

UN Inter-Agency Task Force on the Prevention and Control of NCDs

How NCDs are reflected in governing body policies, strategies and plans

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (Task Force) looks to increase awareness on NCDs and advocates for ever greater attention and mobilization of resources to combat NCDs. As part of this Members are encouraged to raise the importance of NCDs as a development issue, especially now that NCDs are part of the SDGs, with their governing bodies.

This paper updates one that was published in January 2016 and was reviewed by the Eighth meeting of the Task Force. The first edition of this paper was published in December 2014 and presented at the Fourth meeting.

An invitation to provide input to the paper was sent to 41 members of the Task Force.

- 24 (out of 30) members provided updates to their earlier contributions;
- 5 agencies provided new returns (AfDB, EBRD, IDB, OIC, UNRWA and WIPO).

A return from end-2014, 2016 and/or 2017 is now available for 35 Task Force members. Last year, a number of members reviewed key policies, strategies and plans following the adoption of the post-2015 development agenda. More than 60% have included NCDs into their mandates and have already operationalised programmes and projects with an obvious NCD component focused on the prevention, diagnosis, management or rehabilitation of NCDs. Of the remaining 40%, there seems to be an interest and plans in incorporating NCDs into their policies and programmes.

Overall, while there are examples where NCDs are being discussed at governing board (or equivalent) level, there remains considerable opportunity for Task Force Members to create ever greater awareness at this level to highlight NCDs and their agency-specific response within the context of the:

- 2011 UN Political Declaration on NCDs;¹
- 2014 UN Outcome Document on NCDs;²
- WHO Global NCD Action Plan 2013-2020, including the 9 voluntary global targets for NCDs;³
- WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2020, including the 6 voluntary global targets for nutrition;⁴

¹ Resolution A/RES/66/2

² Resolution A/RES/68/300

³ Resolution WHA66.10

- Sixth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 2014⁵
- Seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 2016⁶
- Rome Declaration on Nutrition and the accompanying Framework for Action;⁷
- United Nations General Assembly Special Session on the World Drug Problem Outcome Document;⁸ and most importantly
- **Transforming our world: the 2030 Agenda for Sustainable Development.**⁹

UN Inter-Agency Task Force on the Prevention and Control of NCDs
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⁴ Resolution WHA65.6

⁵ <http://www.who.int/fctc/cop/sessions/cop6/en/>

⁶ <http://www.who.int/fctc/cop/cop7/documentation/en/>

⁷ Adopted at the Second International Conference on Nutrition (ICN2)

⁸ <https://www.unodc.org/postungass2016/>

⁹ http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

Asian Development Bank (ADB) *(last updated January 2017)*

Current Situation

With the basis for engaging in NCD already set in ADB's Operational Plan for Health 2015-2020, ADB is focusing its current efforts on knowledge generation around NCDs and building the case for investing in NCD prevention and management. An example of an ongoing work is a review paper on evidence-based cancer packages in selected Asian countries. Several other small studies are expected to be undertaken and to build up into a flagship publication on NCDs and universal health coverage.

Next Steps

A flagship event on Management and Financing Chronic Diseases in Asia and the Pacific is scheduled for 2018.

African Development Bank (AfDB) *(January 2017)*

Current Situation

A regional NCD investment case for Africa has been discussed with UNDP Accra which is leading the process. At the Bank level a concept note is available and resource mobilization is ongoing. The primary objective of this regional initiative is to develop a tailored, convincing and clear investment case that outlines the economic benefits of developing a national NCD response to achieve the NCD-related targets in the SDGs. Countries will also be supported to develop innovative ways of utilizing the results of the investment case to design policies that impact on NCDs. This work on NCDs is very much aligned to the 'High 5' priorities of the bank, specifically the need to 'improve the quality of life for all Africans'. This regional initiative spanning 8 countries (Ghana, Nigeria, Ethiopia, Kenya, Tanzania, Lesotho, Seychelles and Uganda) also provides a fine opportunity for the bank to contribute to the development of valuable evidence that can influence policy and strengthen governments' commitments to address NCDs. This work is being done with the UN system at country level.

The Bank supports countries to develop their pharmaceutical sector, e.g. in the area of regulatory framework reform, improve supply chain management, improve quality and access to basic medicines, support technology and knowledge transfer, and encourage local production through public-private partnerships.

The Bank supports in country work on cancer through centers of excellence. The East Africa's Centre of Excellence for Skills and tertiary Education in Biomedical Sciences-Phase 1 project supports creation of a network of Centers of Excellence in biomedical sciences and engineering - Nephrology and Urology in Kenya, Oncology in Uganda, Cardiovascular in Tanzania and Biomedical Engineering and eHealth in Rwanda. The Bank is also discussing a proposal on the "Establishment of an International Regional Training Centre for Modern Cancer Treatment Technology" in Zimbabwe which will focus on capacity building, training, development on curricula and master level training in medical physics, nuclear medicine, biomedical engineering, etc.

Next Steps

The Bank is developing a nutrition implementation plan. The focus on nutrition intervention is on, but not limited to, under nutrition. The issue of obesity and overweight and the closed link to NCDs will be taken into account. That's why one of the countries where we will have a field visit is Tunisia. The nutrition agenda of the Bank will also be based on the AU strategy, the SDGs (especially SDG 2) and the

WHA target. One of the main roles of the Bank in line with the nutrition agenda could be resource mobilization, leadership and governance knowing that NCDs need multisectoral approach. The Bank will also work to leverage agriculture and food systems for healthier diets and NCDs. The opportunity through the agriculture sector is huge. The Bank is already committed to support the dissemination of the foresight report on “Food systems and diets. Facing the challenges of the 21st century” developed by the Global Panel on Agriculture and Food Systems for Nutrition. The Bank’s President is a member of this panel.

The R4D Team who is helping the Bank will meet with partners, government and civil society. Timing from December 2016 to May 2017. Support the dissemination of the report on food systems and diet through the African Leader for Nutrition Initiative.

European Bank of Reconstruction and Development (EBRD) *(January 2017)*

Current Situation

The EBRDs Environmental and Social Policy (2014), which is the Bank’s minimum acceptable standard for investment projects, have a specific Performance Requirement (PR) related to Health and Safety. PR4 considers the Health and Safety of both workers and communities who are affected by project related investments. In the context of NCDs the policy is broad in application but expects all project investments to take steps to identify and assess project related risks and adverse impacts to the Health and Safety of potentially affected communities.

Over the past few years the EBRD has stepped up its activities related to Road and Traffic Safety working with local partners and NGOs engaging with communities and also improving technical design of roads we invest in. The Bank is also a member of the UN Road Safety Collaboration supporting the UN Decade for Action on Road Safety along with various other Multilateral Development Banks.

Next Steps

EBRD plans to identify opportunities for further investments in (1) mental health; (2) alcohol abuse; and (3) food and drink projects where sugar and salt use could be reduced. Bank’s E&S Policy is revised every 5 years and the next review will start towards the end of 2017. This therefore provides an opportunity to review the existing policy and identify areas which could include more explicit application to specific topics in the NCD work programme. The WHO is already a key contributor to the Bank’s E&S Policy revisions.

Food and Agriculture Organization of the United Nations (FAO)

(last updated January 2017)

Current Situation

Raising levels of nutrition is central to FAO’s mandate and is included in the preamble to the Constitution of FAO. Adopting a food systems approach to improve nutrition has been firmly embedded in FAO’s 2012 Strategy and Vision on Nutrition (<http://www.fao.org/docrep/meeting/026/me902e.pdf>).

The second International Conference on Nutrition (ICN2), co-organized by FAO and WHO in 2014, helped to establish a common vision for global action to eradicate hunger and end all forms of malnutrition, including undernutrition, micronutrient deficiencies, overweight or obesity and diet-related NCDs.

FAO Strategic Objective 1 (SO1) refers to FAO's contribution to the sustainable eradication of hunger, food insecurity and malnutrition. The SO1 results framework comprises indicators to track progress on reducing food insecurity and malnutrition in all its forms, including SDG 2 targets 2.1, 2.2 and SDG 3 target 3.4 (<http://www.fao.org/3/a-mr830e.pdf>).

The UN Decade of Action on Nutrition 2016-2025 was endorsed by the UN General Assembly in April 2016 whereby FAO and WHO were called upon to lead its implementation. The primary objective of the Nutrition Decade is to increase nutrition investments and implement policies and programmes to improve food security and nutrition within the framework agreed at the ICN2.

Next Steps

The achievement of the 2030 SDGs will only be met when much greater political focus is given towards improving nutrition, as nutrition is both an input and outcome of development – human, social and economic. The Nutrition Decade, under the normative framework of ICN2 and the 2030 Agenda for Sustainable Development, marks a new ambition and direction in global nutrition action: to eradicate hunger, end malnutrition in all its forms and reduce the burden of diet-related NCDs in all age groups.

The SOFI 2017 publication – The State of Food Security and Nutrition in the World 2017 – will present an assessment of the food security and nutrition situation at global and regional level, including the prevalence of overweight among children under five years of age.

The International Nutrition Symposium, organized by FAO and WHO on 1-2 December 2016 under the theme 'Sustainable Food Systems for Healthy Diets and Improved Nutrition', emphasized the need to use a food-systems approach to address malnutrition in all its forms, including obesity.

