

Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

Report by the Secretariat

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

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

2. In resolution WHA61.14 the World Health Assembly endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases and requested the Director-General to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy and the action plan. The Sixty-third World Health Assembly noted the first progress report covering the period 2008–2009.¹ The Sixty-fifth World Health Assembly noted the second report covering the period 2010–2011.² A final progress report is attached (Annex 1). This report covers the period 2008–2013.

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

3. Pursuant to paragraphs 3.2 and 3.3 of resolution WHA66.10, a formal meeting of Member States was held in Geneva from 11 to 13 November 2013 to conclude work on the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases. The report of that formal meeting is contained in Annex 2.

¹ Document A63/12.

² Document A65/8.

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

4. Pursuant to paragraph 3.5 of resolution WHA66.10 and paragraph 4 of resolution E/RES/2013/12, a formal meeting of Member States was held in Geneva on 13 and 14 November 2013 to complete work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations. The report of that formal meeting is contained in Annex 3.

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

5. Pursuant to paragraph 3.4 of resolution WHA66.10, a consultation with Member States and other relevant partners was held in Geneva on 15 November 2013 to conclude work on the limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. The report of that consultation is contained in Annex 4.

SEQUENCING OF REPORTS BY THE SECRETARIAT AND EVALUATIONS

6. As requested in paragraph 3.10 of resolution WHA66.10, and in the light of new scientific evidence, the Secretariat plans to conduct a first review of evidence in 2014 and 2015 to update Appendix 3 of the Global Action 2013–2020, as appropriate, and to submit an update of Appendix 3 to the Sixty-ninth World Health Assembly, through the Executive Board.

7. As requested in paragraph 3.9 of resolution WHA66.10, the Secretariat will submit reports on progress made in implementing the Global Action Plan 2013–2020, through the Executive Board, to the Health Assembly in 2016, 2018 and 2021. In accordance with action 60(b) of the WHO Global Action Plan 2013–2020, the Secretariat will conduct an independent evaluation of the implementation of the action plan in 2017 and 2020, and include its findings in those progress reports. The Secretariat will also submit reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026.

8. In accordance with action 39(e) of the 2008–2013 action plan and action 60(b) of the Global Action Plan 2013–2020, the Secretariat plans to draw up global reports describing trends in noncommunicable diseases and risk factors and countries' capacity to respond, and providing policy guidance for prevention and control of noncommunicable diseases. These reports will be compiled in 2013, 2015 and 2020 and published in 2014, 2016 and 2021, respectively, with a view to supporting countries in their efforts to implement the policy options included in the Global Action Plan 2013–2020.

9. As requested in paragraph 4 of resolution E/RES/2013/12, the Secretariat will prepare a report for the United Nations Secretary-General on the implementation of that resolution, which the Secretary-General will submit for the consideration of the Economic and Social Council at its substantive session of 2014.

10. As requested in paragraph 65 of resolution A/RES/66/2, the Secretariat has prepared a report on the progress achieved in realizing the commitments made in the Political Declaration of the High-level

Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (see paragraph 12).

11. A table summarizing the sequencing of reports and evaluations listed in paragraphs 6 to 10 is contained in Annex 5.

UNITED NATIONS GENERAL ASSEMBLY COMPREHENSIVE REVIEW AND ASSESSMENT OF THE PROGRESS ACHIEVED IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (2014)

12. Pursuant to paragraph 65 of resolution A/RES/66/2, on 3 December 2013 the Director-General transmitted a report to the United Nations Secretary-General on the progress achieved in realizing the commitments made in the Political Declaration on noncommunicable diseases. It is envisaged that the Secretary-General will transmit the Director-General's report to the United Nations General Assembly during the first quarter of 2014 for consideration by Member States, in preparation for a comprehensive review and assessment by the General Assembly of the progress achieved in the prevention and control of noncommunicable diseases. On 20 November 2013, the President of the General Assembly appointed the Permanent Representatives of Belgium and Jamaica to the United Nations in New York as co-facilitators to lead consultations on the arrangements for the comprehensive review and assessment.

OVERVIEW OF PRIORITY ACTIONS RECOMMENDED FOR MEMBER STATES

13. **Governance:** In paragraph 45 of resolution A/RES/66/2, Heads of State and Government committed to promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of noncommunicable diseases. In paragraph 63 of the same resolution, they committed to consider the development of national targets and indicators based on national situations, building on guidance provided by the World Health Organization. In resolution WHA66.10, Member States are urged to (i) consider the development of national noncommunicable disease monitoring frameworks, with targets and indicators based on national situations, taking into consideration the comprehensive global monitoring framework, including the 25 indicators and a set of nine voluntary global targets; and (ii) implement, as appropriate, the WHO Global Action Plan 2013–2020 and to take the necessary steps to meet the objectives contained therein.

14. **Reduce the exposure to risk factors:** In paragraph 43 of resolution A/RES/66/2, Heads of State and Government committed to (i) accelerate the implementation by States parties of the WHO Framework Convention on Tobacco Control, and encourage countries that have not yet done so to consider acceding to the Convention; (ii) advance the implementation of the WHO Global Strategy on Diet, Physical Activity and Health; (iii) promote the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, and (iv) promote the implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. In resolution WHA66.10, Member States are urged to implement, as appropriate, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, which includes cost-effective interventions and policy options to reduce exposure of populations and individuals to risk factors for noncommunicable diseases which, if implemented to scale, will enable all countries to make significant progress in attaining the nine voluntary global targets by 2025.

