**Economic and Social Council**
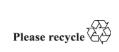
Distr.: General
14 May 2024

Original: English

**2024 session**
27 July 2023–24 July 2024
Agenda item 12 (d)
**Coordination, programme and other questions: prevention
and control of non-communicable diseases**

## United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

### Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council decision 2023/349.

# Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

## I. Introduction

1. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases, which was established in 2013 by the Secretary-General in line with resolution 2013/12 of the Economic and Social Council, convenes United Nations system agencies and intergovernmental organizations to support Governments in reducing the burden of non-communicable diseases, including mental health conditions, in order to meet the health-related targets of the 2030 Agenda for Sustainable Development.

2. The present report is being published one year before the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases scheduled to take place in 2025.[1] The Task Force will play an important role in helping Member States to prepare for a successful outcome.

3. The present report serves to highlight the achievements of the Task Force with respect to the four priorities of its 2022–2025 strategy, namely: (a) supporting countries in delivering multisectoral action on the non-communicable disease-related Sustainable Development Goal targets; (b) mobilizing resources to support the development of national responses to reach the non-communicable disease-related Goal targets; (c) harmonizing action and forging partnerships; and (d) exemplifying United Nations reform. It also serves to describe plans for a joint independent evaluation of the Task Force. A full description of the work done by the World Health Organization (WHO) in 2023 on the prevention and management of non-communicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions is provided in the 2024 report of the Director General to the Executive Board of WHO.[2]

## II. Situation analysis

4. Reducing the burden of non-communicable diseases and improving mental health remains a leading health and development challenge. In his report to the Executive Board in 2024,[2] the Director General made the following points:

(a) Non-communicable diseases caused 41 million deaths worldwide in 2019, a number that was expected to increase as populations continued to expand, especially among older adults. At the global level, 7 of the 10 leading causes of death are non-communicable diseases – ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, forms of dementia, diabetes and kidney disease – which account for 44 per cent of all deaths. At the same time, countries have been reducing the likelihood of premature death from non-communicable diseases. A person who was 30 years of age in 2019 had a 17.8 per cent chance of dying from one of the four major types of non-communicable diseases (cardiovascular disease, diabetes, cancer or chronic respiratory disease) before the age of 70 years. This figure represents progress in all WHO regions and a 22.2 per cent relative decline in premature deaths worldwide since 2000. Sustainable Development Goal target 3.4

---

[1] The previous high-level meetings on non-communicable diseases were held in 2011, 2014 and 2018.
[2] See https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_7-en.pdf.

calls for the reduction of premature mortality from non-communicable diseases by one third, by 2030;

(b)    Progress has slowed since 2015 and the coronavirus disease (COVID-19) pandemic led to increased mortality from non-communicable diseases due to delayed vaccinations, screening programmes, detection and treatment;

(c)    In all WHO regions and globally, men have a higher probability of premature death from non-communicable diseases than women, a gap which has persisted for two decades;

(d)    In 2019, diabetes was the direct cause of 1.5 million deaths, and 48 per cent of all deaths due to diabetes occurred in people below the age of 70 years. In 2020, more than 19 million people developed new cases of cancer and nearly 10 million persons died from cancer. An estimated one in five people will develop cancer in their lifetime and cancer is responsible for one in six deaths. By 2040, the burden of cancer is expected to nearly double, with the least developed countries experiencing the most rapid increase;

(e)    At the global level, about 1.3 billion adults had hypertension in 2019, twice as many as in 1990. An estimated 54 per cent of adults with hypertension have been diagnosed, 42 per cent are being treated and 21 per cent have had their hypertension controlled;

(f)    The prevalence of tobacco use is declining in all WHO regions and globally, but the rate of decline is insufficient to meet the voluntary global target for 2025. Of the approximately 1.3 billion people still using tobacco, 82 per cent are male;

(g)    Total alcohol consumption per capita has declined worldwide since 2015, but regional trends are uneven, with declines in the WHO African and European regions and increases in the South-East Asia and Western Pacific regions. Globally, men consume nearly four times more pure alcohol per capita per year than women;

(h)    More than one in four adults and more than 80 per cent of adolescents do not meet the levels of physical activity recommended by WHO;

(i)    In 2016, more than 1.9 billion adults were overweight, more than 650 million of whom were obese, while 37 million children under 5 years of age were overweight. The global costs associated with overweight and obesity are predicted to reach $3 trillion per year by 2030 and $18 trillion per year by 2060;[3]

(j)    In total, 99 per cent of the world population breathes air that exceeds WHO air quality guideline limits and contains high levels of pollutants, with low- and middle-income countries suffering from the highest levels of exposure. In 2021, 2.3 billion people relied primarily on polluting fuels and devices for cooking. Polluted air is the fourth leading risk factor for poor health and contributes to 6.7 million deaths annually, with 85 per cent of those deaths being linked to non-communicable diseases;

(k)    Close to 1 billion people live with a mental disorder, including around 8 per cent of the world's young children (between 5 and 9 years of age) and 14 per cent of the world's adolescents (between 10 and 19 years of age). Four out of five of those people live in low- and middle-income countries. In addition, the most recent estimates indicate that there were about 35 million people with drug use disorders in 2019. Moreover, people with severe mental health conditions, including schizophrenia and bipolar disorder, die on average 10 to 20 years earlier than the general population, while 1 out of every 100 deaths is due to suicide, totalling approximately 703,000 deaths annually;

---

[3] Costs in 2019 constant United States dollars.

(l)     The COVID-19 pandemic brought about increased rates of stress, anxiety, depression, neurological manifestations and alcohol and drug use, as well as significant disruptions in the delivery of services relating to mental health and non-communicable diseases. These impacts linger.

## III.   Work of the Task Force and the broader response of the United Nations system to non-communicable diseases and mental health

### A.   Supporting countries to deliver multisectoral action on the non-communicable disease-related targets of the Sustainable Development Goals

**Global joint programmes and initiatives undertaken by members of the Task Force**

*Catalysing multisectoral action for the prevention and control of non-communicable diseases and mental health*

5.     The global joint programme of WHO (including the Task Force secretariat) and the United Nations Development Programme (UNDP), NCD2030, continued to strengthen whole-of-government and whole-of-society responses, mainly to non-communicable diseases and mental health conditions, but also in other areas, through the support of the Gulf Health Council for Cooperation Council States, the Government of Italy, the Government of the Russian Federation and the European Union.

