



**UN INTERAGENCY
TASK FORCE ON NCDs**



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

4–6 November 2025

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A. Objectives and participating agencies

1. The twenty-fifth meeting of the United Nations (UN) Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (hereafter Task Force) was held on 4–6 November 2025 at the World Health Organization (WHO) in Geneva, Switzerland. Twenty-four Task Force member organizations participated.¹ WHO and the UN Habitat co-chaired the meeting. The agenda and list of participants are included as [Annex 1](#) and [Annex 2](#).

2. The main objectives of the meeting were to: (i) review progress on actions agreed at the twenty-fourth Task Force meeting (1–3 April 2025); (ii) review the fourth high-level meeting on the prevention and control of non-communicable diseases (NCDs) and the promotion of mental health and well-being, as well as other events held during the UN General Assembly high-level week; (iii) discuss next steps for the Task Force following the political declaration; and (iv) review progress and identify actions to strengthen joint programmes and other workstreams.

B. Review of actions agreed at the twenty-fourth Task Force meeting

3. Task Force Members reviewed progress against actions agreed at the twenty-fourth meeting ([Annex 3](#)).

C. Review of the fourth high-level meeting and other events during the high-level week

4. Participants considered the fourth high-level meeting on the prevention and control of NCDs and the promotion of mental health and well-being, held on 25 September 2025 (with over 140 Member States) and the events held during the high-level week, which were important milestones for the NCD and mental health agenda. It was noted that the political declaration was the most ambitious to date and the first to fully integrate mental health and wellbeing and include specific targets. The importance of the UN system working as one to support Member States as they negotiated the political declaration was highlighted by a number of Task Force members. It is envisaged the political declaration will now be adopted by the General Assembly; a date has not yet been identified. The meeting heard perspectives from United for Global Health and the NCD Alliance. Both emphasised the role of the Task Force in supporting Member States implement the Political Declaration.

Action

C1. Task Force Secretariat to keep members up to date on progress with adoption of the political declaration (*Task Force Secretariat*).

C2. Once adopted, disseminate key messages of the political declaration and implications for the UN in country for UNCTs and regional counterparts, including through a series of webinars (*Task Force members and Secretariat*).

¹ Asian Development Bank (ADB), Food and Agriculture Organization of the United Nations (FAO), Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), International Atomic Energy Agency (IAEA), International Development Law Organization (IDLO), International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), International Olympic Committee (IOC), International Organization for Migration (IOM), International Telecommunication Union (ITU), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), United Nations High Commissioner for Refugees (UNHCR), United Nations Human Settlements Programme (UN Habitat), United Nations Nutrition (UN-Nutrition), United Nations Office of the United Nations High Commissioner for Human Rights (OHCHR), United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Women (UN Women), WHO Framework Convention on Tobacco Control Secretariat (Convention Secretariat), World Health Organization (WHO), World Intellectual Property Organization (WIPO).

D. Post political declaration: next steps for the Task Force

5. The Task Force Secretariat reminded the Task Force members of the 2025 political declaration that calls upon UN agencies to support Member States including through the Task Force.² The WHO Evaluation Office presented conclusions and recommendations of the independent evaluation of the Task Force and the process in developing the management response and the need for inputs from Task Force members in developing this. The WHO NCD and Mental Health Department outlined the current financial challenges for WHO, highlighting the 40% reduction in staff at Headquarters, and that as a result a number of programmatic areas had closed. WHO is in the process of deciding on areas that they may not be able to support in the future.

6. FAO, IAEA, IOM, UNDP, UNFPA, UN Habitat, UNICEF, UN-Nutrition Secretariat and UNOHCHR expressed their strong support for the Task Force citing its strong value as evidenced in the independent evaluation of the Task Force, including as an exemplar of UN reform. Members cited in particular the Task Force's effective coordination and shared learning, successful joint missions and country-level work. Overall, there was agreement that the Task Force should continue, with Members working collectively to strengthen it. It was felt WHO should retain the Secretariat, although other options could also be considered. New funding models to support the Secretariat including membership subscriptions was raised.

Action

D1. Updated evaluation report to be published on the WHO Evaluation Office webpage and cross-posted on the Task Force website (*WHO Evaluation Office*).

D2. Task Force Secretariat, working in consultation with WHO and Members of the Task Force, to develop the WHO management response to the Task Force evaluation, ahead of review and subsequent finalization by the WHO Assistant Director-General.³ (*Task Force Secretariat, WHO and other members of the Task Force*).

E. Tobacco control

7. The Convention Secretariat briefed Task Force members on (i) the Eleventh Session of the Conference of the Parties (COP11) to the WHO Framework Convention on Tobacco Control, Geneva, 17–22 November 2025 and (ii) the Fourth Meeting of the Parties (MOP4) to the Illicit Trade Protocol MOP4, November 24–26, emphasising the importance of UN agency participation.

8. WHO briefed Task Force members on ongoing initiatives and campaigns, including World No Tobacco Day 2025, tobacco-free farms and the 3x35 Initiative.⁴ The World No Tobacco Day 2026 campaign is

² **Paragraph 76:** Recognize the key role of WHO as the directing and coordinating authority on international health in accordance with its Constitution to continue to support Member States through its normative and standard-setting work, provision of technical cooperation, assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogues; **Paragraph 77:** Call upon UN agencies and encourage multilateral development banks and other regional and IGOs, within their respective mandates, to scale up and mobilise support in a coordinated approach to Member States in their efforts to prevent and control NCDs and promote mental health and well-being, and the implementation of the present political declaration; **Paragraph 78:** Further call upon United Nations agencies, regional and intergovernmental organizations, within their respective mandates, to support Member States through catalytic development assistance, including through the UN Inter-Agency Task Force on NCDs and the Health4Life Fund; **Paragraph 79:** Encourage global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI, within their respective mandates, to strengthen efforts towards the inclusion of interventions for noncommunicable diseases and mental health conditions into their work programme.