15. **Enable health systems to respond:** Taking into account paragraph 45(b) of resolution A/RES/66/2, Heads of State and Government have committed to pursue, as appropriate,

comprehensive strengthening of health systems that support primary health care. Taking into account resolution WHA66.10, Member States are urged to implement the WHO Global Action Plan 2013–2020, which includes cost-effective interventions and policy options to enable health systems to respond more effectively and equitably to the health-care needs of people with noncommunicable diseases.

16. **Measuring results:** In paragraph 60 of resolution A/RES/66/2, Heads of State and Government committed to strengthen, as appropriate, country-level surveillance and monitoring systems that are integrated into national health information systems. In resolution WHA66.10, Member States are urged to establish and strengthen, as appropriate, a national surveillance and monitoring system to enable reporting including against the 25 indicators of the comprehensive global monitoring framework, the nine voluntary global targets, and any additional regional or national targets and indicators for noncommunicable diseases.

17. A table summarizing the priority actions recommended for Member States is contained in Annex 6.

ACTION BY THE EXECUTIVE BOARD

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

19. The Board is invited to note the report of the formal meeting of Member States to conclude work on the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (Annex 2 and appendix) and to provide guidance on a follow-up process, including the proposal for a second formal meeting of Member States, with a view to completing the work before the Sixty-seventh World Health Assembly.

20. The Board is invited to note the report of the formal meeting of Member States to complete the work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of task and responsibilities for United Nations funds, programmes and agencies and other international organizations (Annex 3 and appendix) and to recommend its submission to the Sixty-seventh World Health Assembly.

21. The Board is invited to consider the report of the consultation with Member States to conclude the work on the limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (Annex 4 and appendix) and to consider recommending the nine NCD action plan indicators for adoption by the Sixty-seventh World Health Assembly in May 2014.

ANNEX 1

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

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

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

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

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

Post-2015 Development Agenda, in its report “Realizing the Future We Want for All”, identified noncommunicable diseases as one of several priorities for social development and investment in people in the post-2015 development agenda.¹ In December 2012, the General Assembly recommended that consideration be given to including universal health coverage in the discussions on the post-2015 development agenda and recognized that the provision of universal health coverage is mutually reinforcing with implementation of the Political Declaration.² In May 2013, the report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda³ included an illustrative target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority noncommunicable diseases in support of an illustrative goal to ensure healthy lives by 2030. The Panel chose to focus on health outcomes in this goal, recognizing that to achieve these outcomes requires universal access to basic health care. In July 2013, the report of the Secretary-General entitled *A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015*⁴ noted that bringing this vision to life in the post-2015 era will require a number of transformative and mutually reinforcing actions by all countries to reduce the burden of noncommunicable diseases.

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

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

¹ See www.un.org/en/development/desa/policy/untaskteam_undf/report.shtml.

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

³ See www.post2015hlp.org/the-report.

⁴ United Nations General Assembly document A/68/202.

⁵ *Global status report on noncommunicable diseases 2010*. Geneva: World Health Organization; 2011.

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

cost-effective, essential primary care interventions¹ to facilitate the management of noncommunicable diseases even in resource constrained settings.

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

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

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

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

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

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

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

- A global noncommunicable diseases network¹ was launched at the High-level Segment of the Economic and Social Council (Geneva, 6–9 July 2009) to encourage the involvement of all relevant stakeholder groups in advocacy, multistakeholder action to build national capacity and mobilization of human and financial resources for prevention and control of noncommunicable diseases. The network catalysed and facilitated the engagement of stakeholders in supporting implementation of the 2008–2013 action plan.
- The Secretariat prepared the Note by the United Nations Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership,² which gave an overview of existing partnerships in this area, lessons learned and key elements for successful approaches, and proposed five models for global partnerships against noncommunicable diseases. The report was considered by the United Nations General Assembly on 28 November 2012.
- Between 2011 and 2013, WHO convened six informal meetings of United Nations organizations on implementation of the Political Declaration. These informal collaborative arrangements resulted in a number of strategic initiatives, including (i) a global joint ITU/WHO programme on the use of mobile technologies to address noncommunicable diseases; (ii) a global joint IAEA/WHO programme on supporting cancer control in developing countries; (iii) a joint letter from the UNDP Administrator and the WHO

¹ See www.who.int/ncdnet.

² United Nations General Assembly document A/67/373.

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

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

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

- Technical support was provided to Member States to build capacity through training workshops in survey implementation, data collection, data analysis and reporting for the Global School-Based Student Health Survey, the Global Youth Tobacco Survey and household surveys using the WHO STEPwise approach, and the Global Adult Tobacco Survey. As not all countries have the financial resources or support to carry out the latter survey in full, the Secretariat has developed a set of core and minimum questions on tobacco for inclusion in health multirisk factor and other surveys.
- A WHO global status report on noncommunicable diseases was published in 2011. Complementary noncommunicable diseases country profiles were also published in 2011.¹ The status report presented global trends in noncommunicable diseases and their determinants and described Member States' capacity to prevent and control them. The report provides a baseline for future monitoring of trends in noncommunicable diseases and their risk factors and for assessing the progress made in countering the epidemic. In 2011 the Secretariat also published a global status report on alcohol and health,² and in 2012 a global report on mortality attributable to tobacco.³
- A global monitoring framework for noncommunicable diseases, including a set of nine voluntary global targets and 25 indicators, was endorsed by the Sixty-sixth World Health Assembly.

¹ Noncommunicable diseases country profiles. Geneva: World Health Organization; 2011.