6.     In 2023, non-communicable disease investment cases were completed for Bosnia and Herzegovina. Non-communicable disease investment cases continued to progress in Kyrgyzstan and Malaysia, and an investment case was initiated in Tajikistan.

7.     Mental health investment cases are being finalized for Jordan and Kyrgyzstan, and are in progress in Guyana and the Gambia.

8.     A road safety investment case was initiated in Tunisia in 2023.

9.     In 2023, an alcohol control investment case was undertaken in Sri Lanka.

10.   Country-level investment case reports are available on the Task Force website.[4] A summary was included in the 2023 report to the Council (E/2023/86). Investment cases remain in high demand from Member States. Investment case methodologies are being developed for areas such as air pollution, access to treatment, physical activity and nutrition. An interactive web page for investment cases is being finalized by UNDP.

11.   In January 2023, a two-day technical workshop was held for partners working on investment cases. Updates on the different investment cases were provided. A set of 17 videos is available on the Task Force website.[5] Several peer-reviewed manuscripts on investment cases were developed in 2023 (see box 1).

---

[4] See https://uniatf.who.int/joint-missions-investment-cases/country-reports.
[5] See https://uniatf.who.int/joint-missions-investment-cases/guidance.

Box 1
**Peer-reviewed publications related to investment cases**

An analysis of national mental health investment case studies in Bangladesh, Kenya, Nepal, the Philippines, Uganda, Uzbekistan and Zimbabwe[a] found the average economic burden of mental health conditions to be between 0.5 per cent and 1.0 per cent of gross domestic product (GDP). Delivery of an evidence-based package of mental health interventions was estimated to cost $0.40–$2.40 per capita per year, depending on the country and its scale-up period. For most conditions and country contexts, the return on each dollar or unit of local currency invested was greater than one (range: 0.0–10.6 to 1) when productivity gains alone were included, and greater than two (range: 0.4–30.3 to 1) when the intrinsic economic value of health was also considered. There was considerable variation in benefit-cost ratios between intervention areas; population-based preventive measures (including school-based social and emotional learning programmes and bans on highly hazardous pesticides) and the treatment of anxiety, depression and epilepsy in primary care showed the most attractive returns. In comparison, the management of bipolar disorder was found to offer only very modest return on investment. The analysis concluded that mental health investment cases provide national-level decision makers with new and contextualized evidence on the burden, as well as the outlays and returns that can be expected from strengthening mental health responses.

An analysis of primary health care in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates found the total cost of delivering clinical services at public primary care-level facilities to be $5.7 billion in 2019, representing 0.34 per cent of their combined 2019 GDP.[b] The per capita costs varied from $69 to $272. General practice and non-communicable disease programmes constituted 79 per cent of the total costs modelled, while mental health ranged between 0.0 per cent and 0.3 per cent. Over 8 million individuals did not receive non-communicable disease screening services, and over 30 million persons did not receive necessary mental health services in public primary care-level facilities across the region. The analysis concluded that identifying the main cost drivers and the services that individuals did not receive could help to strengthen primary health care, in order to improve efficiency and scale up the services needed for better health outcomes.

An analysis of 21 tobacco control investment cases found that tobacco use results in average annual socioeconomic losses of $95 million, $610 million and $1.6 billion, respectively, among low-, lower-middle- and upper-middle-income countries.[c] Those losses are equivalent to 1.1 per cent, 1.8 per cent and 2.9 per cent of average annual national GDP for each income category. The full implementation and enforcement of the WHO Framework Convention for Tobacco Control tobacco control demand reduction measures modelled in the investment cases would enable countries to avert an average expenditure of $319 million, $1.8 billion and $5.5 billion, respectively, in low-, lower-middle and upper-middle income countries. The return on investment was positive for every one of the 21 countries, ranging from $4 to $364 for every $1 invested, over 15 years.

An assessment on the equity impacts of tobacco control investment cases confirmed that the taxation of tobacco products is pro-poor, with the poorest 20 per cent of the population paying the least (12 per cent) of

additional money spent on tobacco while reducing their consumption the most among all income segments.[d]

---

[a] See https://www.frontiersin.org/articles/10.3389/frhs.2023.1214885/full.
[b] See https://gh.bmj.com/content/bmjgh/7/6/e008670.full.pdf.
[c] See https://tobaccocontrol.bmj.com/content/33/Suppl_1/s17.
[d] See https://tobaccocontrol.bmj.com/content/33/Suppl_1/s27.

12. A preliminary analysis of the reported impact of non-communicable disease investment cases was described in the 2023 report to the Council. The full analysis has now been published in a peer-reviewed journal.[6] Emerging considerations from the investment case work are shown in box 2.

---

Box 2
**Emerging considerations from the investment case work**

Economic analyses are crucial in exploring how to use resources most effectively and in advocating for investment in underresourced areas. Issue-specific cases should not inadvertently encourage siloed approaches to policymaking and programming, but should instead advance universal health coverage. For this reason, and due to often incomparable methodologies, economic analyses of different diseases should not be pitted against one another; rather, where possible, synergies should be shown and promoted.

Analysis of returns on investment must be interpreted with nuance. It is not always possible to include all important interventions in such analysis and it would be inappropriate to focus attention too narrowly on a few interventions simply because they have a slightly higher economic return on investment.

Non-financial considerations are equally important when assessing the impact of non-communicable diseases and their risk factors or mental health conditions, and when identifying the most effective, feasible and rights-based interventions. Such considerations are often influenced by national circumstances, such as social justice and equal opportunities for all, implementation capacity, feasibility (including political opportunity, cultural acceptability, sustainability and scalability) and the need to promote health equity and strike a balance between prevention and treatment, and by population-wide and individual interventions.

There must be buy-in from relevant stakeholders with clear approaches for ensuring that the results are heard, understood and implemented. It is also important to recognize that investment cases depend on the assumptions being made in the model, the data available and the quality and acceptability of that data.

Despite the significant interest and increase in country-level investment case studies for non-communicable diseases, tobacco control and mental health, and the documented impact of those issues on national policies, health systems and health financing, many investment case study findings are yet to be translated into policy or service changes. This suggests the need for complementary and sustained support.

---

[6] See https://gh.bmj.com/content/9/4/e014784.