³ As per the policy of WHO, a management response should be completed within two months of the report being published; when approved management responses are public and will be posted on the WHO Evaluation Office webpage. The management response for this evaluation will also be published on the Task Force website.

⁴ The global effort to increase the real prices of any or all of three unhealthy products – tobacco, alcohol, and sugary drinks by at least 50% by 2035 through tax increase to generate \$1 trillion in public revenue (See: [The 3 by 35 Initiative](#)).

'Unmasking the appeal'. The call for nominations for the World No Tobacco Day 2026 Awards is now open.⁵ The Tobacco-Free Farms project supports the transition of tobacco crops to food crops (e.g., beans) and has demonstrated results in Kenya and is now expanding to Uganda, United Republic of Tanzania and Malawi. WHO encouraged UN agencies to join the initiative, in the areas of climate, environment, and youth empowerment.

9. The concern was raised that cuts in global development budgets would set back progress on tobacco control, creating further opportunities for the tobacco industry to exploit. The importance of advocating for resources for tobacco control was emphasized.

Action

E1. COP and MOP observers to consider registering for COP11 and MOP4 by 10 November 2025 in response to the 3 November 2025 email from the Task Force Secretariat and Convention Secretariat (*All Task Force members that are observers to COP and MOP*).

E2. Task Force members to consider joining the Tobacco Free Farm Initiative, in particular to support three emerging pillars of work: climate change, environment and youth empowerment (*All Task Force members, with encouragement provided by WHO and Task Force Secretariat*).

E3. Task Force members to promote World No Tobacco Day 2026 Awards and consider making nominations ahead of deadline of 16 January 2026, 18.00 CET (*All Task Force members, with encouragement provided by WHO and Task Force Secretariat*).

E4. Task Force members to consider joining the WHO tobacco and stunting webinar, 3 December 2025 – see 4 November 2025 email from Task Force Secretariat (*All Task Force members*).

E5. Task force members to join/support the WHO-led 3X35 initiative and promote alignment of work toward the scale up of effective health taxes, with WHO convening a hybrid meeting to discuss approaches and modalities (*WHO and other Task Force members, with support from the Task Force Secretariat*).

F. Updates on selected joint workstreams and programmes

10. The UN-Nutrition Secretariat provided an update on the nutrition working group's streamlined work plan that focuses on obesity and diet-related NCDs. The group organized a joint session at the Rome Nutrition Week in May 2025 to showcase collaborative country-level efforts, including WHO's Technical Package to Stop Obesity and nutrition investment cases. Upcoming activities include a planned mission to Cabo Verde to test nutrition guidance developed by the working group.

11. WHO updated Task Force members on progress towards eliminating cervical cancer, highlighting the global strategy's targets for vaccination, screening, and treatment. Despite advances such as prequalification of HPV DNA tests, barriers remain in low- and middle-income countries, compounded by funding cuts and capacity challenges, especially in the African region. The recent designation of 17 November as World Cervical Cancer Elimination Day⁶ presents an opportunity for interagency visibility and collective action, with

⁵ World No Tobacco Day Awards aim to honour individuals or organization that have made significant contributions to tobacco control efforts. For 2026, particular consideration should be given to nominations in line with [this year's World No Tobacco Day theme, 'Unmasking the appeal – countering nicotine and tobacco addiction'](#).

⁶ 17 November has been selected as it was on this date in 2020 that WHO's Global strategy to accelerate the elimination of cervical cancer was launched.

this year's theme being, 'Act Now: Eliminate Cervical Cancer'. Given the ever-increasing challenges with capacity in the new environment, the UN joint action group would need to take stock of its priorities and ways of working.

12. WHO and UNHCR updated the meeting on current work to integrate care for people living with and at risk of NCDs in humanitarian emergencies, including normative guidance, regional workshops, and capacity strengthening in nine focus countries, including building communities of practice for knowledge exchange. The importance of integrating rehabilitation services into NCD programmes was emphasised, including renal dialysis and cancer. Funding cuts have severely impacted humanitarian health assistance, with significant reductions in service coverage and medical procurement, affecting millions of refugees. UNRWA reminded the meeting that political barriers and restrictions, such as those affecting Gaza, further limit access to health care including NCD services beyond funding challenges.

13. WHO presented a draft UN model policy aimed at preventing alcohol-related harm and managing industry interference, aligned with Sustainable Development Goals (SDGs) and the Global Alcohol Action Plan. The policy proposes safeguards for UN agencies to maintain integrity and independence, including workplace alcohol policies and conflict of interest management. Discussion focused on the content, adoption process, and feasibility, including legal implications. There was discussion as to whether the policy would be voluntary. The experience with developing, adopting and implementing the tobacco model policy was discussed and whether this could be applied to any alcohol model policy. There was agreement to continue informal discussions with an update provided to the next Task Force meeting.

14. The Task Force Secretariat and ITU provided an update on digital health initiatives, including Be He@lthy, Be Mobile (BHBM) and the National Digital Health Investment Case for The Gambia. There was discussion around the ITU-led open-source AI working group, the Gen AI for Good Challenge focusing on health chatbots for NCD prevention, and various digital health events and partnerships aimed at scaling client-focused digital communication and interoperability. The Gambia's investment case revealed strong government commitment for action in this area, with high mobile penetration and existing digital infrastructure but challenges such as low internet availability in rural areas, high data costs, limited digital literacy among health workers, and donor dependency. The investment case projects a 4 to 6 times economic return on digital health investments over 15 years. The Gen AI Challenge has attracted over 80 teams developing preventive health chatbots tailored to The Gambia, leveraging open-source technology for sustainability and local capacity building. A functional prototype is expected by mid-2026, followed by deployment and piloting.