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

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

ANNEX 2
(Agreed)

**REPORT OF THE FORMAL MEETING OF MEMBER STATES TO CONCLUDE
THE WORK ON THE TERMS OF REFERENCE FOR THE GLOBAL
COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES**

1. The Formal Meeting of Member States to conclude the work on the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases was held in Geneva from 11 to 13 November 2013, chaired by Ms Maria Luisa Escorel de Moraes (Brazil). The session was attended by representatives of 116 Member States and one regional economic integration organization.
2. The second WHO discussion paper (document A/NCD/GCM/1/2) and a report summarizing the results of the discussions in each of the regional committees (document A/NCD/GCM/1/INF./1) were considered by Member States.
3. The attached draft terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (Appendix) resulted from the Formal Meeting. It is important to note the elements of consensus that were reached on various aspects, which are reflected in the text. Member States requested more time to consider elements where consensus has not been achieved, including on the new proposal reflected in paragraphs 7 to 11, which was presented during the formal meeting.
4. The Formal Meeting requests the Director-General to submit this report and attached draft terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases to the Executive Board at its 134th session for its consideration.
5. The Formal Meeting recommends that the Executive Board considers requesting the Director-General to ensure a follow-up process, including another formal meeting, with a view to complete the work on the development of terms of reference for the global coordination mechanism on noncommunicable diseases before the Sixty-seventh World Health Assembly.

Appendix

**DRAFT TERMS OF REFERENCE FOR THE GLOBAL COORDINATION
MECHANISM ON THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES****Scope and purpose (AGREED)**

1. The scope and purpose of the global coordination mechanism on the prevention and control of noncommunicable diseases are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest. (AGREED)

Overarching principles, approaches and parameters (AGREED)

2. The global coordination mechanism will be guided by the overarching principles and approaches as identified, respectively, in paragraph 18, and parameters in paragraph 15, of the annex to resolution WHA66.10. (AGREED)

3. The global coordination mechanism will build on country needs and will ultimately aim at supporting country efforts across sectors to implement the WHO Global NCD Action Plan 2013–2020. (AGREED)

Functions of the global coordination mechanism (AGREED)

4. Guided by, and in line with, the six objectives of the WHO Global NCD Action Plan 2013–2020, the functions of the global coordination mechanism will be as follows: (AGREED)

- **Advocating and raising awareness:** Advocating for and raising awareness of the urgency of implementing the WHO Global NCD Action Plan 2013–2020; mainstreaming the prevention and control of noncommunicable diseases in the international development agenda; and giving due consideration to the prevention and control of noncommunicable diseases in discussions on the post-2015 development agenda. (AGREED)
- **Disseminating knowledge and information:** Disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the WHO Global NCD Action Plan 2013–2020, including health promotion, prevention, control, monitoring and surveillance of NCDs. (AGREED)
- **Encouraging innovation and identifying barriers:** Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the WHO Global NCD Action Plan 2013–2020. (AGREED)
- **Advancing multisectoral action:** Advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the WHO Global NCD Action Plan 2013–2020. (AGREED)

- **Advocating for the mobilization of resources:** Identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the WHO Global NCD Action Plan 2013–2020. (AGREED)

Participants (AGREED)

5. The global coordination mechanism will be led by Member States.¹ Other participants may include, as appropriate:

- United Nations funds, programmes and organizations and other relevant intergovernmental organizations;
- Non-State actors.² (AGREED)

[Responsibilities of participants]

6. [Participants should follow WHO normative guidance and technical tools, as appropriate to national circumstances, and their responsibilities will be to:

- Support the implementation of the WHO Global NCD Action Plan 2013–2020;
- Support national efforts for the prevention and control of noncommunicable diseases, inter alia through exchange of information on best practices and dissemination of research findings and enhanced North–South cooperation, as well as South–South and triangular cooperation, with special attention to technical assistance;
- Demonstrably commit to promoting and protecting public health and willingness to participate in public reporting and accountability frameworks.]

[EXPERT ADVISORY GROUP] (European Union (EU) and its Member States, Bahamas, India, Japan, Kenya, Myanmar, Russian Federation, Switzerland, Turkey, Zimbabwe)/[ADVISORY GROUP] (South Africa, Zimbabwe)/[RESERVE POSITION] (Brazil, Islamic Republic of Iran)/(DELETE SECTION: Nigeria)

7. [Governance of the global coordination mechanism will include the World Health Assembly, the Director-General and an International Advisory Group. The World Health Assembly will provide oversight as called for elsewhere in these terms of reference. The Director-General, in particular through the WHO Assistant Director-General for Noncommunicable Diseases and Mental Health, will promote the implementation of the WHO Global NCD Action Plan 2013–2020.] (United States of America (USA)) (DELETE SENTENCE: Brazil, EU and its Member States, Monaco)

AND/OR (Mexico)

¹ And, where applicable, regional economic integration organizations.

² Without prejudice to ongoing discussions on WHO's engagement with non-State actors, the engagement with non-State actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly.

