Workplan for the UN Task Force on the Prevention and Control of NCDs[1] covering the period 2014-2015

Final Report as of March 2016

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National 1. Follow up on the second joint letter from the Administrator of UNDP and the Director-General of WHO to United Nations country teams to reiterate the importance of mainstreaming NCDs into the UNDAF roll-out processes, committing to a coherent UN System response, and encouraging UNCTs to: i) Accelerate the development of multisectoral joint programmes on the prevention and control of NCDs with a clear determination of financing, agency roles and coordination in the UNDAFs (UNDP, UNICEF, WB, WHO).	Importance of the two letters highlighted in joint WHO-UNDP webinars and through regular follow up with countries. Importance of incorporating NCDs into UNDAFs was highlighted as a WHO priority (2014-2015 Programme Budget Output Indicator 2.1.1 – target of 30 countries from a baseline of 15). Now highlighted as a WHO priority (2015-2016 Programme Budget Output Indicator 2.1.1 – target of 42 countries from a baseline of 35). Joint programmes at national level being promoted through UNCTs and as NCDs are incorporated into UNDAFs. At global level implementation of a joint programmes between ITU and WHO (action 15) , and contours agreed between agencies for three others (actions 3, 16 and 17).
ii) Support governments to develop national targets that build on the WHO Global Action Plan, including the 9 voluntary global targets to be attained by 2025 (UNDP, UNICEF, WHO).	During 2014 and 2015, WHO has worked with a number of countries to provide support for this process. The UNIATF has provided political support for this process in the countries that it has visited during 2014 and 2015.
iii) Assist governments in the development, implementation and monitoring of national multisectoral policies and plans to achieve their national targets, in line with the WHO Global Action Plan (UNDP, UNICEF, WB, WHO).	Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several NCDs and shared risk factors included as an output indicator in the 2014-2015 programme budget with a baseline of 75 and target for end 2015 of 110. The promotion of multisectoral joint programmes on the prevention and control of NCDs is being undertaken through UNCTs and joint UNIATF missions, dissemination of experience, joint UNDP-WHO webinars, capacity building at country, regional and global levels. Current review taking place to determine progress toward the 2015 target of 110 and set a target for the next biennium.
2. Integrate NCDs into wider policies and plans (e.g. HIV, reproductive health and food security (FAO, SCN, UNAIDS, WHO).	Members of the Task Force in 2014 and 2015 continued the work on integrating NCDs into their governing body policies, strategies and plans. A return from 2014 and/or end-2015 is now available for 30 Task Force members. Around one half have included NCDs into their mandates and have already operationalised programmes and projects with an obvious NCD component focused on the prevention, diagnosis, management or rehabilitation of NCDs. Of the remaining 50% , there seems to be an interest in incorporating NCDs into their policies and programmes.

[1] This workplan is not exhaustive and does not preclude taking forward other activities that arise, as long as such activities are aligned with the workplan, the Task Force's Terms of Reference and Division of Tasks and Responsibilities.

[2] Lead agencies (in alphabetical order) are provided for each action. Other agencies will contribute to delivery action/activities as appropriate.

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3. Joint country analysis/assessment by the UN IATF to build the business case for investment in NCDs and action through the UNDAF (UNDP, WHO).[3]	UNIATF country missions have stimulated demand for the NCD investment cases. Over a dozen countries have made requests for support. The methodology of the NCD investment case was finalized in 2015 and the Task Force and Global Coordination Mechanism collaborated on a pilot of the initiative by developing an investment case for action on NCDs in Barbados. A new UNDP-WHO Global Joint Programme (Catalysing Multisectoral Action on NCDs) has been developed a will include support for these investment cases At COP6 in 2014 the Conference of Parties in Decision COP6/17 requested WHO, UNDP and the WB to help countries develop the 'business case for tobacco control.' This has been incorporated into the methodology.
4. 30 UNDAF's published in 2014 and 2015 and being prepared for 2016 that integrate NCDs and the implementation of the FCTC (UNDP, WHO).[4]	35 countries (15 in 2014 and 20 in 2015) have rolled out UNDAFs which now integrate NCDs as a part of the results based matrix. For the purposes of linking the activities of WHO during the current biennium to the outcomes to be achieved on 31 December 2017, WHO has set the target of 42– the baseline of 35 plus an additional 7 countries.
5. Joint funding and convening by the UN IATF of in-country workshops in x countries as part of the development of national NCD plans with UN agencies and government officials participating to agree on the content and financing of multisectoral plans for the prevention and control of NCDs (UNDP, WHO).[5]	None conducted. Reviewing opportunities for 2016.
Regional level 6. Agreement on the architecture for UN collaboration at the regional level with agreed approach rolled out in 2 regions (WHO).	Interagency Thematic Group on NCDs and Social, Economic and Environmental Determinants (SEEDS) in the WHO European Region established. In 2015, the group agreed on terms of reference and two videoconferences were held among the group members to discuss collaboration and follow-up to the work plan in January and April 2015. In addition, several bilateral meetings between agencies took place. The work plan consists of five overall objectives and related outputs: 1. Enhanced and better coordinated support to Member States (implementation of global recommendations, drafting and implementing of regional recommendations, enhanced coordination on SEEDs) 2. Better information exchange (increased information exchange on SEEDs and NCDs) 3. Increased resources for the implementation of national efforts and agreed activities (national capacity for