15. UN Habitat and WHO updated Task Force members on work across urban health, including a renewed Memorandum of Understanding (MOU) between WHO and UN Habitat that is in development. Key themes include addressing informal settlements, climate change impacts such as extreme heat, mental health shaped by urban stresses, and the role of AI and digital tools in urban health systems. The MOU would also draw attention to the importance of cross-UN action through the Task Force. A recent workshop co-organized with the Global Cities Hub emphasized the importance of making financing accessible to local governments, community engagement, cross-sectoral capacity building, practical tools, coherent communication, and amplifying local voices. WHO and UN Habitat plan to update the 2018 Housing and Health Guidelines in line with these priorities. UN Habitat encouraged Task Force members to participate in the May 2026 World Urban Forum in Baku, Azerbaijan. New collaborations on road safety and climate-health integration are being developed, including a partnership with the UN Special Envoy for Road Safety and an anticipated MOU with the World Meteorological Organization focusing on urban climate resilience.

16. WHO updated the meeting on initiatives to enhance vision and hearing health, including: (i) the SPECS 2030 program; (ii) World Hearing Day 2026 with the theme being hearing care for children; (iii) and collaboration between UNICEF, UNESCO, and ITU following previous discussions at Task Force meetings. Task Force members were also updated on plans for a Member State global meeting on eye health, which is being developed by the New York-based UN Friends of Vision group. Budget cuts have reduced WHO's sensory

health positions by nearly 50%, affecting technical support capacity at headquarters and regional offices, despite increasing demand from Member States.

17. IDLO and WHO reported RECAP's work to build regulatory and fiscal capacity in low- and middle-income countries to promote healthy diets and physical activity, with programmes in 10 countries across Africa and South Asia. Activities include capacity building, social mobilization, and research, with significant progress in nutrient profiling, labelling, marketing restrictions, and fiscal policies. Challenges include industry opposition, political instability, lack of coordination across government and society, and funding landscape changes.

18. WHO provided an update on levels of global obesity, noting that 1 billion people live with obesity, including 170 million children and adolescents, with numbers expected to double if unaddressed. In 2025, ever greater efforts to advocate for action, along with an increase in political commitment, were made. Challenges described included health system readiness and industry interference. A global stock-taking meeting is planned for mid-2026. The WHO acceleration plan to stop obesity now has 35 frontrunner countries covering 1.3 billion people and one-third of the global obesity burden, with support to Member States including marketing regulation, fiscal policies, school environment improvements, and chronic care programs through phased technical assistance with national dialogues and implementation plans. WHO is preparing to launch technical guidelines on obesity management, school nutrition, food labelling, and food fortification, alongside operational definitions for ultra-processed foods and estimates linking food safety with NCDs. The importance of action across the UN system was noted given the multisectoral nature of preventing and managing obesity.

19. The comorbidities group updated the meeting on their recent publication in the WHO Bulletin on integrating mental health services into HIV prevention, treatment and care.⁷ The group reported on their review of Global Fund investments in HIV and TB programmes and comorbidities, including mental health, cancers, and substance use. The analysis revealed high country demand significantly exceeding available funding. Recommendations included aligning with global strategies, sustaining comorbidities in grant cycles, and enhancing monitoring and community engagement.

20. ILO reported financial constraints impacting their work on supporting Member States improving health in the workplace but highlighted recent activities including: (i) a conference on psychosocial risks and mental health at work; (ii) adoption of a new convention on biological hazards; and (iii) ongoing discussions on standards for decent work in the platform economy and chemical hazards. Meetings of experts have been postponed due to financial constraints. The loss of the WHO programme to support Member States improve health in the workplace was noted as a concern, and that it would be helpful to identify a focal point in the Organization for future collaboration with ILO and others.

21. WHO reminded the meeting of the World Health Assembly resolution on promoting and prioritizing an integrated lung health approach, covering the full range of chronic respiratory diseases and their major risk factors.⁸ WHO is developing updated/more detailed guidelines for the management of asthma and chronic obstructive pulmonary diseases in primary care. WHO emphasized the importance of collaboration with UN agencies on integrating CRD into sustainable development frameworks, strengthening surveillance, and promoting political champions for sustained investment. A five-year programme to train health journalists aims to improve public awareness by sharing patient stories rather than statistics alone. The meeting was updated on advocacy documents that the Global Alliance Against Chronic Respiratory Diseases has developed.

22. WHO provided an update on work in the area on air pollution as a risk factor for NCDs, including the global roadmap targeting a 50% reduction in health impacts from anthropogenic air pollution by 2040,

⁷ See: <https://pubmed.ncbi.nlm.nih.gov/41035552/>

⁸ See: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R5-en.pdf

aligned with SDGs and international conventions. WHO plans to track health sector responses including governance, health professional training, surveillance, and advocacy. Upcoming activities include updating indoor air quality guidelines, developing best buys methodologies, and regional trainings. Economic evaluations and investment cases on air pollution-related morbidity and mortality are underway, with new policy briefs and reports planned for publication. The upcoming 2025 UN Climate Change Conference (UNFCCC COP 30), 10–21 November 2025, was noted.

23. An update on assistive technology and medical devices was provided, including the expansion of the WHO list of priority assistive products, increasing support for countries that are developing national lists and the update to the assistive technology data toolkit to be published in 2026, which includes survey methodology to understand population needs. A survey based on set of 10 high-level progress indicators for Member States to track progress on assistive technology is in progress. Online training modules for primary healthcare personnel have expanded to include ear and ear health. A new global roadmap on universal access to assistive technology, being led by WHO in coordination with UNICEF and the UN Department of Economic and Social Affairs (UNDESA) is expected to be published in early 2026. In emergency settings like Gaza and Ukraine, there is ongoing work to distribute assistive products, rebuild supply chains and strengthen local capacity. Underfunding and the need for systematic integration into humanitarian response are ongoing challenges. Task Force members were reminded of the Global Diagnostic Coalition that was launched in 2024 to strengthen diagnostic capacity, improve collaboration, and address access gaps. Collaborations with UNDP, IAEA, UNFPA, and others were discussed, emphasizing procurement, regulatory issues, and integration of diagnostics and medical devices into health systems.