The [International]/[Expert] (EU and its Member States) Advisory Group will provide [guidance]/[advice] (China, EU and its Member States) to the Secretariat on the development, implementation and monitoring [and promoting/disseminating] (Mexico) of the workplan for the global coordination mechanism.] (EU and its Member States, Mexico, USA) (DELETE SENTENCE: Monaco). [ADD TIME LIMIT] (Brazil) [ADD ADVOCACY ROLE] (Canada)

8. [The [International]/[Expert] (EU and its Member States) Advisory Group will comprise [30]/[18] (EU and its Member States) members drawn [according to the WHO regulations for expert advisory panels and committees] (EU and its Member States) [from Member States in each WHO region [(4 from each region)]/(3 from each region)]/[2 from each region] (Libya, Monaco, Norway), representatives of [international partners] (three seats) and nongovernmental organizations (three seats)] (DELETE SECOND HALF OF SENTENCE: EU and its Member States). [ADD: ESTABLISH A SUBCOMMITTEE AT THE REGIONAL LEVEL] (Malaysia) Members will be appointed by the WHO [Assistant] (DELETE: EU and its Member States, Kenya) Director-General [for Noncommunicable Diseases and Mental Health] (DELETE: EU and its Member States, Kenya) with a skill mix of internationally recognized [policy makers,] (DELETE: EU and its Member States) public health experts and technical experts in the field of noncommunicable diseases, taking into account balanced representation between developed and developing countries and the need to balance expertise from across the four major disease categories [and risk factors] (EU and its Member States).] (USA) [ADD: TRANSPARENCY OF APPOINTING THE MEMBERS] (Mexico)

9. [The [International]/[Expert] (EU and its Member States) Advisory Group will meet in person once a year and virtually other times as needed.] (USA)

10. [At each in person or virtual meeting of the [International]/[Expert] (EU and its Member States) Advisory Group, there will be a consultation segment with selected representatives of the private sector relevant to the agenda being discussed, taking into account any rules established as part of ongoing WHO discussions on engagement with non-State actors and safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest.] (USA) [ADD: SHOULD DEPEND ON VIEW OF THE MEMBERS] (Mexico) (DELETE PARAGRAPH: Brazil, Islamic Republic of Iran, Pakistan)

11. [The terms of reference for the [International] (DELETE: Monaco)/Expert Advisory Group [will be developed by the Secretariat, [in consultation] (Monaco)/[with Member States] (Brazil, China)/[with the full participation of] the members of the International Advisory Group] (DELETE SENTENCE: EU and its Member States, Mexico)). The final terms of reference will [for the approval of] (China, Monaco)/[be approved by] the Sixty-Seventh World Health Assembly.] (USA)

[[Periodicity of] (DELETE: Japan) general meetings]

12. [The global mechanism will meet [twice per year] (Nigeria)/[periodically, as needed, including virtual meetings] (Mexico, Norway, Switzerland, USA). The meetings will be co-chaired by WHO and a representative from a Member State. Efforts will be made to [[rotate]/[alternate] (Nigeria) meetings between Geneva and other WHO regions]/[hold the meetings in Geneva] (Mexico)], in order to increase the visibility of noncommunicable diseases and the WHO Global NCD Action Plan 2013–2020 across the world. Additional regional and ad hoc meetings may also be held, as necessary.]

[Working groups]

13. [Working groups will provide a way for groups of Participants with similar interests to foster collaborative work under the umbrella of the global coordination mechanism on activities in line with the [functions above]/[six objectives of the WHO Global NCD Action Plan 2013–2020] (Canada, Panama).]

[WHO's role as the Secretariat for the global coordination mechanism]

14. WHO shall provide the Secretariat for the global coordination mechanism within WHO's Noncommunicable Diseases and Mental Health Cluster and report to the WHO Director-General. (AGREED)

15. [The main functions of the Secretariat for the global coordination mechanism will be:

- [To [propose and facilitate discussions on the workplans] (Nigeria)/develop [proposals on workplans] (Chair) and [forge]/[facilitate] (Brazil, Islamic Republic of Iran, Nigeria, Norway) consensus on workplans;]
- [To [develop] terms of reference for any working group;]
- [To convene [and lead] (DELETE: Brazil, Islamic Republic of Iran) meetings of the global coordination mechanism [, including, as appropriate, working groups];]
- [To [encourage and] (DELETE: Norway) facilitate [strategic collaborative arrangements and alliances] among the Partners of a global coordination mechanism in line with the functions above;]
- [To act as a point of enquiries and information regarding the global coordination mechanism;]
- [To develop guidance to encourage Partners to be accountable for implementing a set of actions included in the WHO Global NCD Action Plan 2013–2020;] (DELETE: Brazil, EU and its Member States, Norway)/[To facilitate accountability for implementing the WHO Global NCD Action Plan 2013–2020] (Chile, Mexico, USA) (DELETE: Brazil, Finland)/[To facilitate accountability for actions committed through the global coordination mechanism] (Canada)
- [To manage a website and virtual forum of the global coordination mechanism, including an up-to-date list of participants, an inventory of their activities, [a virtual practice community] and opportunities for virtual consultations]] (EU and its Member States).]

[Workplan]

16. [A workplan will set out the activities of the global coordination mechanism, including, as appropriate, any working groups. The workplan will be developed by the Secretariat, in collaboration with the [Participants]/[Member States] (India)/[Member States and Participants, following standard practices] (USA), and will cover a two-year period, aligned with the WHO Programme Budget cycle. [The final workplan will be approved by the [WHO Director-General]/[World Health Assembly through the WHO Executive Board] (EU and its Member States, Tanzania, USA).]

[Administrative arrangements]

17. [Participants will, in principle, be responsible for meeting their own expenses in relation to activities under a global coordination mechanism (including, but not limited to, travel and subsistence for attending meetings and participating in working groups).]

18. [The WHO Programme Budget 2014–2015 will include budgetary provisions to finance the work of the Secretariat for a global coordination mechanism.]

19. [Activities of the Secretariat for a global coordination mechanism will need to be financed through voluntary contributions to WHO, in accordance with standing WHO practices. Voluntary contributions from international partners and non-State actors to WHO in support of the activities of the Secretariat for a global coordination mechanism will be subject to standing WHO practices.]

