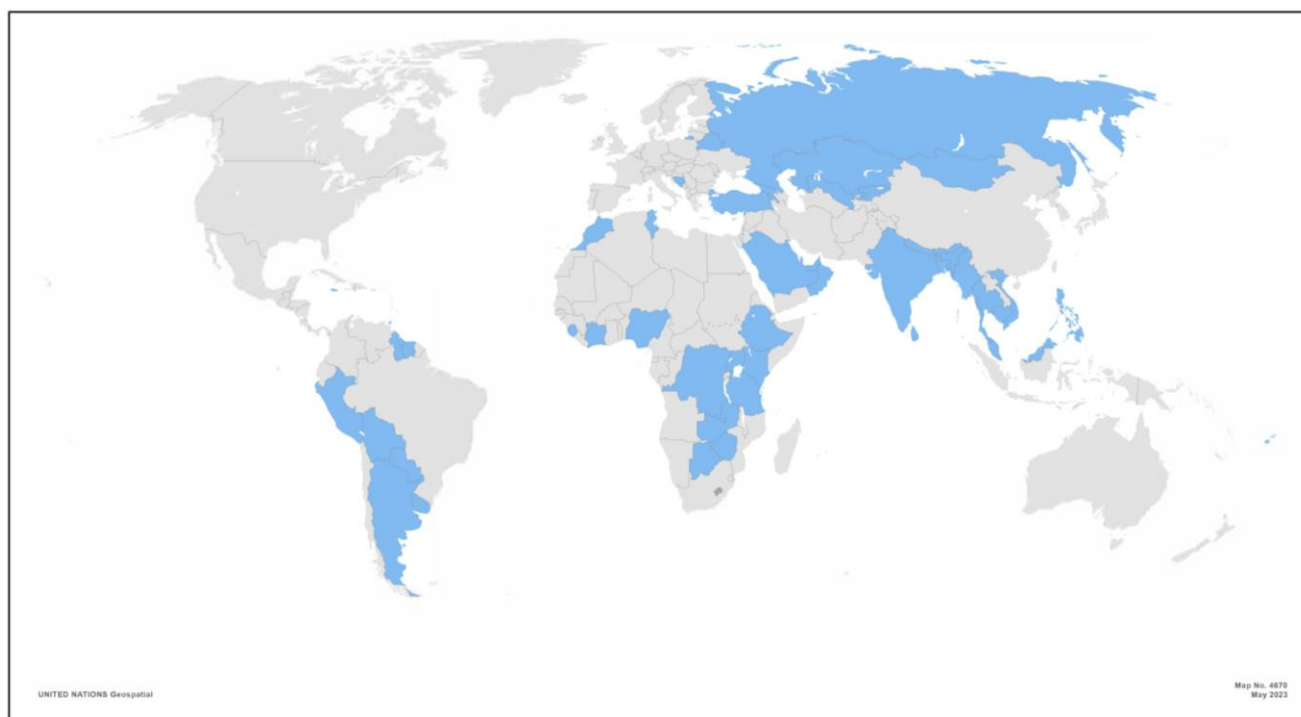
- The United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health (Health4Life Fund).

- NCD2030, established to support countries in strengthening governance for non-communicable diseases.
- The SAFER initiative, established to reduce the harmful use of alcohol.
- A joint action group to support the global elimination of cervical cancer.
- The Access Initiative for Quitting Tobacco, established to respond to the coronavirus disease (COVID-19).
- Other partnerships on digital solutions, comorbidities and human rights.

(d) Development of guidance and advocacy material, for example, sectoral briefs,<sup>1</sup> Task Force member briefs,<sup>2</sup> and COVID-19 briefs.<sup>3</sup>

Figure II

**Countries in which the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases has worked since 2013**



*Note:* The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas). The final boundary between South Sudan and the Sudan has not yet been determined. The final status of the Abyei area is not yet determined.

<sup>1</sup> See World Health Organization (WHO) and United Nations Development Programme (UNDP), “What government ministries need to know about non-communicable diseases”, sectoral briefs 2016.

<sup>2</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases, *Responding to the Challenge of Non-communicable Diseases*, United Nations agency briefs, September 2019.

<sup>3</sup> See WHO and UNDP, “Responding to non-communicable diseases during and beyond the COVID-19 pandemic”, policy brief (Geneva, 2020), WHO and UNDP, “Responding to non-communicable diseases during and beyond the COVID-19 pandemic: State of the evidence on COVID-19 and non-communicable diseases, a rapid review”, policy brief (Geneva, 2020) and WHO and UNDP, “Update 21: responding to non-communicable diseases during and beyond the COVID-19 pandemic – examples of actions being taken by selected members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases” (Geneva, 2021).

6. The Task Force was included in the 2020 midpoint evaluation of the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030. The evaluation identified achievements and also highlighted opportunities for the Task Force to provide greater support to Member States.<sup>4</sup> While the Task Force has used the recommendations of the midpoint evaluation to enhance its effectiveness, significant challenges remain, particularly in mobilizing resources. In-person joint programming missions have also been affected by the COVID-19 pandemic.

## II. Situation analysis

7. Reducing the burden of non-communicable diseases and improving mental health remains one of the world’s greatest health and development challenges:<sup>5</sup>

(a) The global share of deaths from non-communicable diseases among all deaths increased from 61 per cent in 2000 to 74 per cent in 2019. Globally, 7 of the 10 leading causes of death in 2019 were non-communicable diseases;

(b) Of premature deaths (under age 70) from non-communicable diseases in 2019, 86 per cent occurred in low- and middle-income countries;

(c) Nearly 1 billion people lived with a mental disorder in 2019. Depression and anxiety alone cost \$1 trillion annually.

8. Premature mortality and morbidity from non-communicable diseases can partly be attributed to a lack of success in addressing many risk factors (tobacco use, harmful use of alcohol, air pollution, unhealthy diets and physical inactivity) but also failures of health system capacity to meet needs for prevention and treatment.

9. However, progress has been made. Premature non-communicable disease mortality has declined globally from 22.9 per cent in 2000 to 17.8 per cent in 2019. Countries with policy, legislative and regulatory measures, including fiscal measures, for prevention and control, as well as strong and inclusive health systems, have had the best outcomes.<sup>6</sup>

10. People with non-communicable diseases and mental health conditions are vulnerable to worse COVID-19 outcomes, and the pandemic continues to disrupt progress against these issues by setting back advances in policy and interrupting essential health services, from early detection to management, control and surveillance, all of which is expected to increase premature mortality in the near future.<sup>7</sup>

<sup>4</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases, “Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases”, briefing paper. Available at [https://cdn.who.int/media/docs/default-source/ncds/un-interagency-task-force-on-ncds/what-the-who-ncd-gap-evaluation-says-about-the-un-ncd-task-force---briefing-paper.pdf?sfvrsn=27b86726\\_5&download=true](https://cdn.who.int/media/docs/default-source/ncds/un-interagency-task-force-on-ncds/what-the-who-ncd-gap-evaluation-says-about-the-un-ncd-task-force---briefing-paper.pdf?sfvrsn=27b86726_5&download=true).