Actions

Nutrition and NCDs

F1. Continue to explore feasibility of a joint programming mission to Cabo Verde on NCDs and nutrition, with special attention to activities to accelerate obesity prevention, and in line with the commitments made in the 2023 Bridgetown Declaration (*UN-Nutrition Secretariat, Task Force Secretariat, WHO, and other Task Force members as appropriate*).

Cervical cancer elimination initiative

F2. Inter-agency discussions to define the most effective approach for collaboration considering the new financially constrained environment with report back at the next Task Force meeting (*WHO, IAEA, IARC, UNFPA, UNICEF, UNWomen, with logistic support from the Task Force Secretariat*).

NCDs in emergencies

F3. Interagency Working Group on NCDs in Humanitarian Settings to report back on their work to assess the impact of the reduction in global humanitarian funding on responding to NCDs in these settings and the implications on driving forward the recommendations included in the [report of the 2024 global high-level technical meeting on NCDs in humanitarian setting: building resilient health systems, leaving no one behind](#) (*Interagency Working Group*).

Alcohol harm prevention and industry interference

F4. Undertake a series of meetings with a selection of Task Force members (group and/or bilateral meetings with WHO and Task Force Secretariat) to discuss potential ways forward on the suggested idea of a 'Model Policy for Agencies of the United Nations System on Preventing Alcohol Harm, including Industry Interference' (good practice paper or other formats as possible alternative) with a report back at the next Task Force meeting (*WHO, Task Force Secretariat and selection of Task Force members*)

Digital health

F5. In collaboration with interested UN agencies, WHO and ITU to provide coordinated support to countries requesting assistance with digital NCD solutions, and development of digital health investment

cases, including facilitating the implementation and scale-up of resulting recommendations (*WHO, ITU and Task Force Secretariat and other relevant members*).

F6. Ongoing work in digital technologies to support NCD surveillance to be included in the next Task Force meeting (*WHO and Task Force Secretariat*).

Urban Health

F7. UN-Habitat and WHO to disseminate technical and other products described at the meeting and to reach out to other Task Force members to coordinate priorities, identify shared objectives, and align efforts on achieving urban health, particularly as it relates to the housing, health and climate-health nexus (*WHO, UN Habitat, with the support of the Task Force Secretariat*).

F8. UN-Habitat to present their Urban Health Strategy at the next Task Force Meeting (*UN-Habitat*).

Sensory impairments

F9. Promote a UN-wide response to World Hearing Day, taking into account available [WHO resources](#) and through the [sensory functions mailing list](#) for regular updates (*WHO, all Task Force members, Task Force Secretariat*).

F10. Update members on plans for the 2026 World Eye Summit and opportunities to participate (*Task Force Secretariat*).

Global RECAP programme

F11. Explore opportunities to pool lessons and experience with regards to industry interference between RECAP, other programmes supporting countries to develop policy on NCD prevention, and the investment cases institutional context analyses (see paragraph 24) (*WHO, IDLO, UNDP and Task Force Secretariat*).

Obesity and global acceleration plan

F12. Twenty-sixth meeting of the Task Force to include a half-day session to identify opportunities to further scale up action across the UN system to support Member States in line with the WHO acceleration plan to stop obesity (*WHO, other relevant members of the Task Force, with the support of the Task Force Secretariat*).

Mental Health comorbidities

F13. Task Force to stronger advocate for the integration of HIV- and TB-focused systems and services with those for NCDs, mental health and substance use, including through primary health care platforms and systems, leveraging existing resources and new co-investments from countries' domestic resources and donors, among those of the Global Fund within the current (GC7) and next grant cycle (GC8), dedicated & well-coordinated technical support for countries, and accountability for integration for achieving best HIV, TB, NCDs, mental health and broader health outcomes (*Co-morbidities working group*).

F14. Advocate and support the inclusion of NCDs, mental health and substance use conditions focused integration actions and targets in the new Political Declaration on HIV/AIDS through pre-HLM consultations and other discussions and actual UNGA High Level Meeting on HIV/AIDS in 2026 – not only to remain in the Global AIDS Strategy (*Co-morbidities working group including the Task Force Secretariat*).

F15. Relevant Task Force member organizations to support inclusion/integration of HIV into their programs and their efforts in countries – be in humanitarian settings, nutrition, specific NCD or broader NCD or MH programs (*Co-morbidities working group and other Task Force members as required*).

NCDs in the workplace

F16. Understand WHO and other agency capacity to support action in this area and entry points for future collaboration working on this agenda following the restructuring and changes in staff in WHO and other Task Force members (*Task Force Secretariat, ILO, WHO and other Task Force members*).

Integrated lung health

F17. Hold a set of bilateral meetings between WHO and a small number of other relevant agencies to explore interest and capacity for working together to support Member States in integrated lung health in line with the political declaration and WHA resolution, with a report back on outcomes of these discussions at the twenty-sixth meeting and possibly at a future GARD event (*WHO, selected Task Force members, with the support from the Task Force Secretariat*).

Air pollution

F18. Explore an approach for joint UN tracking on commitments related to air pollution and health actions in the BreatheLife website (*WHO, other Task Force members, with the support from the Task Force Secretariat*).

F19. Provide an update on developing the methodology on the best buys for air pollution and new modules on air pollution and cardiovascular diseases, brain health and mental health at the twenty-sixth meeting (*WHO*).

Assistive technology and medical devices

F20. Review and develop clarity on the UN system offer, in the light of current and future resources and in line with UN reform (*WHO, other relevant UN agencies*).

G. NCD2030

24. Support has now been provided to 74 countries developing 131 investment cases addressing NCDs, mental health, and related areas. Recent launches in countries like The Gambia and Kyrgyzstan have elevated mental health as a national priority, emphasizing multisectoral collaboration and resource mobilization. A decade of investment cases has catalysed policy reforms, increased financing, and health system strengthening in many countries. Future efforts focus on institutionalizing these cases, aligning financing strategies, and broadening partnerships beyond health sectors. A report, from progress to transformation delivering on the promise of national investment cases for NCDs and mental health, based on experience over the last 10 years, including a recent survey is being drafted by UNDP, and the Task Force Secretariat, in collaboration with the Convention Secretariat.

