



**UN INTERAGENCY
TASK FORCE ON NCDs**



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

14–16 April 2026

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Objectives and participating agencies

1. The twenty-sixth meeting of the United Nations (UN) Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (hereafter Task Force) was held on 14–16 April 2026 at the World Health Organization (WHO) in Geneva, Switzerland. Twenty Task Force member organizations participated.¹ WHO and UNDP co-chaired the meeting. The agenda and list of participants are included as [Annex 1](#) and [Annex 2](#).
2. The main objectives of the meeting were to: (i) discuss next steps for the Task Force following the Task Force evaluation, the WHO management response and a recently developed draft options paper; (ii) review progress on actions agreed at the twenty-fifth Task Force meeting (4–6 November 2025); and (iii) review progress and identify actions to strengthen joint programmes and other workstreams.

Review of actions agreed at the twenty-fifth Task Force meeting

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

Action

B1. Once the Task Force's future direction is confirmed, Task Force Secretariat to share key political declaration messages (including through webinars) with Task Force members that are part of the UN Country Teams (UNCTs) and regional entities along with the implications for supporting countries in scaling up action to support Member States deliver the political declaration, *(Task Force Secretariat, with members as required)*.

Task Force evaluation: management response and options paper

4. The discussion on the Task Force evaluation, management response, and options paper focused on the future direction of the Task Force in light of WHO and wider UN resource constraints, including staff reductions and shifting priorities, taking into account the broader UN reform agenda. Task Force members reviewed an Options Paper, that included a SWOT analysis, a theory of change, and a set of options going forward that the Secretariat had presented.
5. A central tension described in the paper was the growing demand from Member States for coordinated support, including through the political declaration, with reduced Secretariat and Task Force members' capacity. Three options were presented: expanding the Task Force in line with the ambition of the political declaration, a more focused model and sunseting.
6. The options paper and a complementary presentation raised a number of additional questions that required resolution as part of determining which of these options (or an alternative option) should be identified and whether consultation beyond Task Force members would be helpful.

¹ Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), International Development Law Organization (IDLO), International Labour Organization (ILO), International Organization for Migration (IOM), International Telecommunication Union (ITU), United for Global Mental Health (UnitedGMH), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Human Settlements Programme (UN Habitat), United Nations Nutrition (UN Nutrition), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Women (UN Women), WHO Framework Convention on Tobacco Control Secretariat (Convention Secretariat), World Health Organization (WHO), World Intellectual Property Organization (WIPO).

7. Members welcomed the options paper, asking for further information on Secretariat capacity going forward. It was agreed that Task Force members would review the options paper and presentation, along with an additional paper on Secretariat capacity, and provide written comments.

Actions

C1. Secretariat to develop a short paper on Task Force Secretariat capacity to support the options paper and share with Task Force members (*Task Force Secretariat*).

C2. Task Force members to respond to issues raised in the options paper and Task Force capacity paper by 8 May 2026, with Secretariat providing any support required and then collating and sharing responses (*Task Force Secretariat and all members*).

Tobacco control

8. The Convention Secretariat provided an overview of outcomes from COP11 (Geneva, 17–22 November 2025) and MOP4 (Geneva, 24–26 November 2025).

9. At COP11 (governing body for the WHO FCTC), some fourteen decisions were adopted, with five areas highlighted: forward-looking and transformational tobacco control measures (including endgame-style approaches such as birthdate-based sales restrictions or “tobacco-free generation” models); Article 19 on liability; smoke- and aerosol-free UN environments; Article 18 on environmental harms caused by tobacco; and sustainable resource mobilization for tobacco control, including taxation under Article 6. Discussions on certain topics such as regulation of contents and disclosure of tobacco products (Articles 9 and 10) and on implementation of measures to prevent and reduce tobacco consumption, nicotine addiction and exposure to tobacco smoke, and the protection of such measures from commercial and other vested interests of the tobacco industry in light of the tobacco industry’s narrative on “harm reduction” (Articles 5.2(b) and 5.3) remain open and will continue to be debated at the next COP.

10. At MOP4 (governing body for the Protocol), decisions were adopted on licensing, the establishment of working groups on inputs to tobacco manufacturing and cooperation in prosecution, and efforts to strengthen information sharing on illicit tobacco seizures in collaboration with partners such as WCO and UNODC.

11. The Convention Secretariat noted the concerns expressed about tobacco industry interference in COP and MOP processes and that many Parties and observers want to see further safeguards to protect the WHO FCTC and Protocol from vested and commercial interests.