<sup>5</sup> See WHO, Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, document EB150/7.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

### III. Work of the Task Force and broader response of the United Nations system to non-communicable diseases and mental health

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

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

*Catalysing multisectoral action for the prevention and control of non-communicable diseases and mental health*

11. The global joint programme of WHO and the United Nations Development Programme (UNDP), NCD2030, continued to strengthen whole-of-government and whole-of-society responses to non-communicable diseases and mental health conditions with the support of the Russian Federation, the Gulf Health Council for Cooperation Council States, the European Union and the Government of Italy.

12. A total of 26 national non-communicable disease<sup>8</sup> and 10 mental health investment cases have been conducted since 2015 (see box 1).<sup>9</sup> These remain in high demand from Member States to support the scaling up of domestic and international investment.

13. In 2022, non-communicable disease investment cases were completed for Botswana and Georgia and are being finalized for Bosnia and Herzegovina, Kyrgyzstan and Malaysia. Mental health investment cases have been completed for Bangladesh, Nepal, Uganda and Zimbabwe and are in progress in Jordan and Kyrgyzstan.

14. In order to respond to the Council's request in 2018 for the Task Force to support broader public health goals, WHO, UNDP and the Gulf Health Council for Cooperation Council States have worked with the Governments of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates to cost clinical services at the primary care level, including for non-communicable disease and mental health disorders. Reports are being finalized. The global joint programme is also forecasting the revenue and health implications of increased health taxes in the six Gulf States.

##### Box 1

##### **Summary of results of 26 national non-communicable disease investment cases developed between 2015 and 2022**

Between 2015 and 2022, 26 national non-communicable disease investment cases were developed. The aggregate results from the economic analyses show that, on average, non-communicable diseases cause 4.3 per cent of gross domestic product to be lost every year as a result of direct (i.e. health care) and indirect (i.e. productivity loss) costs.

<sup>8</sup> Since 2015, 26 non-communicable investment cases have been conducted, in Armenia, Bahrain, Barbados, Belarus, Bosnia and Herzegovina, Botswana, Cambodia, Ethiopia, Georgia, Jamaica, Kazakhstan, Kuwait, Malaysia, Mongolia, Nigeria, Oman, the Philippines, Qatar, the Russian Federation, Saudi Arabia, Thailand, Türkiye, Uganda, the United Arab Emirates, Uzbekistan and Zambia.

<sup>9</sup> Since 2021, 10 mental health investment cases have been conducted, in Bangladesh, Jamaica, Jordan, Kenya, Kyrgyzstan, Nepal, the Philippines, Uganda, Uzbekistan and Zimbabwe.

Investment cases found that scaled-up action against non-communicable diseases can propel economic growth and progress towards the Sustainable Development Goals. In the 26 countries, investment in WHO “best buy” policy and clinical measures would save more than 13.5 million lives and yield major health care savings and productivity gains that amount, on average, to 5 per cent of national gross domestic product per country (ranging from 0.4 per cent to 18.7 per cent) over a period of 15 years.

The results of the national investment cases indicate that the “best buys” have a significant return on investment, with the average estimate across all recommended intervention packages, and across all countries, totalling \$10 for every \$1 invested over 15 years.

15. A 2022 assessment of non-communicable disease investment cases shows that they are impacting governance, financing and health service access and delivery. The results of this work are being finalized for publication. Summary findings are shown in box 2.

#### Box 2

##### **Impact of national non-communicable diseases investment cases**

An assessment of the impact of non-communicable disease investment cases in 13 countries was undertaken in 2022.

The assessment identified actions attributable in whole or part to the investment cases, across governance, health financing and health service access and delivery. The pathways of these changes included: (a) stronger collaboration across government ministries and partners; (b) advocacy for non-communicable disease prevention and control; (c) grounding efforts in nationally owned data and evidence; (d) developing mutually embraced language across health and finance; and (e) elevating the priority accorded to non-communicable diseases by framing action as an investment rather than a cost.

The assessment also identified barriers to greater progress on the investment case recommendations. A main obstacle is the influence of some private sector entities on sectors other than health. This suggests the utility of further support on policy coherence and the prevention of industry interference in policymaking. To that end, it may be useful to develop more detailed economic analysis on specific risk factors or issues closely tied with commercial influence, similar to the tobacco control-specific investment cases that have been done.

A second barrier identified was that the COVID-19 pandemic diverted attention from action on addressing non-communicable diseases, even though non-communicable diseases and their risk factors are associated with worse COVID-19 outcomes and even though infection with severe acute respiratory syndrome coronavirus 2 is associated with increases in non-communicable diseases.

A third barrier was significant turnover among ministers and high-level government officials, making sustained action a challenge in some settings. This suggests that the investment cases and their recommendations may need refreshing and relaunching from time to time.

16. While joint programming missions and investment cases have significant impact, even greater gains come from longer-term support. This was provided in 2021–2022 through European Union funding of the NCD2030 programme of WHO and UNDP, with assistance being provided to countries in Africa (Côte d’Ivoire, Nigeria and Uganda), the Caribbean (Guyana, Suriname and Trinidad and Tobago) and the Pacific (Fiji). These countries have received support to: (a) develop and/or implement effective fiscal, legislative and regulatory measures; (b) enhance policy coherence across government sectors and their partners; (c) strengthen policy and capacities for ensuring equitable access to health care; and (d) increase awareness, ownership and engagement on the part of civil society, parliamentarians, local leaders, media and others for population-wide responses. Selected results and activities from the work are highlighted in box 3. Key lessons that emerged from this work were included in the 2022 report of the Task Force to the Council.

### Box 3

#### **Selected results and activities from European Union support to NCD2030**

##### *Côte d’Ivoire*

- A non-communicable disease strategic plan was developed and a multisectoral committee established.
- Taxation of non-communicable disease risk factors was promoted to the tax authority and the cabinet was briefed on the impact of these diseases on government expenditures.

##### *Nigeria*

- A national alcohol policy and a multisectoral non-communicable disease policy were developed.
- The non-communicable disease coordination mechanism and the tobacco control committee were strengthened.
- A new mental health bill was passed.

##### *Uganda*

- Non-communicable disease parliamentary forums, committees and coordination mechanisms were strengthened.
- Non-communicable disease prevention and control were included in the national health insurance bill and the public health act.
- Non-communicable disease management was integrated into HIV care through the United States President’s Emergency Plan for AIDS Relief country operational plan and through the alliance of mayors and municipal leaders on HIV/AIDS.

##### *Guyana*

- Mental health legislation was presented to the cabinet.
- Mental health and suicide action plans were evaluated and updated and a multisectoral working group on mental health and psychosocial support was operationalized.
- Implementation of a public health campaign was facilitated through a radio programme.
- Readiness for the implementation of a self-harm surveillance system was tested.
- A mental health investment case was advanced.



*Suriname*

- Mental health and suicide action plans were evaluated and updated.
- Health workers were trained in order to enhance access to psychosocial support and improve the coordination of mental health and psychosocial support interventions.
- Readiness for the implementation of a self-harm surveillance system was tested.

