

2016-2017 work plan for the UN Task Force on the Prevention and Control of NCDs

Final report as of February 2018

This work plan consists of two parts. The first part describes the Task Force's overarching strategic directions for 2016-2017. The second part is a more detailed description of the full range of activities that Members of the Task Force are committed to undertake during the biennium set out by objective.

Part 1. Overarching strategic directions

1. Fast-track action in 12 programme countries through a series of joint programming missions and follow up action. (on track)

Close working between Members of the Task Force to undertake a series of transformative shifts at all levels, e.g.:

- Leverage the leadership of the WR and UN RC to mobilize the UN Country Team in raising the priority given to NCDs on the national agenda;
- Integrate NCDs into UNDAFs;
- Establish and operationalize resident UN Thematic Groups on NCDs;
- Catalyse the establishment of the "three multisectoral ones" for NCDs, i.e. one national multisectoral NCD plan with targets, one national NCD commission, and one prioritized budgetary allocation to finance the implementation of the plan.

2. Develop and roll-out a series of global joint programmes and thematic groups, e.g.: (on track)

- Catalysing multisectoral action;
- Cancer;
- Cervical cancer;
- mHealth;
- Harmful use of alcohol;
- surveillance;
- NCDs and the environment.

3. Communicate to policy makers in developing and developed countries about the work of the UN Task Force and the need for multisectoral action to prevent and control NCDs at the country level, e.g.: (on track)

- Greater communication on the work and impact of the UN Task Force by the Secretariat and its Members, including effective UNIATF "branding" and expansion of the Task Force website that includes progress in programme countries;
- NCDs raised in Task Force Members' governing body meetings as well and the Task Force highlighted in key meetings of other development agencies.

Part 2. Interim report for the work plan set out by Objective

Primary area of action: G = Governance, RF = reducing exposure to risk factors, HSS = enabling health systems to respond, M&E = monitoring the NCD situation and measure results. *Primary level of action and outputs:* N = national level, R = Regional level, G= Global level. Abbreviations for responsible persons are explained at the end of the document.

Objective 1: To **enhance and coordinate systematic support to Member States**, upon request, at the national level, in efforts to support responses to prevent and control NCDs and mitigate their impacts

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual (AA=Administrative Agent, CA = Convening Agent)	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
1.	Undertake at least 12 joint country programming missions, and undertake follow up activities in all countries that have received joint programming missions	UN Country Team raising the priority given to NCDs on the national agenda; (ii) NCDs integrated into UNDAFs; resident UN Thematic Groups (or equivalent) established and operating; “three multisectoral ones” for NCDs (i.e. one national multisectoral NCD plan with targets, one national NCD commission, and one prioritized budgetary allocation to finance the implementation of the plan) catalysed and established	G	N	WHO (AK)	All*	Through UNIATF	Each agency to self-fund. Agreed at the 5 th meeting to look for funding to support these missions and their follow up through the Joint UNDP-WHO Programme below	Political buy in of UNCTs to follow up action with the need to prioritise resources		In 2016-2017 the Task Force to promote joint programming among United Nations country teams to support national responses to non-communicable diseases conducted eleven initial field missions to Argentina, Cambodia, Bahrain, Bhutan, Kuwait, Kyrgyzstan, Paraguay, Turkey, Oman, Vietnam and Zambia, and three follow up mission to Belarus, Kyrgyzstan, Mongolia. Task Force also conducted NCD investment case initial missions to Belarus, Fiji, Kingdom of Saudi Arabia, Kyrgyzstan, Jamaica, Peru and Uzbekistan. The objectives of the initial missions were to support country teams in their efforts to build and share solutions for the prevention and control of non-communicable diseases, and to establish a United Nations thematic group on non-communicable diseases, or other appropriate arrangements, to serve as platforms for coordinated support to national responses to non-communicable diseases that contribute to attaining target 3.4 of the Sustainable Development Goals. Efforts included integrating work on non-communicable diseases into the common country assessment and United Nations Development Assistance Framework, identifying opportunities for country team cooperation, including joint programming, and monitoring progress on the implementation of the activities of the country teams relevant to addressing non-communicable diseases. Participants included the Asian Development Bank, the Food and Agriculture Organization of the United Nations (FAO), the Economic and Social Commission for Asia and the Pacific, the International Labour Organization (ILO), the International Organization for Migration, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Nations Volunteers programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Bank, the World Food Programme (WFP) and WHO.

2.	UNDP-WHO joint programme to catalyse multisectoral action for NCDs operating in a selection of LMICs	(i) national investment cases; (ii) capacity, mechanisms and mandates of national and relevant local authorities developed; (iii) governance and regulatory frameworks to strengthening community action, civil society networks, social movements strengthened			UNDP (DW)	WHO (NB) WB (PO)					Investment cases completed in Jamaica, Kyrgyzstan and Mongolia with preliminary work undertaken in Belarus, Fiji, Peru, Turkey and Uzbekistan. Agreement on further set of investment cases to be conducted in 2018. Follow up action to support the implementation of recommendations from joint programming missions undertaken in a number of countries.
3.	IAEA-WHO-IARC cancer control joint programme operating in selected LMICs	Enhanced comprehensive and sustainable cancer control services in 7 flagship countries	HSS, M&E	Multinational	IAEA	IARC (SR), WHO (CV)	TBD	Through the global joint programme	Government commitments; Availability of funds.	16	In 2016, review missions were conducted to Kenya and Kazakhstan, following the imPACT methodology, identifying national cancer control needs and capacity. Findings from these missions will inform the development of the new National Cancer Control Strategies and the subsequent identification of priority areas. Strategic planning workshops were supported in El Salvador and Myanmar. A national palliative care workshop for health professionals was supported in Fiji. The Task Force at its ninth meeting in November 2017 has revised the progress on this joint global programme and has agreed that the MoU and joint programme document for the joint cancer programme was still not finalised and there was insufficient progress for this programme to remain as part of the Task Force activities.
4.	Joint programme on cervical cancer prevention and control operating in selected LMICs	Health systems delivering comprehensive cervical cancer in place in selected project implementation countries	HSS, RF	N, R, G	UNFPA as Administrative Agent WHO as Convening Agent	IAEA IARC UNFPA UNICEF UNW'men UNAIDS WHO UNODC (observer)	TBD	Through the global joint programme	Insufficient funding coordination Anti-vaccination movements and advocacy.	Action 17 under "Reduce exposure to risk factors for NCDs"	Cervical cancer programmes remain limited but slowly increasing in low and middle income countries: • 12% of countries have screening rates >70%; • 6% of LICs and 20% of MICs have HPV vaccination programmes; • 35% of LICs have pathology services and 30% have treatment services; • 19% have palliative care services via PHC. As of early 2017, twenty two LICs have Cervical Cancer strategies, with 14 more in development. Twenty one countries have CxCa guidelines, with varying comprehensiveness and stage of development regarding inclusion of screening, treatment and vaccination programmes. Inception missions occurred to five countries (Bolivia, Morocco, Mongolia, Myanmar, Tanzania). These promoted introduction and scale-up of HPV vaccination programs; improved screening coverage, reduced delay in diagnosis and treatment and strengthened surveillance. Tailored recommendations were made in each country as appropriate, e.g. for strengthening referral, diagnosis, treatment and palliative care, and inclusion of HPV vaccination in national

											schedules with associated communication strategies. Capacity building was recommended via further training, funding and partnerships. The UNGJP Steering Group met in October, inviting further observers (GAVI, the Global Fund, UNITAID, WB, CCA, UICC). Technical support has been planned to a further 10 African countries, with funding needed to support this and follow-up to inception missions.
5.	Develop a joint UN programme to reduce the harmful use of alcohol and its impact on violence and infectious diseases	Project being implemented in at least 2 regions with at least 15 countries involved	RF	G	WHO (VPk), UNDP (DT) as joint chairs	See names of members on EZCollab	Thematic group on harmful use of alcohol	WHO, UNDP			The capacity-building meeting held in Botswana for African countries organized by UNDP-WHO in the framework of the joint WHO-UNDP initiative. Follow up with selected countries. Joint programme on harmful use of alcohol to be developed in 2018.
6.	WHO-ITU mHealth joint programme (Be He@lthy Be Mobile)	National action in at least 8 countries	HSS	N	ITU (HE) - AA WHO (SP)		Joint BHBM secretariat and steering committee	Funding from WHO, ITU and funding partners	Risk: political instability. Mitigation: technical engagement which will be less affected by political changes.		Countries: • 10 official partner countries (India, Senegal, Zambia, Tunisia, Norway, the United Kingdom, Costa Rica, the Philippines, Egypt and Burkina Faso) • In 2016, the following programs were launched: mTobaccoCessation in India; mDiabetes program in India, Egypt and Senegal; mCervicalCancer awareness in Zambia • Currently, Over 2 million users in India, 117,000 users in Senegal, 175,000 in Egypt, and tens of thousands in Zambia and Tunisia. • Expressions of interest received from over 70 countries Toolkits • Global handbooks and content libraries published for mTobaccoCessation, mDiabetes and mCervicalCancer, with drafts underway for mTB-Tobacco, mAgeing, mBreatheFreely (COPD and asthma) and mobile health content for hypertension (within the Global Hearts package) • Two handbooks on cross-cutting areas – evaluation and technology – also under preparation. Partnerships • The initiative holds partners with a varied range of organizations with an interest in the mHealth space. They include technology companies, health and wellness providers, multilateral donors and academia. There is also a partnership with the European Commission to develop an mHealth knowledge and innovation Hub within Europe (2018-2021)
7.	IAEA-led interagency (IAEA, WHO, IARC) comprehensive cancer control capacity and needs assessment (imPACT) missions	Assessment reports including recommendations in up to 24 countries with priority actions implemented	HSS	N	IAEA (BL)	WHO (CV) IARC (FB)		Funding not identified	Government commitment; unreliable funding	16a	Implemented imPACT missions to 12 IAEA Member States: Belarus, Belize, Burundi, Congo (Republic of), Honduras, Kazakhstan, Kenya, Liberia, Paraguay, Sierra Leone, Swaziland, and Togo. The MoU and joint programme document for the joint cancer programme was not finalised by 9th Task Force meeting and there was not insufficient progress for this programme to remain as part of the Task Force activities.

