



**First Meeting of the United Nations Interagency Task Force on
the Prevention and Control of Noncommunicable Diseases**

(Geneva, 2-3 October 2013)

INFORMAL SUMMARY OF THE MEETING

1. The First Meeting of the United Nations Interagency Taskforce on the Prevention and Control of Noncommunicable Diseases (the Task Force) was convened by WHO and held at ILO in Geneva on 2 and 3 October 2013. The meeting was attended by (in alphabetical order) FAO, IARC, IAEA, IDLO, IFAD, ILO, ITU, OHCHR, UNAIDS, UNCTAD, UNDP, UNESCO, UNEP, UNFPA, UNHCR, UNICEF, , UN-HABITAT, UNOSDP, UNSCN, WFP, WHO, CSF of the WHO FCTC, WIPO, World Bank, and WTO. It was chaired by WHO.
2. The key objective of the meeting was to conclude the work on the development of draft terms of reference (including a division of tasks and responsibilities) for the Task Force for consideration by Member States at 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”, which will take place on 13 November 2013 at the WHO Executive Board Room,, and in accordance with the ECOSOC resolution E/RES/2013/12 adopted on 22 July 2013 and World Health Assembly resolution WHA66.10 adopted on 27 May 2013.
3. The list of participants is shown in Annex 1. The agreed agenda is shown in Annex 2.
4. The notes of the “Sixth Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs” (Geneva, 16-17 July 2013) were reviewed. It was agreed that WHO would report at a later stage on progress made in taking forward the work with UNAIDS to develop a system to map NCD strategies and activities across the UN system, to ensure that sufficient time was available for the main business of the meeting.

Action: WHO and UNAIDS to report back at the second meeting of the Task Force on progress in taking forward work to develop a system to map NCD strategies and activities across the UN system.

5. WHO provided an update on key events and activities since the sixth meeting of UN organizations on the implementation of the UN Political Declaration on NCDs. These included:
 - An overview of the ECOSOC resolution E/RES/2013/12 requesting the UN Secretary-General to establish a United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases.
 - A review of progress in implementing the WHO Global NCD Action Plan 2013-2020, as well as the work under way to develop a limited set of action plan indicators to inform the World Health Assembly on progress made in implementing the action plan in 2016, 2018 and 2021,

including the upcoming formal “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 (14–15 November 2013, International Conference Centre Geneva).

- The draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases which were published as a first WHO Discussion Paper (version dated 23 July 2013) on the WHO website www.who.int/ncd in advance of a second WHO Discussion Paper (to be published on 31 October 2013) that would be considered by Member States at the forthcoming “Formal meeting of Member States to conclude the work on the terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases” (11–12 November 2013, WHO Executive Board Room).

6. Participants spent the remainder of the meeting discussing the draft terms of reference for the Task Force, including the division of tasks and responsibilities of Members of the Task Force. These were agreed by consensus among the participating UN organizations.

Action: WHO to publish the draft terms of reference, including a division of tasks and responsibilities, on the WHO website on 13 October 2013, for consideration by Member States at the forthcoming “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” (13 November 2013, WHO Executive Board Room).

Note: These were published on 11 October 2013 and are available at:
http://www.who.int/nmh/events/ncd_task_force/en/index.html.

7. As there was insufficient time available for verbal updates from Participants, participants were therefore invited to submit short written updates and those received are shown in Annex 3.

8. Dates and venues for the next meeting were discussed. While no conclusion was reached, WHO proposes to proceed as follows:

- 2nd Meeting of the Task Force: 29-30 January 2014 at WHO, Geneva.
- 3rd Meeting of the Task Force: two days in June 2014 in New York, on the occasion of the ECOSOC coordination and management segment (New York) (Note: the “Report of the United Nations Secretary-General on the work of the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases”, which will include the terms of

reference for the Task Force, will be considered by Member States at ECOSOC in June 2014, during its coordination and management segment).

- An additional one-day ad-hoc meeting of the Task Force may be convened on Friday 7 March at WHO in Geneva, as appropriate.