[3] The following countries have been provisionally identified by the Task Force for support from the Task Force: Barbados, Belarus, China, India, Iran, Kenya, Mozambique, Turkey, Viet Nam.

[4] See http://www.undg.org/docs/13340/140210_UNDAF%20ROLL%20List%20for%20Publishing%202013-2016.pdf for the list of UNDAF/ISF roll-outs 2013-2016.

[5] Initial countries per footnote 4.

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	follow-up on the recommendations and to work across sectors) 4. Raise the priority of NCDs, governance of health and SEEDs and ensure inclusion in UNDAF processes (increased awareness of UNCTs and partners) 5. Joint reporting (RCM ownership, joint ECA input and visibility in relation to the 2016 review on the implementation of the global action plan.) Pacific Regional UN thematic group on NCDs established in 2014 and meets every quarter. The group's membership includes all the UN agencies present in the Pacific Islands, and it was agreed in April 2015 meeting that the Secretariat of the Pacific Community (SPC) as a lead partner on NCDs should also be invited to join the group.
7. Second joint letter published from the Administrator of UNDP and the Director-General of WHO to United Nations country teams (UNDP, WHO).	2nd joint letter issued on 24 February 2014 (http://www.who.int/nmh/UNDP_WHO_Joint_letter_on_NCDs_24Feb2014.pdf?ua=1).
8. Develop and disseminate a series of "how to" notes: (i) how to do multisectoral strategic planning for NCD.	Guidance for Multisectoral Action for NCDs for non-health sector partners to be developed by UNDP and WHO. Will be completed in the first half of 2016. Action carried over to 2016-2017
8. Develop and disseminate a series of "how to" notes: (ii) the UNDAF process, how to get NCDs into UNDAFs, and how to get the UNCT working as one on NCDs.	In 2015 WHO and UNDP released a Guidance Note for Integrating NCDs into UNDAFs. As the audience for the Note was both UNCTs and governments (the two entities drafting UNDAFs), the one document covered the UNDAF process, how to get NCDs into UNDAFs, and how to get the UNCT working as one on NCDs. Disseminated through a series of webinars, Task Force country missions, and relevant global and regional meetings.
8. Develop and disseminate a series of "how to" notes: (iii) how to develop and implement national and local NCD coordination mechanisms.	Now forms part of the UNDP-WHO global joint programme on catalysing multisectoral action.
8. Develop and disseminate a series of "how to" notes: (iv) how to maximize the impact of World Bank loans for NCDs; and (v) the role of public expenditure reviews for NCD planning and sustainable financing (to be developed in 2014 and 2015), (UNDP, WB, WHO).	WB has started putting together a note on maximizing the potential of some of the WB financing instruments to address NCD control a risks factors. Most PERs do not have access to disease specific expenditure data, and as such would necessitate in depth studies requiring triangulation of medical records for tracer conditions (e.g., diabetes) with disaggregated cost data. Another option would be national health sub accounts for specific tracer NCDs, again a highly cumbersome and costly process. A cheaper and more straightforward method would be to estimate the population ROIs (rate of return) to specific investments for NCDs which could be pulled from project documents. WB is currently working on a few case studies and will be shared following internal review. Possibility to expand this work with WHO support. Action carried over to 2016-2017.