8.	Develop technical tools to support Member States realize ICN2 commitments and Framework for Action;	2 policy papers developed: (i) national investment plans to improve people's diet and nutrition; (ii) impact of, agriculture and trade, social protection, education, water, sanitation, hygiene and the environment policies on nutrition	RF	G	UNSCN (SO)	FAO, UNICEF (WS) WHO	TBD	SCN	Lack of support to the ICN2 process by WHO and FAO leadership Mitigation: use of SDG process to reduce malnutrition in all its forms	12	Investment for healthy food systems seminar organised, but postponed to early 2018 due to unavailability of speaker. UNDAF guidelines to integrate nutrition in country plans were developed. UNSCN discussion brief about NCDs and nutrition updated (final steps). Trade and nutrition and investments and nutrition discussion papers (i and ii) were finalised in 2016 and 2017. On top of that, a climate and nutrition paper was written. Discussion session were organised in Rome, followed by one in Washington.
9.	Promote and ensure the inclusion of NCD concerns in the work of the Codex to achieve policy coherence	Codex standards and guidelines included dietary recommendations related to NCD prevention (i.e. sugars, fats, sodium)	RF	G	WHO (CN)	Codex (VC) FAO (MX)	Through the work of CAC, CCNFS DU, CCFL				WHO, jointly with FAO and supported by the Codex Secretariat, prepared a discussion paper on policy coherence to be discussed at CCEXEC and CAC held in June/July 2016, which included the issue of incorporating NCD concerns in different Codex standards and guidelines. At CCFL held in May 2016, WHO, working with several Member States and supported by FAO and the Codex Secretariat, helped the launching of new work to revise relevant sections of the Codex Guideline on Nutrition Labelling in order to incorporate the issues related to front-of-pack labelling. At CCNFS DU held in December 2016, WHO, working with FAO and the Codex Secretariat, provided scientific advice to various on-going work, including setting up of NRV-NCD for EPA and DHA, updating of the Standards for Follow-up Formula (i.e. limiting of sugars contents when revising nutrient composition). In 2017, WHO supported the work of the electronic working group set up by CCNFS DU to review and discuss the possibility of setting of the nutrient reference values for the prevention of NCD (NRV-NVD) related to EPA and DHA through providing the systematic reviews on n-3 polyunsaturated fatty acids (n-3 PUFA) which were undertaken as the background for WHO's work in developing guidelines on PUFA intake for the prevention of NCDs. At CCFL held in October 2017, WHO, jointly with FAO and the Codex Secretariat as well as the Canadian Codex Secretariat (host country for CCFL) and Paraguay Codex Secretariat (co-host country for the 2017 CCFL), organized side events on nutrition labelling to review country experiences in implementing nutrition labelling. At the same CCFL, WHO organized a side event on harmful use of alcohol to provide critical information to the CCFL delegations in order to facilitate the agenda discussion related to labelling of alcoholic beverages. At CCNFS DU held in December 2017, WHO, working with FAO and the Codex Secretariat, continued to provide scientific advice to various on-going work, including the development of guideline on RUTF and updating of the Standards for Follow-up Formula (i.e. for both,

										highlighting the need to reduce sugars contents when revising nutrient compositions), setting up of NRV-NCD for EPA and DHA (including the holding of a side event to present the outcomes of the n-3 PUFA systematic reviews), reviewing the claim for free of <i>trans</i> -fatty acids.
10.	Provide technical support to countries to implement recommendations on marketing of foods and non-alcoholic beverages to children	Support provided to X countries	RF	N	IDLO (DP)	WHO (TW) UNICEF (LB)	WHO-IDLO MOU	IDLO and WHO to mobile resources	20	Joint WHO/IDLO proposal to a potential donor drafted and submitted in 2016. Awaiting confirmation of support.
11.	Develop guidance on food, diet and trade policies to assist member states nationally and regionally	By December 2016 publish a paper on guidance for member states in negotiating healthy trade policies	RF	G	WHO (TW)	UNCTAD (JM) WHO		NA		Review of guidance sheets for UN Decade of Action on Nutrition, policy briefs of UNIATF and of GCM. A few meetings were convened between WHO and WTO to discuss further steps. It was recognised that trade solutions in addressing NCD in particular diet and physical activity was minimal and more needed to be done in assessing the evidence on what measures countries could use before a guidance can be developed.
12.	Develop factsheets on alcohol and public health: (i) alcohol and cancer; (ii) alcohol and trade; (iii) alcohol and infectious diseases; and (iv) alcohol and gender-based violence	Factsheets published and disseminated	G	G	WHO (VPk)	UNDP (DT) and others	Regular meetings of the group reporting to the UNIATF	Development of a global joint programme		First drafts developed in consultation with the relevant UN agencies but the work was not completed due to conflicting priorities and plans to finalize the factsheets during 2018.
13.	Provide technical support to Member States on multisectoral action for	Number of countries supported for physical activity program using sports, QPE package, PHC and	RF	N	UNOSDP (JB)	WHO (TW)				<u>Support to governments</u> - UNOSDP was the author Office of the Secretary-General's Report on Sport for Development and Peace, which reports on progress in the SDP field including: progress by States and UN entities, progress on development goals (MDGs – SDGs), and the UN Action Plan on SDP. The area of health was covered across several sections and included in the Action Plan as a thematic area to be addressed in the SDP field. The report was made publicly available in July 2016 (on http://www.un.org/ga/search/view_doc.asp?symbol=A/71/179) and is used as a

	increasing levels of physical activity as part of daily life	workplace toolkit									reference at relevant occasions. - UNOSDP assisted the Group of Friends of Sport for Development and Peace (GoF), a voluntary association of UN Member States with an interest in the field of SDP. In 2016, remarkable progress by the New York based Group, supported by UNOSDP, included its work on the UN General Assembly resolution on SDP, which is expected to be adopted in upcoming days; although out of the reporting period, the key role this Group played in the recognition of sport as an important enabler of sustainable development in the 2030 Agenda was also remarkable; as a successful outcome of their efforts in these regards, paragraph 37 of the 2030 Agenda refers to the growing contributions sport makes inter alia to health, education and social inclusion objectives. - Bilateral collaboration with governments in supporting policies and programmes using sport as a tool for development and peace, e.g. table tennis based project in Nepal aimed at enhancing persons with disabilities' social inclusion and well-being. <u>Advocacy</u> - Special Adviser missions to the field, representation at relevant sport events and conferences. - Advocacy on Sport and the SDGs: publication of an outline of sport's general contribution to each SDG, including SDG3, on a dedicated website section (https://www.un.org/sport/content/why-sport/sport-and-sustainable-development-goals); elaboration of an overview document on Sport and the SDGs in consultation with UN entities and other stakeholders. This document, expected to be published soon, presents more comprehensive information on the contributions sport can make to each SDG, and it aims to serve as a resource for the SDP community, including governmental and non-governmental organisations. - International Day of Sport for Development and Peace: 2016 communication campaign on the theme “Let’s play for the Sustainable Development Goals”, which included promotion of SDG 3. <u>Project support</u> - Provision of technical support and capacity building to implementing partners of SDP projects, often including governments involved, and endorsement of SDP initiatives and organisations. - Facilitation of partnerships through UNOSDP's network, including governmental and non-governmental organisations. <u>Youth Leadership Programme</u> Organisation of training camps providing leadership skills and toolkits for youth on how to use sport for development goals. This programme supports the development of youth role models who implement their acquired skills back in their communities, aiming at development and peace objectives. Governments of the host city of YLP camps are engaged in the organisation and follow-up. In a longer time frame (2014-2016), you can find UNOSDP's reported activities in the field of SDP in the aforementioned Secretary-General's Report (section B1 mainly) available on http://www.un.org/ga/search/view_doc.asp?symbol=A/71/179
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14.	Tailored country support and building capacity for legal interventions and enabling legal environment to promote healthy diets and physical activity in order to address obesity, diabetes and cardiovascular disease.	(i) increased public health law capacity; (ii) strengthened enabling legal environments to address obesity, diabetes and promote healthy diets and physical activity.	HSS	N	IDLO (DP)	WHO (TW)	Joint MOU signed December 2014	Concept note finalised April 2015	As above.	Ongoing from 2014-2015	Joint WHO/IDLO proposal to a potential donor drafted and submitted.
15.	Undertake research on the relationship between trade policy and processed food imports in Pacific island countries	Policy paper developed and disseminated with enhanced knowledge and national capacity among health & trade government officials. Targeted policy interventions in place.	RF	N	ESCAP (IM)	WHO, FAO	Through SAMOA Pathway, SDGs and other sustainable development initiatives	ESCAP Pacific Office exploring potential funding avenues for the advisory services, although the technical research has started already	Funding. Options for funding from other work streams	1	No progress.
16.	Provide technical assistance to countries to improve cancer incidence, survival and mortality data	Coverage and quality of population-based cancer registration strengthened in x countries (note: target is 50 by 2025)	M&E	N & R	IARC (FB)	IAEA WHO	Leadership and coordination by IARC, coordination of regional networks through	Estimated financial requirement is approx. 3 million USD per annum - >10% secured Resource mobilization	Insufficient global funding and national investment	34 and 37	- Partnership alliances – GICR were endorsed by the WHO as an official tool to support Member States in addressing the related targets and indicators within the Global Monitoring Framework /WHO endorsement/IARC PS. New IARC-GICR Collaborating Centres were established in China, Japan and Thailand; several others in development. - Regional Hubs in development for the Caribbean and Pacific Islands developments/HEX. Identification of GICR Partner countries in each Hub region to prioritize support based on joint commitment. - IARC Technical Report No 43, Planning and Developing Population-based Cancer Registration in Low- and Middle-Income Settings, translated into French, Spanish and Russian. - In 2016, CanReg Masterclasses were given, involving 14 regional trainers from 11 countries. In