25. The NCD and mental health legislators' report was launched at the Health20 Summit, WHO, Geneva, 19 June 2025 and the eightieth UN General Assembly high-level week, 24 September 2025. The report, written by legislators for legislators was spearheaded by the G20 & G7 Health and Development Partnership, the Task Force Secretariat and UNDP, with the support of other development partners including IDLO, WHO, the World Bank, the NCD Alliance, and other multilateral, academic, civil society and relevant private sector entities. The G20 & G7 Health and Development Partnership, the Task Force Secretariat and UNDP are now developing a programme of support to help international, national and local legislative bodies implement the report's recommendations.

Action

G1. Review the soon to be published investment case summary paper and individual country case reports to identify opportunities to champion the need for countries to implement recommendations (*All Task Force members*).

G2. Work with the G20 & G7 Health and Development Partnership and international and national legislative bodies to develop a programme of support to enable implementation of the report's recommendations (*Task Force Secretariat, UNDP and WHO*).

H. Health4Life Fund

26. Members welcomed the inclusion of the Health4Life Fund in the Political Declaration. The Fund is now operational in Sierra Leone, Lao People's Democratic Republic (the), and Papua New Guinea, focusing on health system strengthening, surveillance, youth engagement, and innovative multisectoral budgeting, in addition to the two original countries (Rwanda and Zambia). Funds are available for a further programme and this is under development. Members were also updated on the Health4Life Fund South-South Learning Lab that supports knowledge exchange.

Action

H1. Continue to reach out to potential investors to increase resources for the Fund, including through the development of a call to action once the Political Declaration is adopted by the General Assembly (*WHO, UNDP, UNICEF and Health4Life Fund Secretariat*).

I. Other updates

27. UNRWA reported on the challenges in providing NCD services in the occupied Palestinian territory, including east Jerusalem, including shortages of insulin and other medications, import restrictions, and critical nutritional deficiencies affecting diabetic patients. Rehabilitation services and assistive devices are in high demand. Dialysis services face reduced capacity due to equipment shortages. The impacts of dust from damaged and destroyed buildings are exacerbating respiratory diseases. Despite challenges, electronic health records and NCD audits are being developed to improve service delivery.

J. Dates and venues of future Task Force meetings

28. It was agreed that the twenty-sixth meeting will be held in the first quarter of 2026.

Action

J1. Identify a venue and host for the twenty-sixth meeting (*Task Force Secretariat*).

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Annex 1. Summary Agenda

Co-moderators:

Werner Obermeyer (WHO Office at the United Nations)

Graham Alabaster (UN Habitat)

Day 1: Tuesday 4 November 2025

Time	Agenda Item
Agenda item 1 14.00–14.10	Welcome and introductions
Agenda item 2 14.10–15.00	Review of the fourth high level meeting on NCDs, mental health and wellbeing and other events during the high-level week
Agenda item 3 15.00–15.20	Report on progress against actions agreed at the 24th Meeting
Agenda item 4 15.30–16.30	Tobacco control
Agenda item 5 16.30–18.00	Post political declaration: Next steps for the Task Force

Day 2: Wednesday 5 November 2025

Time	Agenda Item
Agenda item 6 14.00–14.30	Updates on selected Task Force thematic working groups (nutrition, cervical cancer, and NCDs in emergencies)
Agenda item 7 14.30–15.00	Alcohol control
Agenda item 8 15.15–15.40	Digital health
Agenda item 9 15.40–17.00	Updates on selected Task Force workstreams (urban health, sensory impairments, RECAP, and obesity)

Day 3: Thursday 6 November 2025

Time	Agenda Item
Agenda item 10 14.00–14.10	Comorbidities Working Groups
Agenda item 11 14.10–14.20	Addressing NCDs in the workplace
Agenda item 12 14.20–14.50	NCD 2030
Agenda item 13 14.50–15.05	Health4Life Fund
Agenda item 14 15.05–15.15	Chronic respiratory disease action
Agenda item 15 15.15–15.25	Air Pollution and NCDs
Agenda item 16 15.25–15.35	Assistive technology
Agenda item 17 15.40–16.10	Other updates from members
Agenda item 18 16.10–16.30	Updates from the Task Force Secretariat
Agenda item 19 16.30–16.50	Review of action points
Agenda item 20 16.50–17.00	Closing remarks

Annex 2. List of participants

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INVITED OBSERVERS

NCD Alliance

Joanna Laurson-Doube
Policy and Advocacy Manager (attended for Agenda Item 2: Review of the fourth high level meeting on NCDs, mental health and wellbeing and other events during the high-level week session)

United for Global Mental Health

Erin Ferenchick
Senior Consultant (attended for Agenda Item 10: Comorbidities)

Sarah Kline
Chief Executive Officer (attended for Agenda Item 10: Comorbidities)

R-Health Consult

Artem Antonov (attended for Agenda Item 8: Digital Health)
Senior Health Consultant

Orsolya Ihasz (attended for Agenda Item 8: Digital Health)
Digital Health Specialist

The Gambia

Fatmata (Sonia) Dukuray
National Mental Health Programme, Ministry of Health (attended for Agenda Item 12: NCD 2030 session)

Mam Jarra Marega
Program Officer, National Mental Health Programme, Ministry of Health (attended for Agenda Item 12: NCD 2030)

Annex 3. Review of actions agreed at the twenty-fourth Task Force meeting, 1-3 April 2025, Geneva (as presented by the Secretariat on Day 1).

B. Review of actions agreed at the twenty-third Task Force meeting

Actions

B1. Continue to identify opportunities to highlight NCDs and mental health and the work of the Task Force at meetings of senior management and governing bodies of Task Force members, taking into account the findings of the independent joint evaluation of the Task Force (*Task Force Secretariat and Task Force members as appropriate*).