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9. Analyse available data from population-based surveys by income quintiles in low- and middle-income countries to enable policy-makers to understand the impact of NCDs and exposure to NCD risk factors in the world's two poorest income quintiles in low- and middle-income countries ("the bottom billion"), (UNDP, UNICEF, WB, WHO).	WB and WHO are working together to advance this action. The WB is planning to review the WB-sponsored household survey questionnaires in the existing WB databases to find out to what extent there include questions with respect to NCDs and risk factors which would allow disaggregated analyses for the poorest 40%. WHO and the WB will then work together to carry out the analysis. Action carried over to 2016-2017.
10. Identify a Member State which will submit a request to OECD/DAC to establish a Creditor Reporting System Code to track ODA on NCDs (WHO). UNIATF secretariat	Paragraph 33 of the Outcome document of the 2014 high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1 invites "the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code for NCDs in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of NCDs"
11. Development of a policy brief on NCDs and the right to health, (OHCHR, UNDP, WHO).	This target has not been met and will be deferred to 2016 and completed in tandem with a fact sheet on NCDs, gender and human rights. A draft will be circulated to the 6th meeting of the Task Force and the process of review and validation will begin then.
12. Outcome document from the Second International Conference on Nutrition (ICN2) commits ministers of health and ministers of agriculture to reverse the rise of obesity (FAO, UNSCN, WHO).	Work on ICN2 outcome documents started March 2014 through the Joint Working Group (JWG). After 12 meetings, Member States successfully completed their work in Oct 2013 at the Rome Open-Ended Working Group meeting with the finalization of the text for the Rome Declaration on Nutrition and Framework for Action (FFA). The Rome Declaration mentions obesity 5 times, including in §7, §12 e) describing the current trends and in §15 a) committing Member States to reversing the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups. The Framework for Action (FFA) which provides Member States with a menu of policy options for food systems change for better nutrition has 4 recommendations (out of 60 in total) for addressing childhood overweight and obesity. The FFA also proposes actions for sustainable food systems promoting healthy diets including recommendation 13, 14, 15 and 16 on development of healthy dietary guidelines and the reduction of saturated fat, sugars, salt/sodium and trans-fat from foods and beverages, regulatory instruments and establishment of standards to make healthy diets accessible in public facilities. This is a major step forward for the nutrition stakeholders to address malnutrition in all its forms.
13. Involvement of the ILO/WHO Joint Committee on Occupational Health in the review and development of programmes and actions to prevent occupational NCDs (WHO, ILO).	ILO contributed to the work WHO GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs (Working Group 3.1), in particular regarding the prevention of occupational non-communicable diseases and the promotion of health at the workplace. A meeting between senior officials from WHO and ILO explored the collaboration on occupational non-communicable

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	diseases – occupational cancer and occupational respiratory diseases and the preparations for a formal meeting of the WHO/ILO Joint Committee on Occupational Health, provisionally planned for 2016.
National 14. Provision of upstream policy advice and sophisticated technical assistance (in line with Annex 2 of the WHO Global NCD Action Plan 2013-2010) by the UNCT in x "in-depth" countries (see Footnote 4) to provide for Member States (WHO, UNDP, WB, UNICEF, UNFPA).	Joint UNIATF country missions to Belarus, Kenya, India, Tonga, Barbados, Democratic Republic of Congo, Mongolia, Sri Lanka and Mozambique to fast-track results. Plans agreed for missions to a further set of countries in 2016 and 2017. For further details see Joint Programming Missions at : http://www.who.int/ncds/un-task-force/country-missions/en/
15. mHealth (mCessation, mDiabetes and mWellness) initiative rolled out in to 8 countries (ITU, WHO).	*Countries* To date, 37 countries have expressed interest in the initiative. 8 countries currently in partnership. 1. Costa Rica. This was the first country to join the initiative. The first round of mCessation country activities has been concluded and the results are being evaluated. The programme has a good sustainable funding model by being funded directly from tobacco taxes ($1 million initial commitment from the Costa Rica MoH); 2. Senegal. The first mDiabetes campaign was carried out during the month of Ramadan this year (mRamadan). Multisectoral program which promotes overall health system strengthening – the SMS platform for mDiabetes has also been used to send 4 million Ebola prevention messages to the population; 3. Zambia. Focusing on mCervical Cancer, with the launch of country services planned for March 2015. Strong support from the Government, particularly from the First Lady; 4. Norway. The country's official partnership with the country will be launched in early November; 5. United Kingdom. Focusing on mHypertension . 6. Philippines**.** They are using a "copy and paste" model by borrowing the template from the cessation activities in Costa Rica to create their own country mCessation program quickly and effectively; 7. India. Engagement is in early stages but the government is firmly committed to e- and mHealth and is interested in partnering with the initiative; and 8. Tunisia. Formal engagement with the government has been made, and they have officially agreed to partner with the initiative for mCessation. Good political commitment. *Toolkits* These are a set of Planning and Implementation Documents (PIDs) to help guide countries in setting up mHealth services. The following are currently available: (i) mTobacco Cessation, (ii) mDiabetes, (iii) mCervical Cancer, (iv) mWellness, and (v) mHypertension. PIDS for digital platforms and monitoring and evaluation all well advanced in the draft stages and to be ready in 2016 *Partnerships* The initiative currently has official partners from a mix of: (i) bilateral donors (African Development Bank, Asian Development Bank); (ii) government organizations (Norway and PHE); telecommunications groups (Telenor, Verizon); (iii) pharmaceutical companies (GSK, Sanofi, IFPMA and Novartis); wellness groups (Bupa); and (iv) civil