13.　To assist Member States in determining where such studies are merited and where they can be expected to lead to substantive impacts, the joint programme has developed the following entry and exit criteria:

　　(a)　Entry criteria: (i) sustainable political commitment from ministries of health and other local stakeholders; (ii) clear rationale and objectives for the study; (iii) upfront specification of the strategic planning or resource allocation process or mechanism to which the study will contribute; and (iv) identification of national focal point(s) for study oversight and follow-up;

　　(b)　Exit criteria: (i) dissemination of study findings to all relevant national stakeholder groups; (ii) specified follow-up steps with key stakeholders (e.g. ministries of health, finance and/or planning); (iii) dedication of human and financial resources to follow-up and implementation; and (iv) specification of indicators for follow-up and implementation, including in strategic planning or resource allocation.

14.　A set of reports forecasting the revenue and consumption implications of increased taxes on cigarettes, sugar-sweetened beverages and alcohol in the six countries of the Gulf Cooperation Council has been completed. The final reports are currently being reviewed by Governments ahead of publication in 2024.

15.　European Union funding enabled WHO and UNDP to jointly support countries in Africa (Côte d'Ivoire, Nigeria and Uganda), the Caribbean (Guyana, Suriname and Trinidad and Tobago) and the Pacific (Fiji) to: (a) develop and/or implement effective fiscal, legislative and regulatory measures; (b) enhance policy coherence across government and partner sectors; (c) strengthen policy and capacities for ensuring equitable access to health care; and (d) increase awareness, ownership and engagement among civil society organizations, parliamentarians, local leaders, the media and others, with respect to population-wide responses. The results of that funding were included in the 2023 report to the Council (see box 3). An end-of-programme report documenting the comprehensive results will be published in 2024. The sharing of results was a priority in 2023. Meetings were held between Governments and development partners to learn lessons and plan future activities, and a video was developed to disseminate the work done in the Caribbean.[7]

*Elimination of cervical cancer*

16.　The terms of reference for a joint action group to support the global elimination of cervical cancer, the successor to the United Nations Joint Global Programme on the Elimination of Cervical Cancer, were agreed in 2023.[8] Activities are now being taken forward in line with the objectives of the terms of reference, which include: (a) intensifying efforts among members to implement the global strategy to accelerate the elimination of cervical cancer as a public health problem;[9] (b) sharing the workplans and technical cooperation activities of member organizations and, where appropriate, collectively developing and implementing joint activities for advocacy, technical support and other efforts; and (c) sharing and channelling country partner and stakeholder requests for technical or other support and other inquiries, in order to coordinate and/or organize ways of responding to them, including by contributing to

---

[7] See https://youtu.be/Hsz039--j7U.

[8] The members of the joint action group are: the International Agency for Research on Cancer, the International Atomic Energy Agency, Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund, WHO and the Task Force secretariat.

[9] WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem.

national round tables and coordinated country planning, and ensuring the complementarity and alignment of country-level actions.

*Digital health*

17. Digital technologies have significant potential to improve public health and expand access to health services. In 2023, the International Telecommunication Union (ITU) and WHO collaborated to update and consolidate their handbook on message-based digital health interventions. This comprehensive resource, which will be published in 2024, now includes approximately 2,000 curated messages focused on preventing and managing non-communicable diseases and their risk factors. The Be He@lthy, Be Mobile initiative has also continued to promote knowledge exchange and support capacity-building by documenting and disseminating best practices and lessons learnt from the implementation of non-communicable disease prevention and care, for example through the Telecommunication Development Sector Study Groups.[10]

18. In 2023, WHO and ITU developed a global digital health business case covering telemedicine, mobile messaging and chatbot interventions, which will be published in 2024. That same year, a national digital health investment case for non-communicable diseases was conducted in Brunei Darussalam.

*Reducing the harmful use of alcohol through the SAFER initiative*

19. The WHO-led SAFER initiative [11] has continued to support countries to implement high-impact, cost-effective, population-wide interventions to curb alcohol consumption and its determinants, in line with global action plans on alcohol and non-communicable diseases, including those aimed at protecting public health policymaking against interference from commercial interests and establishing monitoring systems that ensure accountability and track progress in the implementation of SAFER interventions. In 2023, SAFER developed a comprehensive set of implementation packages and its members organized a number of events to promote SAFER interventions, including on the margins of the General Assembly. At the country level, SAFER partners continued to provide support to the Governments of Nepal and Uganda and their partners (see box 3). The experience of SAFER continued to highlight the need for stronger policy coherence between United Nations agencies, in particular for protecting the development and implementation of alcohol control measures from vested interests.

---

Box 3

**SAFER in action – catalysing a multisectoral response in Nepal**

Alcohol is a significant socioeconomic concern in Nepal, and in recent years the challenge has only been getting worse. The SAFER initiative was therefore introduced in Nepal in 2022, followed by a joint mission of the Government of Nepal and SAFER partners that same year. A two-year road map was agreed to scale up action on alcohol availability, access to treatment, drink driving countermeasures, advertising and excise taxes.

Although the advertising, promotion and sponsorship of alcohol were illegal, there were increasing levels of alcohol promotion in newspapers, on digital media platforms and at sporting and musical events. As a result of collaborative action by SAFER and its local partners, in 2023, the

---

[10] See https://www.itu.int/en/ITU-D/Study-Groups/2022-2025/Pages/default.aspx.

[11] See https://www.who.int/initiatives/SAFER. The members of SAFER are UNDP, WHO, the Task Force secretariat, the Global Alcohol Policy Alliance, the NCD Alliance, Movendi International and Vital Strategies.

Supreme Court of Nepal upheld the national alcohol advertising ban set out in the Public Health Service Act, 2075 (2018), the Advertising Regulation Act, 2019 and the National Broadcasting Act, 1993. Since the passing of the court order, alcohol advertising in printed and online newspapers has stopped. The Ministry of Physical Infrastructure and Transport issued a notice to the Department of Roads to remove roadside alcohol billboards, which is now being carried out. As an outcome of a dialogue with the Meta technology company, Nepal was listed as a country where alcohol advertising could not be shown on its social media platforms.

The SAFER initiative has also been promoted in the provinces and municipalities of Nepal through multisectoral and multi-stakeholder workshops and other events. Those events have increased understanding and garnered the political commitment of local leaders to implement cost-effective interventions for alcohol control. In addition, as a result of SAFER, Nepal has strengthened the enforcement of drink driving laws.