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Annex 1: List of Participants



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FIRST MEETING OF THE UNITED NATIONS INTERAGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2-3 OCTOBER 2013

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Annex 2: Agenda

FIRST MEETING OF THE UN INTERAGENCY TASK FORCE ON NCDs

2-3 OCTOBER 2013

VENUE: SALLE XI, INTERNATIONAL LABOUR ORGANIZATION,
4 ROUTE DES MORILLONS, GENEVA

PROVISIONAL PROGRAMME

DAY 1: 2 October 2013

Moderator: Mr Werner Obermeyer, Senior External Relations Officer, WHO Office at the United Nations

09:30-11:00 Session 1: Welcome, introductions and scene setting

1. Welcome and introduction.

Dr Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO.

2. Review of notes of the Sixth Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (Geneva, 16-17 July 2013).

Mr Werner Obermeyer

3. Update following the Sixth Meeting of UN Funds, Programmes and Agencies:

- Review of the Economic and Social Council (ECOSOC) resolution requesting the UN Secretary-General to establish a United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases;
- Review of progress in implementing the WHO Global NCD Action Plan 2013-2020 and the development of a limited set of action plan indicators to inform reporting on progress;
- Draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases.

WHO Secretariat

11:00 – 11:30 Coffee

11:30- 17:00 Session 2: Terms of reference for the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, including a draft division of tasks and responsibilities for UN organizations and other intergovernmental organizations.

4. Presentation of WHO Discussion Paper (*draft terms of reference for the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, including a draft division of tasks and responsibilities for UN organizations and other intergovernmental organizations*); responses from UN agencies to date and process for finalizing the ToRs
WHO Secretariat

5. Discussion and agreement on a draft terms of reference.

- i) Purpose of the United Nations Interagency Task Force; objectives of the Task Force; and Question 1 of the discussion paper.
- ii) Members of the Task Force; responsibilities of the Members; periodicity of meetings; secretariat for Task Force; and Question 2 of the discussion paper.

DAY 2: 3 October 2013

Moderator: Werner Obermeyer

9.00 – 15:30 Session 2 (continued)

- iii) Administrative arrangements; accountability; and links with a global coordination mechanism for the prevention and control of noncommunicable diseases.
- iv) Draft division of Tasks and Responsibilities, including Question 3 of the discussion paper.

15:30 – 16:30: Session 3: Agency and interagency updates

6. Update on agency and interagency activities and collaborations

16:30 - 17.00 Session 4: Next steps

7. Next steps and agreed actions

8. Dates and venues for next meetings

Annex 3: Summary of ongoing activities

IAEA

Activities between July and October 2013

An initial mission was conducted in Sierra Leone on 21-22 August 2013 in preparation for a full imPACT mission. An imPACT mission was conducted in Botswana from 26-30 August.

A Regional Training Course on Priority Actions for Cancer Control Planning was held in Tbilisi, Georgia on 1-2 October. The purpose of the course was to train participants from Member States in the region in identifying priorities for the development of cancer control components, namely cancer information, prevention, early detection, diagnosis, treatment and palliative care.

The IAEA was represented at the annual WHO regional meetings in Brazzaville, Congo (2-6 September), New Delhi, India (10–13 September) and Çeşme Izmir, Turkey (16–19 September).

The IAEA attended a WHO meeting on indicators for maternal and child nutrition from September 20-October in Geneva. The informal consultation brought together WHO Member States and UN Agencies to discuss a proposed set of indicators for the Global Monitoring Framework for Maternal, Infant and Young Child Nutrition. The use of stable isotopes to assess breast milk intake was suggested as a tool to monitor interventions aimed at promoting exclusive breastfeeding.

The Director General's report to the Board in September 2013 (GOV/2013/32-GC(57)/9) highlighted the IAEA's collaborative efforts on NCD's, including the ongoing high-level meetings between the IAEA, WHO and IARC with the aim of developing a more integrated and actionable framework for collaboration; the IAEA's participation in the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases; and the IAEA's involvement in the development and implementation of the draft Global Action Plan on NCDs.