						Hub Executiv e (HEX) Groups	ongoing				2017, GICRNet was launched, a new approach to training using regional experts. • In 2016, consultancies to 7 countries (Barbados, Brazil, Fiji, Iraq, Kazakhstan, Liberia, Viet Nam) • Courses provided in: basic cancer registration (11) and advanced methods (1) • Formal agreements established with Kenya and Jordan to expand coverage of comparable survival statistics in LMIC, a call for data (SURVCAN-3) went to 64 cancer registries; aim is to benchmark survival in countries in transition, but also assist registries in collecting complete follow-up information.
17.	Provide training to countries to enhance their governance capacity for NCD control friendly policies (including trade & investment agreements and regulation of NSAs)	(i) stronger policy coherence between health and other sectors in understanding the impact of trade and investment agreements on prevalence of NCDs; (ii) policy guidance for MoH and MoTrade	G	N	UNU-IIGH (OA)	FAO FCTC IDLO UNDP WB WHO WTO	Under discussion	Under discussion	Insufficient funding; (ii) weak public institutions ; (iii) corporate lobbying & influence of NSAs; (iv) will to collaborate across sectors and ministries	Actions 2, 11, 20, 22, 29	UNU-IIGH facilitated capacity development seminars for young health professionals in Southeast Asia on planetary health and SDGs in Malaysia and Philippines, and a module in Africa with Consortium for Advanced Research Training in Africa (CARTA) & African Population and Health Research Centre (APHRC).
18.	Develop recommendations to increase availability opioid analgesics for palliative care	(i) recommendation s disseminated; (ii) 2015 supplement of the INCB Annual Report analysing the global situation in relation to availability of opioid analgesics for medical purpose	G	G	INCB	WHO, Essential Medicine	CND and UNGASS 2016 on the world drug problem	Resources available to INCB			The outcome document of the UNGASS contains several paragraphs on access to controlled substances, including opioid analgesics, with concrete recommendations for Member States based on the INCB report on availability. INCB carried out regional training of national competent authorities in East Africa and in Asia and Pacific regions. The training included also national workshops on how to improve access to opioid analgesics.
19.	Provide training on the use of the ILO Classification of Radiographs of	Strengthened national systems of health surveillance	HSS	N	ILO (FS)	WHO (II)		USD 60,000 available			Training of trainers was provided in the Philippines (April 2016), Viet Nam (July 2016), South Africa (including participants from Namibia and Zimbabwe, November 2016) and Indonesia (October 2017) to 32, 44, 44 and 32 physicians respectively. The participants will serve as focal points for health surveillance of workers in their regions contributing to protection of workers exposed to hazardous dusts. As a result of technical support, Government offices in these countries committed to work further to improve the knowledge of their physicians and apply the ILO Classification of Radiographs of Pneumoconioses at all levels of prevention and health surveillance. The Philippines Departments of Health and Labour organized a further training in

	Pneumoconiosis										July 2016. In Viet Nam the use of the Classification has become mandatory (through a MOH Circular) and a training programme for physicians is being developed. In South Africa not only selected participants will become trainers on the ILO Classification, but also the National Institute of Occupational Health and social partners adopted a declaration committing themselves to intensify the application of the ILO Classification in South Africa and other countries of the Southern African Region.
20.	Provide training on integrating health promotion into occupational safety and health policies (SOLVE)	(i) strengthened capacities of governments, employers and workers; (ii) framework for action established; (iii) online platform in place	RF	G	ILO (VF, FM)	ITC-ILO (FM)		USD 60,000 available			The SOLVE train of trainers programme, which integrates health promotion into occupational safety and health policies, has been included in the curricula of the ILO international training centre (ITC-ILO) and is now a regular course carried out twice a year. Since 2016 the ITCILO has provided a blended course (e-learning platform and classroom course). Staff from the UN system has also undertaken the course to include the approach in their health promotion policies in line with the OSH Framework for the UN Common System. The ILO will integrate SOLVE in its internal global training programme for OSH committees in 2017.
21.	Undertake a workshop on urban governance for health	Stronger policy coherence between NCDs and broader urban policies	G	N	UNU-IIGH (OA and AC)	UN - Habitat WHO KCT	Under Discussion	USD 50,000 from UNU-IIGH Fund raising ongoing	Insufficient funding	Actions 11, 20	UNU-IIGH convened and led the Urban Thinkers Campus (UTC) forum with the theme "Health and Wellbeing in the City We Need". With the approval of UN Habitat, this UTC was held in Kuching, Sarawak, Malaysia, January 2016. The UNU-IIGH led UTC articulated a number of key principles aimed at promoting human health and wellbeing in cities and urban centres. These principles fed into the preparatory discussions toward Habitat III, and were part of final policy outcomes and declaration from the Summit on the New Urban Agenda. Besides, UNU-IIGH is coordinating the publication of a Special Issue of <i>Journal of Urban Health</i> based on the papers from a workshop on Urban Governance for Health held in Nairobi, Kenya
22.	Strengthen the Institutional Framework for Cancer Control in Namibia	Enhanced framework for nuclear medicine and radiotherapy services for Namibia	HSS	N	IAEA (ML)	WHO (OG) IARC (FB)		€137,600	Availability of required funds		At the request of MoHSS, the IAEA provided in country expert advisory support (August and November 2016) for the development of the NCCP and the related Action Plan, in close cooperation with Pink Ribbon Red Ribbon and WHO-AFRO. The draft NCCP is at an advanced stage yet still under review
23.	Strengthen national capacity for the diagnosis and treatment of cancer patients in Peru.	(i) improved knowledge in using nuclear technologies; (ii) standardized processes, protocols & procedures established	HSS	N	IAEA (PG)	WHO (OG) IARC (FB)		€555 440 (€15 000 unfunded)			No progress.

Objective 2: To facilitate **systematic and timely information exchange among entities of the UN system and IGOs** about existing and planned strategies, programmes and activities to prevent and control NCDs and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of UN system activities on the prevention and control of NCDs.

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
24.	Hold four meetings of the Task Force (2 in 2016 and 2 in 2017)	Summary of meeting with actions published. Annual report completed for ECOSOC	G	G	WHO (AK)	All	UNIATF Secretariat				The sixth meeting of the Task Force was hosted by UNDP from 10-12 February 2016, and held at UN Headquarters in New York. The meeting was co-chaired by WHO and UNDP and was attended by 22 UN members. The meeting finalized the 2016-2017 work plan, agreed the progress report on the 2014-2015 work plan and the contours of the 2016 report to ECOSOC. Members reviewed the progress on global joint programmes and thematic groups including mobilization of resources, as well as the impact of joint programming country missions and agreed plans for future missions; The seventh meeting of the Task Force was hosted by WHO from 25-27 October 2016, and held at WHO Headquarters in Geneva. The Meeting was co-chaired by the WHO and the OHCHR and was attended by colleagues from 24 agencies and partnerships. The meeting developed a roadmap for implementation of ECOSOC resolution E/RES/2016/5 which broadened the scope of work of the Task Force, and reviewed the progress on global joint programmes and thematic groups, efforts on mobilization of resources, and plans to strengthen the impact of the Task Force in countries. The eighth meeting was hosted by the United Nations High Commissioner for Refugees, 21-23 February 2017, in Geneva. The meeting was chaired by WHO and UNHCR and 28 UN agencies, programmes and funds, and regional intergovernmental organizations attended. The meeting took stock of how the Task Force is widening its scope of work to include the NCD-related targets included in the 2030 Agenda for Sustainable Development in line with ECOSOC resolution (E/RES/2016/5). Meeting also agreed on streams of work on mental health, nutrition and road safety. Further progress was made in integrating action on NCDs and the environment into the work of the Task Force. The ninth meeting of the Task Force was conducted in WHO/Geneva on 9-10 November 2017. The meeting was attended by 26 UN agencies, programmes, funds and intergovernmental organizations.