In addition to the above, activities are now also focused on reducing the availability of alcohol through licensing control, reducing sales to underage persons and raising taxes. In Nepal, the SAFER initiative serves to highlight how a small amount of funding can support international and national partners to come together to catalyse action at the country level.

*Tobacco-Free Farms initiative*

20.    To support countries to assist tobacco farmers in developing economically viable alternative livelihoods to tobacco cultivation, the Tobacco-Free Farms initiative was launched in 2022, led by WHO, with partners including the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Capital Development Fund and the secretariat of the WHO Framework Convention on Tobacco Control, which bring together expertise from across the health, agriculture and finance sectors. By establishing supportive ecosystems for crop production and viable markets for alternatives, with a special focus on climate-smart nutritious food crops, the initiative empowers farmers to transition away from tobacco. This includes providing support along the value chain and ensuring market stability through structured markets and the purchasing power of WFP. As a result, in Kenya, farmers that have moved to growing high-iron beans are earning two to three times the amount they earned from cultivating tobacco. The initiative was also recently launched in Zambia.

21.    The WHO World No Tobacco Day 2023: Grow Food, Not Tobacco campaign highlighted the negative impact of tobacco growing on the livelihoods of farmers, their health and the environment. The campaign encouraged governments to end tobacco growing subsidies and fulfil their obligations under the WHO Framework Convention on Tobacco Control by supporting farmers with viable alternatives to tobacco.

22.    In 2023, the Convention secretariat led the development of a toolkit for article 17 of the WHO Framework Convention on Tobacco Control, with inputs and contributions from the following agencies: FAO; the International Labour Organization (ILO); UNDP; the United Nations Office on Drugs and Crime (UNODC); and WHO.[12]

---

[12] See https://fctc.who.int/publications/m/item/toolkit-for-article-17-of-the-who-framework-convention-on-tobacco-control.

*Assistive technologies, rehabilitation and sensory disabilities*

23.    In 2023, WHO and the Task Force secretariat started developing a methodology for conducting country-level assistive technology investment cases. The methodology includes both an economic and narrative analysis. The economic analysis is aimed at estimating: (a) the unmet need for assistive technology, such as eyeglasses, hearing aids, wheelchairs and prosthetics; (b) the costs of interventions to improve equitable access to such technology; (c) the health-related and more general economic benefits; and (d) the return on investment. The narrative analysis seeks to review the policy environment and resources available for scaling up access to assistive technologies. The work is being finalized and incorporated into the WHO assistive technology capacity assessment instruction manual,[13] with two national investment cases being piloted in 2024.

*Global Regulatory and Fiscal Policy Capacity Building Programme*

24.    The Global Regulatory and Fiscal Policy Capacity Building Programme on healthy diets and physical activity (Global RECAP), which is implemented by WHO and the International Development Law Organization, in coordination with the International Development Research Centre, has now entered its second phase, through the ongoing support of the Swiss Agency for Development and Cooperation and additional support from the European Union.

25.    The Programme supports countries to build their regulatory and fiscal capacity for the development, adoption, implementation and monitoring of cost-effective, evidence-informed, coherent and equitable measures to promote healthy diets and physical activity. The second phase allows for the continuing of activities in Bangladesh, Kenya, Sri Lanka, the United Republic of Tanzania and Uganda, and for new activities in Ghana, Indonesia, Mauritius, Nepal and Thailand.

**Working groups and work streams**

*Protocol to Eliminate Illicit Trade in Tobacco Products*

26.    Examples of how Task Force members were supporting parties to implement the Protocol to Eliminate Illicit Trade in Tobacco Products were described in the 2023 report to the Council.

27.    In 2023, the Convention secretariat and UNDP partnered to jointly strengthen implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products, with a view to achieving the Sustainable Development Goals. Efforts are under way to develop a report that demonstrates the harms of the illicit tobacco trade and how combating it can advance Sustainable Development Goals 3, 8, 16 and 17, by improving public health, driving economic growth, increasing government revenue, weakening organized crime and strengthening governance and international collaboration. UNDP is also mapping the resources that Task Force members can make available to countries to support action on the illicit trade in tobacco products.

28.    The Convention secretariat and UNODC are working together on approaches to collect, process and store data gathered through web scraping of open data on individual seizures of tobacco products, so as to improve the scope and quality of data collected on the illicit trade in tobacco products.

---

[13] See https://www.who.int/publications/i/item/9789240019065.

*Nutrition*

29.    UN-Nutrition is the United Nations coordination mechanism for nutrition outcomes.[14] The UN-Nutrition secretariat convenes the Task Force nutrition working group.

30.    In 2023, the nutrition working group updated the nutrition checklist for Task Force country missions. UN-Nutrition contributed to key messages and reports that were promoted by the Initiative on Climate Action and Nutrition at the fifty-first plenary session of the Committee on World Food Security, which took place from 23 to 27 October 2023, and at the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, which took place from 30 November to 13 December 2023.

31.    In 2023, plans were developed for a joint mission to provide support to a small island developing State on climate change and healthy diets, in line with the Initiative on Climate Action and Nutrition and the 2023 Bridgetown Declaration on Non-Communicable Diseases and Mental Health.[15] At the seventy-eighth session of the General Assembly, a side event was convened by UN-Nutrition, Scaling Up Nutrition and WHO on integrating essential nutrition actions in universal health coverage.[16]

32.    The UN-Nutrition secretariat, FAO, the United Nations Environment Programme (UNEP), UNICEF, WFP and WHO are members of the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All, and report to Task Force meetings on the actions of the Coalition, exploring collaborative opportunities to advocate for the prevention of non-communicable diseases and addressing malnutrition in all its forms.[17]

*Mental health, brain health and substance use*

33.    The Task Force promotes inter-agency collaboration on global mental health to improve public health, universal health coverage, the protection of human rights and broader sustainable development. In 2023, WHO updated its mental health gap action programme guideline for mental, neurological and substance use disorders.[18] Inter-agency capacity to implement the programme in humanitarian settings was also strengthened through the online training of humanitarian actors in 20 countries.

34.    Over the last 10 years, WHO has been partnering with governments, Task Force members and civil society organizations to implement the QualityRights initiative and tools to promote quality care and human rights in mental health.[19] The QualityRights e-training course on mental health, recovery and community inclusion is now available in 11 languages and is being rolled out across 21 countries to support national efforts to reform mental health-related laws, policies, services and practices, in line with international human rights standards. To date, 55,600 people in 155 countries have completed the training.