At the September 2013 IAEA General Conference, a resolution on Strengthening the Agency's activities related to nuclear science, technology and applications (GC(57)/RES/12) was adopted. The resolution supports the establishment of the UN Task Force on Non-Communicable Diseases and "recommends that the Division of PACT continue to raise awareness about the global cancer burden and the crucial role of radiation medicine in cancer diagnosis and treatment...through international fora such as the World Cancer Summits and Congresses and the recently formed UN Task Force on Non-Communicable Diseases".

IDLO

IDLO action to respond to the legal and human rights dimensions of the global NCD epidemic is consistent with our Strategic Plan 2013-2016, Goal 2.3. 'Use the law to advance the right to health':

- IDLO is finalizing a public health law manual, including a focus on NCDs, with O'Neill Institute for National and Global Health Law at Georgetown University, the University of Sydney, and WHO. In May 2013 the draft was circulated for peer review.
- Also in May IDLO hosted a regional workshop 'Access to essential medicines, patents and the law' jointly with the Bibliotheca Alexandrina, Egypt, with the participation of UNDP and WIPO.
- Also in May IDLO presented the joint study with Ain Shams University, Egypt, of legal frameworks for the response to overweight, obesity and diabetes in four countries in Middle East / North Africa (published in January 2013) at a conference on the Social Determinants of NCDs in the Mediterranean Region, in Istanbul, Turkey.
- Also in May IDLO shared lessons from the HIV epidemic for the response to NCDs at the conference 'Roles and responsibilities in realizing human rights in the prevention and control of NCDs', University of Southern California, USA.
- In June IDLO met with the Regional Director of WHO/EMRO to discuss collaboration on building public health law capacity in the region, including on NCDs. This will include possible adaptation of the public health law manual to the region.
- IDLO is exploring ways to build bridges between law and health sciences in tertiary education. In June, IDLO met with the Faculties of Medicine and Law at Ain Shams University, Egypt. The outcome was an agreement on the need for a national colloquium on public health and law.
- IDLO and the University of Sydney (which hosts the Boden Institute – the WHO Collaborating Centre for Physical Activity, Nutrition and Obesity) have agreed to hold a regional expert consultation on diabetes and law in the Western Pacific in early 2014, just after the World Diabetes Congress.

UNDP

Activities between August and September 2013:

- The Social Determinants of NCDs – A Discussion Paper: to be published in October and shared with Task Force members
- Commenced work on creation of a webinar for UNDP staff introducing the concepts contained in the paper on Social Determinants of NCDs
- UNDP participated in the FCTC needs assessment in Gabon in August and the regional meeting on FCTC implementation in the Americas in September.

Update through July 2013:

- South Pacific meeting on Trade and NCDs
- Issues Paper on Social Determinants of NCDs
- UNDP-NYU research on national NCD strategies (with Tanzania as an in-depth case study)
- Finalization of Issues Paper on Integration of Tobacco Control into UNDAFs and NDPs
- Internal mapping of existing and potential UNDP activity on NCDs
- Developing webinar on NCD programming for UNDP country staff
- FCTC Country Needs Assessments
- Analysis of Article 5 Recommendations in FCTC Needs Assessment

UNICEF

Proposal for IATF Joint Initiative to Develop Behaviour Change and Advocacy Tool on NCDs with special focus on their impact on Children and Adolescents

Dr Kerida McDonald, Senior Advisor for Communication for Development in UNICEF Headquarters in New York gave a brief overview on a joint initiative being proposed as one “quick win” and tangible output of the newly established Inter-Agency Task Force on NCDs. The proposition is to develop a new chapter on NCDs in the public health “Facts for Life” resource book which has been described by Economist magazine as “a powerful little book that saves poor children’s lives”.

Facts for Life is a joint publication of UNICEF, WHO, UNESCO, UNFPA, UNDP, WFP, UNAIDS and the World Bank that has been used as a behaviour change communication and advocacy tool by community health workers, media practitioners, teachers, religious and other groups across in over 200 countries and in multiple languages since 1989. The book which has been updated over time, has 14 chapters covering a range of child health and development issues and aims to provide families, communities and policy advocates with practical information and influence dialogue and actions to save and improve children’s lives.