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	society organizations (NCD Alliance). A global consultation reviewing the initiative's progress since inception was held in December 2015 with participation from countries, experts and global partners, with results feeding into the 2016 activities.
16. Expansion of the WHO/IAEA collaboration on cancer prevention, control and monitoring to support Member States in developing and implementing an effective, sustainable and comprehensive cancer control system in x countries which effectively addresses the cancer burden. (IAEA, IARC, WHO).	IAEA, IARC and WHO are working to operationalize a Joint Project on Cancer Control in seven Flagship Member States. During 2015, the three UN agencies have identified and agreed on the candidate countries in which an integrated comprehensive cancer control joint work will be developed, and are seeking consensus on the appropriate governance structure for cooperation. It is expected that this project will be launched in 2016.
16A. Conduct IAEA led interagency comprehensive cancer control capacity and needs assessment (imPACT) missions to x countries and support with implementation of priority actions (IAEA, WHO, IARC).	In the first 10 months of 2014, IAEA has led 10 inter-agency comprehensive cancer control capacity and needs assessment (imPACT Review) missions. The IAEA and WHO continue to collaborate and assist Member States with several cancer projects in the PACT Model Demonstration Sites, e.g. (i) breast and cervical cancer early detection in Viet Nam; (ii) palliative care services in Tanzania; (iii) early detection, diagnosis and treatment of cervical and paediatric cancers in women and children; and (iv) strengthening diagnostic services in Nicaragua.
17. Flagship project on addressing cervical cancer in x countries as part of existing national reproductive health programmes (WHO, IARC,IAEA , UNFPA, UNICEF).	The inter agency project document is now available and agreed upon by the technical partners. UNFPA has been designated as the AA of the joint programme. Different programme management modalities are currently under discussion. An MOU has been developed and is under revision by the legal departments of the participative entities. Effort have been pursued to link the ongoing interagency support to the GAVI HPV programme in 25 countries with this nascent joint programme on cervical cancer in order to develop synergy and ensure that a comprehensive cervical cancer prevention and control strategy is implemented at country level. Advocacy efforts have been conducted to publicise both the joint programme and GAVI's HPV programme amid the cervical cancer community, in particular during the London meeting "Investing in cervical cancer prevention 2015-2020: saving life now!" organized by Cervical Cancer Action in November 4-5, 2015.
18. NCDs included in the "Facts for Life" publication with a focus on promoting healthy lifestyles for children and families across the life course including physical activity, healthy diet, prevention of tobacco use and alcohol abuse and advocacy issues such as marketing of foods (UNICEF).	Based on substantive feedback and requests from stakeholders gathered from the consultation and country level pre-test process, the document has gone through substantive review with the following additions: •Mental health •Greater details on maternal and reproductive health •Guide to action for each level of societal influence Based on agreement in the 5th UNIATF meeting, the final draft will be sent to the UNIATF in November 2015 with expectation for feedback and endorsement from agencies to be secured before the end of 2015 for formatting and publication in early 2016.

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19. Programme to support implementation of the WHO Guidelines for the management of tobacco use and exposure to second-hand smoke in pregnancy undertaken in selected countries (UNFPA, UNICEF, WHO).	The guidelines are being translated in all official UN languages. UNICEF New York has been briefed on the guidelines, and on WHO plan to engage with Mauritius to test the guidelines through a proposed mHealth Tobacco Cessation project.
20. National capacity-building workshops held on overweight, obesity, diabetes and the law (IDLO, WHO).	Concept note developed to identify needs and interest at regional level. Being circulated with responses being received from regional counterparts. MOU between IDLO and WHO to be signed shortly, which will provide a framework for joint fund-raising, which should start in early 2015.
21. Global programme to support national efforts to increase access to affordable essential medicines and technologies for NCDs. The programme would include procurement practice and prescription practice (UNICEF, IAEA WHO)	1. WHO published a Discussion paper on Essential medicines and basic health technologies for noncommunicable diseases and Member States, UN agencies and other intergovernmental organizations, relevant NGOs, members of academia and relevant private sector entities was invited to share their comments in response to this WHO discussion paper. A revised version of the discussion paper wil be developed based on the 42 substantial inputs. 2. A web based tool box on: access to essential medicines and health technologies for NCDs was developed jointly by WHO Cluster for Noncommunicable Diseases and Mental Health and Essential Medicines and Health Products Department. It will be updated regularly as soon as new relevant publications are available; http://www.who.int/nmh/ncd-tools/target-9/en/ 3. A discussion paper was published under the WHO GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs (Working Group 3.1); http://who.int/entity/nmh/ncd-coordination-mechanism/Policybrief35.pdf 4. Interim report with recommendations to the Member States published: http://who.int/global-coordination-mechanism/wg3_1_interim_report_corrected_24aug_english.pdf and final report will be available in February. 5. International cooperation and multistakeholder engagement on access to medicines was discussed at the WHO GCM/NCD Dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases within the framework of North–South, South–South and triangular cooperation http://who.int/global-coordination-mechanism/dialogues/dialogue-international-partnership/en/ and in a workshop at the Gastein European Health Forum
22. First expert consultation on overweight, obesity, diabetes and the law in WPR, (WHO, IDLO).	First expert consultation on overweight, obesity, diabetes and the law in April 2014 in WPR held. http://www.wpro.who.int/mediacentre/releases/2014/20140411/en/ http://www.idlo.int/news/highlights/idlo-hosts-first-expert-consultation-overweight-obesity-diabetes-and-law-western http://sydney.edu.au/news/law/436.html?newsstoryid=13368