*Trinidad and Tobago*

- An implementation plan and monitoring and evaluation framework was developed for the suicide prevention strategy.
- The suicide surveillance system, along with capacity-building, was evaluated.
- Readiness for the implementation of a self-harm surveillance system was tested.

*Fiji*

- Non-communicable disease legal environment and investment framework analyses were conducted.
- A new multisectoral non-communicable disease strategy was developed.
- The profile of non-communicable diseases as a health and development issue was raised and interest in intersectoral partnerships was renewed.

17. The annual meeting to review progress on non-communicable diseases, mental health and other related investment cases was organized by the Task Force secretariat and UNDP from 24 to 26 January 2023. Economists and other experts discussed the results of investment cases, new methodologies and plans for new work.

*Elimination of cervical cancer*

18. The United Nations Joint Global Programme on the Elimination of Cervical Cancer was established in 2016 and brought seven members of the Task Force<sup>10</sup> together to provide support to Bolivia, Mongolia, Morocco, Myanmar, the United Republic of Tanzania and Uzbekistan. This joint approach recognized that addressing cervical cancer requires action across the life cycle, that technical expertise is available across several United Nations agencies and that working together is more efficient than working independently. The independent review conducted in 2021 highlighted achievements but also barriers to global efforts to eliminate cervical cancer as well as challenges faced by the Joint Programme, including an inability to attract the necessary financing and, more recently, the impact of the COVID-19 pandemic.<sup>11</sup>

<sup>10</sup> 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, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund (UNFPA) and WHO.

<sup>11</sup> Global Health Visions, "A review of the United Nations Joint Global Programme on the Elimination of Cervical Cancer" (2018).

19. In 2020, the World Health Assembly adopted the global strategy to accelerate the elimination of cervical cancer as a public health problem.<sup>12</sup> As a result, Task Force members have been working through a joint action group that: (a) promotes strategic and technical coordination among United Nations agencies, contributing to the effective implementation of the global strategy; (b) contributes to coordinated global, regional and national advocacy for the implementation of the global strategy; and (c) contributes to increasing the volume and coherence of technical support provided to Member States. The Health4Life Fund provides a financing mechanism for development partners to bring additional resources to support countries on cervical cancer.

#### *Digital health*

20. Digital health is critical in promoting public health and expanding access to health services, and previous Task Force reports to the Council have highlighted the work undertaken by the Be He@lthy, Be Mobile initiative of the International Telecommunication Union (ITU) and WHO. In 2022, the WHO and ITU mDiabetes campaign was held in Senegal, a month-long health campaign to raise awareness on non-communicable diseases and mental health was undertaken in four Caribbean countries and a handbook on how to implement the mSafeListening programme was published.<sup>13</sup>

21. In 2022, WHO and ITU worked on developing a global digital health business case to help Member States understand the costs and benefits of developing and implementing digital health solutions for non-communicable diseases and mental health. Interventions included the areas of telemedicine, mobile messaging, chatbots, community-led monitoring and health information systems. Countries are now expressing interest in developing their own investment cases for digital solutions for non-communicable diseases and mental health.

#### *Reducing harmful use of alcohol through the SAFER initiative*

22. The Task Force's working group on alcohol was established in 2013 in response to the growing recognition of the significant public health and socioeconomic consequences of the harmful use of alcohol as well as the need for a coordinated global response. The working group on alcohol has played an important role in bringing together stakeholders to promote coordinated action. The Task Force secretariat was a founding partner of the WHO-led global SAFER initiative, which was launched in 2018 as a collaboration between several international organizations leading the work on public health and alcohol policy. In addition to WHO and the Task Force secretariat, the initiative includes UNDP, the Global Alcohol Policy Alliance, the NCD Alliance, Movendi International and Vital Strategies.<sup>14</sup>

23. The SAFER initiative focuses on cost-effective interventions. It also aims to protect public health policymaking against interference from commercial interests and to establish strong monitoring systems to ensure accountability and track progress in the implementation of SAFER interventions. The Government of Nepal, UNDP, WHO and civil society partners undertook a joint programming mission in Kathmandu between 17 and 21 October 2022 to support Nepal in implementing SAFER. The joint mission recommended the implementation of two-year multi-agency and multisectoral roadmap. The roadmap was subsequently endorsed by the Government of Nepal.

<sup>12</sup> WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem.

<sup>13</sup> WHO and ITU, "A handbook on how to implement mSafeListening" (Geneva, 2022).

<sup>14</sup> See <https://www.who.int/initiatives/SAFER>.

24. SAFER's work in countries including Nepal and Uganda (where a SAFER mission was conducted in 2021) has shown the value of multilevel, multisectoral and multi-agency collaboration in supporting government in implementing actions to reduce the harmful use of alcohol. The experience of SAFER has also highlighted the need for stronger policy coherence among United Nations agencies, in particular when it comes to protecting the development and implementation of alcohol control measures from undue influence by commercial interests.

#### *Tobacco-Free Farms*

25. The provision of alternative livelihood to tobacco growing is a key supply reduction measure under the WHO Framework Convention on Tobacco Control. Pilot projects across many countries have demonstrated the willingness of tobacco farmers to shift to alternative livelihoods. To scale up this work, the Tobacco Free Farms initiative was launched in 2022, led by WHO, with partners including the Food and Agriculture Organization of the United Nations (FAO), the United Nations Capital Development Fund, the World Food Programme (WFP) and the Convention secretariat. The initiative aims to shape the market to provide tobacco farmers who are moving to alternative livelihoods with the same amount of income, if not more. It was launched in Kenya<sup>15</sup> and will soon be operational in Zambia. The WHO World No-Tobacco Day 2023 theme and campaign on the theme, "grow food, not tobacco" will support this initiative by highlighting how tobacco growing harms the health of farmers as well as that of users and the planet.

#### *Global RECAP*

26. The Global Regulatory and Fiscal Policy Capacity-Building Programme, implemented by WHO, the International Development Law Organization and the International Development Research Centre, completed its first 3.5-year phase in June 2022 and has entered a second 3-year phase with the continuing support of the Swiss Agency for Development and Cooperation. For phase 2, continued support towards regulatory reforms has been offered to phase 1 countries (Bangladesh, Kenya, Sri Lanka, the United Republic of Tanzania and Uganda), and plans are underway to invite five new countries in the African and South-East Asian regions to join.

### **Working groups and work streams**

#### *Tobacco control*

27. The Task Force was established in 2013 by expanding the mandate of the Ad Hoc Inter-Agency Task Force on Tobacco Control. The Task Force's terms of reference retain a special focus on the implementation of the WHO Framework Convention on Tobacco Control.<sup>16</sup> More recently, the work of the Task Force has been expanded to include support to countries under the Protocol to Eliminate Illicit Trade in Tobacco Products, which entered into force in 2018.