Lifespan of a global coordinating mechanism and evaluation

20. The lifespan of the global coordination mechanism is planned to be from 2014 to 2020 in line with the WHO Global NCD Action Plan 2013–2020. A preliminary evaluation by the World Health Assembly will take place in 2017 to assess results and the added value of the global coordination mechanism, taking into account the progress report of the Global Action Plan and the post-2015 development agenda. A final evaluation will be presented for consideration of Member States to the World Health Assembly in 2021 to assess the effectiveness of the global coordination mechanism, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension. The global coordination mechanism will evolve through the phases outlined below. (AGREED)

Year	Phase (TABLE AGREED)
2014	• Establishment of the global coordination mechanism, following the approval of terms of reference by the Sixty-seventh World Health Assembly
2015–2017	• Work phase I
2017	• Preliminary evaluation
2018–2020	• Work phase II
2021	• Final evaluation

21. [The [Secretariat] (EU and its Member States, USA)/[for the global coordination mechanism]/[World Health Assembly] (Brazil, China, India, Islamic Republic of Iran, Mexico, Pakistan) will convene [an independent expert group] (Brazil, EU and its Member States, Norway, Sudan, USA)/[a representative group of Participants] in order to evaluate progress of a global coordination mechanism. [and will provide a report to the World Health Assembly] (USA)

[Accountability]

22. [Reports on the [progress achieved in implementing]/[achievements by] (EU and its Member States, USA) a global coordination mechanism for noncommunicable diseases, will be included in reports on progress made in implementing the WHO Global NCD Action Plan 2013–2020 in 2016, 2018 and 2021.] **AND** [The authority of WHO governing bodies over the activities under a global

coordination mechanism will be guaranteed in all instances, as well as WHO Governing Bodies' independence in definition of policies.] [CHANGE ORDER OF SENTENCES] (USA)

23. [For transparency and accountability purposes, international partners and non-State actors will report their work and results in implementing the activities included in the WHO Global NCD Action Plan 2013–2020 to a global coordination mechanism.]

[Conflict of interest]

24. [Participation in the global coordination mechanism will be determined by the WHO Secretariat in accordance with existing and future operational procedures.]

[Links with the United Nations Inter-Agency Taskforce on the Prevention and Control of Non-communicable Diseases and alignment across WHO]

25. [United Nations funds, programmes and specialized agencies and other intergovernmental organizations will be partners in a global coordination mechanism. WHO will convene a formal meeting of Member States on 13 and 14 November 2013 to complete work on the development of terms of reference for the United Nations Inter-Agency Task Force for the Prevention and Control of Non-communicable Diseases.]

26. [The areas of work of the WHO Secretariat detailed in resolution WHA66.10, the functions of a global coordination mechanism, and the objectives of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases are summarized in Table 1 below.]

[Table 1]

Areas of work of the WHO Secretariat (resolution WHA66.10)	Functions of a global coordination mechanism for the prevention and control of NCDs	Objectives of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
<p>Provide technical support to Member States, as required, to support the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.</p> <p>Provide technical support to Member States, as required, to establish or strengthen national surveillance and monitoring systems for noncommunicable diseases to support reporting under the global monitoring framework</p>	<p>Advocating and raising awareness: Advocating for and raising awareness of the urgency of implementing the WHO Global NCD Action Plan 2013–2020; mainstreaming the prevention and control of noncommunicable diseases in the international development agenda; and giving due consideration to the prevention and control of noncommunicable diseases in discussions on the post–2015 development agenda. (AGREED)</p> <p>Disseminating knowledge and information: Disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the WHO Global NCD Action Plan 2013–2020, including health promotion, prevention, control, monitoring and surveillance of NCDs. (AGREED)</p>	<p>To enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control noncommunicable diseases and mitigate their impacts.</p> <p>To facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control noncommunicable diseases and mitigate their impacts, at</p>

Areas of work of the WHO Secretariat (resolution WHA66.10)	Functions of a global coordination mechanism for the prevention and control of NCDs	Objectives of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
<p>for noncommunicable diseases.</p> <p>Provide technical support to Member States, as required, to engage/cooperate with non-health government sectors and, in accordance with principles for engagement, with non-State actors, in the prevention and control of noncommunicable diseases.</p>	<p>Encouraging innovation and identifying barriers: Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the WHO Global Action Plan 2013–2020. (AGREED)</p> <p>Advancing multisectoral action: Advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the WHO Global NCD Action Plan 2013–2020. (AGREED)</p> <p>Advocating for the mobilization of resources: Identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for implementation of the WHO Global NCD Action Plan 2013–2020. (AGREED)</p>	<p>global, regional and national levels, including through the establishment of a virtual practice community for Members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of noncommunicable diseases.</p> <p>To facilitate information on available resources to support national efforts to prevent and control noncommunicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group.</p> <p>To strengthen advocacy in order to raise the priority accorded to the prevention and control of noncommunicable diseases on the international development agenda, including the post–2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials.</p> <p>To incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of</p>

Areas of work of the WHO Secretariat (resolution WHA66.10)	Functions of a global coordination mechanism for the prevention and control of NCDs	Objectives of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
		<p>work of the Members of the United Nations Task Force on the implementation of the WHO FCTC, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate.</p> <p>To strengthen international cooperation in support of national, regional and global plans for the prevention and control of noncommunicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines.</p>

27. [The key activities of the (i) WHO Secretariat in implementing the areas of work outlined in resolution WHA66.10; (ii) a Secretariat for a global coordination mechanism; and (iii) the Secretariat for the UN Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, are included in WHO's Programme Budget 2014–2015.¹ Key activities are set out in Table 2 below.]