The Global Fund to fight HIV/AIDS, TB and Malaria (GFATM)

(last updated January 2016)

Current Situation

The Global Fund is primarily a fund for the communicable diseases of HIV, Tuberculosis and Malaria, however 2015 was an important year for the Global Fund in terms of certain policies and strategies presented to the board of the Global Fund with potential relevance to NCDs. The first of these policies, was the board approved policy on Global Fund support for Co-Infections and Co-Morbidities (COIM) of the three diseases (GF/B33/11).

A co-morbidity occurs when two or more acute or chronic conditions exist, either concurrently or sequentially. The term is reserved for situations in which at least one of the conditions is a non-communicable disease (NCD). People living with NCDs, such as diabetes or alcohol use disorders, have a higher risk of developing communicable diseases, such as TB, due to their immunosuppression. As treatment for HIV has become more widely available, NCDs now account for a greater proportion of morbidity and mortality in HIV infected populations.

The framework on financing COIM that was approved aims to establish criteria for when COIM interventions could be financed by the Global Fund in accordance with its mission and objectives. The purpose of the framework is to: a. Provide guidelines to countries, where appropriate, on developing an

investment case for COIM funding within their relevant country allocations; and b. Provide guidance to the Technical Review Panel (TRP) on assessing COIM funding requests.

The approach taken in the policy supports country ownership and impact, while ensuring that Global Fund financing remains closely linked to and targeted at the three diseases. The decision and framework is subject to the existing global disease split, and allocation methodology, and will not prejudice future allocations.

The Global Fund will consider financing a COIM intervention when there is sufficient evidence the intervention: (a) is based on a strong investment case considering impact and cost within the context of existing programs within that country; and (b) extends the life expectancy, prevents and/or reduces mortality and morbidity, of people living with HIV, TB and malaria by acting directly on HIV, TB or malaria; or (c) is an effective health intervention that prevents or treats a COIM that has a disproportionate impact on people living with HIV, TB or malaria; (d) financing would not detract from or displace financing for cost-effective HIV, TB or malaria interventions; and (e) Global Fund financing would not displace resources from other funding sources; and (f) there is alignment with national policy guidelines; and (g) interventions are synergistic and can be integrated with other HIV, TB or malaria delivery platforms.

This board approved policy, provides clarity on the issue of COIM, including funding for NCD's by setting out a clear framework under which circumstance COIMs are within the mission and objectives of the Global Fund.

Secondly, the board has recently approved in November 2015 the new strategic framework for the 2017-2021 Global Fund strategy, detailing the clear strategic objectives upon which to judge the organisations success.

The new strategic framework is fully aligned with the Sustainable Development Goals embraced by member states of the United Nations in September 2015, with a holistic and multidisciplinary approach that seeks to reach those most in need, reduce inequalities, and support sustainable transition across the development continuum as countries move toward self-sustainability.

The new strategic framework underlines Global Fund commitment to contribute to building resilient and sustainable systems for health (RSSH) together with robust national strategies for health and with national disease-specific strategic plans in each country.

Building RSSH has always been a critical element in the fight to ending the three diseases, and the fact that historically over 40% of Global Fund investments have been in building RSSH reflects this, and recognizes that health services provided for the three diseases should be provided under the umbrella of a resilient, efficient and integrated national health system in order to be sustainable.

This is important and relevant for those in the NCD community, by building the overall resilience of the whole health system, of which treatment and care for NCD's is a growing part of those systems in many countries moving up through the development continuum, the Global Fund continues to take a lead role in building the capacity of national health systems to improve universal access to quality health services and care.

Next Steps

Through 2016, the Global Fund will continue to work on developing the 2017-2021 strategy for Board approval. To develop pilot projects on co-morbidities based on the new Global Fund policies. The GF and partners will develop some pilot projects to address some key co-morbidities that have effect on 3 diseases. The GF and partners should explore greater use of chronic disease models for treatment of AIDS especially focusing on service quality, and patient involvement to achieve greater adherence.

International Atomic Energy Agency (IAEA) *(last updated January 2017)*

Current Situation

The IAEA Medium Term Strategy 2018-2023, endorsed by the IAEA Board of Governors in November 2016 includes NCDs and calls agency to continue to improve human health by supporting the use of nuclear techniques and related quality assurance programmes in nutrition, as well as the safe and effective use of radiation medicine for the diagnosis and treatment of patients, including through education and training of practitioners. Partnerships with the World Health Organization (WHO), professional bodies, and other organizations will play a crucial role in the development and delivery of education and training.¹⁰

In 2015, the 59th IAEA General Conference in its resolution entitled “Strengthening of the Agency's technical cooperation activities” (G(59)/RES/11), which also incorporates the Resolution for Programme of Action for Cancer Therapy (PACT), welcomed the WHO's global action plan for the prevention and control of non-communicable diseases, and the participation of the IAEA at the United Nations Interagency Task Force on NCDs.

In 2016, the 60th IAEA General Conference in its resolution GC(60)/RES/11 entitled “Strengthening of the Agency's technical cooperation activities” recognized [...] *that the TC programme has contributed to the achievement of the Millennium Development Goals (MDGs), and that the TC programme should play an active role in realizing the goals of the 2030 Agenda for Sustainable Development (A/RES/70/1) [...] and that it [...] looks forward to the Agency's contribution to the implementation of the 2030 Agenda for Sustainable Development, in particular through the TC programme [...] recognizing [...] that the 2030 Agenda for Sustainable Development (A/RES/70/1) presents another opportunity for partnership building and resource mobilization for the benefit of Member States, [...] and [...] appreciating the increase in the number of United Nations Development Assistance Frameworks (UNDAFs) signed by the Agency, resulting in higher synergies with the activities of other UN organizations, including towards the implementation of the SDGs [...]*.¹¹

In 2016, the 60th IAEA General Conference in its resolution GC(60)/RES/12 entitled “Strengthening the Agency's activities related to nuclear science, technology and applications” stated that the General Conference is [...] *aware that the events sponsored by the IAEA Nobel Peace Prize Cancer and Nutrition Fund have led to an increase in requests from Member States for cooperation in the field of infant and young child nutrition, and prevention of obesity related non-communicable diseases, and noting that the IAEA International Symposium on Understanding Moderate Malnutrition in Children for Effective Interventions, held in Vienna, Austria from 26 to 29 May 2014 has led to closer cooperation with other agencies working in the area of malnutrition [...] and that it [...] encourages the Secretariat to further strengthen the IAEA-WHO partnership, and to explore the possibility for a more formalized cooperation, such as a joint programme or entity between the WHO and the IAEA [...]*.¹²

In the margins of the 60th General Conference, the IAEA held a side-event in cooperation with WHO on the “Joint Global Programme on Cervical Cancer Prevention and Control” to inform the Member State delegations on its new developments. The event was opened by IAEA-DG.¹³

¹⁰ https://www.iaea.org/sites/default/files/16/11/mts2018_2013.pdf

¹¹ https://www.iaea.org/About/Policy/GC/GC60/GC60Resolutions/English/gc60res-11_en.pdf

¹² https://www.iaea.org/About/Policy/GC/GC60/GC60Resolutions/English/gc60res-12_en.pdf

¹³ <https://www.iaea.org/newscenter/news/prompt-detection-and-treatment-new-united-nations-joint-global-programme-to-prevent-cervical-cancer>

Next Steps

As highlighted in the IAEA 59th General Conference Resolution (2015) on PACT, in 2015-16 PACT aims to: a) harness benefits derived from international partnerships for accelerated programme delivery, strengthen public health approaches to cancer control and increase resource mobilization potential at country level, b) assist Member States to adopt and implement national comprehensive cancer control plans, c) continue to provide services e.g. imPACT reviews and follow-up activities designed to support Member States in strengthening capacity in cancer control, d) develop sustainable solutions to increase access to radiotherapy, e) expand and facilitate training of health professionals, f) raise awareness of the global cancer burden and the role of radiation medicine in comprehensive cancer control.

For 2016-2017, the IAEA Human Health Programme aims at enhancing the capabilities in Member States to address needs related to the prevention, diagnosis and treatment of health problems through the development and application of nuclear and related techniques within a Quality Assurance framework. Specifically, the Human Health Programme will support Member States to enhance their capabilities (i) to combat malnutrition in all its forms through the use of nuclear and related techniques, and (ii) to use nuclear techniques in health safely and effectively. Examples of areas where nuclear techniques in health are used include treatment or diagnosis of NCDs such as cardiac disease, cancer, malnutrition, among others, as well as diagnosis of infectious diseases by nuclear techniques. The Human Health Programme is implemented through the publication of guidance documents, supporting capacity building in Member States, provision of essential dosimetry and verification services, provision of guidance on safe and effective transitioning to new technologies, implementing peer-review and quality assurance missions in Member States and supporting the establishment or upgrade of radiation medicine and nutrition related infrastructure through the IAEA Technical Cooperation Programme.

International Agency for Research on Cancer (IARC) *(last updated January 2017)*

Current Situation

The fight against cancer as one of the main contributors to NCDs, is at the heart of IARC's mission and activities. The "IARC Medium-Term Strategy for 2016-2020"¹⁴, recently approved by its Governing Council, highlights throughout the importance of IARC's continuing engagement and participation in the growing international mobilization against cancer, either directly with collaborators in countries around the world, or jointly with WHO and other partners such as IAEA-PACT, or more recently as part of the broader UN response with the UNIATF on NCDs. Major areas of activity for IARC include the description of cancer occurrence, identifying the causes and evaluating and implementing cancer prevention strategies. The Agency has a particular focus on low and middle-income countries for research and for capacity building.