---

[14]  See https://www.unnutrition.org/wp-content/uploads/UN-Nutrition-Strategy-2022-2030_WEB_28Oct2022_EN.pdf.

[15]  See https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf?sfvrsn=5feda33f_11&download=true.

[16]  See https://www.unnutrition.org/events/integrating-essential-nutrition-actions-universal-health-coverage.

[17]  See https://www.who.int/initiatives/food-systems-for-health/the-coalition-of-action-on-healthy-diets-from-sustainable-food-systems-for-children-and-all.

[18]  See https://iris.who.int/bitstream/handle/10665/374250/9789240084278-eng.pdf?sequence=1.

[19]  See https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools.

35.    WHO and the Office of the United Nations High Commissioner for Human Rights launched a document entitled "Mental health, human rights and legislation: guidance and practice" in 2023. [20] The publication provides guidance on legal provisions to promote deinstitutionalization, access to good-quality person-centred community mental health services. The publication also highlights how laws can address stigma and discrimination, and provides concrete measures for eliminating coercion in mental health services, in favour of practices that respect people's rights and dignity. The process for developing, implementing and evaluating mental health-related laws to ensure alignment with current human rights standards is also included.

36.    The UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents has facilitated the development of joint workplans for child and adolescent mental and brain health for the period 2022–2024, in partnership with Governments in 13 countries. More than half of those countries have strengthened cross-sector coordination through multisectoral steering committees, support frameworks and/or national action plans. Over 3,000 health-care staff, teachers and community workers have been trained on how to include mental health interventions in primary and community health services under the programme.

37.    WHO and UNICEF published the global report on children with developmental disabilities in 2023,[21] with widespread dissemination in partnership with civil society partners, including the International Cerebral Palsy Society and Autism Speaks.

38.    With the support of WHO, UNICEF is integrating perinatal mental health in maternal and child health into the steering group for the development of the Caring for the Caregiver training module to build front-line workers' strengths-based counselling skills, with a view to increasing caregivers' confidence and helping them to develop stress management, self-care and conflict-resolution skills to support their emotional well-being.[22]

39.    The Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, together with UNDP and UNICEF, continue to support the integration of mental, neurological and substance use disorders in Global Fund proposals. As a result, 25 countries have prioritized mental health in their HIV proposals.

40.    In 2023, UNODC, WHO and other partners drafted a progress report on Sustainable Development Goal target 3.5, (strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) for publication in 2024. The report is focused on alcohol consumption and treatment coverage.

41.    In 2023, WHO convened a dedicated meeting with United Nations system agencies and intergovernmental organizations on implementing the action plan 2022–2030 to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Further discussions were held during Task Force meetings.

*Substance use*

42.    In 2023, UNODC treatment, care and rehabilitation initiatives reached an estimated 47,300 people with drug use disorders in 33 countries of Latin America and the Caribbean, sub-Saharan Africa, South-Eastern Europe and Asia, including through

---

[20] See https://iris.who.int/bitstream/handle/10665/373126/9789240080737-eng.pdf?sequence=1.
[21] See https://www.who.int/publications/i/item/9789240080232.
[22] See https://www.unicef.org/documents/caring-caregiver.

the UNODC-WHO Programme on Drug Dependence Treatment and Care,[23] and a large-scale project in Afghanistan.

43. UNODC launched the Children Amplified Prevention Services initiative in 2023. The initiative seeks to amplify the resilience of children from birth to adolescence, with the aim of preventing the use of drugs and other psychoactive substances during childhood and adolescence.[24]

44. In 2023, UNODC expanded its evidence-based interventions to prevent drug use and other risky behaviours in families and schools in 11 new countries, bringing the total number of countries to 51. UNODC published an extension to the UNODC/ WHO International Standards on Drug Use Prevention[25] and a review of national prevention systems in Norway based on these standards.[26]

*Non-communicable diseases and human rights*

45. The human rights team of the Task Force held a dialogue on non-communicable diseases with the Committee on Economic, Social and Cultural Rights in February 2023, and one on tobacco control in October 2023, to encourage the Committee to support State parties in implementing their obligations under the International Covenant on Economic, Social and Cultural Rights more effectively. A training session was held to help civil society organizations to strengthen their capacity to engage effectively with the United Nations human rights mechanisms, in particular the two above-mentioned committees. The session was also aimed at promoting the integration of human rights norms and standards into advocacy for the prevention and treatment of non-communicable diseases. A former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health made a presentation.

46. The human rights team organized a special thematic session on human rights-based approaches to the prevention, treatment and control of non-communicable diseases during the twenty-first meeting of the Task Force, with a focus on national-level implementation. The outcomes are being used to update the team's workplan. A set of advocacy messages on the importance of integrating the non-communicable disease and human rights agendas has been published.[27]

*Non-communicable diseases and humanitarian emergencies*

47. The Office of the United Nations High Commissioner for Refugees (UNHCR) continues to convene the informal inter-agency group on non-communicable diseases in humanitarian settings. The group is working on: (a) finalizing a publication on underresearched areas of non-communicable diseases in humanitarian settings; (b) developing a core set of non-communicable disease indicators in humanitarian settings; and (c) a follow-up study on access to diabetes care.

48. From 27 to 29 February 2024, WHO and UNHCR co-organized a global high-level technical meeting on non-communicable diseases in humanitarian settings in

---

[23] See https://www.who.int/initiatives/joint-unodc-who-programme-on-drug-dependence-treatment-and-care#:~:text=The%20Joint%20UNODC-WHO%20Programme%20on%20Drug%20Dependence%20Treatment,drug-related%20harm%20to%20individuals%2C%20families%2C%20communities%20and%20societies.

[24] See https://www.unodc.org/res/prevention/champs_html/CHAMPS_Booklet.pdf.

[25] UNODC and WHO published a second updated edition of the International Standards on Drug Use Prevention.

[26] See https://www.unodc.org/documents/prevention/reps_norway_report_pre_publication_version.pdf.

[27] See https://uniatf.who.int/docs/librariesprovider22/default-document-library/advocacy-messages-(final-23apr24).pdf?sfvrsn=86b557ad_1&download=true.

Copenhagen, as part of preparations for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases scheduled to take place in 2025.[28] The meeting was hosted by the Governments of Denmark, Jordan and Kenya. Experts on non-communicable diseases, emergencies, refugee issues and health systems from 100 Member States, United Nations agencies, academic bodies, non-State actors, donor groups, philanthropic entities and financial institutions agreed on ways of better integrating non-communicable diseases into humanitarian responses in acute and protracted settings and of making recommendations ahead of the high-level meeting in 2025.