¹ WHO core functions are: (i) providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (ii) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (iii) setting norms and standards, and promoting and monitoring their implementation; (iv) articulating ethical and evidence-based policy options; (v) providing technical support, catalysing change, and building sustainable institutional capacity; and (vi) monitoring the health situation and assessing health trends.

[Table 2]

Key activities of the WHO Secretariat in implementing the areas of work outlined in resolution WHA66.10.	Key activities of the WHO Secretariat within a global coordination mechanism for the prevention and control of NCDs	Key activities of the WHO Secretariat within the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
<p>The specific products and services which the WHO Secretariat will deliver are currently under development. Work will be completed on 11 November 2013.</p>	<p>Enable health systems to respond: Taking into account paragraph 45(b) of resolution A/RES/66/2, Heads of State and Government have committed to pursue, as appropriate, comprehensive strengthening of health systems that support primary health care. Taking into account resolution WHA66.10, Member States are urged to implement the WHO Global Action Plan 2013–2020, which includes cost-effective interventions and policy options to enable health systems to respond more effectively and equitably to the health-care needs of people with noncommunicable diseases.</p>	<p>Convene and lead meetings of the Task Force.</p> <p>Encourage and facilitate strategic collaborative arrangements and alliances among the Members of the Task Force to enhance support to national-level efforts to realize the commitments made by Heads of State and Government in the UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020.</p> <p>Create and manage a virtual practice community for Members of the Task Force.</p> <p>Create and update an online inventory of commitments and activities of the Members of the Task Force on the prevention and control of NCDs.</p> <p>Act as a point of enquiries and information regarding activities being undertaken by Members of the Task Force.</p> <p>Prepare summary reports of the meetings of the Task Force and publish these at www.who.int/ncd, as well as progress reports on achieving the objectives of the Task Force, which will serve as an input into a global coordination mechanism for the prevention and control of NCDs.</p> <p>Coordinate the preparation of the report to ECOSOC through the United Nations Secretary-General and incorporate the work of the former United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO FCTC.</p>

Key activities of the WHO Secretariat in implementing the areas of work outlined in resolution WHA66.10.	Key activities of the WHO Secretariat within a global coordination mechanism for the prevention and control of NCDs	Key activities of the WHO Secretariat within the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs
		Without prejudice to the accountability obligations of the Task Force, inform ECOSOC and the World Health Assembly on a regular basis of the progress made by the Task Force on the implementation of the WHO Global NCD Action Plan 2013–2020, including an evaluation assessing its contribution as part of the final report foreseen for 2021.

ANNEX 3

(Agreed)

REPORT OF THE FORMAL MEETING OF MEMBER STATES TO COMPLETE THE WORK ON THE TERMS OF REFERENCE FOR THE UNITED NATIONS INTERAGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES, INCLUDING A DIVISION OF TASKS AND RESPONSIBILITIES FOR UNITED NATIONS FUNDS, PROGRAMMES AND AGENCIES AND OTHER INTERNATIONAL ORGANIZATIONS

1. The Formal Meeting of Member States to complete the work on the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations, was held in Geneva on 13 and 14 November 2013, chaired by Dr Lindiwe Makubalo (South Africa). The session was attended by representatives of 116 Member States, one regional economic integration organization and four organizations of the United Nations system.
2. The WHO discussion paper on draft terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including a division of tasks and responsibilities for United Nations organizations and other international organizations (document A/NCD/UNT/1/2) and a report summarizing the outcomes of the first meeting of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (document A/NCD/UNT/1/INF./1) were considered by Member States.
3. The attached terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (Appendix) were agreed by consensus.
4. The formal meeting requests the Director-General to submit this report and the attached terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, through the Executive Board at its 134th session, to the Sixty-seventh World Health Assembly for its consideration, with a view to requesting the United Nations Secretary-General to include the terms of reference in his report on the implementation of resolution E/RES/2013/12 for the consideration of the Economic and Social Council at its substantive session of 2014.
5. The formal meeting strongly recommends that the Executive Board consider this report and its attachments, with a view to noting the terms of reference and to recommending their submission to the World Health Assembly for consideration.

Appendix

**DRAFT TERMS OF REFERENCE FOR THE UNITED NATIONS
INTER-AGENCY TASK FORCE ON THE PREVENTION AND CONTROL
OF NON-COMMUNICABLE DISEASES, INCLUDING A DIVISION OF TASKS
AND RESPONSIBILITIES FOR UNITED NATIONS FUNDS, PROGRAMMES
AND AGENCIES AND OTHER INTERNATIONAL ORGANIZATIONS
(AGREED)**

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

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

INTRODUCTION

1. In paragraph 13 of the UN Political Declaration on NCDs, Heads of State and Government and representatives of States and Governments recognized the leading role of the World Health Organization (WHO) as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirmed its leadership and coordination role in promoting and monitoring global action against non-communicable diseases (NCDs) in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing non-communicable diseases in a coordinated manner.
2. In paragraph 51 of the UN Political Declaration on NCDs, Heads of State and Government and representatives of States and Governments called upon WHO, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control noncommunicable diseases and mitigate their impacts.
3. In paragraph 1.1 of resolution WHA66.10, the World Health Assembly endorsed the WHO Global NCD Action Plan 2013–2020. The plan aims to operationalize the commitments by Heads of State and Government included in the UN Political Declaration on NCDs. The WHO Global NCD Action Plan 2013–2020 comprises a set of actions which, when performed collectively by (i) Member States, (ii) international partners and the private sector, and (iii) the WHO Secretariat, will support governments in their national efforts to contribute to the attainment of nine voluntary global targets for noncommunicable diseases by 2025. The building and coordinating of results-oriented engagement or

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

4. In paragraph 3.5 of resolution WHA66.10, the Health Assembly requested the WHO Director-General to work together with other United Nations funds, programmes and agencies to conclude the work, before the end of October 2013, on a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations.