Next Steps

IARC will continue to report to its governing bodies annually on its activities in this area, and to advocate with the representatives of its Participating States on the need for increased mobilization of resources to combat cancer among other NCDs. IARC will continue to demonstrate international leadership in cancer research in order to shape the agenda towards translation of knowledge into effective cancer control measures.

¹⁴ http://governance.iarc.fr/GC/GC57/En/Docs/GC57_7.pdf

Inter-American Development Bank (IDB) *(January 2017)*

Current Situation

The Inter-American Development Bank has a significant presence in the health sector of Latin America and the Caribbean (LAC), actively working with 21 countries. Since 2013 IDB's institutional commitment to support member countries' efforts to control the growing incidence of NCDs is manifest in the Health and Nutrition Sector Framework Document (SFD), which recognizes this epidemiological challenge as one of the priorities for Bank action in the Health Sector.

The contribution of IDB to support NCD prevention and treatment at country, regional, and local levels includes operational and knowledge and learning activities. Between 2010-2015 at least 30% of the health portfolio was dedicated to loans that included activities directly or indirectly related to NCD prevention, screening, diagnosis and management. Examples of areas of investment in our operations include increasing country capacity to deliver services for NCDs with a primary care focus and an integrated network of providers, development of NCD results based payment mechanisms for providers, and adoption of better health behaviors and nutrition through cutting edge behavioral change communication strategies.

IDB has fostered generation and exchange of knowledge to improve allocation of resources for NCDs providing funding for regional networks and initiatives for better use of health technologies. IDB has partnered with academic and government bodies to support the most vulnerable countries of the LAC region to advance NCD knowledge and programming as part of the efforts of the Lancet NCDI Poverty Commission.

Since 2015 IDB, has been a member of the Inter-American Task Force on NCDs, a collaboration at the strategic, analytical and operational level among the organizations of the Inter-American system in support of the intersectoral efforts that our Regional Member States are carrying out to prevent and control NCDs. Finally, the IDB has a large portfolio of activities in sectors other than health that play a key role in the distribution of risk factors behind the rise of non-communicable chronic conditions and associated costs, such as public transportation, urban planning, greener energy solutions and the environment, and the fiscal sector.

Next Steps

IDB's Strategic Framework Document was updated in 2016, and proposed the following strategic lines of action for overcoming the LAC region's NCD challenges with equity, financial protection, and sustainability: i) invest in the reduction of economic and noneconomic barriers to health service access; ii) strengthen integrated service networks with a prevention-based approach; iii) foster greater efficiency in the mobilization, pooling, and use of resources based on epidemiological priorities and evidence regarding cost-effectiveness; and iv) strengthen sector management capacities, health intelligence, and intersectoral coordination. IDB will continue to support NCD prevention and control along the lines of work described above both at the country and regional level. In the next three years IDB expects to disburse about US\$450 million of new and existing funding to target NCDs directly or indirectly. The knowledge agenda will seek to identify innovative mechanisms to improve NCD financing and service delivery.

IDB will seek synergies to strengthen the regional work on NCDs by constructing additional partnerships at the global level.

International Development Law Organization (IDLO) *(last updated January 2017)*

Current Situation

IDLO's Strategic Plan 2017-2020 states that IDLO will develop and implement concrete programs and projects to advance SDG 16 and contribute to the achievement of other SDGs relating to equality, gender equality, health, land and food security and other issues as appropriate and feasible.

In 2014, IDLO and WHO adopted a memorandum of understanding to promote and facilitate multi-stakeholder consultations, at regional and global level, on healthy diet, physical activity and the law; to establish cooperation to support the development of health legislation for addressing emerging public health threats in countries; and to promote coordination of their policies and activities to strengthen and develop health systems. Also in 2014, IDLO and the Caribbean Public Health Agency (CARPHA) adopted a memorandum of understanding to support collaboration to address NCDs in the Caribbean region.

Next Steps

IDLO will pursue resources for the above initiatives, and similar partnerships for collaboration to address the legal aspects of NCDs, and thus advance the right to health.

International Labour Organization (ILO) *(last updated January 2017)*

Current Situation

In November 2016 the ILO GB completed the agenda of the 107th Session of the International Labour Conference (2018) by placing an item concerning effective ILO development cooperation in support of the Sustainable Development Goals (SDGs), in addition to a standard-setting item on "Violence and harassment against women and men in the world of work", which includes harassment and psychosocial risk factors.

Next Steps

The ILO GB has requested the ILO Director-General (DG) to continue to ensure the integration of decent work dimensions of the 2030 Agenda in the Programme and Budget (P&B) proposals for 2018–19 including strengthening the ILO's capacity to support constituents and contributing to the UN-wide sustainable indicators framework. The DG P&B budget proposals for 2018–19 will thus be presented to the GB in March 2017 and include under policy outcome 7 a focus on "promoting safe work and workplace compliance including in global supply chains" to enable member States to advance towards the attainment of SDG goals 8 (decent work) and 3 (health). The ILO will thus continue to work in improving occupational safety and health policies, systems, programmes and frameworks, leveraging partnerships with other UN agencies and partners. In addition, the ILO GB will discuss during its 329th Session (March 2017) ILO cooperation with the tobacco industry in the pursuit of the Organization's social mandate.

International Narcotics Control Board (INCB) *(last updated January 2017)*

Current Situation

Ensuring availability and rational use of narcotic drugs and psychotropic substances for medical use has always been the goal of the international drug control treaties. The issue of availability was at the heart of a 2015 INCB special report entitled “Availability of International Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes – Indispensable, adequately provided and not unduly restricted”. The report was presented before the Special Session of the GA on the World Drug Problem (UNGASS 2016) and some of its recommendations are reflected in the outcome document of the UNGASS 2016 that has for the first time a dedicated section with operational recommendations on ensuring the availability and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion. The Commission on Narcotic Drugs is discussing the implementation of the recommendations and has also established a separate sub-agenda item to ensure that sufficient attention is being devoted to this issue.

Next Steps

The Board is implementing a learning project that, among other things, include also the training of national competent authorities on how to address the issue of availability and access to controlled substances for medical purposes.

International Olympic Committee (IOC) *(last updated January 2017)*

Current Situation

The IOC is committed to reinforcing the health legacy of OCOGS (PyeongChang 2018, Tokyo 2020), future candidate cities (2024) and also Youth Olympic Games Organizing Committees – YOCOGs (Buenos Aires 2018, Lausanne 2020), by promoting physical activity and healthy lifestyles through the engagement of local populations and youth in particular. The IOC also carries advocacy work around sport for development through the relevant UN platforms and is as such involved in the preparation of MINEPS VI. The “Active Cities” project continues to benefit from the support of the IOC amongst other sponsors and will be launched in a matter of months in 7 pilot cities, as its framework its being finalized. The IOC also cooperates with FIA (International Automobile Federation) on road safety issues. IOC also continues to support numerous initiatives and programmes of National Olympic Committees to tackle healthy lifestyles and NCDs prevention through sport and physical activity.

Next Steps

In implementing Agenda 2020, the strategic roadmap for the future of the Olympic Movement the IOC is committed to further strengthening its components of healthy lifestyles promotion through adapted and sustainable physical activity. The IOC will pursue work with OCOGs and YOCOGs on Games legacy and positive boost to PA access and practice across the population leading up and after the Games, and communication and awareness raising work around PA/sport for all. It will also continue to build the capacity of the Olympic movement’s members to understand, develop, and implement sport/PA-based programmes which promote healthy and active living, NCDs prevention, and social change at large, as well as also continue to support WHO advocacy work in this field.

International Organization for Migration (IOM) *(last updated January 2017)*

Current Situation

IOM has continued to work towards advancing the migrant health agenda through policy and programme actions. On NCDs, the project in Lebanon was successfully concluded with development of NCD guidelines adapted to that context and an mHealth application – such innovative models to bring continuity of NCD care to refugees and migrants who need it the most could be more broadly discussed within the UNIATF with IOM and partners for further review and scale-up.

Next Steps

There have been no new NCD-specific guidelines or plans at IOM Council level since the last report. However, with the 2016 New York Declaration on refugees and migrants and ongoing preparations for the Global Compacts on Refugees and for Migrants, as well as the migration specific targets and indicators within the SDGs, there are several policy level engagements ongoing to ensure promoting health of migrants is well addressed in these. IOM and WHO along with the Government of Sri Lanka are also preparing for the 2nd Global Consultation on Migrant Health in February 2017. These policy level engagements should be further optimized to ensure NCDs prevention and care being reflected more systematically in both the global migration health agenda and IOM's own work.

International Telecommunications Union (ITU) *(last updated January 2017)*

Current Situation

During the first phase of the WHO-ITU partnership, the initiative has created national mHealth programs with 9 countries (Costa Rica, Senegal, Zambia, Norway, the UK, the Philippines, India, Tunisia and Egypt). There are currently over 1.4 million users in India and tens of thousands in Egypt and Senegal.

Global handbooks have been completed for mTobaccoCessation, mDiabetes, mCervicalCancer, and content is under development for several others. The list of countries requesting support has continued to grow, as has the amount of evidence backing mHealth's efficacy as a public health tool. Recognition of the Initiative's contribution to the digital agenda also appeared in the form of an Award for Excellence from the WHO Director-General Dr Margaret Chan in March 2016.

ITU has entered into partnerships with several organizations with expertise in wellness or technology to support the joint initiative's work. This has led to the partnership being looked to as a strong example of multi-sectoral collaboration for achieving the 2030 Sustainable Development Agenda.