49. To support discussions at the meeting, the Task Force secretariat worked on a report on how non-communicable diseases and mental health are being integrated into United Nations Sustainable Development Cooperation Frameworks in countries with an ongoing emergency or crisis.[29]

*Assistive technology in humanitarian crises*

50. In 2024, it is estimated that around 166 million individuals in humanitarian crises will require health assistance.[30] Currently, only a small number of nations incorporate assistive technology and rehabilitation into their emergency preparedness or initial response strategies.

51. In 2023, WHO and the Task Force secretariat developed a call for support to raise awareness about assistive technologies and rehabilitation in humanitarian crises and advocate for resources. The focus is on working with United Nations and other partners to: (a) develop evidence-based guidance; (b) address procurement challenges; (c) integrate assistive technology and rehabilitation needs into existing systems; and (d) build workforce capacity. The call for support will be published in 2024.

*Non-communicable diseases and the environment*

52. A new online training course entitled "Air pollution and health: an introduction for health workers" was launched by WHO in 2023.[31] Over 9,000 individuals from 173 countries have participated in the course to date. In 2023, WHO piloted an air pollution and health training toolkit for health workers in Ghana, which will be rolled out in 2024.[32] In 2023, a new initiative estimating the morbidity from air pollution and its economic costs was developed by WHO and international experts to provide expert technical and advisory support on the adverse health effects of air pollution and the different morbidities it causes.[33]

53. WHO, the World Meteorological Organization, UNEP, the World Bank, the United Nations Human Settlements Programme (UN-Habitat) and the Economic Commission for Europe continue to work together to support countries in tackling the health effects of air pollution. Activities in this area include collaboration between WHO, UN-Energy and the multi-stakeholder technical advisory group on Sustainable Development Goal 7, as part of the efforts to achieve Sustainable Development Goals 3, 7 and 11.

54. In Ethiopia, India and Mongolia, UNDP supported ministries in charge of the environment and health to develop legal environmental assessments of air pollution

---

[28] See https://www.who.int/news-room/events/detail/2024/02/27/default-calendar/global-high-level-technical-meeting-on-noncommunicable-diseases-in-humanitarian-settings.

[29] See https://iris.who.int/bitstream/handle/10665/376749/9789240093669-eng.pdf?sequence=1.

[30] See https://www.who.int/emergencies/funding/health-emergency-appeals/2024.

[31] See https://openwho.org/courses/air-pollution-health-workers.

[32] See https://www.who.int/publications/i/item/9789240077973.

[33] See https://www.who.int/activities/estimating-the-morbidity-from-air-pollution-and-its-economic-costs.

and strengthen strategic planning with respect to air pollution and health, including in terms of non-communicable diseases.

55. WHO, UNDP, the Department of Economic and Social Affairs and the World Bank continue to convene the Health and Energy Platform of Action, with the support of the International Renewable Energy Agency, to increase cooperation between the health and energy sectors, particularly in relation to clean cooking and the electrification of health-care facilities.

56. In 2023, WHO, the World Bank, Sustainable Energy for All and the International Renewable Energy Agency published a report entitled "Energizing health: accelerating electricity access in health-care facilities". In the report, it was estimated that close to 1 billion people in low- and lower-middle-income countries are served by health-care facilities without reliable electricity access or with no electricity access at all.[34] Accordingly, the Gavi Alliance, UNICEF, the SELCO Foundation and WHO are supporting the electrification of 1,000 health-care facilities across Ethiopia, Pakistan, Uganda and Zambia, using decentralized solar systems.

57. The BreatheLife campaign, co-led by WHO, UNEP and the World Bank, continues to work with 79 cities and countries to address air pollution and to meet WHO air quality guidelines.

58. Among other relevant United Nations system collaborations is the United Nations Coalition on Combating Sand and Dust Storms. Both sand and dust storms have an impact on health, including on non-communicable diseases.[35]

59. In 2023, UNDP, UNEP, WHO and the Task Force secretariat agreed to undertake initial joint programming missions in selected countries to bring attention to the effects of air pollution on non-communicable diseases.

*Non-communicable diseases in the workplace*

60. WHO and ILO co-chaired a global forum on healthy, safe and resilient workplaces in November 2023, in response to high-level meetings of the General Assembly on universal health coverage and non-communicable diseases, during which countries committed to building healthier and safer workplaces and improving access to occupational health services. As a result of the forum, WHO and ILO will develop a global framework for action on health at the workplace, in order to provide a coherent approach to preventing work-related diseases and injuries, promoting health and well-being, and protecting working people from emergencies.

61. ILO and WHO participated in the international occupational health summit that was held in Muscat, in February 2024, to enable leaders from private and public sector enterprises to exchange best practices around non-communicable diseases and mental health in the workplace.

*Comorbidities associated with non-communicable diseases and mental health*

62. The Task Force working group on non-communicable diseases and communicable diseases comorbidities fosters collaboration and coordination between Task Force members and international partners. The working group has developed a public repository that collects political declarations, guidelines, briefs and reports to promote ever stronger action across communicable and non-communicable diseases.[36] The working group has also been contributing to the development of the non-communicable diseases and communicable diseases comorbidities investment case methodology,

---

[34] See https://iris.who.int/bitstream/handle/10665/365657/9789240066960-eng.pdf?sequence=1.
[35] See United Nations Coalition on Combating Sand and Dust Storms.
[36] See https://uniatf.who.int/collaborations/co-morbidities.

focusing on the relationship between non-communicable diseases and tuberculosis and HIV.

63.    Task Force members contribute to the inter-agency working group on mental health and comorbidities, which is led by United for Global Mental Health. The working group shares and disseminates tools and resources across its membership and beyond, supports national-level resource mobilization and develops coordinated advocacy on integrating mental health in HIV and tuberculosis programmes.

*Urban Health*

64.    A briefing session on "A better quality of life for all in an urbanizing world: promoting health and well-being" was held on 6 June 2023 during the UN-Habitat General Assembly in Nairobi.[37] The event, which was organized by UN-Habitat and WHO, in collaboration with the Convention secretariat, the Office of the United Nations High Commissioner for Human Rights, UNICEF and the Task Force secretariat, illustrated how integrated approaches can lead to better urban health outcomes. The session served to showcase recent publications on health and development by different partners, and identify actions required for healthier cities and regions, including the need to understand and work with the administrative mechanisms and financing processes of cities.