UN Women, ILO and Task Force Secretariat provided evidence to the Committee on the Elimination of Discrimination Against Women (CEDAW) on 10 February 2025.

UN Habitat, WHO and Task Force Secretariat co-organized a side event on 6 November 2024 at WUF12 in Cairo, on [Working in partnership to improve health and wellbeing in urban settings](#).

Task Force Secretariat is providing inputs into UN Habitat's next strategy.

UNEP, WHO and the Task Force Secretariat will brief the Committee of Permanent Representatives, an intersessional subsidiary body of the United Nations Environment Assembly in May 2025.

Task Force Secretariat will provide a briefing at a [UNEP organized side event](#) at the UNECE Regional Forum on Sustainable Development on 1 April 2025.

B2. Continue to engage with UN regional commissions to develop a collaborative plan of action to raise awareness about NCDs and mental health and the work of the Task Force, taking into account the findings of the independent joint evaluation of the Task Force (*Task Force Secretariat, UN regional commissions, and Task Force members as appropriate*).

Plan is to reengage once the evaluation is finalized and solicit their support for the development of the next Task Force strategy and workplan.

C. Tobacco control

Actions

COP11 and MOP4

C1. Continue to encourage intergovernmental organizations accredited as observers (including country, sub-regional and regional offices where appropriate) to participate in COP and MOP meetings (*Convention and Task Force secretariats*).

Update on progress to be provided at Twenty-fourth Task Force meeting.

C2. Explore establishing a booth to highlight the work of the Task Force on tobacco control at future meetings (COP11 and beyond) (*Convention and Task Force secretariats*).

As above.

Human Rights

C3. In line with FCTC/COP10(20) continue to raise the visibility of the WHO FCTC as a tool to promote the right to the highest attainable standard of health and the broader human rights agenda in UN fora (*Convention Secretariat, Task Force Secretariat, Human Rights Group*).

The Convention Secretariat contributed to the WHO action on the Health of Indigenous Peoples 2024, as well as the WHO Survey on women's health, gender equality data. Key messages were developed to highlight the WHO

FCTC as a tool for promoting human rights, including the right to health. OHCHR also participated as a speaker in the celebrations marking the twentieth anniversary of the FCTC's entry into force.

Tobacco-free UN campuses

C4. Contact the UN campus administration in Nairobi to stop on-campus sales of tobacco products (*Convention and Task Force Secretariats, and WHO*).

The administration has been contacted, but no response has been received.

Alternative livelihoods

C5. Share the most recent report on the outcomes of the alternative livelihoods project with Task Force members (*Task Force Secretariat and WHO*).

The outcome report is being finalized, a summary one-pager will be shared during the twenty-fourth Task Force meeting.

C6. Provide a full briefing on the alternative livelihoods project at the twenty-fourth Task Force meeting (*Convention and Task Force Secretariats, and WHO*).

Update scheduled for the twenty-fourth Task Force meeting.

World No Tobacco Day 2025

C7. Encourage Task Force members to participate in the 2025 World No Tobacco Day campaign (*WHO and all members of the Task Force*).

Update to be provided at the twenty-fourth Task Force meeting.

Tobacco and HIV

C8. Share the Tobacco and HIV brief with the Inter-Agency working group on NCDs and communicable diseases comorbidities (*Task Force Secretariat, WHO and other members of the Task Force as appropriate*).

Actioned.

Protocol to Eliminate Illicit Trade in Tobacco Products

C9. Task Force members to provide inputs into joint United Nations Development Programme (UNDP) and Convention Secretariat publications on (i) tackling illicit tobacco to advance the SDGs; and (ii) available support for countries from UN agencies and international organisations on tackling illicit trade in tobacco products (*Convention Secretariat, Task Force Secretariat, UNDP and other members of the Task Force as appropriate*).

Actioned. Feedback received from WHO, the World Bank, UNODC.

20th anniversary of the entering into force of the WHO FCTC

C10. Convention Secretariat and Task Force Secretariat to work with Task Force members to identify ways of marking the 20th anniversary of the entering into force of the WHO FCTC during 2025 (*All*).

The in-person celebration of the twentieth anniversary of the entering into force of the WHO FCTC took place at WHO Headquarters on 27 February 2025. Task Force members were invited to attend, and anniversary campaign materials were also shared.

D. Digital Health

Actions

D1. Encourage Task Force members to respond to a very brief (2 minute) survey that is being circulated to a wide range of stakeholders to guide the future direction of Be He@lthy, Be Mobile (*All*).

Task Force members responded to the survey with feedback incorporated in the development of BHBM 3.0 strategy.

D2. Explore opportunities for collaboration with the [African Union's Digital Transformation Strategy for Africa \(2020-2030\)](#) and Africa CDC, including synergies for joint strategies and blueprint solutions (*ITU and WHO*).

Meeting with Africa CDC digital division held 7 March 2025. Investment cases identified as good opportunity to support countries with digital health strategies. Follow up in Q2 2025 to discuss next steps for joint work.

D3. Report on the progress of country-level digital health investment cases for NCD in Kyrgyzstan and Gambia at the next Task Force meeting (*ITU and Task Force Secretariat*).
Update scheduled for the twenty-fourth Task Force meeting.

E. WHO Global Alcohol Action plan 2022-2030 and the SAFER initiative

Actions

E1. Once WHO Director-General's letter is issued, Task Force focal points to work with heads of agencies to provide timely responses. Task Force Secretariat to support this process and collate responses to drive forward an ever-stronger whole-of-UN responses to support Member States tackle harmful use of alcohol (*Task Force Secretariat, WHO and relevant members of the Task Force as appropriate*)

WHO Director-General's letter issued at the end of 2024. Responses received from a number of agencies, responses from others requested.

E2. Continue to explore options regarding a dedicated day each year to raise awareness about the harmful impact of alcohol (*Task Force Secretariat, WHO and relevant members of the Task Force as appropriate*).