Next Steps

The partnership is set to continue for a second four-year phase (2017-2020). The current work streams with countries, toolkits and partners will continue, but with expansions into a new track on digital innovations for public health. New country programs will be established and there will be a project to develop a mHealth research and knowledge hub, to centralize global mHealth evidence and experiences.

United Nations Office of the High Commissioner for Human Rights (OHCHR)

(last updated January 2016)

Current Situation

OHCHR this year together with the Task Force has again been integrated into our work plans for the next year as a result of which modest funds have been set aside for the seminar on NCDs and Human Rights, scheduled for the margins of the 8th Meeting. A small budget will also be made available for any travel in connection with the 9th Meeting. Capacity constraints do, however, continue to limit our engagement more systematically on NCDs.

Organization of Islamic Cooperation (OIC) *(January 2017)*

Current Situation

The OIC Strategic Health Programme of Action (SHPA) 2014-2023 presents 6 thematic areas of cooperation among OIC member countries, relevant institutions and international organisations in the domain of health. Thematic area 2 covers NCD prevention and control, which represents a common area of cooperation among international community and all OIC member countries. During 2016, NCDs were reflected in OIC governing body policies, strategies and plans as follows:

1. OIC, IDB and IAEA signed a Practical Arrangement in May 2016 to support Member States to tackle cancer.
2. A Review Meeting of the OIC-IDB-IAEA joint project on Support to African Countries' Efforts to tackle Cancer is scheduled in mid-March 2017 in Khartoum Sudan. The Meeting will provide opportunity for Member States to review financing needs for the implementation of priority interventions in their national cancer control programmes and to identify resource mobilization opportunities and next steps for joint action.
3. A Special Session of First Ladies' Leadership in Cancer Control in OIC Member States was held on 14 April 2016 in Istanbul, on the margins of the 13th OIC Summit.
4. A report on the Status of Cancer in OIC Member States was prepared and launched by SESRIC in April 2016. This report looks at the status of cancer in a comparative perspective and based on the latest available data on new cancer cases diagnosed and deaths caused by the cancer.
5. Tobacco Free OIC is an initiative developed by the Statistical Economic and Social Research and Training Centre for Islamic Countries (SESRIC) in response to the spread of tobacco epidemic in the OIC Member Countries. Tobacco Free OIC initiative aims to foster an OIC-wide coordinated approach to curb and control the spread of tobacco epidemic in the OIC Member Countries. This initiative focuses on training and capacity building programs to facilitate the development and implementation of sustainable national tobacco control strategies in the OIC Member Countries.
6. The "Knowledge Sharing Workshop on Tobacco Control Policies for OIC Member States" was organised by SESRIC in collaboration with Ministry of Health of Turkey and the Turkish Green Crescent Society in Istanbul, Turkey on 14-16 December 2016.
7. To improve the implementation of the WHO FCTC in its Member States, the OIC, through its Strategic Health Programme of Action, 2014-2023, aims to reduce the level of exposure of individuals and populations to the harmful effects of tobacco.

Next Steps

OIC plans to expand its agreement with IDB and IAEA to include Member States from other regions.
OIC plans to encourage all Member States to establish a cancer registry system.

SESRIC will continue organising trainings and capacity building programs to facilitate the development and implementation of sustainable national tobacco control strategies in the OIC Member Countries. Within the TQS project, SESRIC will continue to provide technical support upon the requests of the pilot countries within the framework of the project. Available technical assistances, including technical missions, questionnaire review, study design, analysis and reporting, and training materials and consultation for multi-country TQS and tobacco control trainings.

Joint United Nations Programme on HIV/AIDS (UNAIDS) *(last updated January 2017)*

Current Situation

The UNAIDS Strategy 2016-2021 to end the AIDS epidemic as a public health threat by 2030 is in effect.

At the 39th meeting of the UNAIDS Programme Coordinating Board in December, the thematic segment “HIV and Ageing” focused on the state of the epidemic among people living with HIV and at risk of acquiring HIV aged 50 and above, the impact of ageing with HIV, including for key populations and women living with HIV, and identify areas of health and social sector responses for people aged 50 and above. Among others, this was an opportunity for the NCD UNIATF rep to intervene at the said session.

In 2016, UNAIDS has formally signed a MoU to be part of a 7-agency Global Joint Programme on Cervical Cancer Prevention and Control.

UNAIDS has been more active in bringing attention to cervical cancer. On World Cancer Day, it called for greater investment in the prevention and treatment of cervical cancer and underlined the additional benefits to be achieved for women and adolescent girls from a coordinated response to HIV and cervical cancer. In July, UNAIDS, WHO and Global Coalition on Women and AIDS launched a joint report “HPV, HIV and cervical cancer: leveraging synergies to save women’s lives” as part of the work of the United Nations Interagency Joint Task Force on Noncommunicable Diseases. On the International Day of the Girl Child in October, UNAIDS brought attention to empowering girls to advance the HIV response by strongly supporting the call by the United Nations for better age- and sex-specific data that can be used to improve the health and well-being of girls aged 10–19 years old. In the statement, UNAIDS pointed out the link between HIV, HPV and cervical cancer and stressed that vaccinating all girls aged 9 to 13, regardless of HIV status with the HPV vaccine will prevent cervical cancer in later life. UNAIDS EXD Michel Sidibé also delivered keynote remarks at the opening of the World Cancer Congress in Paris, France. Lastly, UNAIDS EXD’s World AIDS Day message in 2016 mentioned cervical cancer among the other more known HIV coinfections as TB and HCV and stressed that taking AIDS out of isolation is an imperative if the world is to reach the 2020 target.

The new Global AIDS Monitoring framework 2017 includes 2 new cervical cancer related indicators that are now to be reported by countries – a) cervical cancer screening among women living with HIV and b) HPV vaccination (compiled by WHO).

United Nations Development Programme (UNDP) *(last updated January 2016)*

Current Situation

At the request of the ASG, Director of the Bureau of Policy and programme Support, the, HIV, Health and Development Group updated the Group Strategy, with NCDs integrated throughout.

UNDP's draft HIV, Health and Development Strategy 2016-2021 includes specific attention to NCDs under the action area on 'Promoting effective and inclusive governance for HIV and health'. Cited as a priority of UNDP's work in this area is 'Strengthening governance to address NCDs and tobacco control'. Specifically noted is UNDP's work in supporting countries to develop multisectoral, whole-of-government responses to NCDs, including through strengthened multisectoral governance arrangements, investment case development, and the integration of NCDs and tobacco control into national and local development plans and strategies. This support leverages UNDP's core competencies in poverty reduction and multisectoral governance, including in its response to AIDS. The support is directly aligned with UNDP's tasks and responsibilities within the UNIATF on NCDs, in furtherance of Objective 2 of the WHO Global Action Plan on NCDs 2013-2020.

Next Steps

The draft HIV, Health and Development Strategy 2016-2021 was opened for external consultation from 26 October 2015 through 10 November 2015. Feedback is now being incorporated before the strategy is submitted to the UNDP Executive Office for approval in January 2016.

Further, the Executive Board has decided for UNDP's Strategic Plan 2014-2017 and Human Development Index to both be revisited in 2016 to reflect the adoption of the SDGs.

United Nations Education, Scientific and Cultural Organization (UNESCO)

(last updated January 2017)

Current Situation

In 2016, UNESCO aimed at translating commitments towards the fight against NCDs into concrete actions, notably through a strengthened promotion of lifelong participation in physical education, physical activity and sport.

Quality Physical Education (QPE) policy project:

In June 2016, Tunisia joined the pilot countries engaged in the Quality Physical Education (QPE) policy revision process¹⁵ while Fiji, Mexico, South Africa, and Zambia officially launched the QPE policy revision process at country-level for approximately 12 months.

A holistic approach was adopted in each pilot country, ensuring the connection between the promotion of quality physical education and its impact on health, should it be through the engagement of health experts from National Institutes of Public Health, the Ministry of Health or WHO in country.

The urgent need to encourage the engagement of citizens into lifelong physical activity to fight high levels of obesity and diabetes (e.g. in Fiji and Mexico) amongst youth was highlighted during a QPE international workshop held at UNESCO Headquarters, Paris, on 29 and 30 September 2017¹⁶.

¹⁵ <http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/policy-project/>

Finally, the impact of quality physical education from an early age, notably on health, was enhanced in an animated video¹⁷.

The Sustainable Health Spectrum and access to physical activity for All

Through its Chair based at IT Tralee which aims at “Transforming the lives of people with disabilities their families and communities through physical education, sport, recreation and fitness”¹⁸, UNESCO has been involved in the development of the below Sustainable Health Spectrum, which accredits part of the responsibility of an individual’s wellbeing to their environment, which consists of their social and community networks, their physical environment, socio-economic status, education, cultural and political conditions.

The wellbeing (both physical and mental) of individuals would therefore also depend on the actions led at community level, hence the urgent need to provide access to an active lifestyle in an inclusive way.

With the above in mind, and based on the Marseille Declaration, UFIT (Universal Fitness Innovation & Transformation) is an organizational change program designed by the UNESCO Chair to open the global fitness industry for physically and mentally handicapped people and/or suffering from chronic diseases. In 2016, the program was launched in the United States and should be followed by Canada, Ireland, UK and Spain.

The Chair is also finalizing an online resource should be available free of charge called "IPEPAS" (Physical Education, Inclusive Physical Activity and Sport), to help professionals and volunteers in the inclusion of people with disabilities and prevent the increase in hypokinetic diseases or secondary conditions. For many people with disabilities indeed, secondary conditions result in a reduction in quality of life beyond that of the initial disability/ chronic condition.