Dr McDonald distributed a draft Terms of Reference for a consultancy to support development of a revised edition of Facts for Life with a standalone chapter and relevant messages infused within other chapters in the margins of the meeting. She requested IATF members to review and provide feedback on the Draft TOR within a two-week period so that a consultant could be contracted and a joint process initiated so that a chapter outline could be reviewed and endorsed at the next IATF meeting.

Dr McDonald also highlighted a NCD conference to be hosted by CSO alliance “NCD Child” on March 19-21, 2014 which will bring NCD stakeholders from across the world to discuss issues related to NCDs in relation to Children and Adolescents. This forum, Dr. McDonald explained, would provide a strategic opportunity for relevant stakeholders to be engaged in technical review of the draft chapter to be developed. She closed by requesting the IATF to consider ways that funds could be mobilized for work on the chapter. She explained that while UNICEF has earmarked \$75,000 of its own resources as seed funding to cover the consultancy, there was a gap of approximately \$500,000 to support the Technical Review meeting, a global launch of the chapter and training and advocacy for roll out in selected countries.

UNSCN

UNSCN organized a face to face meeting (26-28 August) in Nairobi of the UN Network for Scaling Up Nutrition: 11 UN Agencies and clusters participated from 19 different (mostly African countries)

UNSCN organized 2 sessions at the SUN Global Gathering in New York (24 September) discussing with stakeholders how the UN can better support countries to scale up nutrition. DG Chan attended one of those sessions.

Committee on World Food Security 40th Annual session <http://www.fao.org/cfs/cfs-home/cfs-40/en/> (Rome, 7-11 October): the UNSCN is organizing a side event on 8 October: Improving Nutrition through Agriculture - What Agriculture can do more for Nutrition. Country case studies and current research will be presented and the way forward discussed. One of our case studies (Thailand) will be presented in plenary in the annual session (Thailand is a country facing the nutrition transition)

ICN2 (<http://www.fao.org/food/nutritional-policies-strategies/icn2/en/>): jointly organized by FAO and WHO. ICN2 technical preparatory meeting will take place in Rome (13-15 November) at FAO HQ. Preparations are well underway. Attention will be dedicated to current global nutrition challenges (including overweight and obesity), changes in nutritional status and policy environment, food value chains as well as meeting dietary goals and the food supply. The UNSCN is organizing 2 satellite events: on 12 November a full day nutrition and sustainability seminar in collaboration with FAO, Bioversity International and the Government of Malawi. On 13 November, a lunch time seminar on nutrition and the post-2015 development agenda in collaboration with Save the Children.

WFP

In addition to the continued implementation of the four main pillars of WFP Nutrition policy (treatment of MAM, prevention of acute malnutrition, prevention of stunting and addressing micronutrient deficiencies),¹ WFP has focused on several essential areas of work in 2013. These include continued engagement and leadership in the Scaling up Nutrition (SUN) movement, contributing to the post-2015 development agenda, and the announcement of an innovative partnership with UNFPA to enhance nutritional support to pregnant and breastfeeding women, with a special focus on supporting adolescent girls. WFP partners with other UN agencies, such as UNICEF, FAO, UNHCR, and WHO, as well as governments, academic programs, civil society, and the private sector.

The 2013 The Lancet series on maternal and child nutrition was an important contribution to the global evidence base on malnutrition, highlighting the immediate and long term impacts of malnutrition, including the increased risk of non-communicable diseases later in life. In line with the evidence presented in The Lancet, WFP has expanded its nutrition-sensitive strategy and recognizes the importance of expanding beyond the 1000 days to include the pre-conception period.

¹ The target groups for nutrition-specific programmes are children 6-59 months, pregnant and lactating women and people living with HIV or receiving treatment for tuberculosis. A fifth pillar is on nutrition-sensitive, or programs indirectly benefiting nutrition issues, and includes work such as school feeding, general food distribution, and food for assets, training or work.