65.    Other activities advanced in 2023 included: (a) the healthy cities programme in the Eastern Mediterranean Region and the use of urban indicators to assign healthy city status; (b) collaboration between UN-Habitat and the International Olympic Committee to develop strategies for repurposing urban spaces for exercise and sporting activities in Olympic cities; (c) the development by UN-Habitat and UNODC of a strategy for urban safety and security; and (d) planning for a possible Task Force side event at the World Urban Forum scheduled to take place in Cairo, in 2024.

## B.    Mobilizing resources

66.    WHO, UNDP and UNICEF established the United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health (Health4Life Fund) in 2021. As founding strategic partners of the Fund, Kenya, Thailand and Uruguay contribute to its strategic direction, advocate for it to be fully capitalized and broker relationships with new investors. The NCD Alliance and United for Global Mental Health are observers on the steering committee. Strategic discussions on the support provided by Kenya for the Health4Life Fund were held in Nairobi, in November 2023, between the Health4Life secretariat, the Government of Kenya, the United Nations country team and civil society representatives.

67.    At its 2nd meeting held in June 2023,[38] the steering committee agreed on actions for accelerating engagement with Member States and non-State actors to mobilize resources in 2023 and 2024.

68.    During the high-level week of the seventy-eighth session of the General Assembly, the Government of Scotland announced a commitment of 2.5 million pounds sterling for the Health4Life Fund. Throughout 2023, discussions on joining the Fund were held with several Member States and development partners. In addition, the Fund policy for engaging with non-State actors was finalized, with the Soroptimist International Africa Federation being the first non-State partner to join

---

[37] See https://uniatf.who.int/docs/librariesprovider22/default-document-library/un-habitat-general-assembly-briefing-event-6-june-23-summary-(23jan24).pdf?sfvrsn=ac779df1_1&download=true.

[38] See https://uniatf.who.int/docs/librariesprovider22/default-document-library/second-steering-committee---un-health4life-fund.pdf?sfvrsn=72425f7d_5&download=true.

and support action on cervical cancer. In 2023, the Federation undertook initial fundraising and awareness-raising activities. The Health4Life secretariat attended the Future Investment Initiative conference in Riyadh. The Fund has a new visual identity and was featured in the United Nations New Special magazine.[39]

69. In December 2023, the Health4Life Fund invited selected sub-Saharan countries to apply for funding through a competitive process, with the expectation that grants would be awarded to successful applicants in 2024.

## C. Harmonizing action and forging partnerships

### Non-communicable diseases and mental health in United Nations Sustainable Development Cooperation Frameworks

70. Since 2014, the Task Force has been reviewing how non-communicable diseases and mental health are included in United Nations Sustainable Development Cooperation Frameworks, in order to: (a) identify gaps in United Nations country support for reaching non-communicable diseases-related and mental health-related Sustainable Development Goal targets; and (b) encourage ever greater whole-of-United Nations system action at the country level.[40] The most recent analysis was conducted in 2023 and will be published in 2024. Preliminary results indicate that of the 97 Cooperation Frameworks published in 2022 and 2023, 76 per cent included non-communicable diseases and 86 per cent included mental health. These percentages have not changed significantly since 2014.

71. The results of the analysis were discussed at the twenty-second meeting of the Task Force, with members recommending that the Task Force secretariat work with United Nations country teams whose Cooperation Frameworks are expiring, to encourage the inclusion of non-communicable diseases and mental health into their new Cooperation Frameworks.

72. A more detailed analysis was also conducted on the inclusion of non-communicable diseases and mental health in Cooperation Frameworks in countries with ongoing emergency responses. The results were presented at the global high-level technical meeting on non-communicable diseases in humanitarian settings held in Copenhagen. Cooperation Frameworks were available for 33 of the 38 countries identified as having an ongoing emergency response (as at January 2024) by UNHCR, the Office for the Coordination of Humanitarian Affairs, and/or WHO. Of those 33 countries, 48 per cent (16) included non-communicable diseases and 73 per cent (24) included mental health. The results highlight that greater efforts are needed to ensure that Cooperation Frameworks in emergency settings include non-communicable diseases and mental health.

### Non-communicable diseases and mental health in the policies and plans of Task Force member governing bodies

73. The Task Force encourages its members to integrate non-communicable diseases and mental health into the policies and budgets of their governing bodies. In 2023, the members of the Task Force were invited to provide information on such integration. In total, 34 of the 46 members responded; 82 per cent (28 out of 34) indicated that non-communicable diseases were included in the policies of their governing bodies, and 50 per cent (17 out of 34) indicated that non-communicable diseases were included in the budgets of their governing bodies. However the

---

[39] See https://uniatf.who.int/about-us/news/item/04-09-2023-un-new-special-magazine-features-the-health4life-fund.

[40] See https://uniatf.who.int/guidance-publications/un-sustainable-development-frameworks.

numbers concerning mental health were lower, with only 68 per cent of members (23 out of 34) indicating that it was included in the policies of their governing bodies, and 26 per cent (9 out of 34) indicating that it was included in the budgets of their governing bodies. Additional efforts are needed to advocate for increased integration.

### United Nations regional commissions

74.    The Task Force secretariat and the United Nations regional commissions have started preliminary discussions on the development of a collaborative plan of action to raise awareness about non-communicable diseases, mental health and the work of the Task Force.

### Africa Centres for Disease Control and Prevention

75.    In 2023, the Africa Centres for Disease Control and Prevention, UNDP and the Task Force secretariat finalized a proposal for a joint programme of work to support the delivery of the non-communicable diseases, injuries prevention and control and mental health promotion strategy (2022–2026) of the Africa Centres for Disease Control and Prevention.[41]

76.    UNDP and the Task Force secretariat participated in a training seminar, which was held in Morrocco and led by the Africa Centres for Disease Control and Prevention, for leaders from African Union member States working on non-communicable diseases, injury prevention and control, and mental health promotion.

77.    The Africa Centres for Disease Control and Prevention, UNDP, the Task Force secretariat and the World Diabetes Foundation led a side event entitled "Non-communicable diseases as a governance issue: multisectoral approaches and integrated primary healthcare", during the third international conference on public health in Africa held in Zambia.