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

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

7. In paragraph 3 of ECOSOC resolution E/RES/2013/12, the Council urged all members of the existing United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control² and other United Nations funds, programmes and specialized agencies, and intergovernmental organizations, to contribute, within their respective mandates, as appropriate, to the activities of the Task Force.

8. In paragraph 4 of ECOSOC resolution E/RES/2013/12, the Council requested the United Nations Secretary-General, in close collaboration with the WHO Director-General, and in full consultation with Member States through WHO, to develop the terms of reference for the Task Force, incorporating, but not limited to, the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control and the current work of the WHO Secretariat to develop a division of tasks and responsibilities, as exemplified by appendix 4 to the WHO Global NCD Action Plan 2013–2020, and also requests the United Nations Secretary-General to include the terms of reference in his report on

¹ Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

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

the implementation of the present resolution for the consideration of ECOSOC at its substantive session of 2014.

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

TERMS OF REFERENCE

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

Purpose of the Task Force

11. The purpose of the Task Force described in operative paragraph 2 of the ECOSOC resolution adopted on 22 July 2013 is to:

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

Objectives of the Task Force

12. Pursuant to ECOSOC resolution E/RES/2013/12, the objectives of the Task Force are as follows, taking into account the overall principles and approaches outlined in the UN Political Declaration on NCDs and the WHO Global NCD Action Plan 2013–2020, and in support of a global coordination mechanism for the prevention and control of noncommunicable diseases:

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

- To strengthen advocacy in order to raise the priority accorded to the prevention and control of NCDs on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials.
- To incorporate the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control, including by utilizing the matrix of work of the Members of the UN Task Force on the implementation of the WHO FCTC, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate.
- To strengthen international cooperation in support of national, regional and global plans for the prevention and control of noncommunicable diseases, inter alia through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

Members of the Task Force

13. Membership of the Task Force will be open to United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key intergovernmental organizations and treaty secretariats. The potential Members are included in Appendix I.¹

Responsibilities of the Members of the Task Force

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

Periodicity of meetings of the Task Force

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

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

¹ Not available at time of writing.

Secretariat for the Task Force

17. The Task Force will be convened and led by WHO, which will provide the Secretariat for the Task Force. The Secretariat for the Task Force will be an integral part of WHO's Cluster for Noncommunicable Diseases and Mental Health.

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

- Convene and lead meetings of the Task Force.
- Encourage and facilitate strategic collaborative arrangements and alliances among the Members of the Task Force to enhance support to national-level efforts to realize the commitments made by Heads of State and Government in the UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020.
- Create and manage a virtual practice community for Members of the Task Force.
- Create and update an online inventory of commitments and activities of the Members of the Task Force on the prevention and control of NCDs.
- Act as a point of enquiries and information regarding activities being undertaken by Members of the Task Force.
- Prepare summary reports of the meetings of the Task Force and publish these at www.who.int/ncd, as well as progress reports in achieving the objectives of the Task Force, which will serve as an input into a global coordination mechanism for the prevention and control of NCDs.
- Coordinate the preparation of the report to ECOSOC through the United Nations Secretary-General and incorporate the work of the former United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.
- Without prejudice to the accountability obligations of the Task Force, inform ECOSOC and the World Health Assembly on a regular basis on the progress made by the Task Force on the implementation of the WHO Global NCD Action Plan 2013–2020, including an evaluation assessing its contribution as part of the final report foreseen for 2021.

Administrative arrangements for the Secretariat for the Task Force

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

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

Accountability

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

Conflicts of interest

22. Public health policies for the prevention and control of NCDs must be protected from undue influence by any form of vested interest.¹

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

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

Links with a global coordination mechanism for the prevention and control of NCDs

25. Operative paragraph 3.2 of resolution WHA66.10, requested the WHO Director-General to develop draft terms of reference for a global coordination mechanism for the prevention and control of NCDs.

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

DIVISION OF TASKS AND RESPONSIBILITIES

27. The division of tasks and responsibilities outline *how* the Members of the Task Force will work jointly and collectively to coordinate the activities of the relevant United Nations organizations and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the UN Political Declaration on NCDs, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020.

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

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

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

30. The responsibilities of *convening institutions* are as follows:

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

31. The responsibilities of *partner institutions* are as follows:

- To support the determination of a scope of work, development of a workplan and report progress against it, as it pertains to the objectives of the WHO Global NCD Action Plan 2013–2020.
- To collaborate on activities that are in line with the WHO Global NCD Action Plan 2013–2020 and to support harmonization of activities across the United Nations system.
- To work with convening institutions to safeguard public health from undue influence by any form of real, perceived or potential conflicts of interest.
- To work with convening institutions to support advocacy and communication on NCDs across the United Nations system, in line with the WHO Global NCD Action Plan 2013–2020.
- To support convening institutions to provide timely inputs to the Secretariat for the Task Force to enable it to draft reports to ECOSOC through the United Nations Secretary-General, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control and to report to the World Health Assembly on the implementation of the WHO Global NCD Action Plan 2013–2020.
- To report, as appropriate, on activities of the Task Force to their respective governing bodies and/or relevant bodies.