WFP's involvement in SUN has seen significant expansion, with 42 countries now participating.² WFP policy is aligned with SUN to promote the nutrition-specific and sensitive programmes, and the WFP Executive Director is a member of the SUN lead group. WFP also works with the Renewed Effort Against Child Hunger and Undernutrition (REACH) partnership,³ the Standing Committee on Nutrition (SCN), and the cluster system. WFP works closely with UNICEF in the global nutrition cluster, specifically on moderate acute malnutrition (MAM). WFP also works with the Global Alliance for Improved Nutrition (GAIN) to chair the SUN Business Network, which was launched in December 2012 to engage businesses of all sizes in supporting improved nutrition.

In 2012, WFP reached 12.5 million children aged 6–59 months and 3.9 million pregnant and lactating women with nutrition-specific programming.

On the issue of stunting, WFP's recent work from 2012 provided a framework for research and lesson learning. This work was undertaken under a partnership with the Children's Investment Fund Foundation (CIFF), which will reach 40,000 pregnant and lactating women and children aged 6–23 months in Malawi and Mozambique, which will provide lessons for programs in other countries.

On the issue of micronutrients, WFP has expanded the use of micronutrient powders in school feeding in Côte d'Ivoire, the Dominican Republic, Mali and the Niger since June 2012.

WFP supports malnourished people on anti-retroviral therapy or directly observed short-course therapy and people affected by HIV/AIDS or tuberculosis (TB) through nutrition-specific and nutrition-sensitive programming. WFP is the lead agency in UNAIDS for integrating food and nutrition support in national responses to HIV and is a co-convenor for HIV in emergency situations with UNHCR. Additionally, WFP is changing the focus of its HIV programmes from mitigation to enabling access to obtaining positive treatment outcomes through food and nutrition support by advocating food and nutrition support in national and stakeholder HIV programs, which has proven an effective strategy.

WFP has also been working on ways to make its food delivery more efficient. A working group was established to ensure that food was delivered punctually, that food was procured at the best times of year, and to reduce delays in emergency responses. New supply chain guidelines for the management of specialized nutritious foods are still available.

² Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Cote d'Ivoire, El Salvador, Ethiopia, Gambia, Ghana, Guatemala, Guinea, Haiti, Indonesia, Kenya, Kyrgyz Republic, Lao People's Democratic Republic, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Pakistan, Peru, Rwanda, Senegal, Sierra Leone, Sri Lanka, South Sudan, Tajikistan, United Republic of Tanzania, Uganda, Yemen, Zambia, and Zimbabwe.

³ REACH is present in 12 countries: Bangladesh, Nepal, Ghana, Mali, Mauritania, Niger, Sierra Leone, Ethiopia, Rwanda, Uganda, Mozambique, and the United Republic of Tanzania.

WFP is also committed to monitoring and evaluation of its programs, utilizing academic institutions to review its nutrition programs.

The increased use of innovative delivery mechanisms continues to expand WFP's ability to flexibly respond to food and nutrition insecurity. The scale of cash and voucher programming increased by 76%⁴ between 2011 and December 2012, and currently accounts for 7.3 percent of WFP's Programme of Work. In the future, cash, vouchers, and new kinds of "digital food" are expected to have an increased share of WFP assistance. This reduces shipping costs, but WFP is still exploring ways to make this kind of assistance more efficient for nutrition support.

The future goals of WFP in the post-2015 development agenda were highlighted at the informal consultation of the Committee on World Food Security. WFP advocated the importance of adequate nutrition in the first 1,000 days of life and to establish the reduction of stunting as a goal rather than an indicator in the agenda.

In 2013, a new partnership was formed between WFP and UNFPA to work with enhance nutritional support to pregnant woman and new mothers, and expand the support available to adolescent girls (a particularly vulnerable group). The program seeks to support the health and well-being of women and adolescent girls, and ultimately to reduce the incidence of low birth rate and stunting.