28. To strengthen collaboration across Task Force members, a Task Force working group on tobacco control was established in 2017. Its work has been described in previous Task Force reports to the Council.<sup>17</sup>

#### *Protocol to Eliminate Illicit Trade in Tobacco Products*

29. Illicit trade increases the accessibility and affordability of tobacco products, thus undermining tobacco control policies. Increased access to (often cheaper)

<sup>15</sup> See <https://www.afro.who.int/countries/kenya/news/launch-tobacco-free-farms-kenya>.

<sup>16</sup> Sixteen members of the Task Force are accredited as observers to the WHO Framework Convention on Tobacco Control Conference of the Parties; see <https://fctc.who.int/who-fctc/governance/observers/international-intergovernmental-organizations>.

<sup>17</sup> See, for example, E/2022/59 para. 34.

tobacco products chiefly affects vulnerable groups, including low-income populations and young people. Elimination of illicit cigarettes has been estimated to reduce total cigarette consumption by 1.9 per cent across 36 countries and to increase global revenue by \$47.4 billion annually.<sup>18</sup> Reducing illicit trade in tobacco products requires strong national and international legal, regulatory and enforcement measures.

30. Members of the Task Force play an important role in achieving the goals of the Protocol in line with their mandate and expertise. The second session of the Meeting of the Parties, the governing body of the Protocol, has called on parties to strongly encourage international and regional organizations in which they are represented to support the implementation of the Protocol and to acknowledge its role in the achievement of the 2030 Agenda for Sustainable Development. The Convention secretariat is working with Task Force members that have expressed interest in supporting the implementation of the Protocol to identify areas of collaboration.

31. Examples of support from Task Force members to the parties in implementing the Protocol include: (a) the Global Tax Program, housed at the World Bank; (b) Tax Inspectors Without Borders, a joint initiative of the Organisation for Economic Co-operation and Development (OECD) and UNDP; and (c) the Container Control Programme, a joint initiative of the United Nations Office on Drugs and Crime (UNODC) and the World Customs Organization. Other examples include: (a) the World Bank, in the area of tax administration and combating corruption; (b) OECD, in enhancing transparency in Free Trade Zones; and (c) UNODC, in tackling money-laundering and undertaking crime research.

#### *Nutrition*

32. UN-Nutrition is the coordination and collaboration mechanism for tackling all forms of malnutrition. In 2022, it launched its 2022–2030 strategy.<sup>19</sup> The UN-Nutrition secretariat convenes the Task Force nutrition working group that was established in 2016 to support countries in meeting nutrition and diet-related non-communicable disease Sustainable Development Goal targets. The working group has highlighted the importance of improving nutrition for the COVID-19 response, putting healthy, affordable and sustainable diets at the heart and considering that unhealthy dietary trends seen during the pandemic could compound the obesity epidemic and that overweight and obesity are among the most common comorbidities of COVID-19.<sup>20</sup>

33. In 2022, to support countries in embedding nutrition in country strategies, UN-Nutrition updated its 2017 guidance note for United Nations country teams on integrating nutrition, including diet-related non-communicable diseases, into United Nations Sustainable Development Cooperation Frameworks.<sup>21</sup> In 2022, the nutrition working group provided support to Lesotho to identify diet and nutrition entry points for United Nations action, and support was provided to Zimbabwe to advocate for scaled up action to meet global and country diet and nutrition targets. In addition, the working group has collaborated with the Task Force’s working group on environment to develop messages linking climate change, the environment, healthy diets and nutrition for the twenty-seventh Conference of the Parties to the United Nations Framework Convention on Climate Change.

<sup>18</sup> See <https://tobaccocontrol.bmj.com/content/tobaccocontrol/early/2020/11/03/tobaccocontrol-2020-055980.full.pdf>.

<sup>19</sup> See UN-Nutrition, “One UN for Nutrition: UN-Nutrition Strategy 2022–2030”, October 2022.

<sup>20</sup> See United Nations System Standing Committee on Nutrition, “Strengthened action on nutrition in the COVID-19 response”, 31 July 2020.

<sup>21</sup> See UN-Nutrition, “A guidance note on nutrition for United Nations country teams, their government counterparts and other stakeholders”, February 2023.

34. The UN-Nutrition secretariat has hosted a community of practice on nutrition, human rights and law since 2020. The community of practice has worked with the Task Force's human rights working group to develop materials and messages on human rights-based approaches and legal mechanisms to address malnutrition.

35. The UN-Nutrition secretariat, along with FAO and WHO, has established the secretariat of the Coalition of Action for Healthy Diets from Sustainable Food Systems for All, which was launched following the United Nations Food Systems Summit in 2021.<sup>22</sup> The United Nations Environment Programme (UNEP), UNICEF and WFP are also members of the Coalition.

#### *Mental health and well-being*

36. Since the Council's resolution 2016/5 on the work of the Task Force, the Task Force has increased inter-agency collaboration on global mental health, not only as a priority for public health systems and human rights protection, but also as part of universal health coverage and broader sustainable development. The WHO Comprehensive Mental Health Action Plan 2013–2030 promotes stronger collaboration, including through the roll-out of the WHO mental health gap action programme in over 100 countries.

37. Over the past 10 years, WHO has been partnering with governments, Task Force members and civil society organizations to implement the WHO QualityRights initiative and tools to promote quality care and human rights in mental health. QualityRights e-training on mental health, recovery and community inclusion is currently being rolled out in 21 countries to support the development and implementation of national mental health-related laws, policies and services in line with international human rights standards.

38. UNICEF and WHO continue to collaborate through: (a) the joint programme on mental health, psychosocial development and well-being in children and adolescents, which is now operational in 13 countries; (b) promotion and prevention regarding adolescent mental health as part of the Helping Adolescents Thrive initiative; (c) a report on developmental disabilities; and (d) providing support to countries on integrating early interventions for children with developmental delays and disabilities.

39. WHO has collaborated with other Task Force members, including: (a) the International Labour Organization (ILO) (on mental health in the workplace); (b) the Office of the United Nations High Commissioner for Human Rights (on guidance for countries on mental health, human rights and legislation); (c) UNDP (on mental health investment cases); (d) UNFPA (on integration of perinatal mental health in maternal and child health services); (e) United Nations High Commission for Refugees (UNHCR) (on clinical management in humanitarian settings); and (f) UNAIDS (on the mental health of people with HIV/AIDS).

40. The brain health unit at WHO promotes inter-agency collaboration in the implementation of the WHO global action plan on the public health response to dementia 2017–2025<sup>23</sup> and the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.<sup>24</sup>

#### *Substance use*

41. Under the framework of the WHO-UNODC Joint Programme on Drug Dependence Treatment and Care, the International Standards for the Treatment of

<sup>22</sup> See <https://www.who.int/initiatives/food-systems-for-health/the-coalition-of-action-on-healthy-diets-from-sustainable-food-systems-for-children-and-all>.

<sup>23</sup> See WHO, document WHA70(17).

<sup>24</sup> See WHO, document A75/10 Add.4, annex 7.

Drug Use Disorders were developed and finalized after testing in nine countries. The Standards are widely used in countries for improving the quality and coverage of effective and ethical treatment of drug use disorders.