UNESCO Strategy on Education for Health and Well-being

Finally, at the end of 2016, an updated strategy was released: the UNESCO Strategy on Education for Health and Well-being: Contributing towards the Sustainable Development Goals¹⁹. This includes how UNESCO will respond to NCDs and infectious diseases (Cf. page 14).

Next Steps

Quality Physical Education (QPE) project

The national PE policies from the five QPE pilot countries should be revised in line with the QPE Guidelines and advocate for lifelong participation in physical activity (and related health benefits) by April 2018.

A final global report assessing the impact of the QPE policy revision process in the five QPE pilot countries throughout a comparative analysis and a Theory of Change model should be made available in the first half of 2018.

It is also foreseen to develop a strategy making further Member States able to autonomously use the QPE policy package and benefit from its long-term outcomes.

¹⁶ <http://en.unesco.org/events/quality-physical-education-qpe-international-workshop>

¹⁷ <https://www.youtube.com/watch?v=XD3sCUOvnCs>

¹⁸ <http://unesco.ittralee.com>

¹⁹ <http://unesdoc.unesco.org/images/0024/002464/246453e.pdf>

MINEPS VI:

The Sixth International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport, MINEPS VI²⁰, will be held in Kazan, Russian Federation, in July 2017.

MINEPS VI is expected to mark a shift from declarations of policy intent towards measurable action. Consequently, the conference is expected to agree on a plan of actions to which the ministers commit, based on the key principles of the Declaration of Berlin and the International Charter of Physical Education, Physical Activity and Sport.

MINEPS VI will be structured around three main themes:

- Developing a comprehensive vision of inclusive access to Physical Education, Physical Activity and Sport for all;
- Maximizing the contributions of sport to sustainable development and peace;
- Protecting the integrity of sport.

United Nations Population Fund (UNFPA) *(last updated January 2017)*

Current Situation

UNFPA's Global Strategic Plan is being revised for 2018-2021 and will have greater mention of NCDs, specifically cervical cancer. It will also include the key elements for preventing and controlling NCDs that are part of UNFPA's current priorities.

The "bull's eye" of the Strategic Plan is Sexual and Reproductive Health and this includes the prevention of reproductive organ (breast and cervical) cancers. Programme guidance for countries to prevent cervical cancer has been available since 2011. UNFPA also provides support for NCD screening and prevention during pregnancy.

UNFPA's Adolescents and Young People's programme provides information through its country programmes on healthy lifestyles. UNFPA provides technical assistance to countries introducing HPV vaccine (Note: UNFPA-GAVI MoU signed in 2014).

In addition, as in 2016, UNFPA will continue to participate in UNIATF missions to countries. In 2016 it participated in the missions to Vietnam and Paraguay.

Next Steps

UNFPA will play an active role as a member of the NCD Taskforce and continue its engagement in the Joint Global Programme on Cervical Cancer.

²⁰ <http://en.unesco.org/events/mineps-vi-sixth-international-conference-ministers-and-senior-officials-responsible-physical>

United Nations Human Settlements Programme (UN-Habitat)

(last updated December 2014)

Current Situation

UN-Habitat's Global Action Plan considers that sustainable human settlements depend on the creation of a better environment for human health and well-being, which will improve the living conditions of people and decrease disparities in the quality of their lives. An MoU between UN-Habitat and WHO focuses on the need to address urban health and development and agrees to: (a) promote sustainable development of cities, particularly through encouraging social inclusion and reducing the social divide, including health inequities, between urban populations; (b) develop, monitor, and disseminate urban indicators and metrics with the aim of assessing baselines across the social, environmental, economic, and political domains, and monitoring the impact of urban policies within these domains on the health and well-being of its residents; (c) support capacity-building in order to strengthen cities' capacity to mitigate and respond to the potential effects of emergencies and disasters inclusive of climate change health impacts on urban populations.

Next Steps

UN-Habitat is currently preparing a position paper which will explore opportunities for joint programs addressing NCDs. This will include development of capacity for local-level city-wide urban planning and design to promote healthy lifestyles, policies for prevention and control of NCDs in secondary urban centers and appropriate monitoring systems. The position paper will be available by February 2015 and will lead to a more formalized collaboration.

United Nations High Commission for Refugees (UNHCR) *(last updated January 2017)*

Current Situation

UNHCR's NCD project in refugee settings will continue with a strategic broadening of scope to ensure more operations are being trained on effective and evidence-based NCD clinical management at primary health care levels. This will include focusing on regional trainings and Training-of-Trainers workshops as well as supportive learning such as e-learning and interactive online course work.

UNHCR continues to be engaged in the inter-agency work on addressing NCDs in humanitarian settings. This work is closely coordinated with WHO and with international NGOs with specific expertise in NCD management and humanitarian settings (ICRC, IFRC, MSF, IRC). Focus areas of the groups work are to develop operational guidance adapted to humanitarian settings. Operational research and collaborations with research institutes are also explored.

UNHCR further supports the work of WHO and other partners to roll-out and test the NCD essential medicines kits adapted specifically for humanitarian settings.

United Nations International Children's Fund (UNICEF) *(last updated January 2017)*

Current Situation

The UNICEF Health Strategy 2016-2030 was finalized, approved by the Executive Director and disseminated in 2016, with broader scope than the previous and with incentives to differentiated approaches in different context depending on situation and capacity. Companion Health System Strengthening strategy for UNICEF developed (and hence mention of NCD prevention from conception to adolescence).

Following this, an expert meeting on child overweight and obesity was held in February 2016, giving way to a better definition of UNICEF role in this important issue for children and risk factor for NCDs later in life (full report: "Designing a UNICEF strategy for child overweight and obesity"²¹)

The internal background document on UNICEF engagement in NCDs was finalized and circulated to senior management for internal advocacy for inclusion of NCD prevention in discussions on the new Strategic Plan for UNICEF for the period 2018-2021.

Internally, a global NCD working group was created to facilitate discussion across different levels of the organization and a funding proposal elaborate, as funding remained a constrained during 2016.

UNICEF had presence in several events, meetings and global dialogues during 2016, participated in virtually all IATF joint country missions and is represented in several IATF working groups and task forces.

Evidence was generated in 2016 in relation to Regional NCD Outcome and Risk Factor Profiles²²; advertising and marketing for children (global report on advertising and marketing to children"²³), labelling in Latin America and the Caribbean region (full report in English²⁴).

Next Steps

In 2017, the UNICEF Strategic Plan 2018-2021 is going to be finalized and submitted to the Executive Board for approval. This, alongside the UNICEF Health Strategy, will provide the broad framework for UNICEF engagement in NCDs, focused on early prevention and in particular child overweight and obesity.

If resources are available, subsequent tools, guidance documents and country support will be intensified, as well as evidence- based advocacy work for the rights of children.

²¹ https://unicef-my.sharepoint.com/personal/pdebeltran_unicef_org/_layouts/15/guestaccess.aspx?guestaccesstoken=wKbelmQrnDIhfYmTqINAYQatiCuAu6qlBaNgBVKJtbM%3d&docid=0f961ffbf69104bc0bd9df8cf43417721&rev=1

²² http://www.unicef.org/health/files/UNICEF_NCD_Regional_Profiles.pdf

²³ https://unicef-my.sharepoint.com/personal/pdebeltran_unicef_org/_layouts/15/guestaccess.aspx?guestaccesstoken=iFvauoDb6UPw%2br8fzgxC%2fztv6mx2pc5NADPJHuDL5Q%3d&docid=05fc53dcf179441138e8b692eef82be50&rev=1

²⁴ https://unicef-my.sharepoint.com/personal/pdebeltran_unicef_org/_layouts/15/guestaccess.aspx?guestaccesstoken=myEnjLhxyQYV4b7Dsobn4d1pAv88NhZY3CbLnLSdFH0%3d&docid=0caae7948100548b9a63fea3b240eeb8f&rev=1

United Nations Office on Drug and Crime (UNODC) *(last updated January 2017)*

Current Situation

The Office's global programme on drug prevention and treatment promotes effective and efficient drug prevention and treatment strategies, and is focussed on assisting Member States in reaching target 3.5 and 3.8 of the Sustainable Development Goals (SDG). Additionally, UNODC supports the Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem.²⁵

UNODC developed the International Standards on Drug Use Prevention, and continues to disseminate the Standards through regional trainings for policy makers in 5 regions, to promote better quality and coverage of effective drug prevention. Primary among the UNODC's work in this area is family-based interventions that have been proven to be effective in strengthening protective factors against NCD's, risky health and social behaviours, including drug use, substance abuse and violence. UNODC continues to disseminate psychosocial protocols for drug prevention and drug dependence treatment among children exposed to drug use at a very young age. Early onset of drug use can be seen in very vulnerable children (e.g. street children and refugees), and is linked to higher prevalence of drug dependence later in life and potentially other NCDs. UNODC collaborates and works closely with multiple Ministries, international organizations, civil society and local NGOs around the world.

In the area of drug dependence treatment and care and in partnership with WHO, UNODC promoted accessible, affordable, evidence-based and ethical treatment and care strategies to reduce the health and social burden caused by drug use disorders. Programme activities are implemented in close coordination with governmental counterparts, research institutions and civil society to improve the knowledge and skills of national and regional policy makers, researchers and service providers. In 2016, UNODC worked with WHO to develop, publish and disseminate the International Standards for the Treatment of Drug Use Disorders.