										Meeting revised the progress in developing joint programmes and thematic groups, including on cervical cancer and mobile health, as well as efforts to mobilize resources, such as the US\$ 1 million recently provided by the Russian Federation to build the economic case for investing in NCDs in 11 countries. Reports with actions of four meetings were published on the website of the task Force. Annual reports of the WHO DG on the Task Force was completed in time and considered by ECOSOC in June 2016 and 2017.
25.	Additional Interagency meetings to share information on tobacco control	Objective 5 of the work plan delivered	G		FCTC (GL) WHO (AMP)	All				Regular monthly meetings with WHO NMH to align activities related to the implementation of the WHO FCTC. Participation of several UN agencies in global meetings organised by the Convention Secretariat such as Global meeting on Art 17 and 18 and creation of an informal WG which has agreed to conduct a number of joint activities. This group meets on an ad-hoc basis. UN agencies observers to COP were invited to participate at the 7th Session of the Conference of the Parties in November 2016. The WHO FCTC Secretariat has been collaborating with UNDP in a number of activities such as South- south and triangular projects, investment case studies etc.
26.	Additional Interagency meetings to share information on reducing harmful use of alcohol	At least 3 meetings/events conducted	RF	G	WHO, (VPk)	UNDP (DT)	Through the thematic group on alcohol	As required		2 meetings organized and teleconferences took place.
27.	Encourage Task Force Members to including NCDs into the policies, strategies and plans of their governing bodies	Increasing awareness of NCDs and the need for action by governing bodies of Task Force Members	G	G	WHO (AK)	All	UNIATF Secretariat			Among the 35 Task Force members, who provided the update on how NCDs are reflected in governing body policies, strategies and plans 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. The need for action on NCDs by governing bodies of Task Force Members became a standing part of the Task Force meetings and Task Force's communication strategy.
28.	Regional NCD Thematic Groups meeting and reporting on progress to Task Force	Stronger coordination and action of UN agencies at regional level for driving forward NCDs and		R	WHO (AK)	UNDP and all	Regional NCD Thematic Groups, with reports			Situation with the regional thematic groups on NCDs looks as follows: <u>African Region</u>: No regional thematic group on NCDs but planning to establish one. <u>Region of Americas</u>: Inter-American Task Force on NCDs (PAHO, OAS, IAICA, IADB, ECLAC, WB) established in 2015. Promotes collaboration and collaborative projects. Launched in 2015. Next meeting April.

		responding to the joint missions					provided to Task Force meetings				<u>Eastern Mediterranean region:</u> there is no NCD thematic group at the moment and no immediate plans to develop such a group, but informal working as part of joint programming missions. <u>European region:</u> Euro thematic group has been superseded by an issues-based coalition that no longer covers NCDs. <u>South East Asian Region:</u> No regional thematic group on NCDs, but some expert groups in place focusing on NCD risk factors that includes UN agencies. <u>Western pacific Region:</u> No regional group. Pacific sub-regional UN Thematic Group on NCDs meets quarterly. The group allows for greater sharing and collaboration for NCDs, ensures greater consideration of NCDs across issues and sectors, reduces overlap, and better use of scarce resources, builds on the work of all agencies involved, is expected to enhance ongoing activities. Group has focussed on issues such as gestational diabetes, food security, cervical cancer, workplace health promotion and costing studies for NCDs. Group participated in the June 2016 Pacific NCD Summit in in Tonga.
29.	Contribute to WHO/GCM knowledge sharing platforms, repositories, communities of practices and webinars.	UN agencies contributions included in the platforms, repositories, communities of practices and webinars.	G	Global	WHO (BM)	All	Through GCM work plan and Task Force meetings	Funded under the GCM/NCD work plan and 2016-17 Programme Budget	Technology platforms and resources required are too expensive to procure and maintain	2 and 6	WHO GCM/NCD Communities of Practice (CoPs), or virtual networks, are online safe spaces for knowledge sharing and collaborative learning. Each CoP has a specific governing body, usually based in an academic institution and always supported by WHO technical focal points, which guides and verifies information shared in discussions, webinars and other modalities. All CoPs are multi stakeholder and multisectoral. Thematic CoPs produce reports and other outputs such as tools which can be shared with national focal points, convened in a special CoP for the implementers of NCD action. The national focal points may also suggest the creation of a new thematic CoP to address a bottleneck or enabling factor that they identify in their own discussions. This system connects supply and demand, and country-level implementation with willing and able stakeholders keen to drive and accelerate country-led NCD action.
30.	Contribute to 2016 WHO/GCM-led, global communications campaign	UN agencies contributions included the design and implementation of the global communications campaign	RF	G	WHO (BM)	All	Through GCM work plan and Task Force meetings	Funded under the GCM/NCD work plan and 2016-17 Programme Budget		2	The GCM communication plan, including next phase of Global Communication Campaign (GCC), was developed in 2016. The Global Communication Campaign on NCDs continued to evolve in 2017. New elements include amongst other: - new feature stories on the webpage of the GCC http://www.who.int/beat-ncds/en/ of countries making progress on NCD prevention and control through multisectoral, multistakeholder engagement and showcasing the feasibility of reaching the nine global targets on NCDs - Updated policy briefs on the 9 global targets highlighting the WHO Best Buy policy options - Dissemination of the Sectoral Briefs produced by the UN Taskforce on the GCC website Public engagement page for GCC : NCDs&Me was expanded (www.who.int/ncds-and-me) to include 160+ stories on how NCDs affect everyone.

31.	Hold a thematic discussion on NCDs and law	Best practices and action for regional and national capacity building Identified	HSS	G	IDLO (DP)	WHO (BM) UNDP (DW)	Through Task Force	Agency to cover own costs			Thematic discussion hosted by IDLO/WHO/UNDP in February 2016 – report on IDLO website - refer also to relevant action items in report of 6 th Task Force meeting.
32.	Incorporate physical activity and healthy lifestyle as part of OHS and relevant labour policies	Strategic document that incorporates physical activity into OHS	G	G	ILO	WHO (TW)					Staff from the UN system undertook a course to include the ILO SOLVE approach (which includes physical activity) in their health promotion policies in line with the OSH Framework for the UN Common System.
33.	Map activities that support countries tackle the harmful use of alcohol	Document developed, updated and distributed on alcohol-related roles and activities.	RF	G	WHO, (VPk)	UNDP (DT)	Thematic group on harmful use of alcohol	Minimal requirements, WHO	Lack of collaboration of focal points in the thematic group, non-engagement of non-participating agencies	Global strategy to reduce the harmful use of alcohol	Mapping document produced and presented to the UNIATF.

Objective 3: To facilitate information on available resources to support national efforts to prevent and control NCDs and mitigate their impacts, and to undertake **resource mobilization for the implementation of agreed activities, including for joint programmes** in accordance with guidelines of the UNDG

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
34.	Mobilise resources for the implementing Task Force activities	Joint Programmes and other initiatives resourced			WHO (AK)						Friends of the Task Force side event held at the UN General Assembly in September 2016 and at the ECOSOC High-level Political Forum 2017 in NY. Donor engagement on global joint programmes throughout the year. Russian Federation contributed USD 1 million for the UNDP/WHO Global Joint Programme to make 11 NCD investment cases worldwide. Japan provided USD 270,000 to provide technical support to four Task Force countries.
35.	Members of the Task Force share individual policies around conflicts of interest	Activities of the Task Force protected from undue influence by vested interests			WHO (AK)						The Task Force considered the model policy for agencies of the United Nations system on preventing tobacco industry interference developed by the FCTC Secretariat. ECOSOC in its resolution E/RES/2017/8 in its para 10 encouraged “members of the Task Force, as appropriate and in line with their respective mandates, to develop and implement their own policies on preventing tobacco industry interference, bearing in mind the model policy for agencies of the United Nations system on preventing tobacco industry interference, in order to ensure a consistent and effective separation between the activities of the United Nations system and those of the tobacco industry”. Task Force Members concurred that the model policy now could be made available to Task Force agencies to consider its use in line with their respective mandates upon consultation with and agreement of their relevant constituencies and/or governing bodies, as appropriate. (WTO and WIPO secretariats abstained from any decision on the model policy.)
36.	Review policies and practices among UN agencies on interaction with and potential interference from tobacco industry and	Output: Completed questionnaires, report and proposed a UN wide policy in line with WHO FCTC Article 5.3 and its guidelines Outcome:	G	G	CSF (CA)	All	Task Force Secretariat	WHO funding	Lack of response and commitment from all agencies		1. In the sixth meeting of the UNIATF, the Convention Secretariat took the initiative to develop and presented a common policy framework for preventing tobacco industry interference among UN agencies. Members of the Task Force were given time to provide feedback after the meeting. 2. At the at the seventh UNIATF meeting on 25 to 27 October 2016, individual agencies agreed to consider adopting or adapting the tobacco model policy on preventing tobacco industry interference acting in accordance with their respective mandates and guided by their own conflict of interest policies, although a very small number of Task Force members abstained from this particular decision. 3. The ECOSOC in June 2017 endorsed the model policy through a resolution. Following this resolution the Convention Secretariat reached out to the UN Global Compact (UNG) and the