42. In 2022, following more than 10 years of collaboration, WHO and UNODC expanded their collaboration by establishing an inter-agency technical working group on the prevention of drug use and the treatment and care of drug use disorders to promote action to meet Sustainable Development Goal target 3.5 on strengthening the prevention and treatment of substance abuse.<sup>25</sup> The first meeting of the group convened 17 intergovernmental organizations with mandates, experience and expertise in addressing different dimensions of drug prevention, treatment and care.

#### *Non-communicable diseases and human rights*

43. The importance of the prevention and treatment of non-communicable diseases as a human rights concern is often neglected. Building on the outcomes of a seminar<sup>26</sup> held ahead of the eighth meeting of the Task Force in February 2017, OHCHR has participated and supported joint programming missions and has led the establishment of a human rights team under the Task Force.

44. The objectives of the human rights team are (a) to promote greater understanding of the synergies between non-communicable diseases and human rights; (b) to promote greater awareness of the availability of evidence and data around human rights; and (c) to mainstream human rights into the work of the Task Force and the 2023–2030 implementation road map for the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030. Human rights are a central element of the 2022–2025 Task Force strategy.

45. The Task Force secretariat, in collaboration with OHCHR, organized a side event on 29 September 2022 on the margins of the fifty-first session of the Human Rights Council. Co-sponsored by Portugal, the side event was the first dedicated session on non-communicable diseases as a human rights concern in that forum. On 14 February 2023, the Task Force secretariat briefed the Committee on Economic, Social and Cultural Rights on the work of the Task Force and on opportunities to work more closely together.<sup>27</sup> Further briefings to discuss specific thematic areas are being planned.

46. In 2023, the human rights team published a questions-and-answers paper, “Non-communicable diseases and mental health: the importance of human rights”<sup>28</sup> and is in the process of finalizing advocacy messages on the importance of integrating the non-communicable disease and human rights agendas.

#### *Non-communicable diseases and humanitarian emergencies*

47. The Task Force has been responsive to emergencies and humanitarian needs throughout the 10 years since its establishment. WHO and UNHCR have continued to convene the informal inter-agency group on non-communicable diseases in

<sup>25</sup> See <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/news-and-events/2022/june/interagency-technical-working-group-itwg-on-prevention-of-drug-use-and-treatment-and-care-of-drug-use-disorders.html>.

<sup>26</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases, “Non-communicable diseases and the right to health”, policy paper 05.6.

<sup>27</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases and OHCHR, “Prevention and treatment of non-communicable diseases as a human rights concern: side event at the 51st session of the Human Rights Council”, summary report, 25 October 2022.

<sup>28</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases and OHCHR, “Non-communicable diseases and mental health: the importance of human rights”, April 2023.

humanitarian settings, which meets twice per year. The group consists of United Nations agencies, non-governmental organizations and academics.

48. Examples of activities in the past decade have included: (a) support for the field testing of the revised WHO non-communicable disease emergency kit; (b) joint research that identified major gaps in diabetes care and surveillance in humanitarian environments; (c) promotion and evaluation of care for people living with non-communicable diseases in emergency settings during the COVID-19 pandemic; (d) development of research priorities for non-communicable diseases in emergencies; (e) collaboration on operational guidance for practitioners in the field; (f) joint work to strengthen the evidence base on the thermostability of insulin to maximize its impact in emergencies; and (g) further development of non-communicable disease indicators to be used in emergency responses. On 6 April 2023, WHO and UNHCR held a seminar for all members of the Task Force to brief them on the work of the informal inter-agency group and to invite interested members of the Task Force to join the group.

*Non-communicable diseases and the environment*

49. WHO has continued to support countries in protecting public health by providing evidence, building institutional capacity and leveraging the “health argument” to convene non-health sectors to tackle air pollution and accelerate access to clean energy. Alongside up-to-date health impact assessment tools, WHO has developed an air pollution and health training toolkit to help health workers to strengthen their knowledge on air pollution as a risk factor for disease, protect their patients and advocate for integrated solutions.<sup>29</sup>

50. The Health and Energy Platform of Action is co-convened by WHO, UNDP, the Department of Economic and Social Affairs and the World Bank. It aims to increase cooperation between the health and energy sectors, accelerate access to clean cooking and to electrify health-care facilities.

51. The World Meteorological Organization, UNEP, the World Bank, United Nations Human Settlements Programme (UN-Habitat) and the Economic Commission for Europe are part of the technical advisory group on global air pollution and health that was first convened by WHO in 2021 to provide guidance on (a) the health impact assessment of air pollution, related methods and input data, including on the Sustainable Development Goals; (b) methods for assessing the co-benefits of climate action; (c) desert dust and health; and (d) policies and interventions to address the health impacts of air pollution, which will feed into the global agenda on non-communicable diseases.

52. The BreatheLife campaign, co-led by WHO, UNEP, the World Bank and others, continues to raise the political ambition of cities and countries to accelerate solutions and empower key stakeholders to address air pollution to protect health and the climate.

53. Other inter-agency collaborations include the technical advisory group on Sustainable Development Goal 7, UN-Energy and the coalition to combat sand and dust storms.

<sup>29</sup> See <https://www.who.int/tools/air-pollution-and-health-training-toolkit-for-health-workers#:~:text=The%20APHT%20toolkit%20is%20a,and%20identify%20risk%20reduction%20measures.>

*Non-communicable diseases in the workplace*

54. ILO emphasizes the importance of non-communicable diseases in the workplace and uses Task Force meetings to encourage collaboration to make the workplace safer. At its 110th session, in 2022, the International Labour Conference adopted a resolution that added the principle of a safe and healthy working environment to the ILO Declaration on the Fundamental Principles and Rights at Work.<sup>30</sup>

55. In 2022, WHO and ILO published a joint policy brief calling for global action to address mental health at work, with a focus on the prevention of psychosocial risks, protection and promotion of mental health and support of workers with mental health conditions,<sup>31</sup> and ILO published a revised edition of its International Classification of Radiographs of Pneumoconioses.<sup>32</sup>

*Comorbidities associated with non-communicable diseases*

56. Over the past few years, the Council has encouraged the Task Force to scale up action to support Member States in integrating non-communicable diseases into communicable diseases responses, including HIV and tuberculosis, in line with the declarations of high-level meetings on non-communicable diseases, HIV, tuberculosis and universal health coverage.

57. The Task Force working group on non-communicable diseases and communicable disease comorbidities fosters collaboration and coordination between various United Nations entities and international partners, including with respect to advocacy and to building the case at country level for Global Fund applications to include non-communicable diseases.

58. As part of the inter-agency working group on mental health and comorbidities, Task Force members have promoted the inclusion of mental health in Global Fund applications and other funding mechanisms. The working group has developed a toolbox to support national-level stakeholders in engaging in the Global Fund country dialogue and in positioning mental health as core to improving HIV and tuberculosis programme effectiveness. An e-learning module is being finalized with the Global Fund to introduce Global Fund stakeholders to the important linkages between mental health and HIV and tuberculosis. Guidance notes have been drafted on planning and budgeting for the integration of mental health services into HIV/tuberculosis/malaria programmes.