Since 2008 the TREAT-Net program to reduce negative health and social consequences of drug dependence has been implemented in 46 countries with varying degrees of intensity (trained more than 11,000 treatment practitioners over the course of the years, supported innovative treatment pilots at national level and has carried out assessments on the situation with regard to drug demand reduction services in most African countries). Currently, in the framework of this project, UNODC has developed a training package for policy makers on the nature, prevention and treatment of drug use disorders.

UNODC-WHO Joint Programme on Drug Dependence Treatment and Care has implemented activities at the regional and national level in more than 20 countries including Albania, Benin, Brazil, Cambodia, Cote d'Ivoire, Haiti, Iraq, Lao PDR, Macedonia, Montenegro, Mozambique, Myanmar, Nigeria, Pakistan, Senegal, Serbia, Sierra Leone, Togo, the United Arab Emirates (and countries from the surrounding region) and Viet Nam, focusing on technical support, assessment and data collection, service improvement, capacity building and policy support.

Additionally the UNODC-WHO-UICC (the Union for International Cancer Control) Joint Global Program to increase access to controlled drugs for medical purposes, while preventing diversion and misuse continues to be implemented at the national level. The programme supports legislative and policy review, as well as training for healthcare workers related to intervention services for patients. It also raises awareness within Government systems, and among medical servers, local communities and families about the importance of addressing issues related to pain for patients suffering from NCDs.

²⁵ <https://www.unodc.org/postungass2016>

Next Steps

UNODC will continue to implement the global programs to support Member States striving to effectively prevent drug use and implement drug treatment intervention. In 2017, an increasing focus will be on building the capacity of high priority countries to reach target 3.5 and 3.7 of the Sustainable Development Goals (SDG) and in full compliance with the mandates of the organization and the recommendations of the UNGASS Outcome Document.

Following the UN General Assembly Special Session (UNGASS) on drugs in 2016, UNODC is focused on implementing the recommendations as set forth in the Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem.¹⁸ This Special Session was an important milestone in achieving the goals set in the policy document of 2009 “Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem”, which defined action to be taken by Member States as well as goals to be achieved by 2019.

UNODC is undertaking the systematic review of the science to update the International Standards on Drug Use Prevention in 2017. Ongoing efforts to train policy makers, build the capacity of practitioners to implement evidence based prevention programs and working with the most vulnerable populations such as children, refugees and rural populations will continue.

The global efforts focused on drug use disorder treatment will continue with the implementation of the International Standards for the Treatment of Drug Use Disorders. The UNODC-WHO Joint Global Program will continue to expand the scope of interventions as resources allow and a strong emphasis will be placed on disseminating information to policy makers urging decisions be made based on the most current science.

United Nations Office for Project Services (UNOPS) *(last updated January 2016)*

Current Situation

The UNOPS Strategic Plan (2014-2017) does not explicitly describe UNOPS role in the joint UN response to NCDs. UNOPS focuses on three practices: infrastructure, project management and procurement with a strong focus on ensuring sustainability and promoting national ownership and capacity building. Many initiatives, especially in infrastructure and procurement, aim at improving the health sector from rehabilitation and construction of hospitals and clinics to procurement of medicines and medical equipment, which benefit the NCD agenda.

Next Steps

It is expected that the UNOPS Strategic Plan will go through a mid-term review in 2016 to reflect the adoption of the SDGs, at which time specific references to NCDs may be included. Ideas that are being discussed relate to how we can improve statistics and disaggregate data to specifically track procurement for different NCDs and also development of indicators which will reflect the main use of hospitals/clinics that we contribute to rehabilitate or build.

United Nations Office on Sport for Development and Peace (UNOSDP)

(last updated January 2017)

Current Situation

In its role as the gateway to the United Nations system with regard to Sport for Development and Peace (SDP), UNOSDP advocates and supports the use of sport as a means to promote education, health, development and peace. Following the recognition of sport as an important enabler of sustainable development in the 2030 Agenda (A/RES/70/1, para 37), in its recent resolution A/RES/71/160 the UN General Assembly reaffirmed that sport is an important enabler of sustainable development, and recognized the growing contribution of sport to health, education and social inclusion objectives (A/RES/71/160, para 1). It encouraged Member States to adopt best practices and means to promote the practice of sport and physical activities among all members of society and welcomed initiatives to adopt dedicated health, youth and sport days, including specialized sport days, at the national and local levels, as a means to promote physical and mental health and cultivate a sport culture in society (A/RES/71/160, para 11). It particularly encouraged Member States, the entities of the United Nations system, sport-related organizations, federations and associations, athletes, the media, civil society, academia and the private sector to promote health and prevent disease, including non-communicable diseases (A/RES/71/160, para 9). In this framework, harnessing the power of sport to promote sport and health, including health education, is an important thematic area in UNOSDP's activities, which notably include promoting policy development, encouraging and facilitating collaboration in a network of stakeholders, awareness-raising and implementing and supporting SDP projects.

Next Steps

UNOSDP will continue working with partners from the UN system and external stakeholders to address matters related to health such as health education and youth development. In its facilitating role, UNOSDP continues serving as a gateway for collaborations between UN agencies, funds and programmes on the one hand and the world of sport on the other. These collaborations include support to the development and adoption of Sport for Development and Peace policies and programmes, technical support to SDP projects, and facilitation of partnerships through SDP networks. Continued efforts in this context will be in line with the global plan of action established by the 2030 Agenda and will aim at supporting the contribution of sport to the implementation of the Sustainable Development Goals.

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) *(January 2017)*

Current Situation

In response to the changing health needs of the Palestine refugee population, and to meet the burden of growing Non communicable Diseases (mainly diabetes and hypertension). UNRWA launched a health reform package based on the Family Health Team (FHT) approach and gradually integrated NCD into FHT in all health centers by end of 2016 (except for Syria because of the current situation on the ground). This model offers a comprehensive and holistic primary healthcare package for the entire family, emphasizing long-term provider-patient and provider-family relationships, and aiming to improve the quality, efficiency and effectiveness of health services, particularly for patients with diabetes and hypertension who's, number exceeded 250,000 by end of 2016.

The FHT Health Reform is supported by the concurrent introduction of electronic medical records (e-health), and the necessary health center infrastructure upgrades, which almost implemented in all health centers except for Syria

Screening and early detection of diabetes and hypertension is implemented in all Health centers for those with at least one risk factor including age above 40 years.

UNRWA is also implementing, either standing alone or shared activities with hosting countries in Jordan, Lebanon, Syria and Occupied Palestinian territories (Opts) to promote healthy life style among patients and community. Joint programme of standardized Health education curriculum to all patients with Diabetes is implemented since 2015 with Micro-clinic International (MCI) and suppose to end by July 2017, but plans for sustainability has already been projected for years to come

During 2016, UNRWA managed to secure funds for introduction of HbA1c to all diabetic patients as well as introduce statins as essential medicine it the list of medicines provided to refugees, as well continued plans for capacity building of health staff on NCDs.

Since November 2015, all UNRWA installations have been declared smoking free (both inside and outside doors)

Next Steps

UNRWA plans to:

- Expand integration of NCDs (Diabetes and hypertension) into Family Health Team (FHT) in Syria as much as possible taking into consideration the challenges on the ground
- Improve quality of care is one of main objectives through implementation of lifestyle modifications , improving case management and introduction of new medicines to essential list in line with WHO recommendations
- Continuous promotion of healthy life style at community level and in schools
- Continuous capacity building of staff on updated NCDs management protocols and new interventions.
- UNRWA will expand research on diabetes and other NCDs in collaboration with WHO, Academia and local institutions.
- Partnership with other UN organizations as well as both governmental and non-governmental organizations will be strengthened to develop joint mechanism of action for improved care to patients with NCDs in the hosting countries and provision of NCD care during emergencies.

United Nations System Standing Committee on Nutrition (UNSCN)

(last updated January 2017)

Current Situation

In April 2016 the new UNSCN strategy was finalized and adopted by all members. The strategy emphasizes the need to fight all forms of malnutrition, including the nutrition related NCDs. UNSCN continued to participate in the IATF and suggested together with WHO, as nutrition working group to strengthen the work on nutrition. This working group would be convened/led by UNSCN.

UNSCN delivered a series of discussion papers in 2016, all of them included the risks associated with NCD's. In the global nutrition narrative it was described how the NCD targets relate to the WHA targets on young child nutrition. UNSCN has (co)organized several events and side events to promote attention and joint advocacy against all forms of malnutrition.

Two examples are trade and nutrition and healthy diets and climate. Both events were organized in the context of the Committee on World Food Security. And both events addressed the need to take into account all forms of malnutrition including NCDs

In April 2016 the UN General Assembly declared the UN decade of Action on Nutrition. UNSCN will contribute to the success of the Decade by using its convening role. UNSCN will, throughout the Decade, emphasize all forms of malnutrition.

In the CFS UNSCN has contributed to the nutrition workstream and continued emphasizing all forms of malnutrition, despite tendencies among some actors to return the focus to stunting only. In addition UNSCN emphasized in other work streams the need to take NCD into account, e.g. when livestock was discussed.

UNSCN remains in close contact with the SUN movement and helps SUN by providing information how all forms of malnutrition are affecting all countries and hamper progress (global nutrition narrative). UNSCN has provided input to the SUN strategy as well as the road map.

UNSCN will update the UNGNA in parallel with the development of the work programme for the Decade of action on Nutrition.