WHO has consulted with civil society to map existing observances and identify a potential international day. Further discussion to be held during the twenty-fourth Task Force meeting.

E3. Continue to explore the potential for a model policy for the way that UN system agencies interact with the alcohol industry (*Task Force Secretariat, WHO and other members of the Task Force*).

Key elements for an Alcohol Model Policy to be presented at the twenty-fourth Task Force Meeting.

F. Joint independent evaluation of the Task Force

Actions

F1. WHO Evaluation Office, Task Force Secretariat, Task Force Evaluation Reference Group, and Task Force Evaluation Management Group to review the draft report ahead of the joint independent evaluation team submitting their final report (*WHO Evaluation Office, Task Force Secretariat, Task Force Evaluation Management and Reference Groups*).

Actioned. Report now being copy edited. Tabled for discussion at this meeting.

F2. Task Force Secretariat to lead the process of developing the management response in consultation with Task Force members (*Task Force Secretariat*).

Process will be discussed at the twenty-fourth Task Force meeting. A draft, reflecting comments received at the meeting, will be used as the basis for a draft that will be shared with members for their inputs ahead of being finalised.

G. Seventy ninth UN General Assembly and preparations for the Fourth NCD High-level meeting during the Eighty General Assembly

G1. Task Force Secretariat to ensure that the Task Force and its achievements are reflected in the WHO Director-General's report to the UN Secretary-General on progress since the Third High-level Meeting 2025 (*Task Force Secretariat, WHO, and other members of the Task Force as appropriate*).

Inputs were provided to those drafting the report. The UN Secretary-General's (UNSG) report is available on the Task Force webpage.

G2. Task Force Secretariat to continue to work with WHO to ensure that Task Force members are central to the preparation of the Fourth High-level Meeting on NCDs in 2025 (*Task Force Secretariat, WHO, and other members of the Task Force as appropriate*).

Ongoing, with Task Force members being informed of UNSG's report, modalities resolution, preparatory meetings, with the Task Force Secretariat providing support to the co-moderators through the WHO Office in New York.

G3. Task Force Secretariat to share the report of the International Dialogue on Sustainable Financing for NCDs and mental health once finalized (*Task Force Secretariat*).

The report has been shared as a background document for the twenty-fourth Task Force meeting.

G4. Task Force Secretariat to update the Task Force's Terms of Reference to reflect the political declarations from all UNGA high-level meetings as well as ECOSOC resolutions and decisions on the work of the Task Force (*Task Force Secretariat*).

Completed and published on the Task Force website.

H. Updates on selected joint workstreams and programmes

Actions

Mental Health Comorbidities

H1. At the twenty-fourth Task Force meeting, present the results of the Global Funds Grant Cycle 7 tracking exercise on NCDs, mental health and substance use conditions (*United for Global Mental Health and UNAIDS*).

An update will be provided at the next Task Force meeting.

Nutrition and NCDs Working Group

H2. Continue to progress on planning a joint programming mission to Cabo Verde with a focus on NCDs and nutrition and in line with the commitments made in the 2023 Bridgetown Declaration (*UN-Nutrition Secretariat, Task Force Secretariat, WHO, and other Task Force Members as appropriate*).

Terms of Reference for the mission have been finalized, and relevant UN agencies have been informed. Currently waiting for the Ministry of Health to confirm a date for the mission.

H3. Pilot-test the revised Nutrition Guidance in at least one country to generate evidence about policy and legislative implementation (*Nutrition and NCDs Working Group*).

The Nutrition Guidance will be tested during the mission in Cabo Verde.

H4. Publish and disseminate the methodology for nutrition investment cases. Encourage uptake in one country through a multisectoral approach and with new and/or updated economic tools (*Nutrition and NCDs Working Group*).

UNDP is exploring options for publishing the methodology, including disseminating pilot findings at country level. Methods and pilot findings have already been distributed at the UNGA, Nutrition for Growth, and International Congress of Nutrition.

H5. Encourage use of country voices and stories to showcase cost-effective and affordable interventions aimed at preventing diet-related NCDs (*Nutrition and NCDs Working Group*).

Country stories on preventing diet-related NCDs are currently being explored by the members of the Nutrition and NCDs Working Group.

Human Rights Team

H6. Following the planned mission to Liberia in early 2025, hold a special session on human rights at a Task Force meeting (*Human Rights Team*).

Mission on hold.

NCDs in emergencies

H7. Once finalized, Task Force Secretariat to share the final report of the Global High-Level Technical Meeting on NCDs in Humanitarian Settings and the operational manual on NCDs in humanitarian settings (*WHO and Task Force Secretariat*).

The report will be published following the twenty-fourth Task force meeting.

NCDs and urban health

H8. Use WUF12 to explore opportunities to develop linkages between the Task Force and existing collaborations with cities and mayors (*Task Force Secretariat, UN Habitat and WHO*).

UN Habitat to report back at the twenty-fourth Task Force meeting.

H9. At the twenty-fourth Task Force meeting, update Task Force members on the activities conducted by UN Habitat on the links between crime and drug policies in cities with health and NCDs (*UN Habitat*).

Update scheduled for the twenty-fourth Task Force meeting.

H10. Further the collaboration between IOC and UN Habitat on a global partnership on sport for sustainable urban development to explore the opportunities to mobilise resources for the Health4Life Fund (*IOC, Task Force Secretariat, and UN Habitat*).

UN Habitat has written to IOC about potential collaboration. UN Habitat and IOC to report back at the twenty-fourth Task Force meeting.

Addressing NCDs in the workplace

H11. Continue exploring opportunities to collaborate with UN human rights mechanisms, including treaty body mechanisms, on prevention and control of NCDs in the workplace (*ILO, the Office of the United Nations High Commissioner for Human Rights [OHCHR], and WHO*).

Task Force Secretariat, UN Women, ILO provided evidence to the Committee on the Elimination of Discrimination Against Women (CEDAW) on NCDs in women in workplace settings and the need to tackle root causes of gender inequality on 10 February 2025.