### Friends of the Task Force

78.    The eighth annual meeting of the Friends of the Task Force, held during the seventy-eighth session of the General Assembly, was hosted by the Government of India and WHO. The theme was "Innovating to scale up technical support with and for Member States to deliver the health-related Sustainable Development Goals targets".[42]

### Task Force awards

79.    In 2023, awards were presented in partnership with the WHO Department of Digital Health and Innovation and ITU to emphasize the importance of digital technologies. Nine winners were announced at the meeting of the Friends of the Task Force held in 2023.[43] For the awards to be presented in 2024, the Task Force is collaborating with the WHO Department of Health Product Policy and Standards to recognize the importance of assistive technology for addressing non-communicable diseases and mental health.

80.    The Task Force secretariat is establishing a network of former Task Force award winners to assess the impact of the awards on their work, learn about ongoing initiatives, facilitate the exchange of best practices and offer peer support and mentorship.

---

[41] See https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/.

[42] See https://uniatf.who.int/about-us/news/item/19-09-2023-un-ncd-task-force-celebrates-10-years-at-the-united-nations-general-assembly.

[43] See https://uniatf.who.int/about-us/news/item/19-09-2023-2023-un-ncd-task-force-awards.

**Meetings of the Task Force**

81.   The twenty-first meeting of the Task Force, which was held from 10 to 12 October 2023, was hosted in Vienna by the International Atomic Energy Agency; 23 members participated.[44] The twenty-second meeting, which was held from 5 to 7 March 2024, was hosted by WHO; 30 members participated, including the United Nations Road Safety Fund, which joined the Task Force in 2023.[45]

**Updating the Task Force website**

82.   To enhance the Task Force's communication with its members and enable Member States and development partners to access information more effectively, a new website was launched in 2023.[46]

## D.   Being an exemplar of United Nations reform

83.   The Task Force continues to encourage and support its members to work as one in supporting Government responses to the non-communicable disease-related and mental health-related targets of the Sustainable Development Goals and broader public health goals. Examples of working as one include joint programming missions, joint programmes, thematic groups and the Health4Life Fund.

84.   Efforts continue to be made to encourage United Nations entities to demonstrate leadership in tobacco control by moving towards 100 per cent smoke-free campuses and preventing tobacco industry interference among United Nations agencies, in line with the Task Force's model policy[47] and step-by-step guide.[48] The Alert Network for Tobacco Industry Involvement, which was established in 2022, now serves as an early warning system for Task Force members on potential or actual tobacco industry involvement or interference in events or activities in which Task Force members may be involved. In 2023, the Convention secretariat developed a video on the model policy and another on the tobacco industry and its adverse effects on the Sustainable Development Goals.[49]

**Joint independent evaluation of the work of the Task Force**

85.   The terms of reference for evaluating the work of the Task Force were finalized in 2023. The evaluation, which is to be conducted in 2024, will provide recommendations for enhancing the Task Force's effectiveness in supporting Member States and their development partners in scaling up action on non-communicable diseases and mental health conditions, in line with Sustainable Development Goal target 3.4, and as part of universal health coverage and the broader 2030 Agenda for Sustainable Development. The evaluation will also inform the next Task Force strategy and potential updates to the current strategy. Guided by the main criteria of the United Nations Evaluation Group, the evaluation will consider the relevance, effectiveness, efficiency, coherence and, where possible, the impact and sustainability of the Task Force.

---

[44] See https://uniatf.who.int/docs/librariesprovider22/default-document-library/uniatf-21-summary.pdf?sfvrsn=9c708ac_2&download=true.

[45] See https://uniatf.who.int/docs/librariesprovider22/default-document-library/final-uniatf22-summary-(15apr24).pdf?sfvrsn=ba74b31d_1&download=true.

[46] See https://uniatf.who.int/.

[47] See https://fctc.who.int/publications/m/item/model-policy-for-agencies-of-the-united-nations-system-on-preventing-tobacco-industry-interference-(full-text) and https://fctc.who.int/publications/m/item/model-policy-for-un-agencies-on-preventing-tobacco-industry-interference.

[48] See https://fctc.who.int/publications/i/item/how-to-make-your-campus-smoke-free.

[49] See https://www.youtube.com/watch?v=wr6Y53W2KPk&t=7s and https://www.youtube.com/watch?v=Vb9ETgSvh44&t=10s.

## IV. Recommendations

86. **The Economic and Social Council is invited to:**

(a) **Take note of the present report and the continuing impact of the work of the Task Force in supporting Member States to reduce the burden of non-communicable diseases, improve mental health and meet broader health-related Sustainable Development Goals at the country level;**

(b) **Call upon the Task Force to identify opportunities to build informal networks of parliamentarians and ministries of finance to advocate for and exchange experiences in investment and action on non-communicable diseases and mental health;**

(c) **Call upon Task Force members to support all countries, upon their request, in strengthening, implementing and evaluating multisectoral national action plans for non-communicable diseases and mental health, in line with Sustainable Development Goal target 3.4, universal health coverage and broader health-related development targets;**

(d) **Call upon WHO, UNDP, UNICEF and other Task Force members to work with bilateral, multilateral and other development partners to mobilize additional resources for the Health4Life Fund and explore opportunities for new and innovative ways of mobilizing resources;**

(e) **Take note of the WHO and ITU global business case on digital health for non-communicable diseases;**

(f) **Call upon Task Force members to support Member States in intensifying the use of digital health technologies for the prevention and control of non-communicable diseases and mental health conditions;**

(g) **Call upon the Task Force to provide technical and capacity-building support to countries to improve access to assistive technology, including for the development, implementation and strengthening of policies, ensuring adequate and trained human resources and mobilizing resources;**

(h) **Call upon the Task Force to work with development partners, civil society and the private sector to mobilize resources to implement the call for support for providing assistive technologies and rehabilitation in humanitarian crises;**

(i) **Call upon Task Force members to scale up support for Member States in fully implementing the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products;**

(j) **Call upon Task Force members to scale up their support to Member States in implementing the WHO Global Alcohol Action Plan 2022–2030;**

(k) **Call upon Task Force members to include the outcomes of a joint independent evaluation of the Task Force into the report to the Council in 2025;**

(l) **Call upon Task Force members to support Member States in their preparations for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases;**

(m) **Call upon Task Force members to identify opportunities to highlight non-communicable diseases and mental health and the work of the Task Force at their senior management and governing body meetings.**

———————