**B. Mobilizing resources***Health4Life Fund*

59. Over the past ten years, joint programming missions and investment case reports have highlighted the unmet demand from countries for catalytic funding to scale up action for non-communicable diseases and mental health, as well as the value in delivering this. This was the rationale for the Council to encourage the Task Force to establish a multi-partner trust fund. WHO, UNDP and UNICEF established the United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health (Health4Life Fund) in 2021.

<sup>30</sup> See ILO, International Labour Conference, resolution on the inclusion of a safe and healthy working environment in the ILO's framework of fundamental principles and rights at work (ILC.110/resolution I), adopted on 10 June 2022.

<sup>31</sup> See WHO and ILO, "Mental health at work: policy brief", 2022.

<sup>32</sup> See [https://www.ilo.org/global/topics/safety-and-health-at-work/areasofwork/occupational-health/WCMS\\_868501/lang--en/index.htm](https://www.ilo.org/global/topics/safety-and-health-at-work/areasofwork/occupational-health/WCMS_868501/lang--en/index.htm).



60. The Health4Life Fund supports the WHO global non-communicable disease compact 2020–2030,<sup>33</sup> with heads of State and government and with those signing on to the compact, committing to investing in adequate, predictable and sustained resources for the prevention and control of non-communicable diseases through domestic, bilateral and multilateral channels, including through the multi-partner trust fund on non-communicable diseases.

61. Kenya, Thailand and Uruguay are founding strategic partners of the Health4Life Fund. They contribute to the strategic direction of the Fund through the steering committee and play a crucial role in advocating for the fund to be fully capitalized, including by brokering relationships with other Member States and development partners. In order to ensure the inclusion of the voice of civil society, the NCD Alliance and United for Global Mental Health are observers on the steering committee.

62. During the high-level week of the General Assembly in 2022, several organizations made commitments and pledges to the Health4Life Fund. These organizations included: (a) the Aspen Institute, which pledged to support joint resource mobilization of \$5 million over the next three years; (b) the Sorooptimist International Africa Federation, which pledged to support fundraising and advocacy for the elimination of cervical cancer; and (c) Unexia, a blockchain project being developed by United Health Futures, which announced its commitment to raise substantial funds for the Health4Life Fund. Advanced discussions are ongoing with several governments and other development partners to provide resources to Health4Life.

63. Illustrative country proposals have been developed through country-led and inclusive processes to demonstrate the potential of the Health4Life Fund. These include the following: (a) Bangladesh has proposed to tackle the health impacts of air pollution; (b) Morocco has proposed to scale up its comprehensive cervical cancer elimination programme; and (c) Sierra Leone has proposed to support health system strengthening for integrated non-communicable disease and mental health service delivery. As part of these efforts, a multi-stakeholder workshop was held in Sierra Leone on 20 April 2023.

64. In 2022, the Health4Life Fund finalized three foundational documents, including an operational manual, a governance framework and a resource mobilization strategy. A guide for engaging with non-State actors is being developed. The Health4Life Fund has also undertaken advocacy and awareness-raising activities.<sup>34</sup>

### C. Harmonizing action and forging partnerships

#### *Non-communicable diseases and mental health in United Nations Sustainable Development Cooperation Frameworks*

65. Including non-communicable disease and mental health in development planning has been a priority for the Task Force over the past 10 years. The Task Force issued guidance on this in 2015<sup>35</sup> and has subsequently provided briefing for

<sup>33</sup> See: <https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030/achievements>.

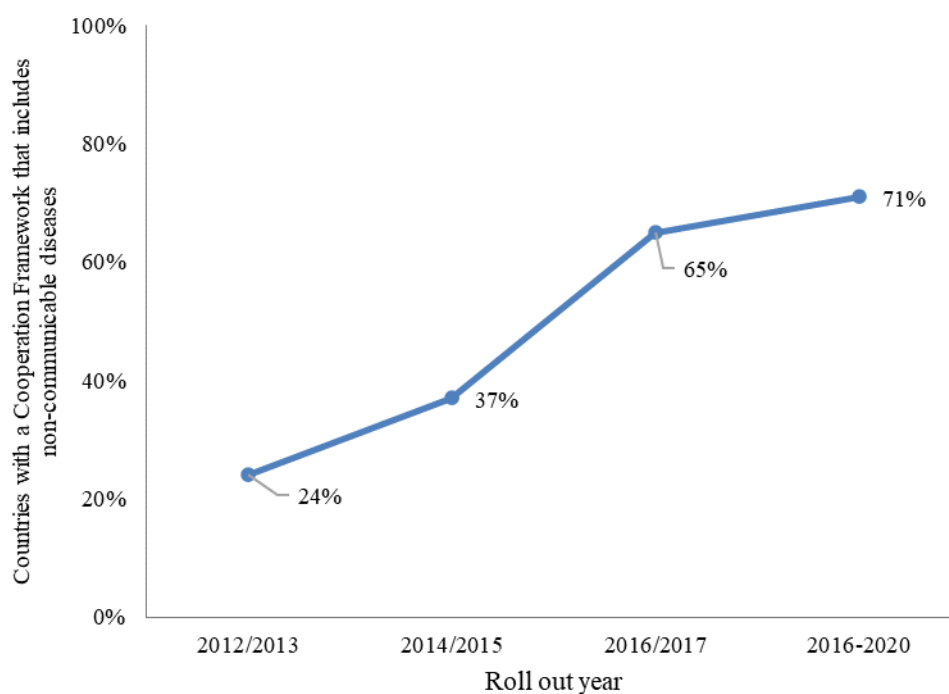
<sup>34</sup> For example, a WHO member State briefing was held on 28 April 2023; podcasts include <https://podcasts.apple.com/gb/podcast/vitaltalks-future-of-public-health/id1603505172> and <https://twitter.com/Health4LifeFund/status/1642080458878885889?s=08>. See also Jenny Lei Ravelo (Devex), “NCDs are top global killer but trust fund coffers are empty”, 4 October 2022.

<sup>35</sup> WHO, *Guidance note on the integration of noncommunicable diseases into the United Nations development assistance framework* (Geneva, 2015).

governments and United Nations country teams on working together to deliver the Sustainable Development Goals related to non-communicable diseases. Joint programming missions have provided opportunities to encourage the integration of non-communicable disease and mental health into United Nations Sustainable Development Cooperation Frameworks and to strengthen collaboration among United Nations system agencies, governments, parliamentarians and development partners.

66. Over the past 10 years, the Task Force secretariat has conducted periodic reviews on progress in integrating the topic of non-communicable diseases into Cooperation Frameworks. Reviews were undertaken in 2013, 2017 and 2019, with a fourth in progress that will consider mental health for the first time. Since 2013, the inclusion of non-communicable disease in Cooperation Frameworks has been steadily increasing (see figure III).