32. A division of tasks and responsibilities is outlined in the table below. This table was developed by organizations in the United Nations system, taking into account discussions between December 2011 and July 2013¹, and builds on Appendix 4 of the WHO Global NCD Action Plan 2013–2020.² The table was finalized during the first meeting of the Task Force (Geneva, 2–3 October 2013).

**Division of Tasks and Responsibilities for the
United Nations Inter-Agency Task Force on the Prevention and Control of NCDs³
(Status as of 3 October 2013)**

Objective ^{4 5}	Convening institutions	Suggested areas of work	Linkages with actions for international partners ⁶	Partner institutions
1. To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy	WHO	1.1 Advocacy for attention to/integration of NCDs in the international development agenda/goals	23 (a), (b), (c), (f)	IAEA UNAIDS UNDP United Nations Human Settlements Programme (UN-Habitat) UNICEF United Nations Standing Committee on Nutrition (UNSCN)
		1.2 Multistakeholder partnership management and resource mobilization	23 (d), (e)	IAEA UNAIDS UNDP UN-Habitat WFP
		1.3 Mainstreaming of the prevention and control of NCDs in international development cooperation initiatives	23 (c)	FAO IAEA UNAIDS UNDP UNEP UNICEF UNSCN World Bank

¹ The full list of meetings is available at http://www.who.int/nmh/events/ncd_task_force/en/index.html.

² Examples of collaborative divisions of tasks and responsibilities. Concerns a provisional list only. A division of labour is being developed by the United Nations Funds, programmes and agencies.

³ The United Nations Office on Sport for Development and Peace will assess opportunities to contribute as a convening or partner institution in a number of areas in the table, for example through the establishment of a “Sport and Health” thematic working group in the context of the Sport for Development and Peace International Working Group.

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

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

⁶ Included in the WHO Global NCD Action Plan 2013–2020.

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

¹ For 2.3 only.

² In carrying out this task, WTO will provide technical and factual information regarding relevant WTO agreements in order to support, upon request, relevant ministries and government departments to address the interface between trade policies and health issues in the area of NCDs.

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

¹ As pertains to area of work 3.1.

² As pertains to area of work 3.9.

³ As pertains to area of work 3.5 and 3.6.

⁴ UNICEF will facilitate this area of work.

⁵ UNFPA will facilitate this area of work.

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

¹ UNICEF will facilitate this area of work.

² For 4.4 only.

Objective ^{4 5}	Convening institutions	Suggested areas of work	Linkages with actions for international partners ⁶	Partner institutions
5. To promote and support national capacity for high-quality research and development for the prevention and control of NCDs	WHO	5.1 Promote an international research agenda that ensures the next generation of medicines and technologies for NCDs	55	IAEA IARC UNDP
		5.2 Support national efforts to increase access to existing essential medicines and basic technologies to treat NCDs	55	IAEA ITU UNAIDS UNCTAD UNDP UNHCR UNFPA WIPO WTO ¹
6. To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control	WHO	6.1 National NCD monitoring and surveillance systems	61	IARC UN-Habitat UNICEF World Bank
		6.2 Regular reporting against global voluntary targets	61	UN-Habitat

¹ In carrying out this task, WTO will provide technical and factual information regarding relevant WTO agreements in order to support, upon request, relevant ministries and government departments to address the interface between trade policies and health issues in the area of NCDs.

ANNEX 4
(Agreed)

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

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

Appendix

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

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

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

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

NCD ACTION PLAN INDICATORS

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

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

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

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

ANNEX 5

SEQUENCING OF REPORTS AND EVALUATIONS

Year	United Nations General Assembly	United Nations Economic and Social Council	World Health Assembly			Evaluation	Advocacy
			Reports on progress made in implementing the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020	Reports on progress made in attaining the nine voluntary global targets	Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020		
	Report on progress achieved in realizing the commitments included in the UN Political Declaration on NCDs	Report on the implementation of resolution E/RES/2013/12	Reports on progress made in implementing the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020	Reports on progress made in attaining the nine voluntary global targets	Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020	Independent evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020	WHO global status reports on noncommunicable diseases
2013							
2014	X	X					X
2015							
2016			X	X	X		X
2017						X	
2018			X				
2019							
2020						X	
2021			X	X			X
2022							
2023							
2024							
2025							
2026				X			

ANNEX 6

**OVERVIEW OF PRIORITY ACTIONS
RECOMMENDED FOR MEMBER STATES**

Action area	Priority action recommended for Member States ¹
Governance	<p>Set national targets for 2025 based on national situations, taking into account the nine global targets for noncommunicable diseases</p> <p>Develop national multisectoral policies and plans to achieve these targets in 2025, taking into account the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020</p> <p>Prepare for the United Nations General Assembly comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases</p>
Reduce exposure to risk factors for noncommunicable diseases	Implement the very cost-effective and affordable interventions included in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
Enable health systems to respond	Implement the very cost-effective and affordable interventions included in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
Measure results	<p>Strengthen surveillance for noncommunicable diseases covering monitoring of:</p> <ul style="list-style-type: none"> risk factors and determinants outcomes (mortality and morbidity) health system response. <p>Integrate surveillance into national health information systems, to ensure collection of data on the 25 indicators and monitoring of progress toward attainment of the nine voluntary global targets for NCDs</p> <p>Contribute information on trends in noncommunicable diseases to WHO, coordinating country reporting with global analyses.</p>

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¹ Taking into account United Nations General Assembly resolution A/RES/66/2 and World Health Assembly resolution WHA66.10.