UNSCN continues to be part of the MAC, and helps assessing projects proposals on nutrition related content (all forms of malnutrition).

Next Steps

Most of the activities mentioned above are continuing in 2017 (CFS, IATF, MAC, engagement with SUN. Related to IATF UNSCN expects an intensification of actions after the adoption of the ToR for nutrition work by the IATF. UNSCN plans to collaborate with IATF to highlight nutrition in all its forms during the WB spring meetings (April 2017), as well as during side event of the WHA (together with the NCD alliance) and other opportunities.

In 2017 UNSCN will work together with the UN Programme Working Group to deliver a guidance note about the integration of nutrition in the UNDAF's at country level. This note will address malnutrition in all its forms.

United Nations University (UNU) *(last updated January 2017)*

Current Situation

The mission of UNU is “to contribute, through collaborative research and education, dissemination, and advisory services, to efforts to resolve the pressing global problems of human survival, development and welfare that are the concern of the United Nations, its Peoples and Member States” (UNU, 2011). As part of the UNU system, UNU International Institute for Global Health (UNU-IIGH) undertakes “research, capacity development and dissemination of knowledge related to key issues of human health. The Institute seeks to contribute to the development and strengthening of health services policy frameworks and management actions, particularly for people in developing countries and to support implementation of promotive and preventive approaches to human health”. In the current UNU-IIGH strategic plan, NCDs are strongly reflected in two programme themes: (i) urbanization and health, and (ii) Governance for Global Health (governance frameworks for NCDs including the impact of trade agreements on health and wellbeing; and how globalization opens the borders of nation-states to harmful products and unhealthy lifestyles.

Next Steps

In partnership with relevant stakeholders, UNU-IIGH led and organized one of the 2016 urban Thinkers Campus on Health and Wellbeing in the City we Need preparatory to Habitat III held in Quito, Ecuador in October 2016. THRIVE, Health and Wellbeing in the City we Need – A Folio of Art and Text addresses a broad range of environmental determinants that influence health and wellbeing in cities across the globe. In 2017, UNU-IIGH plans to publish a special Issue of Journal of Urban Health offering diverse and multidisciplinary governance perspectives on health and wellbeing in the New Urban Agenda.

World Bank (WB) *(last updated January 2017)*

Current Situation

The World Bank's contributions to support NCD prevention and treatment at country, regional, and local levels spans a wide range of both lending projects and Analytical & Advisory Services. Moreover, as early as 2007 the World Bank's Healthy Development: the World Bank's Strategy for Health, Nutrition and Population included NCD goals and indicators. Specifically the strategy called for the Bank to support reducing the population's exposure to NCD risk factors as measured by the smoking prevalence among teenagers and adults as well as the percentage of population with a BMI (basal metabolic rate) above 25 kcal/day. The strategic vision on NCD prevention and control was also reflected in the Banks' Public Health Policy Note, Connecting Sectors and Systems for Health Results.

Issues pertaining to NCD prevention and control are included in three out of the six HNP GP strategic and business lines. These three strategic and business lines are: Nutrition, Service Delivery, and Healthy Societies. NCD control performance indicators are also included in the WB internal "Health Nutrition and Population Scorecard", which will be used to measure the World Bank's contribution to results in the health sector. At the country level, the World Bank continues to support NCD control. In response to growing country demand, health projects increasingly include components that address issues linked to NCDs and risk factors. Since 2013, the Bank provided lending of over \$700 million to supports projects related to NCDs and injuries, and expects to lend an additional 139 million through FY 18. It has also supported cutting research and analytics, focused on a variety of NCD issues at the country, regional and global levels.

In addition, the Bank—in partnership with the Bloomberg and Bill & Melinda Gates Foundations—is supporting global tax reforms linked to tobacco control. The Tobacco Control Program is currently underway or being initiated in the Philippines, Indonesia, Senegal, Colombia, Botswana, Ethiopia, Armenia, Georgia, Liberia, and Lesotho; work in Ghana concluded. The Bank is also working very closely with global partners to bring stinger emphasis to mental health, an issue that has often been neglected in the general discourse on non-communicable diseases.

World Food Programme (WFP) *(last updated January 2017)*

Current Situation

WFP revised its nutrition policy to be put before the board in February 2017 for approval. The policy is aligned with WFP's Integrated Road map and strategic plan 2017-2021 recently approved, the first aligned with SDGs and reaffirm national government as WFP's primary partners. The policy will expand WFP's focus on preventing malnutrition to cover all forms of malnutrition including under nutrition and overweight and obesity.

The policy also reaffirms WFP's support to treatment of moderate acute malnutrition, which is a critical part of the continuum of care.

Malnutrition in all its forms affect all countries with approximately 2 billion people suffer from micronutrient deficiencies, 51 million children under 5 are wasted, 159 million are stunted and 43 million are overweight.

The policy aims to leverage WFP's support to reaching SDG2 by ensuring availability of, access to, demand for and consumption of diets that comprehensively meet the nutrient requirements of nutritionally vulnerable groups.

Recognizing the importance of nutrition and SDG linkages, in 2016 the UN General Assembly proclaimed a Decade of Action on Nutrition for 2016-2025. The implementation of this Decade is being led by FAO and WHO, in collaboration with IFAD, WFP and UNICEF – offering a key platform for furthering partnership on nutrition. A work plan is currently under development and will be based on the Rome Declaration and ICN2 Framework for Action.

WFP is an active member of the United Nations Standing Committee on Nutrition (UNSCN), currently chaired by IFAD and hosted by FAO. The committee seeks to maximize policy coherence and advocacy on nutrition, as well as knowledge-sharing across the UN system. In November 2016, OCHA, UN Women and other agencies were added as UNSCN members in the annual face to face committee meeting, showing the need and importance of UN policy coherence and advocacy on nutrition to support consistent and accountable delivery and commitment to promoting knowledge sharing across the UN system. Issues of overweight and obesity are on the agenda of the committee.

WFP's Executive Director continues to represent WFP as an active member of the Scaling Up Nutrition (SUN) lead group. The SUN Movement is a country-led effort to intensify multisectoral actions for nutrition, and in has adopted a new 2016-2020 'second phase' strategy focusing on implementation at the country level, which is in alignment with the 2025 World Health Targets and the SDGs. The Committee on World Food Security (CFS) - an intergovernmental, multistakeholder platform for food security and nutrition policy - has also adopted a new work plan for nutrition during its October 2016 plenary meeting.

WFP chaired in 2016 the UNAIDS Cosponsoring Committee Organization (CCO) at a challenging time when UNAIDS face major budget cut. WFP continue advocating for nutrition support for people living with HIV and TB especially with increased life expectancy and the risk of acquiring NCDs.

Next Steps

WFP is planning to develop regional action plan for the implementation of the nutrition policy. Partnership is very high on the agenda. WFP is also developing country strategic plan (CSP) proceeded by country reviews led by government. The CSP will contribute and assist government achieve their SDGs, in particular SDG2.

World Health Organization (WHO) *(last updated January 2016)*

Current Situation

The year 2015 was a historic crossroads when global leaders decided to include NCDs in the 2030 Agenda for Sustainable Development 2016-2030 – an issue which the Millennium Development Goals (2000-2015) did not address. The new agenda recognizes NCDs as a major challenge for sustainable development and includes a global target to reduce premature mortality from NCDs by one third by 2030. Global leaders also agreed in 2015 in the Addis Ababa Action Agenda that price and tax measures on tobacco represent a revenue stream for financing the implementation of this new agenda in many countries.

The decision made by global leaders in 2015 to include NCDs in the SDGs derives from their decision in 2011 to acknowledge that NCDs constitute one of the major challenges for development in the twenty-first century. During the first UN High-level Meeting on NCDs in 2011, global leaders also agreed on a road map of national commitments to reduce premature mortality from major NCDs. This roadmap was based on the vision rooted in the global strategy for the prevention and control of NCDs endorsed by the World Health Assembly in 2000. The WHO Global NCD Action Plan 2013-2020 and regional action plans provide guidance to governments and international partners on how to implement the commitments included in the roadmap.

In 2014, during the second UN High-level Meeting on NCDs, governments committed to prioritize four commitments included in the 2011 road map – designed to accelerate locally-tailored NCD responses within a framework that fosters renewed political commitment, leadership and accountability in preparation for the third UN High-level Meeting on NCD in 2018. These four time-bound commitments include:

- By 2015, set national NCD targets;
- By 2015, develop national multisectoral policies and plans to attain national NCD targets;
- By 2016, reduce risk factors for NCDs, guided by the “best buy” interventions set out in the WHO Global NCD Action Plan;
- By 2016, strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, also guided by the “best buys”.

The WHO Programme Budget for 2016-2017, approved by the World Health Assembly in May 2015, includes a US\$198 million budgetary provision for technical assistance to developing countries in their efforts to implement these four time-bound commitments. Output indicators included in the WHO Programme Budget include:

- Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several NCDs and shared risk factors
- Number of countries incorporating noncommunicable diseases in national development agenda, including in UNDAFs, as appropriate
- Number of countries that have strengthened and expanded their implementation of population-based policy measures to reduce the harmful use of alcohol
- Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity
- Number of countries implementing policies that promote a reduction in salt consumption in the population

- Number of countries with an operational obesity prevention policy, strategy or action plan
- Number of countries that have made significant progress in implementing at least one MPOWER measure
- Number of countries that have recognized/government approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, including emergency and palliative care
- Number of countries that have incorporated risk factor detection and disease management into national primary health care systems
- Number of countries that have included the essential NCD medicines in their national essential medicines lists and which are generally available in the public health sector
- Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.