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23. Capacity across health, education and agricultural sectors strengthened through joint multisectoral workshops for increasing the availability and affordability of fruits and vegetables (FAO, ILO, WHO).	In addition to the information provided under Progress report, the following are additional activities undertaken. The WHO e-Library of Evidence for Nutrition Actions (eLENA) updated the information on the intervention related to increasing fruit and vegetable consumption to reduce the risk of noncommunicable diseases (http://www.who.int/elena/titles/fruit_vegetables_ncds/en/) in October 2015. An additional expert commentary on available evidence on this intervention was prepared in December 2015 and it is planned to have colleagues from concerned agencies (i.e. FAO) to review it as external expert reviewer before finalizing it. The WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health at its 8th meeting held in June 2015 reviewed the scoping of priority outcomes and effects on health and other issues related to the consumption of carbohydrates (CHO) with a view to update existing recommendations on CHO. This will include the updating of the existing recommendation of consuming more than 400g per day to prevent diet-related NCDs as this was based on the contribution of fruits and vegetables to dietary fibre.
24. Two workshops (sub-Saharan Africa and one global) on alcohol policy development and implementation for countries with high burden of interpersonal violence and infectious diseases (WHO, UNDP)	In implementation of a joint (WHO-UNDP) global initiative on alcohol, gender-based violence and infectious diseases (HIV and TB) the following activities were completed in 2014-2015: a) A regional meeting for countries of sub-Sahara Africa (9 countries) with follow up on its major conclusions. b) One-day meeting on interested parties (in collaboration with the Government of Norway and FORUT) on 5th May 2015. c) Second regional meeting for selected countries of Africa (8-10 countries) prepared and will take place 2-4 February 2016 in Gaborone, Botswana. Several other UN agencies were involved in the implementation of the above-mentioned activities, including UNAIDS and UNODC . New thematic group on harmful use of alcohol set up in 2015.
Global: 25. Exercise completed that maps existing and planned: (1) programme activities; (2) toolkits and guidance notes; (3) knowledge products; (4) advocacy materials; (5) training initiatives across members of the IATF (UNDP, WB, WHO) to opportunities for further collaboration at global, regional and country levels identified (WHO).	Annually updated publication "How NCDs are reflected in the governing body policies, strategies and plans" was posted on the UNIATF website in December 2014 and in February 2016. Details available at http://www.who.int/ncds/un-task-force/en/.
26. Quality Physical Education Guidelines finalized and pilot tested (WHO and UNESCO).	Four pilot countries have been selected to launch their national physical education policy revision in line with the Quality Physical Education Guidelines: Fiji, Mexico, South Africa and Zambia. In 2015, Governments' focal points have been designated and the planning of an inception briefing gathering all relevant stakeholders engaged in the field and UNESCO is in progress.