12. WHO briefed Task Force members on ongoing initiatives and campaigns, including World No Tobacco Day (WNTD) 2026 and tobacco-free farms. The World No Tobacco Day 2026 campaign is ‘Unmask the appeal – countering tobacco and nicotine addiction’ and will take place on 31 May 2026.² Preliminary 2025 data from the Tobacco-Free Farms Initiative in Kenya show that over 12,000 farmers have transitioned from tobacco to more profitable and sustainable alternatives (notably high-iron beans), with positive impacts on income, food security, health, and the environment. The initiative has also strengthened community engagement and gender inclusion, while reducing tobacco-related health risks and deforestation. Building on these results, the initiative is expanding within Kenya and to Zambia and Uganda, with a growing emphasis on local ownership and long-term sustainability.

² For more information on the World No Tobacco Day 2026 campaign, please see: <https://www.who.int/campaigns/world-no-tobacco-day/2026>.

Actions

D1. Task Force members are encouraged to support Parties to implement COP11 and MOP4 decisions during the intersessional period, as well as the wider implementation of the WHO FCTC and Protocol, with the Convention Secretariat working with relevant Task Force members to agree key decisions where they can jointly support Parties and identifying any necessary support required from the Convention Secretariat *(Relevant members, with support from WHO Convention FCTC and Task Force Secretariats)*.

D2. Task Force members are encouraged, where possible, to amplify WNTD messages through their channels (including dissemination, social media, and integration into national/institutional activities) and coordinate across sectors to align messaging and counter industry narratives *(All members, with support from WHO and Task Force Secretariat)*.

D3. WHO to circulate a questionnaire to Task Force members on smoke- and aerosol-free campus policies, experiences, and needs, to inform guidance and potential joint action *(WHO and all Task Force members)*.

D4. Task Force members to continue to use the Alert Network for Tobacco Industry Involvement (ANTII) to monitor tobacco industry interference in UN events/activities and report instances to the Task Force Secretariat and the Convention Secretariat, with an update on progress at next meeting *(All members, including the Task Force anti-tobacco industry interference network, with the support as requested from the Convention Secretariat)*.

Alcohol control

13. Following discussions between WHO and a small number of Task Force members, options for advancing an UN-system approach to outlining best practice were explored. There was general agreement that a pragmatic guidance note rather than a model-policy would be a suitable way forward.

Actions

E1. WHO and the Task Force Secretariat to draft a good practice guidance for Task Force members for the way that UN agencies should apply best practice as employers (consumption of alcohol on site, engagement with industry, provision of necessary support for staff) and contribute to supporting Member States scale up action on alcohol control as a health and development issue *(WHO, Task Force Secretariat, with members providing inputs)*.

E2. WHO to circulate a simple gap-assessment template for UN agencies to map existing alcohol-related policy/partnership safeguards and identify needs for UN-system guidance to support the guidance above *(WHO)*.

Health4Life Fund

14. The Health4Life Fund Secretariat highlighted recent progress, including: (i) outcomes of the fifth Steering Committee meeting; (ii) recognition of the Fund in the political declaration; and (iii) publication of a call to action. Progress in countries receiving support from the Fund was described. The Fund's annual report is currently being drafted.

15. UNDP outlined progress on the South-South Learning Lab, emphasizing lessons from a decade of investment cases and ongoing efforts to deepen implementation through country exchange, case studies, and research partnerships, while highlighting emerging priorities such as air pollution integration, tobacco control, and health sovereignty. Plans for a multi-country programme, *Protecting and promoting child, adolescent and youth well-being amid digital transformation and societal change focused on digital transformation and mental health*, were also described. UNFPA indicated interest in following up on opportunities to engage with this project.

Actions

F1. UNFPA with the Health4Life Participating UN Organizations to explore opportunities potential collaboration on the child, adolescent and youth well-being project (UNFPA, UNDP, UNICEF and WHO).

F2. Task Force members beyond the Health4Life Participating UN Organizations (UNDP, UNICEF and WHO) to identify and to share opportunities for the Health4Life Fund to mobilize partnerships and resources (*All members*).

NCD2030

16. The Task Force Secretariat and UNDP shared an update on the NCD2030 joint programme, noting that there are currently 131 completed or ongoing investment cases across 74 countries. These cover NCDs, tobacco control, and mental health, as well as additional subjects including air pollution, nutrition and physical activity. Recent and planned publications and launches were described.

17. UNDP updated members on the report that describes insights from over a decade of investment case work. The constant need to deepen implementation through partnerships at the country level was highlighted, with the potential to enhance collaboration with legislators emphasised.