	its front group	Compliance of UN agencies with Article 5.3									board decided to exclude tobacco industry from the initiative and delisted the four current tobacco industry members. The ILO Governing Body discusses the model policy in relation ILO engagement with funding from tobacco industry in projects to eliminate child labour. 4. The Convention Secretariat and WHO remain available to the members of the Task Force for supporting their efforts in developing or adapting individual policy in this regards. 5. In addition, following the mandate of the seventh session of the Conference of the Parties, the Convention Secretariat is conducting a survey among IGO observers to the COP prior to COP8 to identify, among other things, where there is any conflict of interest or involvements with the tobacco industry.
37.	Develop tax guidance for fiscal policies on diet building from Tobacco work	Guidance document to assist countries in implementing fiscal policies for diet	RF	G	WHO (TW)	World Bank (PM)					Technical meeting report on Fiscal Policies for Diet and the Prevention of NCDs, final draft of implementation manual on food and drink taxation to promote healthy diet and advocacy materials published and disseminated. Missions on SSB taxation conducted to Seychelles, Antigua, Maldives, South Africa, Sri Lanka, Nepal and Viet Nam, that have contributed to over 40 countries with SSB taxes adopted. Inclusion of SSB taxation as a cost-effective intervention in the document "Best buys and other recommended intervention for the prevention and control of NCDs" (updated Appendix 3)
38.	Develop a worldwide survey of radiotherapy needs coverage by country	A database and summary data made available by end of 2017	M&E	G	IAEA (EZ and EF)	IARC		\$10,000	Availability and Collection of reliable data	35 and 36	Data on availability of RT resources was collected at a national level and organised in a database. Data on cancer burden was extracted from GLOBOCAN 2012 and also added to the database. Data on availability of resources, additional needs, actual costs, and additional needed investment has been analysed and is ready to be provided upon request.

Objective 4: To strengthen **advocacy** in order to raise the priority accorded to the prevention and control of NCDs on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level UN officials

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
39.	Communicate to policy makers in developing and developed countries about the work of the UN Task Force and the need for multisectoral action to prevent and control NCDs at the country level, e.g. (i) greater communication on the work and impact of the UN Task Force by the Secretariat and its Members, including effective UNIATF "branding" and expansion	Greater understanding of the work of the Task Force and demand for its services	G	G	WHO (AK)	All	Task Force meetings	TDB	Lack of resources		The Task Force Secretariat significantly increased the visibility of the Task Force, especially associated with in-country missions, driven by the Members efforts to profile such actions through websites and national media outlets. In particular it was driven by regular staging of in-country press briefings during country missions, publication and dissemination of an end-of-mission press releases, video documentary of missions and related work of the UNIATF and its partners, culminating in the production of a video focusing on its objectives and activities, and social media activity from the @un_ncds Twitter of UNIATF and broader NCDs activities. Secretariat built more strategic communications that engages and leverages the communications platforms of Task Force Members, as well as tap other in-country and global media platforms to promote both the need to address NCDs in developing countries and to raise the visibility of the Task Force and its work among UN Country Teams, the UN System, international development partners, donors, and the wider public. The UNIATF makes strategic links with important communications initiatives at WHO and those of partners, and look to connect with the SDG agenda. Secretariat has arranged four side events in 2016 and 2017 : On 24 May 2016 on the margins of the 69th World Health Assembly Task Force in cooperation with Barbados, Jamaica, Kenya, Oman, Peru, the Russian Federation and Viet Nam, organized a side-event "Implementation of successful, cost-effective, evidence based noncommunicable diseases interventions - How the UN Inter-Agency Task Force can help countries accelerate prevention and control of NCDs by 2030" The event discussed the accomplishments of the Task Force in supporting to build national multisectoral NCD responses, including in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development in national development plans and policies, and enabling Member States to accelerate progress on specific non-communicable disease-related targets. Event highlighted the progress countries achieved in the nine global NCD targets for 2025, and

	of the Task Force website that includes progress in programme countries; and (ii) NCDs raised in Task Force Members' governing body meetings as well and the Task Force highlighted in key meetings of other development agencies.										the time bound national NCD commitments for 2015 and 2016, underlined the need for countries to accelerate national multisectoral action in preparation of the third UN High-Level Meeting on NCDs in 2018, and highlighted the need for concerted action by Member States, UN Agencies, and non-state actors in the implementation of these tasks. On 18 July 2016 Task Force supported side event hosted by the WHO and the Russian Federation, "Reflecting the NCD-related SDG targets for 2030 in national SDG responses: Leaving No One Behind" held during the High-level Political Forum on Sustainable Development, that took place in New York. The side event highlighted the work of the UN Interagency Task Force on the Prevention and Control of NCDs, in particular ECOSOC resolution that expanded the scope of work of the Task Force on NCDs to reflect all NCD-related targets of the Sustainable Development Goals in their work in countries. On 23 September 2016 the Task Force Secretariat arranged a side-event in UN in New York hosted by the Russian Federation and WHO, "Friends of UN Inter-Agency Task Force on the Prevention and Control of Non-communicable diseases (NCDs): Supporting Member States to achieve the NCD-related Sustainable Development Goals" which further raised the profile of the Task Force. Event provided an overview of the current work of the Task Force, showcasing action at country level and outlining a number of global joint programmes that now require funding in order to become operational. On 1 July 2017 the Task Force Secretariat arranged a side-event "Friends of UN Inter-Agency Task Force on the Prevention and Control of Noncommunicable diseases: Supporting Member States to achieve the NCD-related targets for the Sustainable Development Goals" at the High-Level Political Forum on Sustainable Development in New York on 11 July 2017. Also the Task Force Secretariat arranged an information session for Geneva-based Permanent Missions on the work of the task Force on 4 April 2017 to to raise awareness about the ongoing work of the Task Force and the results achieved so far and help prepare Member States for their discussions at ECOSOC Coordination and Management Meeting under the sub-item entitled "Prevention and control of NCDs".
40.	Contribute to 2016 and 2017 GCM/NCD Dialogues	Meeting report includes perspectives of UN system.	G	I	WHO (BM)	All	Through GCM	Through GCM work plan	Lack of multisector engagement interest	Previous dialogues held in 2015	The two Global Dialogue meetings were successfully implemented as follows: 1. On 19-21 October 2016, roughly 300 representatives from Member States, United Nations organizations, other intergovernmental organizations and non-state actors convened at a Global Dialogue Meeting in Balaclava, Mauritius to discuss how non-State actors can support governments in meeting their NCD-related commitments to implement the NCD Global Action Plan and the global targets on NCDs as part of realizing the 2030 Agenda for Sustainable Development. The meeting was co-chaired by the governments of France and Mauritius who subsequently jointly issued a co-chairs' statement. The Dialogue report can be found here: http://who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-2030-agenda-for-sustainable-development/en/ 2. On 19-20 October 2017, the World Health Organization (WHO), the Pan-American Health

											Organization (PAHO), the Office of the President of Uruguay and the Ministry of Health of Uruguay organized the WHO Global Conference on NCDs. The Conference provided a platform for sharing lessons learned and best practices on how to enhance policy coherence, with a view to attaining Sustainable Development Goal target 3.4 on NCDs by 2030 and preparing the third High-level Meeting of the United Nations (UN) General Assembly on NCDs in 2018. The Conference was hosted by the President of Uruguay and co-chaired by the governments of Uruguay, Finland and Russia. The meeting showcased high level political commitment and engagement to promote policy coherence in the fight against NCDs and produced the Montevideo Road Map which can be found here: http://who.int/conferences/global-ncd-conference/en/ . Details are available: http://www.who.int/global-coordination-mechanism/dialogues/2017-dialogue/en/
41.	Contribute to the 2017 meeting of the GCM/NCD	Awareness on the importance of multi-stakeholder action maintained at the global level and the contribution of the UN system to that	G	G	WHO (BM)	UNIATF	A68/11 - Annex 3 Proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017	Funded under the GCM/NCD work plan and 2016–17 Programme Budget	Action is dependent on Member State instructions on proposed modalities for convening this meeting when adopting the global coordination mechanism's work plan for 2016–2017 and the related programme budget for 2016–2017	4	On track and in preparation. The General Meeting of the GCM/NCD is scheduled to take place in the autumn of 2018. To prepare the General Meeting a Steering Committee of Member States has been established with a goal provide strategic guidance in the preparatory process. The Steering Committee, whose first meeting took place on 14 December 2018, convenes 15 countries from all WHO regions. The preparatory process will also involve other GCM/NCD participants, UN entities, other intergovernmental organizations and non-State actors through consultations. The General Meeting will provide an opportunity to highlight action and progress made in mobilizing multisectoral and multi-stakeholder partnerships to share knowledge, expertise, technology and financial resources to complement the efforts of Governments to reduce risk factors for NCDs in an integrated manner, strengthen health care and to achieve the nine voluntary global targets of the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020), as well as SDG 3.4 and other NCD-related SDG targets. All GCM/NCD participants will be invited to participate.
42.	Contribute to multi-stakeholder nutrition platforms such as Scaling	(i) paper that explains ICN2, ZHC, SUN and their linkages; (ii) updated UN Global Nutrition	G	G	UNSCN (SO)	FAO, WHO, UNICEF (WS), WFP, UNICEF	UNSCN governance mechanism to be	No additional resources needed	-	12, 41, 36, 37	(i) Paper finalised and available in all UN languages. (ii) UNGNA update started, not yet completed; (iii) GNR 2016 and 2017 delivered and include indicators on overweight/obesity; (iv) Active engagement of UNSCN in OEWG Nutrition in 2016 and 2017; (v) UN agencies have committed to Decade (IFAD, WHO, FAO, WFP and UNICEF and others);