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	One National coordinator per country to orchestrate the project on the ground will be selected by March 2016. The whole project benefits from the expertise of partners such as the European Commission, the UNESCO International Bureau of Education (IBE), the International Council of Sport Science and Physical Education (ICSSPE), the International Olympic Committee (IOC), Nike, UNDP, UNICEF, and WHO. Moreover, the project roll-out is based on a close and long-term cooperation between UN agencies, notably with WHO and UNICEF providing technical backstopping in the field of selected countries as Lead country partners. The policy revision process will officially start in March 2016 for 12 months.
27. 10% relative reduction in prevalence of insufficient physical activity introduced as indicator in measuring the implementation of the Declaration of Berlin of the 5th International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (UNESCO, WHO).	In November 2015, the International Charter of Physical Education, Physical Activity and Sport was adopted by UNESCO's 38th General Conference. The latter does not only integrate the significant evolutions in the field of sport since the original Charter of 1978, but also introduces universal principles such as gender equality, non-discrimination and social inclusion in and through sport. It also highlights the benefits of physical activity, the sustainability of sport, the inclusion of persons with disabilities and the protection of children. In light of the above, the revised Charter highlights the benefits of physical activity and the sustainability of sport in society, more specifically on health. The Charter notably emphasizes the strong correlation existing between physical activity and the fight against NCDs by indicating the following in the paragraph 6 of article 2 (2.6): "For society at large, physical education, physical activity and sport can yield significant health, social and economic benefits. An active lifestyle helps prevent heart disease, diabetes, cancer as well as obesity und ultimately reduces premature death. In addition, it reduces health related costs, increases productivity, and strengthens civic engagement and social cohesion".
28. Factsheets and monograph published on approaches to reduce exposure of children to tobacco products (UNICEF, WHO).	Held discussions with Dr Kerida McDonald. UNICEF and WHO to produce a monograph on tobacco and children. UNICEF has a consultant in place to develop the concept across several NCD risk factors. UNICEF to share with me the concept note as soon as ready.
29. Analysis completed on the business case for tobacco control over trade and investment globally and in the African region (ILO, UNCTAD, WHO).	WHO- UNCTAD finalized the Tobacco Agriculture and trade - country factsheets report in Dec 2015. The report is being disseminated to Member States through the normal channels. Link to the report http://www.who.int/tobacco/publications/industry/trade/status-production-africa-factsheets/en/

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30. Joint workshop on stunting and overweight (FAO, IAEA, UNICEF, WHO).	UNICEF developing policy and programming guidance on childhood overweight and obesity reduction. This will be encompassed in a white paper which will serve as a basis to inform UNICEF staff on effective approaches to tackle the rising rates of obesity, with special attention to the possibility to prevent obesity in early childhood. A workshop has now been planned for 14-16 February 2016 in New York. The workshop includes (a) an analysis of the current situation of child overweight; (b) effective strategies for the prevention and management of child overweight; (c) current programming activities. This activity will further lead to the development of a UNICEF strategy on child overweight. A follow up workshop has now been planned for 2017, hosted by IAEA.
31. Food-Based Dietary Guidelines manuals and fact sheets updated with latest WHO dietary recommendations (FAO, WHO).	The WHO fact sheet on Health Diet (http://www.who.int/mediacentre/factsheets/fs394/en/) was updated in September 2015, taking into considerations of the outcomes of ICN2 held in November 2014 and new guidelines dietary guidelines published in 2015, such as the WHO guideline on sugars intake in adults and children. FAO website on Food-Based Dietary Guidelines (FBDGs) (http://www.fao.org/nutrition/nutrition-education/food-dietary-guidelines/en/) was re-launched in November 2014 and includes information on national FBDGs from 78 countries. FAO also carried out a global review on the "Developments in Healthy and Sustainable Eating and Dietary Guidelines and Related Policies: a State of Play Assessment'
32. Support to Member States in integrating the prevention and control of NCDs into the development and implementation of national occupational safety and health programmes including practical tools, strengthening national prevention, recording and reporting systems for occupational cancer, chronic respiratory diseases, cost effective interventions for prevention and control of asbestos and silica-related diseases , estimates of burden of work-related NCD, guidance on diagnostic and exposure criteria for occupational diseases, prevention, protection and health promotion at the workplace) (ILO, WHO)	Work completed 1. Two guides have been published by the ILO: the National System for Recording and Notification of Occupational Diseases and Improvement of National Reporting, Data Collection and Analysis of Occupational Accidents and Diseases. 2. The ILO OSH Series No. 73: Approaches to Attribution of Detrimental Health Effects to Occupational Ionizing Radiation Exposure and their Application in Compensation Programmes for Cancer was published in Chinese in June 2013. 3. The ILO/IEA Ergonomic checkpoints (second edition) were translated and published in Hungarian in May 2013 and in Chinese in March 2014. 4. The ILO/IEA Ergonomic checkpoints in agriculture were translated published in Turkish in June 2013, in Arabic and Chinese in 2015 and the second edition of the ILO/IEA Ergonomic checkpoints was published by the ILO in Jan 2014 and translated and published in Chinese and Japanese in 2015. 5. The stress prevention at work checkpoints were translated into French, Macedonian and Spanish and published in 2014 and 2015. The Arabic version is being developed. 6. An inter-agency meeting of the asbestos involving the Secretariat of the Rotterdam Convention (SRC), WHO and ILO, concerning the preparation of the inter-agency meeting on asbestos for the Asia–Pacific region took place in March 2014. This inter-agency meeting was held from 29 Sept to 1 October 2014 in Jakarta, Indonesia. 7. The French, German and Spanish editions of the Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses (revised edition 2011) are published in 2014. 8. The 2013 and 2014 World Days on occupational safety and health (April 28) were organized by the member states with the theme on prevention of occupational diseases and celebrated in member States and chemical safety respectively. 9, Prevention of occupational diseases was one of the important topics at the XXth World Congress on Safety and Health at Work which was organized by the ILO in collaboration with ISSA and the Germany Government in August 2014.