Updates on selected joint workstreams and programmes

18. The UN Nutrition Secretariat updated Task Force members that the nutrition technical working group is refining its activities to focus on joint outputs (for example on ultra-processed foods), rather than individual agency contributions, as part of promoting an ever more coherent, system-wide approach to nutrition and NCDs. Recent activities have included the submission of a proposal for a joint session at the Rome Nutrition Week that will be held from 25 to 28 May 2026.

19. WHO updated Task Force members on the recently updated Terms of Reference for the UN joint action group on cervical cancer, and current work being taken forward to support countries.

20. UNHCR and WHO described the current global position regarding humanitarian emergencies, and the impact of funding cuts on proving treatment and care for people living with NCDs and mental health conditions. A current priority is strengthening risk and data analysis to prioritize needs and support efforts to advocate for more resources.

21. UNRWA highlighted the pressures on NCD and mental health Services for Palestinian refugees across the occupied Palestinian territory, including east Jerusalem, as well as Jordan, the Syrian Arab Republic and Lebanon, with major disruptions in services from conflict, alongside the ever-expanding needs. The social, psychological, and economic impact of conflict, combined with inadequate services for long-term conditions was highlighted.

22. ITU, WHO, and the Task Force Secretariat provided an update on digital health initiatives, including

Be He@lthy, Be Mobile 2.0 and the digital health investment case for The Gambia. Be He@lthy, Be Mobile 2.0 will leverage Artificial Intelligence and enable scaling up personalized NCD prevention tools. Pilots will take place in three countries.

23. UN Habitat and WHO provided an update on urban health, including the updated Memorandum of Understanding and tools recently developed to support cities link the built environment to health outcomes. Plans for the thirteenth World Urban Forum were also described.

24. IDLO and WHO presented an update on the Global RECAP (regulatory and fiscal capacity) Programme. Now in its third phase, the programme is in the process of expanding geographically, deepening its focus on sustainability, capacity-building, social mobilization, evidence generation, and data collation and analysis for monitoring impact. Participating countries are making significant progress, including toward the development and adoption of nutrient profile models, strengthening nutrition labelling regulations including moving toward introduction of FOPL in several countries, developing policies to restrict marketing of unhealthy foods, and food and SSB taxes, alongside strengthening national physical activity policies and facilitating increased interministerial coordination on initiatives to promote healthy diets and physical activity.

25. The mental health comorbidities group provided an update on recent advocacy and technical work to integrate mental health into HIV/TB programming, noting strong country demand but limited progress in increasing funding for comorbidities.

26. ILO provided an update on NCD-related work in the workplace, taking into account Governing Body and International Labour Conference decisions. Recent reports on occupational safety, including those related to NCDs and mental health conditions risks, include extreme weather events and climate-related hazards such as heat stress and air pollution. New global estimates on stress and burnout were also described. An important new report has highlighted widespread exposure to chemicals affecting over a billion workers, describing links to NCDs. The report also includes updates on international labour standards.

Actions

Nutrition and NCDs

H1. Members of the Nutrition Working Group to co-lead a technical session on nutrition and NCDs at the Rome Nutrition Week 2026 (*Nutrition Working Group*).

H2. Nutrition Working Group to draft a common understanding position paper on the role of ultra-processed foods as a risk factor for NCDs (*Nutrition Working Group*).

Cervical cancer elimination initiative

H3. Cervical cancer group to report back on progress in taking forward activities in line with the recently updated Terms of Reference, including finalising the mapping exercise to support countries drive forward action (*CCEI UN Joint Action Group*).

NCDs in emergencies

H4. NCDs in emergencies interagency working group to update the Task Force on progress of [implementing the recommendations of the 2024 Global high-level technical meeting on NCDs in humanitarian settings](#) (*Interagency working group*).

H5. Interagency working group to provide an update at the next Task Force meeting on the evolving situation of humanitarian service delivery for NCDs, including how working group members have changed their portfolios, and country-level service availability using the Health Resources and Services Availability Monitoring System (HeRAMS), (*Interagency working group*).

Urban Health

H6. UN Habitat to develop a briefing paper for Task Force members, advocating for their attendance at the 2026 World Urban Forum (Baku, May 2026), (*UN Habitat*).

Global RECAP programme

H7. Global RECAP team (IDLO and WHO) and Task Force Secretariat to discuss potential synergies between Global RECAP and the Global Legislators Initiative (*IDLO, UNDP, WHO, and Task Force Secretariat*).

H8. Global RECAP Team to explore opportunities for collaboration with IOC on policy work around physical activity in Kenya (*IDLO, IOC and WHO*).

Mental health comorbidities

H9. Mental health co-morbidities group to advocate for integration of mental health and substance use in the political declaration of the UN HLM on HIV (*Mental health co-morbidities group*).