H12. Bring the perspective of NCDs in the workplace to Task Force missions and explore how to engage with UN offices in the country to improve occupational health and NCD risk factors (*ILO, Task Force Secretariat, and WHO*).

To be actioned, pending confirmation of mission dates.

Addressing sensory impairments: an integrated approach

H13. Continue to develop action across the UN system to support Member States in strengthening eye and hearing health, in line with UN and WHA resolutions (*Task Force Secretariat, WHO and Task Force Members as appropriate*).

WHO and the Task Force Secretariat held meetings with UNESCO and ILO to explore further avenues of collaboration.

Assistive technology

H14. Invite Task Force members to a webinar to discuss how members can support the implementation of the 10 recommendations of the WHO Global Report on Assistive Technology (*Task Force Secretariat, WHO, and all Task Force members*).

Actioned. The following Task Force members participated: ILO, ISDB, ITU, UN Women, UNRWA, WIPO.

H15. Explore with the Task Force's Human rights Team on the possibility of briefing the Convention on the Rights of Persons with Disabilities (CRPD) (*Human Rights Team, Task Force Secretariat and WHO*).

To be explored with the CRPD Secretariat prior to the next CRPD session in September 2025.

H16. Provide an updated at the twenty-fourth Task Force meeting on the results of the pilot assistive technology investment cases, development of a global road map on access to assistive technology, and progress in integrating and raising resources for assistive technology into humanitarian crisis (*Task Force Secretariat and WHO*).

Update scheduled for the twenty-fourth Task Force meeting.

I. Chronic respiratory diseases

Action

I1. Task Force Secretariat to explore with WHO and the WHO Special Envoy for CRDs on opportunities to use the Task Force as a platform to support action on CRDs (*Task Force Secretariat and WHO*).

Update to be provided at the twenty-fourth Task Force meeting.

J. Health4Life Fund

Action

J1. Continue to drive forward the Fund's [resource mobilization and operations strategy](#) in line with the Fund's Terms of reference (*H4LF Secretariat, UNDP/UNICEF/WHO core team*).

Update to be provided at the twenty-fourth Task Force meeting.

K. NCD2030

Action

K1. Organize an awareness-raising session on investment cases for UN missions in New York (*Task Force Secretariat, UNDP and WHO*).

Completed. Ahead of the Fourth NCD and Mental Health High-Level Meeting, WHO and the UN Foundation co-hosted a thematic dialogue on investing in NCDs and mental health with Antigua and Barbuda, Belgium, Ghana, Georgia, Japan, and Thailand. UNDP briefed participants on the NCD and mental health country investment cases conducted so far and their impact in driving forward the WHO 'best buys'.

K2. Coordinate with the H4LF Fund on how to drive forward investment case recommendations through country grants and the South-South platform (*H4LF and Task Force Secretariat and UNDP*).

To be included in H4LF report back at the twenty-fourth Task Force.

K3. Develop a summary of findings from a selection of institutional context analyses conducted to date as part of supporting Member States in their preparation for the Fourth High-level Meeting (*Task Force Secretariat and UNDP*).

Ongoing. UNDP and the Task Force Secretariat are in the process of developing a report on barriers to implementing NCD action at the national level, using the results of institutional context analyses.

K4. Explore the potential for more structured collaboration with ITU as part of NCD2030 (*ITU, Task Force Secretariat and UNDP*).

Task Force and ITU to explore possibilities to collaboratively support countries where digital health investment cases will be launched. Meeting(s) to be held in Q2 2025.

L. Special Session on the integration of NCDs and mental health in UNSDCF

Actions

L1. Conduct an in-depth analysis on the inclusion of tobacco in UNSDCFs to be launched during the 20th year of the FCTC coming into force (*Convention and Task Force secretariats, and WHO*).

Data on tobacco inclusion in UNSDCFs has been collected and analysed. Report currently under development.

L2. Develop a peer-review publication that brings together analysis to date on how NCDs and mental health are included in UNSDCFs, including trends over time (*Task Force Secretariat*).

Ongoing.

L3. Maintain ongoing support to UN country teams in countries with an expiring UNSDCF to highlight the opportunities of including NCDs and mental health as a development priority (*Task Force Secretariat, All*).

WHO representatives with a UNSDCF expiring in 2025 have been contacted to encourage the inclusion of NCDs and mental health in the new UNSDCF as well as to share relevant Task Force UNSDCF guidance documents.

M. Other updates

Actions

M1. Finalize the Terms of Reference of the mission in Thailand on NCDs and air pollution (*Task Force Secretariat, UNEP, UN-Nutrition Secretariat, and WHO*).

Ongoing. Pending feedback from Government focal points.

M2. Invite Task Force members to participate in a webinar to start the process of providing inputs into the development of the WHO guidance on policy and strategic actions to protect and promote mental health and well-being for key government sectors (*Task Force Secretariat and WHO*).

Completed. Nine agencies participated: IFAD, ILO, OHCHR, UN Habitat, UNODC, UNRWA, UNRSF, UNICEF, UN Women.

N. Task Force awards

Action

N1. Continue to build the network of former winners to determine the impact of the award, encourage continued action and share best practices (*Task Force Secretariat*).

On 19 March 2025, a first virtual meeting of the Task Force Award Winners Network was held, with the participation of approximately 30 institutions, including both State and non-State award winners.

N2. Share the recommendation from the Task Force for the awards to be held again in 2025 with the WHO Director-General. Advertise the 2025 Task Force Awards early in the year with a focus on Obesity Prevention and Management (*Task Force Secretariat*).

Actioned. Call for nominations available [here](#).

P. Dates and venues of future Task Force meetings

Action

P1. Task Force Secretariat to identify a venue and host for the twenty-fourth meeting.

Actioned. Twenty-fourth Task Force meeting being held in Geneva. Co-hosted by WHO and the UN Road Safety Fund.