Next Steps

The World Health Assembly in May 2016 will review WHO's responses to specific assignments given to WHO in preparation for the third UN High-level Meeting on NCDs in 2018, including:

- Progress made in the implementation of the WHO Global NCD Action Plan 2013-2020 during the period from May 2013 to May 2016
- Proposal to update, in 2016, Appendix 3 (i.e. set of very cost-effective and affordable interventions for all Member States, also referred to as the best buys) of the WHO Global NCD Action Plan 2013-2020
- Progress made in 2015 towards attainment of the nine global targets for NCDs for 2025
- Development of an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary global targets for NCDs
- Proposal for consideration by OECD/DAC to establish a creditor reporting system code to track ODA for NCDs
- Progress made in the implementation of the work plan 2014-2015 of the WHO GCM/NCD
- Progress made by the UN Task Force on NCDs

Contours of the report which the WHO Director-General will submit to the UN General Assembly in the second half of 2017 on the progress made in implementing the 2011 UN Political Declaration and 2014 UN Outcome Document on NCDs.

World Health Organization Framework Convention for Tobacco Control Secretariat (WHO FCTC) *(last updated January 2017)*

Current Situation

The seventh session of the Conference of the Parties (COP7) took place on 5 to 12 November 2016 in New Delhi, India. These are mainly three decisions related to NCDs and it is also included in the workplan and budget for 2018-19.

Under FCTC instruments and technical matters, the COP7 discussed International cooperation for the implementation of the 2030 Agenda for Sustainable Development, the global NCD targets and human rights as an agenda item. The report²⁶, among other things, highlighted the important role of the Convention in promoting the prevention and control of the NCDs briefed the COP7 on the Convention Secretariat's work related to the participation of the UNIATF, joining the WHO Global Coordination Mechanism on NCDs and the participation and joint organization with WHO on the WHO's First NCD Managers' Meeting.

COP7 adopted

Decision FCTC/COP7(27)²⁷: Contribution of the Conference of the Parties to achieving the noncommunicable disease global target on the reduction of tobacco use. The Decision calls on Parties to develop WHO FCTC implementation plan or highlight national multisectoral NCD policies and plans as appropriate and report on the efforts to set national tobacco use reduction targets in line with the global voluntary NCD targets and to report on progress in tobacco use reduction. The Decision also requested the Convention Secretariat to:

- (a) to promote WHO FCTC implementation as an essential and high-impact strategy for achieving SDG target 3.4;
- (b) to follow up on the technical paper, jointly developed with WHO, on the contribution and impact of WHO FCTC implementation on achieving a reduction in the prevalence of current tobacco use, and submit to the eighth session of the COP a report to Parties on developments in this regard;
- (c) to leverage opportunities as a member of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs and the United Nations Interagency Task Force on the Prevention and Control of NCDs, to identify needed actions from COP and from the Convention Secretariat to strengthen efforts towards achieving of the NCD tobacco use reduction target;
- (d) to report to eighth session of the COP on the progress of the work;
- (e) to explore possible engagement with regional intergovernmental organizations;

²⁶ http://www.who.int/fctc/cop/cop7/FCTC_COP_7_16_EN.pdf?ua=1

²⁷ http://www.who.int/fctc/cop/cop7/FCTC_COP7_27_EN.pdf?ua=1

- (f) to work with the United Nations Development Programme (UNDP), WHO and other partners in the United Nations Development Group (UNDG) to embed support of the implementation of the WHO FCTC throughout Parties' national efforts to achieve the SDGs, including by integrating WHO FCTC implementation in national priorities in the development of the United Nations Development.

Decision FCTC/COP7(29): *Delhi Declaration*²⁸ calls on Parties to ensure that WHO FCTC implementation is an integral part of national multisectoral action plans and monitoring frameworks for the prevention and control of NCDs; It also requests the Convention Secretariat to continue to promote the use of the Model policy for agencies of the United Nations system on preventing tobacco industry interference, developed by members of the United Nations Interagency Task Force on the Prevention and Control of NCDs, in accordance with Article 5.3.

Decision FCTC/COP7(24): Workplan and budget for the financial period 2018-2019²⁹ under item 5.3 include *NCDs Global Monitoring Framework of the Tobacco Target - Coordination with UNITAF*

- (a) Continue to implement multisectoral assistance activities to Parties in cooperation with members of the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF) and the Global Coordinating Mechanism on NCDs (GCM/NCD).
- (b) Contribute to the action plan of UNIATF and GCM/NCD.
- (c) Maintain working relationships concerning tobacco-related data exchange with UN agencies to assist with the monitoring and evaluation of progress made in WHO FCTC implementation.
- (d) Cooperate with IGOs and bodies with technical expertise, including UN treaty bodies, to strengthen implementation of the WHO FCTC.

Decision FCTC/COP7(8)³⁰: *Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry* requested the Convention Secretariat to continue to promote the use of the Model policy for agencies of the United Nations system on preventing tobacco industry interference, developed by members of the United Nations Interagency Task Force on the Prevention and Control of NCDs, in accordance with Article 5.3.

Next Steps

The Convention Secretariat will work with other IGO and NGO observers of the COP to support the Parties to implement these decisions adopted by the COP and seek the Bureau's guidance in the process.

²⁸ http://www.who.int/fctc/cop/cop7/FCTC_COP7_29_EN.pdf?ua=1

²⁹ http://www.who.int/fctc/cop/cop7/FCTC_COP7_24_EN.pdf?ua=1

³⁰ http://www.who.int/fctc/cop/cop7/FCTC_COP7_8_EN.pdf?ua=1

World Intellectual Property Organization (WIPO) *(last updated January 2017)*

Current Situation

WIPO is a United Nations Specialized Agency with 189 Member States. Its mission is to lead the development of a balanced and effective international intellectual property (IP) system that enables innovation and creativity for the benefit of all. WIPO is the global forum for IP services, policy, information and cooperation.

Since 2008 the Secretariats of the World Health Organization (WHO), WIPO and the World Trade Organization (WTO) cooperate on issues around public health, innovation, trade and intellectual property. The joint WHO-WIPO-WTO study entitled *“Promoting Access to Medical Technologies and Innovation – Intersections between Public Health, Intellectual Property and Trade”* serves as a resource and background material in this field. The trilateral study is available in Arabic, Chinese, English, French, Russian and Spanish at http://www.wipo.int/policy/en/global_health/trilateral_cooperation.html.

Next Steps

WIPO will continue to contribute in a constructive manner to relevant public policy debates on intellectual property and global health to serve as a credible source of fact-based information and analysis. Also WIPO will continue to be available, upon request, for Member States’ policy-makers that face the challenge of establishing an environment that stimulates health innovation while ensuring widespread access to effective health products to address unmet global health needs (e.g. by providing technical assistance and capacity-building in cooperation with partners such as the WHO and WTO, and other inter-governmental organizations (IGOs).

World Trade Organization (WTO) *(last updated January 2017)*

Current Situation

NCD-control measures are often discussed in the Committee on Technical Barriers to Trade (TBT Committee) and, to a lesser extent, in the TRIPS Council. In the case of the TBT Committee, the products covered include beverages (alcoholic and non-alcoholic), tobacco and processed food. The TRIPS Council has witnessed a debate about tobacco plain packaging measures, in particular, while also examining the link between intellectual property rights and public health more generally. A number of regular WTO training activities and events included aspects related to NCDs. In particular, the October 2016 WTO Workshop on Trade and Public Health (organized in cooperation with WHO and WIPO) covered the intersection between trade and prevention of NCDs,³¹ while the June 2016 WTO Workshop on Standards, Regulation and Health (organized in collaboration with WHO and Codex) explored the intersection between the implementation TBT and SPS Agreements and health-related standards and regulations, including those addressing NCDs.³² Also, the sixth in a series of trilateral symposia jointly organized by the WHO, WIPO and the WTO highlighted the importance of global cooperation in fostering innovation of, and access to, new antibiotics as well as the appropriate use of antibiotics.³³

The TBT Agreement confirms the right of WTO Members to take regulatory measures to protect public health; the "protection of human health" is one of the "legitimate objectives" mentioned in the TBT Agreement. The possibility for Members to take measures to protect, inter alia, public health and nutrition is also recognized as forming part of the principles that apply under the TRIPS Agreement (Article 8). Under the WTO dispute settlement mechanism, a panel is currently examining Australia's plain packaging measures to control tobacco consumption in view of their compatibility with WTO law, in particular the TBT Agreement and the TRIPS Agreement.

Next Steps

It is expected that WTO Members will continue their engagement in such discussions in the future. Similarly, capacity building activities organized by the WTO Secretariat could, to the extent possible and as appropriate, address health-related issues in general and NCDs in particular when such activities involve WTO Agreements, such as the TBT or SPS Agreements, as well as the TRIPS Agreement. With respect to the WTO's dispute settlement system, the Panel in the ongoing disputes involving Australia's tobacco plain packaging measure informed Members on 6 December 2016 that it "expects to issue its final report to the parties not before May 2017".

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³¹ See news item at https://www.wto.org/english/news_e/news16_e/trip_28oct16_e.htm

³² See news item at https://www.wto.org/english/news_e/news16_e/stdf_11jul16_e.htm

³³ See news item at https://www.wto.org/english/news_e/news16_e/trip_02nov16_e.htm