Figure III  
**Percentage of countries with a Cooperation Framework that includes non-communicable diseases**



67. A specific analysis on small island developing States was conducted by the Task Force secretariat ahead of the 17–18 January 2023 high-level technical meeting on non-communicable diseases and mental health in Barbados.<sup>36</sup> The results showed that the inclusion of non-communicable diseases in Cooperation Frameworks increased from 4 per cent in 2012/2013 to 96 per cent in 2022/2023 (covering 48 out of the 58 small island developing States). The 2023 results showed that while non-communicable diseases were a strategic priority in 10 (67 per cent) Cooperation Frameworks covering 43 small island developing States, mental health was a strategic priority in just 2 such Frameworks (covering 2 small island developing States).

<sup>36</sup> See <https://www.who.int/news-room/events/detail/2023/01/17/default-calendar/sids-high-level-technical-meeting-on-ncds-and-mental-health>.

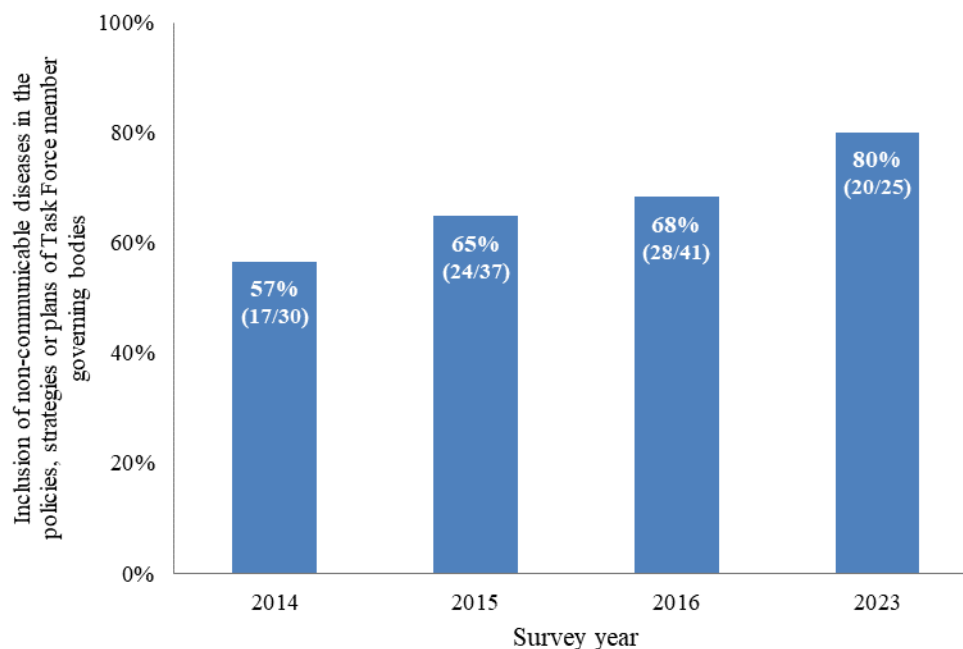
*Non-communicable diseases and mental health in the policies and plans of Task Force member governing bodies*

68. Over the past 10 years, the Task Force has encouraged its members to raise the profile of non-communicable diseases and mental health in governing body policies and plans and to increase resources available for work. The 2019 United Nations Agency Brief describe the roles and responsibilities of Task Force members in scaling up their support to Member States in addressing non-communicable diseases within their respective mandates.<sup>37</sup> Several Task Force agencies have demonstrated increased commitment. Examples include UNDP, through its current HIV and health strategy, which includes the priority action to strengthen governance, including in addressing non-communicable diseases, mental health and accelerating tobacco control,<sup>38</sup> and UNICEF, through its programme guidance for early life prevention of non-communicable diseases.<sup>39</sup>

69. Between 2014 and 2023, there has been a gradual increase in the number of Task Force members that include non-communicable diseases in their governing body policies, strategies and plans. A further assessment is currently underway.

Figure IV

**Inclusion of non-communicable diseases in the policies, strategies or plans of Task Force member governing bodies**



*Small island developing States*

70. During the high-level technical meeting on non-communicable Diseases and Mental Health held on 17 and 18 January 2023 in Barbados, the Task Force secretariat convened a side event on a coherent United Nations system response to support small

<sup>37</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases, Responding to the Challenge of Non-communicable Diseases <https://apps.who.int/iris/rest/bitstreams/1248487/retrieve>.

<sup>38</sup> See UNDP, *Connecting the dots: towards a more equitable, healthier and sustainable future* (New York, 2022).

<sup>39</sup> See UNICEF, *Programme Guidance for Early Life Prevention of Non-communicable Diseases* (New York, 2019).

island developing States in scaling up action on non-communicable diseases and mental health. Two background papers were made available, on United Nations agency activities beyond WHO in small island developing States and on United Nations sustainable development cooperation frameworks in small island developing States. Several Task Force members and member States participated in the meeting.

71. Recommendations from the meeting included that the Task Force needed to (a) support countries in strengthening cooperation frameworks on non-communicable diseases and mental health; (b) determine ways of scaling up support to small island developing States for the prevention and control of non-communicable diseases and mental health conditions across the life-course, with particular attention to children; (c) identify ways to support small island developing States in unlocking additional funding for action to prevent and control non-communicable diseases and mental health conditions; and (d) consider how to support small island developing States in coherent data collection, analytics and use.

#### *Africa Centres for Disease Control and Prevention*

72. The Task Force has strengthened its relationship with Africa Centres for Disease Control and Prevention. Africa Centres for Disease Control and Prevention, UNDP and the Task Force secretariat are developing a joint programme of work. In November and December 2022, the Task Force secretariat and UNDP supported Africa Centres for Disease Control and Prevention in leading a set of webinars on the importance of governance in the prevention and control of non-communicable diseases and mental health conditions. Between 8 and 12 May 2023, UNDP and the Task Force secretariat supported Africa Centres for Disease Control and Prevention in a high-level leadership seminar for its member States on non-communicable disease prevention and control.

#### *Friends of the Task Force*

73. The first meeting of the Friends of the Task Force was held in 2016. Over the past 7 years, the Friends of the Task Force has provided a platform on the margins of the high-level week of the General Assembly for heads of State and government, ministers, parliamentarians, members of the Task Force and other development partners to come together to share experiences in the prevention and control of non-communicable diseases and in improving mental health, launching new initiatives and evaluating progress to promote ever greater action.

74. The seventh meeting of the Friends of the Task Force, hosted by Uruguay and WHO, was held on 21 September 2022 on the theme of mobilizing resources and technical support with and for Member States to deliver the non-communicable disease and mental health-related Sustainable Development Goal targets.<sup>40</sup>

#### *Task Force awards*

75. In 2018, to publicly recognize the work that Member States and their partners do to prevent and control non-communicable diseases and mental health, the Task Force established awards. Between 2018 and 2022, 104 awards were presented to three categories of recipients: (a) ministries of health and government health agencies; (b) ministries and government agencies outside health; and (c) non-governmental organizations, academia and foundations. The awards have stimulated even greater action among recipients and those vying for consideration.

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<sup>40</sup> See WHO, “UN Task Force on NCDs and mental health mobilized more than USD 50 million during the 77th session of the UN General Assembly – 21 September 2022”, 28 September 2022.