	Up Nutrition and movement and Committee on World Food Security	Agenda; (iii) Global Nutrition Report 2016 and 2017; (iv) functioning CFS Nutrition Open Ended Working Group; (v) accountability for nutrition commitments maintained within the UN System; (vi) NCDs included in the new Sustainable Food Systems Programme				, IFAD, IAEA, UN Network for SUN	defined				(vi) In 2016 UNSCN first gained a solid position in the SFSP, content support has started late 2016)
43.	Increase attention to healthy diets for populations in crisis and emergency situations	NCD language (including diet-related risk factors for NCDs) included in outcome documents of the World Humanitarian Summit (Istanbul, 23-24 May)	G	G	UNSCN (SO)	OCHA, WHO	UNSCN governance mechanism to be defined	No additional resources needed	Lack of support of the leadership	-	UNSCN governance mechanism almost finalized. WHS side event referred to all forms of malnutrition. UNSCN did not attend the WHS (clash with WHA). As follow up to WHS, nutrition guidance note developed for coordination clusters
44.	Importance of early prevention of NCDs is articulated within the SDG agenda with increasing global, regional and national investments	(i) facts for life chapter finalised and disseminated; (ii) a series of fact sheets developed and disseminated to relevant stakeholders during 2016; (ii) expert consultation on UNICEF's contribution on childhood obesity and overweight (iv) cervical cancer	RF	G	UNICEF (LB)- for i, ii and iii UNAIDS (MH) – for iv UNAIDS (PG/CS) – for vi	WHO – for all WB (PO) – for iv	Responsible agency will prepare the document and ensure inputs from interested partners, through the creatio	TBD (i) available from UNICEF (ii) and from UNAIDS (iii) Being negotiated (iv and v)			(i) finalisation expected in Q1, 2018, pending final decision by UNICEF/WHO on some specific content (ii) policy briefs maternal and child health and NCDs (WHO/UNICEF) elaborated; article on early prevention of NCDs in pregnancy, childhood and adolescents published in 2017 in the BMJ and disseminated; contributed to the joint policy brief on prevention of NCDs in adolescence under development by Plan International and other stakeholders (expected early 2018) (iii) expert consultation on UNICEF contribution on childhood obesity held in February 2016; UNICEF internal guidance on the prevention of overweight and obesity in children under development; UNICEF internal programmatic document on the mainstreaming of early NCD prevention in UNICEF programming planned to be developed in 2018. (iv) UNAIDS have signed up to the Joint Global Programme on cervical cancer; UNAIDS' active participation in relevant GCM WGs on integration and the GCM Dialogue on private sector involvement; the inclusion of 2 cervical cancer indicators to the Global AIDS Monitoring Framework - all of which will hopefully help move towards the direction of integrating cervical cancer screening services to existing HIV services in high HIV and

		screening services integrated into existing HIV services in areas of high HIV and cervical cx prevalence; (v) HPV-HIV advocacy brief developed by UNAIDS with WHO, UNFPA and the GCWA, agreed upon by an expert group, with support from the UNIATF on NCDs, launched, disseminated to government/programme implementers/planners by March (CSW 2016) and presented on May (WomenDeliver2016) 2016, and disseminated through to end-2016; (vi) full-day symposium in May 2016 on NCDs and HIV developed and co-organized with the New York Academy of Sciences; and e-briefings from the symposium available online from July 2016.					n of an ad hoc discussion group.				high cervical cx incidence countries. Need to revisit if the brief had impacted enough to enable countries to move to integrating services; at a GJP mission - Tanzania had demanded that a communication strategy for civil society be developed to advocate for cervical cancer-HIV serv integration. (v) a brief HPV, HIV and cervical cx: leveraging synergies to save women's lives produced jointly by UNAIDS, WHO, GCWA, and UNIATF was launched in July 2016 at the 21st Intl AIDS Conference in Durban, South Africa; a community brief is currently being finalised; (adv brief completed; finalisation of community brief to be brought forward for 2018) (vi) A symposium HIV and NCDs: challenges and opportunities co-organized by UNAIDS and NYAS, and with the participation of UNDP, was held in NYC on 16 May 2016, details and a publicly available e-briefing of the session is online at www.nyas.org/HIVNCD-eB.
45.	Encourage implementation of physical	Number of UN agencies that incorporates	RF	G	All (AK)	All		Within each agency			The physical activity workshop for OHCR could not be scheduled, whilst UN University and IAEA initiated healthy workplace policies.

	activity within and across UN agencies	physical activity and healthy lifestyle into workplace policies									
46.	Organise and host a workshop on biological pathways in relation to the double burden of malnutrition	New NCD-relevant data on early feeding practices and childhood and adolescent obesity made available and shared by end of 2017	M&E	R	IAEA (CL)	WHO (FB and TW) UNICEF		\$35,000 available	No major risks foreseen	36 and 37	The IAEA held the workshop in Vienna, Austria from 3-5 October 2017, jointly with WHO and UNICEF, on analysing biological pathways to better understand the double burden of malnutrition and to inform action planning. Fifty participants from UN Organizations (WHO, UNICEF, IAEA, FAO), academia, policy, Ministries of Health and non-governmental organizations discussed the double burden of malnutrition, its epidemiology, the biological pathways that drive it and how policy and interventions can be framed to address it. The role of nuclear techniques in understanding the biological pathways and in assessing the impact of interventions was emphasized. The main target areas for interventions were identified as baby-friendly initiatives (e.g. in hospitals), healthy feeding and physically active pre-school and school environments, workplaces supporting healthy living and breastfeeding, and engaging with informal as well as formal food sector to promote healthier options. Stable isotope techniques will become increasingly important in providing accurate evidence to enable design and evaluation of interventions, especially those related to infant and young child feeding in the first 1000 days, assessing metabolic changes related to DBM and evaluation of diet quality. The workshop focused on bridging from biology to context relevant interventions and policies. Key knowledge gaps were articulated to be further addressed in a symposium hosted by the IAEA in cooperation with WHO and UNICEF in December 2018. This symposium will serve as a platform for Member States to share experiences, and to develop action plans for achievement of their nutrition commitments. A press release , an article in the UN Special , and a blog post in the Lancet Global Health were published based on the workshop.

Objective 5. To incorporate the work of the UN Ad Hoc IATF on **Tobacco Control**, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO FCTC, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
47.	Develop tools to cost WHO FCTC implementation	Output: methodological tool to be made available to countries for their use Outcome: contribution to the implementation of relevant decisions of COP6	HSS	G	WHO (AMP) CSF (TS)	WHO, WB, UNDP	Joint study and agreed methodological tool	WHO and CSF's EU grant	Lack of response and commitment from all agencies		The OneHealth Tool was adapted by the WHO to costs the implementation of key NCD risk factors, including tobacco control, of country's health systems. It has been applied already to some countries for the preparation of a business plan for NCDs and is now publicly available for countries to use: http://www.avenirhealth.org/software-onehealth.php
48.	Engage with Ministries of Finance of 5 countries to improve and increase taxes on tobacco products	Output: Tobacco excise taxes improved/increased in half of the countries with whom an engagement was made. Outcome: Further implementation of the WHO FCTC Article 6 on prices and taxes	RF	N	WHO (AMP) CSF (TS)	World Bank (PM) IMF	Mutually agreed work plan and targeted countries	Funding available with WHO to support high burden countries and countries in Sub Saharan Africa.	Risk: Opposition by the Tobacco industry; weak capacities in MOF Mitigation: Capacity building and support to MOF in analysis of taxations systems; build evidence		Supported countries on tobacco taxation: Mongolia (conducted by WHO and the WHO FCTC Secretariat following the recommendations of the UNIATF joint mission there) and Senegal (conducted by WHO and the World Bank). Conducted a multi-country workshop on taxation for the Eurasian Economic Union countries (conducted by WHO and the World Bank). South/South and Triangular Project on Tobacco Taxation in 2016, with Philippines as the host country and Malaysia and Mongolia as recipient countries (coordinated by the Convention Secretariat, WHO FCTC, in partnership with WHO). South/South and Triangular Project on Tobacco Taxation in 2017 led by the KH on taxation in Cape Town and the with 3 regional workshops in Ecuador, Philippines and Cape Town. In March 2017 the Convention Secretariat organised a Ministerial tobacco tax summit with the participation of WB, UNDP, IMF WHO as well as a number of Ministers of Finance from LMIC in Wilton Park, West Sussex, UK Support for FCTC 2030 Parties to strengthen Article 6 to be provided.

