

Accountability Framework for the work plan for the UN Task Force on the Prevention and Control of NCDs¹ covering the period 2014-2015
(Version dated 23 October 2014)

Action area ²	Priority action recommended for Member States ³	Actions for UN Task Force ⁴
Governance WHO, UNDP <i>UNAIDS for HIV components</i> <i>WHO FCTC for Action 4</i> <i>ILO for Action 13</i>	Set national targets for 2025 based on national situations, taking into account the nine global targets for noncommunicable diseases. Develop national multisectoral policies and plans to achieve these targets in 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Integrate NCDs into UNDAF roll-out processes Prepare for the United Nations General Assembly comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases.	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). 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). 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).
		2. Integrate NCDs into wider policies and plans (e.g. HIV, reproductive health and food security (FAO, SCN, UNAIDS, WHO).
		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).⁵

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 These action areas are linked to the 6 objectives of the Division of Tasks and Responsibilities (see Annex 1)

³ Taking into account United Nations General Assembly resolution A/RES/66/2 and World Health Assembly resolution WHA66.10.

⁴ Lead agencies (in alphabetical order) are provided for each action. Other agencies will contribute to delivery action/activities as appropriate.

⁵ 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.

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		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).⁶ 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).⁷ <u>Regional level</u> 6. Agreement on the architecture for UN collaboration at the regional level with agreed approach rolled out in 2 regions (WHO). <u>Global</u> 7. Second joint letter published from the Administrator of UNDP and the Director-General of WHO to United Nations country teams (UNDP, WHO). 8. Develop and disseminate a series of "how to" notes: (i) how to do multisectoral strategic planning for NCD; (ii) the UNDAF process, how to get NCDs into UNDAFs, and how to get the UNCT working as one on NCDs; (iii) how to develop and implement national and local NCD coordination mechanisms; (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).

⁶ 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.

⁷ Initial countries per footnote 4.

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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). 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). 11. Development of a policy brief on NCDs and the right to health, (OHCHR, UNDP, WHO). 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). 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).
Reduce exposure to risk factors for NCDs [(WHO, UNICEF, FAO,) , UNFPA for actions 16, 17, 19), IAEA for actions 16, 17 and 21, Secretariat]	Implement the very cost-effective and affordable interventions for all Member States included in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.	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). 15. mHealth (mCessation, mDiabetes and mWellness) initiative rolled out in to 8 countries (ITU, WHO). 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). 17. Flagship project on addressing cervical cancer in 7 countries as part of existing national reproductive health programmes (WHO, IARC, IAEA , UNFPA, UNICEF) 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).

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Enable health systems to respond (WHO, IAEA)		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).
		20. National capacity-building workshops held on overweight, obesity, diabetes and the law (IDLO, WHO).
		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)
		Regional 22. First expert consultation on overweight, obesity, diabetes and the law in WPR, (WHO, IDLO
		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).
		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)
		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).
		26. Quality Physical Education Guidelines finalized and pilot tested (WHO and UNESCO).
		27. 10% relative reduction in prevalence of insufficient physical activity introduced as indicator in measuring the implementation of the Declaration of Berlin of the 5 th International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (UNESCO, WHO).
		28. Factsheets and monograph published on approaches to reduce exposure of children to tobacco products (UNICEF, WHO).
		29. Analysis completed on the business case for tobacco control over trade and investment globally and in the African region (ILO, UNCTAD, WHO).

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		30. Joint workshop on stunting and overweight (FAO, IAEA, UNICEF, WHO). 31. Food-Based Dietary Guidelines manuals and fact sheets updated with latest WHO dietary recommendations (FAO, WHO). 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) 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).
Monitor the NCD situation and measure results (WHO)	Strengthen surveillance for noncommunicable diseases covering monitoring of: – risk factors and determinants – outcomes (mortality and morbidity) – health system response by implementing the WHO Framework for NCD Surveillance. Integrate surveillance into national health information systems, to ensure collection of data on the 25 indicators and monitoring of progress toward attainment of the nine voluntary global targets for NCDs.	<u>National:</u> 34. Technical assistance provided to countries to strengthen civil registration, vital statistics systems, disease surveillance systems (e.g. cancer) and risk factor surveillance systems (IARC, WB, WHO). 35. Provide technical assistance to integrate NCD indicators into national information systems (UNDP, WB, WHO). 36. Identification of NCD-relevant data and share as part of global reporting requirements (UNDP, UNICEF, WB, WHO). <u>Regional:</u> <u>Global:</u> 37. Contribute data related to NCDs collected through agency specific monitoring systems (IARC, UNICEF, WB, WHO).

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	Contribute information on trends in noncommunicable diseases to WHO, coordinating country reporting with global analyses.	
		38. Work with the UNIATF Secretariat to finalise UN SG's reports to ECOSOC (WHO).
		39. Contribute to the comprehensive review and assessment by the UNGA of the progress achieved in the prevention and control of NCDs (WHO).
		40. Interface with the UN Statistical Division to promote the exchange of NCD-related data (UNDP, UNICEF, WB, WHO).
		41. Inclusion of overweight in the 2014 Global Nutrition Report (WB, WHO).
		42. Estimates producing of alcohol consumption based on food commodities data for countries where sales data of alcoholic beverages is unavailable or incomplete (WHO).

Suggested areas of work under the 6 objectives of the Division of Tasks and Responsibilities	Workplan actions
1.1	9, 10, 12, 13
1.2	6
1.3	2, 7, 27
2.1	1, 5, 8i, 8ii, 8iii
2.2	3, 4
2.3	2
2.4	8iv, 8v
2.5	22
2.6	11
3.1	19, 28, 29
3.2	24
3.3	20, 22, 26, 30, 31

3.4	18, 28
3.5	17, 18
3.6	-
3.7	-
3.8	23
3.9	32, 33
3.10	23
4.1	17
4.2	-
4.3	15
4.4	16
5.1	-
5.2	-
6.1	34, 35, 36
6.2	37, 38, 39, 40, 41, 42