76. The 2022 awards were conducted in partnership with the WHO Special Programme on Primary Health Care to highlight the importance of primary care in the prevention and control of non-communicable diseases and improving mental health. Eighteen award winners were announced during the annual meeting of the Friends of the Task Force.<sup>41</sup> In 2023, the Task Force is collaborating with the WHO Department of Digital Health and Innovation and ITU to recognize work that uses digital solutions for non-communicable diseases and mental health. A call for nominations for awards was issued on 14 April 2023.<sup>42</sup>

#### *Meetings of the Task Force*

77. Since the Task Force was established, it has met twice per year. During the acute phase of the COVID-19 pandemic, meetings were virtual. The nineteenth meeting of the Task Force, held from 1 to 3 November 2022 with the participation of 22 members, was virtual.<sup>43</sup> The twentieth meeting, held from 8 to 10 March 2023 with the participation of 23 members, was held in a hybrid format.<sup>44</sup>

#### *Updating the Task Force website*

78. To enhance the Task Force's communication between its members and to enable Member States and development partners to access information more effectively, the Task Force is developing its own WHO-co-branded site. The new website will be launched soon.

### **D. Being an exemplar of United Nations reform**

79. The Task Force continues to encourage and support its members to work at all levels as one in supporting government responses to the non-communicable disease-related and mental health-related targets of the Sustainable Development Goals and broader public health goals. Examples of working as one include joint programming missions; joint programmes; the work of thematic groups, including support for United Nations country teams; the establishment of the United Nations multi-partner trust fund; and the response to the COVID-19 pandemic.

80. Efforts continue to be made to encourage United Nations entities to demonstrate leadership in tobacco control by moving towards 100 per cent smoke-free campuses and by preventing tobacco industry interference among the United Nations agencies.

#### *United Nations smoke-free campus initiative*

81. At the sixty-third session of the General Assembly, Member States adopted resolution [63/8](#) on smoke-free United Nations premises and recommended the implementation of a complete ban on smoking at all United Nations indoor premises, including regional and country offices throughout the United Nations system, and the implementation of a complete ban on sales of tobacco products at all United Nations premises. Furthermore, in its resolution [2012/4](#), the Economic and Social Council called for United Nations system-wide coherence on tobacco control.

82. All WHO campuses have been a smoke-free since 2013. In order to support Task Force members in establishing smoke-free campuses, a step-by-step guide was

<sup>41</sup> See <https://www.who.int/news/item/21-09-2022-2022-united-nations-inter-agency>.

<sup>42</sup> See <https://www.who.int/news-room/articles-detail/call-for-nominations--2023-task-force-awards-for-multisectoral-action-on-ncds-and-mental-health>.

<sup>43</sup> The report of the meeting is available at <https://www.who.int/publications/i/item/9789240066601>.

<sup>44</sup> See WHO, "Twentieth meeting of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, 8–10 March 2023" (Geneva, 2023).

published in 2019 by WHO, the secretariat of the WHO Framework Convention on Tobacco Control and the Task Force secretariat.<sup>45</sup> UNHCR made its headquarters campus smoke-free in 2020. In 2021, the WHO Director General wrote to 50 heads of United Nations agencies to encourage them to make their respective campuses smoke-free. Since then, WHO, the secretariat of the WHO Framework Convention on Tobacco Control and the Task Force secretariat have been working with Task Force members to support them to make their campuses smoke-free.

*Model policy on preventing tobacco industry interference among United Nations agencies*

83. A model policy in line with article 5.3 of the WHO Framework Convention on Tobacco Control was developed by the Convention secretariat in collaboration with the Task Force, and was adopted by the Task Force in 2016.<sup>46</sup> The model policy encourages Task Force members to develop their own policies to prevent tobacco industry interference, in line with their mandates, in order to ensure that efforts to protect public health policy concerning tobacco control from commercial and other vested interests of the tobacco industry are comprehensive, effective and consistent across the United Nations system. Since 2017, repeated Council resolutions on the work of the Task Force have called for Task Force members to implement the model policy. In 2017, the United Nations Global Compact removed four organizations with links to the tobacco industry. In 2019, the Secretary-General wrote to heads of United Nations agencies to encourage them to adhere to the model policy. The same year, ILO terminated its public and private partnership with the Eliminating Child Labour in Tobacco-Growing Foundation.

84. To support the implementation of the model policy, the secretariat of the WHO Framework Convention on Tobacco Control alerts Task Force members to events that include the tobacco industry (or their front groups) to encourage Task Force members to withdraw if they are involved in such events. In 2022, the secretariat established the Alert Network for Tobacco Industry Involvement, which serves as an early warning system for Task Force members on potential or actual tobacco industry involvement or interference in events or activities that they may be involved in.

## IV. Recommendations

85. **The Economic and Social Council is invited to:**

(a) **Take note of the present report, including the significant challenges in meeting the non-communicable disease-related, mental health and broader health-related targets of the Sustainable Development Goals, and the response of the Task Force to support member States in meeting those targets;**

(b) **Call upon WHO, UNDP, UNICEF and other Task Force members to work with bilateral, multilateral and other development partners to mobilize resources for the multi-partner trust fund and explore opportunities for new and innovative ways of mobilizing resources;**

<sup>45</sup> See WHO, WHO Framework Convention for Tobacco Control and United Nations Inter-Agency Task Force on Non-communicable Diseases, “How to Make Your Campus Smoke-Free” (Geneva, 2019).

<sup>46</sup> See United Nations Inter-Agency Task Force on Non-communicable Diseases, WHO Framework Convention Alliance for Tobacco Control and WHO, “Model policy for agencies of the United Nations system on preventing tobacco industry interference” (available at [https://fctc.who.int/publications/m/item/model-policy-for-agencies-of-the-united-nations-system-on-preventing-tobacco-industry-interference-\(full-text\)](https://fctc.who.int/publications/m/item/model-policy-for-agencies-of-the-united-nations-system-on-preventing-tobacco-industry-interference-(full-text))).

(c) Call upon Task Force members to support all countries, especially small-island developing States, upon their request, in implementing their multisectoral national action plans to strengthen their health system response to non-communicable diseases and mental health;

(d) Call upon Task Force members to support member States in intensifying the use of digital health technologies, including solutions for community-led monitoring, for the prevention and control of non-communicable diseases and mental health conditions;

(e) Call upon Task Force members to:

(i) Support Member States in fully implementing the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products;

(ii) Implement 100 per cent smoke-free United Nations campuses and work towards ending tobacco sales on United Nations premises as soon as possible, and no later than 2025;

(iii) Operationalize the Alert Network for Tobacco Industry Involvement as an early warning system for Task Force members on potential or actual tobacco industry involvement or interference in events or activities relating to United Nations agencies;

(f) Call upon Task Force members to undertake a joint independent evaluation in 2023, which marks the 10-year anniversary of the Task Force;

(g) Request the Secretary-General to transmit to the Council, at its 2024 session, the report of the Director General of WHO on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.