									based and country specific arguments to counter industry claims.		FCTC Knowledge Hub on Tobacco Tax established in South Africa
49.	Conduct midwife training with MoH in 3 countries to implement WHO recommendations for prevention and management of tobacco use and second-hand smoke exposure in pregnancy	Output: Trainings of midwives conducted. Outcome: Reduction of tobacco use in both pregnant women and their partners (to reduce exposure to secondhand smoke)	RF	N	WHO (ET)	UNICEF Ftc UNFPA	To develop work plan with UN agencies concerned	Seeding funding available for 1 country only at this stage			No progress. Activity have been discontinued and replaced by alternative (see 49 bis.)
49 bis	Studying the environmental impact of tobacco growing and use and the impact of substituting tobacco growing with alternative livelihoods	Output: joint awareness raising activities on the issue and studies on the impact of tobacco growing and use on the environment and the impact of switching to alternative livelihoods Outcome: reduced reliance on tobacco growing and increased support for tobacco control from the agricultural sector			WHO (VPd) CSF (CA)	UNEP FAO UNDP					Publication early 2017 of "Tobacco and its environmental impact: an overview" (http://www.who.int/tobacco/publications/environmental-impact-overview/en/). Jointly organized with UNEP and FAO a briefing session on Articles 17 and 18 of the WHO FCTC on 17 November 2017 at the Palais des Nations in Geneva.
50.	Promote the implementati	Output: A global workshop	RF	G	CSF (CA)	UNCTAD, UNDP		Needs to raise fund			The Convention Secretariat has promoted Plain packaging in the following : - Event at WHO HQ for the celebration of WNTD 2016

	on of plain packaging among Parties	organized Outcome: Increased awareness and capacity for compliance with Article 11			WHO (BG)						- Side event on Plain packaging during WHA 2016 - Session during NCDs directors meeting 2016 - Side event during COP7 2016 -South -south and triangular project on the implementation of plain package with a meeting in Geneva coinciding with a workshop organised by PND in 2017 -Two joint Convention Secretariat-WHO training workshops for low- and middle-income representatives of FCTC Parties undertaken in October 2017 WHO supported Member States on plain packaging in the following ways: In 2016; • Releasing the publication 'Plain Packaging of Tobacco Products: Evidence, Design and Implementation'. • Holding World No Tobacco Day (31 May 2016) on the theme 'Get Ready for Plain Packaging', including releasing a brochure, posters and FAQs. • Hosting a training workshop for politically advanced Member States. • Completing one country mission to assist in the policy process. • Providing feedback on legislative drafting for a number of Member States. • Participating in public events, such as the side-event at the WHO FCTC COP. • Developed an online Community of Practice on plain packaging. In 2017; • Providing the technical lead on the abovementioned workshops • Providing a workshop for 7 countries in the Americas region on legal issues in policy design • Completing three country missions to assist in the policy process. • Providing feedback on legislative drafting for a number of Member States. • Maintained an up-to-date online Community of Practice on plain packaging.
51.	Promote ratification and entry into force of the Protocol to eliminate illicit trade on tobacco products	Output: Regional awareness workshop organized and training materials on tracking and tracing in tobacco products developed Outcome: Increased awareness and capacity for compliance with Article 15 and ratification of the Protocol	G	Glo bal	CSF (PM) WHO (VPd)	WCO WB UNODC	Worksh ops organiz ed	CSF's grant from EU Funding not yet available for developing tracking and tracing materials	Political wills from the Parties to ratify the Protocol and interference from the tobacco industry Risk: Opposition by the Tobacco industry Mitigation: Closer work and		To promote ratification of the Protocol, the Secretariat of the WHO FCTC in conjunction with WHO have organized a series of multisectoral, national subregional workshops for Parties to the WHO FCTC. In 2016 and 2017, more than 60 WHO FCTC Parties have attended these workshops. The Secretariat of the WHO FCTC has also conducted advocacy visits to national authorities, permanent missions, regional economic integration organizations and international organizations. The Convention Secretariat has also established a panel of experts on the Protocol. It is composed of two experts per WHO region mandated to support the Secretariat in providing assistance and advice to Parties in core areas of the Protocol and facilitate information exchange. Three meetings of the Panel have been organized by the secretariat so far with the participation of WHO and UNODC in the last one. In addition, the experts have provided technical assistance to some Parties upon request and several technical papers have been prepared on the promotion and implementation of the Protocol, including a set of questions and answers about the Protocol, the role of the tobacco industry in illicit trade, case studies of becoming a Party to the Protocol and a subregional study on illicit trade in Central America.

									analysis with the MoF and Customs to counter industry arguments		These efforts have led to having 34 Parties to the Protocol as of 31 October 2017. Seven (7) more ratifications are required by 2 July 2018 for its entry into force by 30 September 2018 right before COP8 and MOP1 scheduled in October 2018.
52.	Promote S-S cooperation demonstration projects on alternative livelihoods for tobacco farmers	Output: 3 demonstration projects Outcome: Increased capacity for compliance with Article 17 and 18	RF	National	CSF (CA)	WHO (AMP) FAO UNDP WB UNICEF UNEP		CSF's grant from EU	Delay in the implementation of the projects due to the involvement of several countries and agencies		Implementation of a South-South project on Art 17. Study visit to Brazil with the participation of the Jamaica, Philippines and Uruguay.
53.	Establish national multisectoral coordination mechanisms for WHO FCTC implementation in three countries	Output: Report of the pilot projects. Outcome: Compliance with Article 5.2 of the FCTC	G	N	CSF (CA)	UNDP WHO (LS)	Post needs assessment assistance to Parties	CSF's EU grant	Weak capacity in MOH to coordinate and lead other sectors		Reinforcement of the need to establish national multisectoral coordinating mechanisms in fifteen countries where needs assessment missions have been conducted during 2016 and 2017. Support for FCTC 2030 Parties to strengthen multisectoral coordination to be provided. A toolkit on Article 5.2 implementation to be published by Convention Secretariat and UNDP, probably at WCOTH.

Objective 6: To **strengthen international cooperation in support of national, regional and global plans** for the prevention and control of NCDs, inter alia through the **exchange of best practices** in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015	FINAL REPORT
54.	Continue to promote the inclusion of NCDs into UNDAFs (further disseminate 2015 guidance, monitor and review progress) NCDs in UNDAFs monitored, reviewed and number increased	24 additional countries incorporate NCDs into their UNDAFs			UNDP (DT/DW) WHO (AK)	All					Undertaken through joint programming missions and other advocacy events. Task Force posted the guidance note on integration of NCDs into the UNDAFs on its website and proceeded delivering it to countries during the UNIATF country missions, bilateral meetings, teleconferences and webinars with resident UN Country Teams and Governments. The Guidance Note has also been translated into French and Spanish. Agreement that the 2015 guidance will be updated in 2018. Attention is now shifting to measuring the degree of integration of NCDs into UNDAFs, with UNDP working on a scoring and ranking system. WHO has set the target of 42 countries that incorporate NCDs into their UNDAFs for December 2017 – the baseline 35 plus an additional 7 countries which will have integrated NCDs into UNDAF. Analysis undertaken in 2017 demonstrates that an increasing number of UNDAFs now include NCDs. Challenge now is to ensure this work is funded.
55.	Integrate WHO FCTC implementation into national development strategies, national health plans and UNDAFs	Output National development strategies and health plans which include the implementation of the WHO FCTC. Outcome: Compliance with Article 5.1 of FCTC	G	N	CSF (CA)	UNDP WHO (LS)	Joint needs assessments missions	CSF's EU grant	Lack of political wills, national planning cycle and interference from the tobacco industry		Discussed the need to include the implementation of the WHO FCTC in the next UNDAF in the fifteen countries where needs assessment missions have been conducted during 2016 and 2017. Support for FCTC 2030 Parties to include FCTC in development strategies and plans to be provided.
56.	Develop and disseminate		G		UNDP (DT)	All					UNDP and WHO produced the set of briefs to provide policy and decision makers across government with information about how NCDs affect their sector, and the steps they can take