WHO FCTC Secretariat

The following activities have been conducted by the Convention Secretariat in line with the work plan adopted by the Conference of the Parties to the WHO FCTC.

Two regional workshops were held on implementation of the Convention, in the WHO South-East Asia Region (New Delhi, India, 23–26 July 2013) and in the WHO Region of the Americas (Bogota, Colombia, 3–6 September 2013), respectively. The workshops were organized in cooperation with the WHO regional offices. The objectives of the workshops were to review and promote implementation of the Convention in the two regions. A total of 36 Parties and six States non-Parties participated, along with the United Nations Development Programme (UNDP), the United Nations Conference on Trade and Development (via videoconference), the United Nations Office on Drugs and Crime, the World Bank, and the World Customs Organization. In addition, the International Agency for Research on Cancer attended the workshop in the WHO South-East Asia Region.

During the meetings, updates on treaty instruments, the Protocol to Eliminate Illicit Trade in Tobacco Products and its provisions, and reporting arrangements under the Convention were provided and discussions were held on achievements and challenges in various areas of treaty implementation. Treaty articles with time-bound implementation provisions received special attention during the discussions. In addition, resources and mechanisms of assistance, the role

⁴ From US\$203 million to US\$359 million

of intergovernmental organizations and development partners to promote implementation of the Convention, and implementation experiences from the regions were also discussed. At the end of the workshops, Parties agreed on outcome documents to highlight the main challenges and priorities for future action.

Joint needs assessments for implementation of the Convention were conducted in Gabon on 1–5 July 2013, Burkina Faso on 12–16 August 2013 and Marshall Islands on 7–16 September 2013, at the request of the respective governments and in coordination with the respective WHO regional and country offices. The World Bank joined the Gabon and Burkina Faso missions and UNDP joined the Burkina Faso mission. The international team met the United Nations Resident Coordinators during all three missions to discuss support for implementation of the Convention under the United Nations Development Assistance Frameworks.

The Convention Secretariat worked with the Treaty Section of the United Nations Secretariat in New York to promote signature of the recently adopted Protocol to Eliminate Illicit Trade in Tobacco Products, during the Treaty Event that took place on 24–26 September and 30 September–1 October 2013. Overall, 11 governments signed the Protocol during the Treaty Event, bringing the total number of signatories to 34 as of 1 October 2013.

WHO IARC

In line with its mission, the entire activity of IARC is devoted to research on cancer, especially cancer prevention. In that framework, IARC has a long standing close collaboration with WHO and other Agencies, such as the IAEA and FAO, on a number of topics including the burden of cancer, the importance and distribution of chemical, physical, and biological carcinogens and the effectiveness of various cancer preventing measures in different world regions, especially low-resource countries. The recently issued NCD Monitoring Framework and NCD Action Plan, to which IARC has contributed has contributed since the beginning as part of the Secretariat, and call for a strengthening of the collaboration. An *ad hoc* IARC/WHO working group has been created in May 2013 and three priority areas have been identified:

1. Cancer registries and cancer statistics: IARC is the official storehouse of data on cancer incidence worldwide (see *Cancer Incidence in Five Continents*, close to its 10th edition). It is partnering with WHO and other Agencies to increase the availability and quality vital statistics, including cancer mortality. A special effort of capacity building is on-going through the creation of coordinating hubs in different world regions.
2. Cervical cancer prevention through screening and vaccination against HPV: cervical cancer offers new and unique opportunities of prevention, notably on account of the availability of effective and potentially affordable screening methods. IARC and WHO have extensively worked on cervical cancer prevention in low- and medium resource countries and can achieve the NCD Action Plan objective to bring cervical screening to all women, notably by facilitating the access to HPV testing.

3. Monitoring of dietary habits: improvements in eating and drinking habits are a crucial part of the NCD Action Plan and they require systematic dietary surveys. IARC's experience in nutrition and IARC's innovative dietary assessment tools can be integrated in WHO regular surveys and allow capture current changes in dietary habits and the impact of NCD Action Plan's objectives, e.g., decrease in alcohol, fat, and salt consumption and increase in fruit and vegetable consumption.

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