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	Work in progress 1. A revised draft of the ILO guidance notes on diagnostic and exposure criteria for occupational diseases has been produced and a review, editing and publication is planned for 2016-17. 2. Promotion and application of the Ergonomic checkpoints (second edition) is being carried out in collaboration with the All-China Federation of Trade Unions (ACFTU) as ILO practical tools to improve OSH and working conditions in hazardous industries and SMEs in China. Improving workplace safety and health in the supply chains in China such as FOXCONN by applying the Ergonomic Checkpoints has been started. The activities include: A Workshop which was conducted in June 2014 to discuss strategies and work plans on the promotion and application of the Checkpoints in following hazardous industries - coal-mining, foundry, chemical, and electronic sectors; tailor-made and industry specific practical occupational ergonomic tools for the afore-mentioned four industries which are being prepared by ACFTU with the technical support from ILO; Technical guidelines which are being developed by the ILO in collaboration with China CDC to promote OSH in hospitals and to help SMEs in improving OSH and productivities by applying occupational ergonomic approaches. 3. Training on prevention, recording, reporting and compensation of occupational diseases has been incorporated into the courses 2014-15 offered by the ILO training Center in Turin, Italy. Various courses have been planned for 2014-15 and work are being implemented according to the plan. 4. The 2014 World Day on occupational safety and health will be celebrated on the theme "global OSH preventive culture". 5. An interregional study on workplace stress is being carried out in collaboration with the ICOH Scientific Committee on Work Organization and Psychosocial Factors and will be published in 2014. 6. HealthWISE - Work Improvement in Health Services has been developed.in collaboration with WHO and published by the ILO in 2014 and its Chinese version was published in2015 and promoted in the provincial hospitals in Henan, Hunan and Shandong. Campaigns to expand the application of HealthWise in more hospitals are being implemented in China in 2016.
33. Stimulate the connection of occupational health services with primary health care and the rest of the health systems to meet the needs of long term care and stimulate the return to work of people with chronic NCDs , test and promote the Work Improvement in Healthcare Facilities action manual (ILO, WHO).	International consultation on universal health coverage for workers, Iran, April 2014, with WHO and ILO participation – developed a road map for scaling up access of workers to health coverage and a set of indicators for measuring workers' health coverage. alpha-version of module "Workers' health" developed under the International OneHealth Costing Tool for measuring and costing interventions for workers' health and occupational NCDs in primary health care. HealthWISE (Work Improvement in Health Services) tool was promoted through presentations at the World Congress on Safety and Health, Frankfurt, Germany, August 2014 and a workshop at the Fourth International Conference on Violence in the Health Sector, Miami, USA, October 2014. Special sessions with WHO and ILO participation on occupational health and safety were organized as part of international events in the Russian Federation (September 2015) and Colombia (August 2015), highlighting the links between the delivery of essential interventions for prevention and control of occupational and work-related diseases by primary care and the prevention and control of occupational non-communicable diseases and workplace health promotion. ILO also participated in the meeting of the global network of WHO collaborating