	new multisectoral guidance for non-health ministries				WHO (AK)						to respond to the challenge of NCDs while advancing their own objectives. Initial set of briefs is developed for the following sectors: • Trade and industry • Education sector • Labour sector • Finance and Tax • Executive Branch • Communications • Local Governments This set was translated to all six UN languages and published at the Task Force's website and disseminated with the interested countries during the UNIATF country missions, bilateral meetings and teleconferences with resident UN Country Teams and Governments. UNDP and WHO will be adding to these in the near future.
57.	Contribute to 2016 and 2017 GCM Working Groups	Final report includes perspectives of UN system	G	G	WHO (BM)	All	GCM work plan	GCM Programme Budget	Expertise on the working group and involvement beyond	3 and 6	GCM/NCD Working Groups on the <i>integration of NCDs with other programme areas</i> (WG 3.1, 2016)) and on <i>aligning international cooperation on NCDs with national NCD plans</i> (WG 3.2, 2016) have finalized their work and have provided a final report with recommendations to be submitted to the Director General in January 2018. Details and progress available at: http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-1/en/ http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/ GCM/NCD Working Group on health education and health literacy for NCDs (WG 3.3, 2017) has been granted an extension of the Working Group mandate and the re-appointment of the Working Group members, including the Co-chairs, until end of 2018 by the WHO Director-General WG 3.3 3rd meeting scheduled for February 2018 Details available at http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-3/en/
58.	Conduct case studies in 12 developing countries on national public health burden of NCDs, including the relationship between NCDs, poverty	12 studies completed	M&E		WHO (BM)	All	GCM work plan	GCM Programme Budget		2	In progress. Collaboration and coordination with UNIATF in order to accelerate operationalization through the joint programme WHO and UNDP on multisectoral action (action 2 of the 2016-2017 UNIATF work plan): Investment cases in 3 countries, including Mongolia, Kirghizstan and Uzbekistan. Follow-up activities on the implementation of the UN Taskforce missions' recommendations have been coordinated by the WHO Integrated support team in the following countries: Oman, Bhutan, Sri Lanka, Mongolia, Viet Nam, Tonga and Belarus

	and social and economic development, costs of action/inaction										
59.	Hold regional/sub-regional expert consultations on legal frameworks for promoting healthy diet and physical activity (initial focus is E/S Africa, SE Asia, Caribbean)	Identification of best practices and action for regional and national capacity building	HSS	R	IDLO (DP)	WHO (TW)	Joint MOU signed December 2014	Concept note finalised April 2015	Financial resources: survey of existing activities undertaken in 2014 to avoid duplication – identify opportunities for synergies and collaboration	Ongoing from 2014-2015	Joint WHO/IDLO proposal to a potential donor drafted and submitted. Awaiting confirmation of support.
60.	Meeting to produce a publication on establishing nuclear medicine and radiology facilities	2017 UN publication	HSS	G	IAEA (DP)	WHO (AV)		\$10,000. \$4,000 available	Timely endorsement of related major professional organizations	21	The document, devoted to nuclear medicine, has been drafted and is in the clearance process
61.	Workshop on quality management in medical imaging facilities for NCDs with a joint UN call to improve the quality of medical imaging	Greater awareness of the importance of quality in medical imaging in LMICs	HSS	G	IAEA (DP)	WHO (AV/MP)		\$10,000 Available	No major risks foreseen	21	The document, devoted to nuclear medicine, has been drafted and is in the clearance process
62.	Hold cancer registry	Enhanced national	M&E	N	IAEA (BL)	IARC (FB);		Funded (IAEA); in-			Sixty-four health professionals from 35 African Member States strengthened their understanding of the importance of high quality cancer data in support of informed decision-

	workshop for 20 francophone African IAEA Member States	capacities to establish and/or strengthen population-based cancer registries				WHO-AFRO (JD) AFCRN (Max Parkin)		kind support WHO-AFRO			making for cancer control planning. They also enhanced their abilities to establish and operate population-based cancer registries in two topical regional workshops (Brazzaville, Accra) that were organised in cooperation with WHO's Regional Office for Africa, the International Agency for Research on Cancer (IARC) and the African Cancer Registry Network (AFCRN).
63.	To develop practical guides for the identification and recognition of occupational diseases	Revised guidance on diagnostic and exposure criteria for occupational diseases published	HSS	G	ILO (SN)	WHO (II)		50,000 Available			A final draft has been prepared and it is now in the technical editing process. The work is in good progress.
64.	Co-organize with ISSA and Singapore the XXI Occupational Safety and Health World Congress 2017 with a focus on preventing work-related ill health, including NCDs	Congress held and information and good practice on prevention of NCD's at the workplace is shared by experts, employers, workers and decision-makers in governments. New estimates on fatal global occupational accidents and work-related diseases released	G	N	ILO (VF)			100,000 Available			The conference "A Global Vision of Prevention" took place 3 to 6 September 2017 in Singapore. It was organized by the jointly by ILO, the International Social Security Association and the Singapore Ministry of Manpower.

65.	Develop a minimum package of NCD interventions for emergencies	Minimum set of services, interventions and standards defined	HSS	G	UNHCR: (HH) WHO (HJK)	MSF, IRC, IMC, IFRC, others	In line with IA processes, the work has been initiated in November (Nov-14) at the groups 5th meeting by the NCD focal persons of the agencies participating in the informal WG on NCDs in humanitarian emergencies, followed by extensive expert consultations and review mechanisms	approx. USD 15,000 for expert consultancy WHO	Time and labour intensive: Need to establish and review evidence, requiring collaborative efforts, expert consultancies and peer review Buy-in: IAWG members may not see this as a high priority		The informal WG on NCDs in humanitarian emergencies has agreed upon the priorities in terms of interventions, diseases to focus on and framework for this project. The group has established an editorial committee and has reached out to academic institutions and experts. A consultancy reviewed existing evidence, guidance and best practices and developed an operational guidance document. A preliminary first draft was presented at the 6th meeting of the group in February 2017. The product, which has been transformed into an operational guideline, is ready as final draft, awaiting one more round of reviews from the informal WG which will be completed in December 2017. The document will then be circulated as version for field testing among humanitarian agencies, practitioners and subject matter experts. Feedback from field use and peer reviewers is expected by mid-2018
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66.	Review of NCD medicines and devices for the development and inclusion in the Interagency Emergency Health Kit	Prioritised list of medicines developed and quantified	HSS	G	WHO (SL and HJK) UNHCR (HH)		IAWG mechanisms WHO EMD is the secretariat for the IEHK	UNHCR: approx. USD 15,000 for expert consultancy WHO	Time and labour. Buy-in: IAWG members may not see this as a high priority		The IEHK has been revised in 2016 and in 2017. The updated IEHK 2017 includes drugs and basic devices and renewables for management of acute exacerbation of noncommunicable diseases, focusing primarily on acute severe cases of hypertension, acute coronary syndrome and stroke, heart failure, asthma, COPD exacerbation, myocardial infarction, hyperglycaemia and hypoglycaemia, and asthma. The IEHK 2017 content has been validated in July 2017 by the Interagency group. Content list available on the WHO web site (http://www.who.int/medicines/publications/emergencyhealthkit2011/en/) Each agency will launched the tender and made the new IEHK available second half of 2018.
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Lameen Abul Malik	Muhammad	ML	IAEA
Loechl	Cornelia	CL	IAEA
Paez	Diana	DP	IAEA
Zubizarreta	Eduardo	EZ	IAEA
Bray	Freddie	FB	IARC
Rayanan	Sankarana	RS	IARC
Patterson	David	DP	IDLO
Forastieri	Valentina	VF	ILO
Martin-Daza	Felix	FM	ILO
Niu	Shengli	SN	ILO
Santos-O'Connor	Francisco	FS	ILO
Eskandar	Hani	HE	ITU
Godfrey-Faussett	Peter	PG	UNAIDS
Govender	Kreeneshni	KG	UNAIDS
Harper	Malayah	MH	UNAIDS
Sandoval	Celeste	CS	UNAIDS
Miao	Jiaming	JM	UNCTAD
Tarlton	Dudley	DT	UNDP
Webb	Douglas	DW	UNDP
Brun	Michel	MB	UNFPA
Hering	Heiko	HH	UNHCR
Brumana	Luisa	LB	UNICEF
Lehtimaki	Susanna	SL	UNICEF
Singh	Sagri	SS	UNICEF
Schultink	Werner	WS	UNICEF
Burgheim	Jonas	JB	UNOSDP
Oenema	Stineke	SO	UNSCN
Aginam	Obi	OA	UNU-IIGH
Marquez	Patricio	PM	WB
Osewe	Patrick	PO	WB
Bekele	Hana	HB	WHO
Branca	Francesco	FB	WHO
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Engelhardt	Katrin	KEh	WHO
Engesveen	Kaia	KEv	WHO
Ginsburg	Ophira	OG	WHO
Hyo-Jeong	Kim	KH	WHO
Ivanov	Ivan	II	WHO
Kulikov	Alexey	AK	WHO
Laroche	Sophie	SL	WHO
Mahy	Lina	LM	WHO
Mcgrady	Benn	BG	WHO
Mikkelsen	Bente	BM	WHO
Nishida	Chizuru	CN	WHO
Parkin	Max	MP	WHO
Perez	Maria	MP	WHO
Perucic	Anne-Marie	AMP	WHO
Poznyak	Vladimir	VPk	WHO
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