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	centres for occupational health (May 2015) in South Korea and contributed to developing a workplan for 2015-2017 period covering also occupational non-communicable diseases (cancer and respiratory diseases) and primary care based interventions for the prevention and control of occupational and work-related diseases. To stimulate and enable improvement of workplaces and work practices in health services, the HealthWISE package (published in 2014) has been translated into Chinese , French, Spanish and Portuguese. A HealthWISE training of trainers workshop was held in Zhengzhou, China (Nov 2015) with focus on improving occupational safety and health in hospitals (11 hospitals from six provinces participated).
National: 34. Technical assistance provided to countries to strengthen civil registration, vital statistics systems, disease surveillance systems (e.g. cancer incidence) and risk factor surveillance systems (IARC, WB, WHO).	WHO has provided technical assistance to a number of countries to strengthen their national NCD surveillance systems, with components related to CRVS, disease registries and risk factor surveillance during 2014. During 2014 individual technical training or technical missions have been hosted in the following countries: Bhutan, Botswana, Burkina Faso, Iran, Kyrgyzstan, Pakistan, South Africa, Sri Lanka, Timor-Leste, Turkmenistan, Uganda and Uzbekistan to assist with strengthening national surveillance activities related to NCD surveillance. In addition two regional multi-country workshops were hosted by WHO, bringing together countries to consider how best to develop and strengthen NCD surveillance, one in EMRO on 21 – 26 September, with a focus on training a pool of NCD surveillance experts for the region to provide on-going technical assistance and advice, and one in WPRO - an Intercountry workshop for NCD surveillance and reporting of Global NCD targets held from 24 to 26 September with representatives from Cambodia, China, Hong Kong SAR (China), Japan, Republic of Korea, Lao PDR, Macao SAR (China), Malaysia, Mongolia, New Zealand, Philippines, Singapore, and Viet Nam. IARC, working with a range of partners, has established four IARC Regional Hubs for cancer registration with two more about to be launched. The hubs are part of the IARC-led Global Initiative for Cancer Registry Development and provide training, advocacy etc. to assist countries in obtaining high-quality information on cancer incidence.
35. Provide technical assistance to integrate NCD indicators into national information systems (UNDP, WB, WHO).	WHO has produced a guidance document for use by countries on the Global Monitoring Framework for NCDs: Indicator Definitions and Specifications, to assist countries integrating these into their national information systems. To date the guidance has been used in India, Iran and South Africa.
36. Identification of NCD-relevant data and share as part of global reporting requirements (UNDP, UNICEF, WB, WHO).	WHO has collaborated with Imperial College London, Harvard University and a large global informal network of researchers and collaborators to produce updated country comparable estimates of selected NCD metabolic risk factors – mean BMI, prevalence of overweight and obesity in adults, prevalence of overweight and obesity in adolescents, mean systolic blood pressure, prevalence of raised blood pressure, mean FBG, prevalence of raised blood glucose/diabetes, mean total cholesterol and prevalence of raised total cholesterol. Figures for monitoring global baselines in 2010 and updated 2014 figures have been produced. WHO has also developed new estimates for prevalence on insufficient physical activity in adults and adolescents; and prevalence of tobacco use.

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Global: 37. Contribute data related to NCDs collected through agency specific monitoring systems (IARC, UNICEF, WB, WHO).	WHO has contributed updated NCD mortality, morbidity and risk factor data for reporting against the global voluntary targets for NCDs. The data will be published in the forthcoming Global Status Report 2 and uploaded in the WHO Global Health Observatory. IARC assists and collates data on cancer incidence from 290 cancer registries in 68 countries. IARC also runs the GLOBOCAN project that provides contemporary estimates of the incidence of, mortality and prevalence from major types of cancer, at national level, for 184 countries of the world.
38. Work with the UNIATF Secretariat to finalise UN SG's reports to ECOSOC (WHO).	2015 report presented to ECOSOC, 9 July 2015, New York http://www.who.int/nmh/events/2015/un-task-force-report.pdf?ua=1
39. Contribute to the comprehensive review and assessment by the UNGA of the progress achieved in the prevention and control of NCDs (WHO).	Inputs to reports and presentations received from UNIATF members. Final report of WHO Director-General to UN Secretary-General on the prevention and control of NCDs available at http://www.who.int/nmh/events/2014/UN-general-assembly/en/. Interventions at the High-level meeting made by a number of UNIATF members, including WHO and UNDP at the High-level meeting and its side events.
40. Interface with the UN Statistical Division to promote the exchange of NCD-related data (UNDP, UNICEF, WB, WHO).	This activity is currently under discussion and it is planned to progress this initially through an exchange of letters between WHO and the UN Statistical Division.
41. Inclusion of overweight in the 2014 Global Nutrition Report (WB, WHO).	The first edition of the *Global Nutrition Report 2014* describes progress being made across the world in improving countries' nutrition status. The report also identifies bottlenecks, opportunities for action, and strengthens nutrition accountability on country and global levels. The report presents data on the prevalence of overweight in under-5s updated in 2013, as well as adult overweight, and the combination of different forms of malnutrition. In addition to the publication of the *Global Nutrition Report 2014*, the *Global Nutrition Report 2015* has been published in September 2015. Similarly, in this edition, malnutrition in all its forms has been reported on with substantial attention on obesity, healthy diets and food environments, including country case studies.
42. Estimates producing of alcohol consumption based on food commodities data for countries where sales data of alcoholic beverages is unavailable or incomplete (WHO).	At the meeting in February 2015, FAO informed about the new methodology and the development of the new statistical working system. Production data were made available in FAOSTAT for all countries up to 2013 and will be published soon for 2014. The Food Balance Sheets of 42 priority countries for 2013 were published in April 2015 and will be available for the remaining countries by the end of the first semester in 2016, needed to calculate alcohol consumption.