H10. Mental health co-morbidities group to support countries that are part of the Global Fund Grant Cycle 8 (GC8) funding application process (*Mental health co-morbidities group*).

NCDs in the workplace

H11. ILO to explore opportunities, through the Task Force Secretariat, to use the Task Force as a platform to advance collaboration on ergonomics and human factors (*ILO, WHO, other interested members and the Task Force Secretariat*).

H12. IAEA to explore opportunities, through the Task Force Secretariat, to strengthen inter-agency collaboration on occupational radiation protection, building on the WHA resolution on radiation and health (*IAEA, ILO, WHO, and Task Force Secretariat*).

Updates from the WHO

27. WHO reemphasised the global burden of chronic respiratory diseases and that the response remains poorly prioritized, despite greater attention in the political declaration. WHO described ongoing work to reframe chronic respiratory diseases as a broader societal and economic development challenge, including through training journalists, promoting local media engagement, and developing new guidelines monitoring their impact. Discussion emphasized the importance of a multisectoral response to tackling the broader determinants of chronic respiratory diseases links, and the importance of action in cities.

28. WHO provided an update on air pollution, including tracking clean-air commitments, capacity-building activities, and work to develop 'best buy' interventions (with early focus on transport and household energy) and collaboration with other UN agencies. Discussion emphasized the importance of coordinating investment case/economic work across the Task Force with one another and external partners.

29. WHO provided an update on ongoing work on sensory impairments, and recent collaboration with other UN agencies following its inclusion of sensory impairments into the work of the Task Force.

30. WHO provided an update on work to improve access to medical devices, diagnostics, and assistive technologies amid major global inequities. This included investment cases for assistive technology that have been piloted in several countries, a new blended learning platform supporting primary care capacity, and updated global monitoring showing gradual improvements in access indicators across Member States. Progress on the *Global roadmap for universal access to assistive technology* and its Metaverse platform review were also presented, alongside updates to the Essential Diagnostics List and the creation of a Global

Diagnostics Coalition aimed at strengthening advocacy and coordination for enhanced access to diagnostics.

31. WHO presented an overview of ongoing efforts to improve access to medicines for NCDs, mental health, and neurological conditions, emphasizing that despite these medicines being effective and relatively low-cost globally, they remain largely unavailable or unaffordable in many low- and middle-income countries due to systemic barriers. WHO outlined its in-country work to strengthen health systems to address interconnected challenges (including supply chains, workforce capacity, regulation, financing, and benefit packages), through national assessments, policy reforms, training, private sector engagement, forecasting, and reducing stigma around psychotropic drugs.

32. WHO provided an overview of its obesity-related work spanning guidelines, country implementation, health system responses, and monitoring. Key policy tools include updated guidance on breastfeeding and complementary feeding, revisions of dietary guidelines (sugars, fats, sodium, potassium), and a broader package on healthy food environments covering marketing restrictions, fiscal measures such as Sugar-sweetened beverage and food taxation, school food and nutrition policies, and upcoming nutrition labelling and ultra-processed food guidance. Country adoption of these policies is monitored through the GIFNA database, where an obesity data summary is forthcoming. The WHO Acceleration Plan to Stop Obesity was outlined, with 'front-runner' countries being supported through phased implementation of technical packages, targeted challenges and the provision of monitoring frameworks. Guidance on GLP-1 therapies is also now available, with an emphasis on integrating medication with behavioural and system-based interventions. Guidelines on behaviour change interventions to manage obesity in children and adolescents are also underway.

33. WHO provided an update on an operational framework to improve access to NCD medicines and medical devices in primary care, focused on addressing major global inequities through a structured, consultative process linked to affordability, availability, and access; and a renewed Global Monitoring Framework that will include Member State consultation, as part of streamlining NCD targets toward 2030, incorporating commitments made in the political declaration.

Actions

Air pollution

I1. Commitments and health actions for clean air to monitor progress towards the WHO road map to tackle the health effects of air pollution, to be featured in a dashboard on the WHO-led Breathe Life Campaign website.

I2. WHO to report at the next Task Force meeting progress on air-pollution 'best buys' methodology and related economic analyses (WHO).

I3. UNDP and WHO to review return on investment/investment-case modelling and wider work on air-pollution to maximize synergies (UNDP, WHO).

Sensory impairments

I4. Continue inter-agency work on eye, ear, and hearing care and report progress at the next meeting (WHO, UNICEF, UNOPS, Universal Postal Union, ILO, ITU).

I5. WHO to continue updating members on plans for the 2026 Global Summit for Eye Health and opportunities to participate (WHO and Task Force Secretariat).

Dementia and other neurological conditions

I6. Task Force Secretariat to disseminate updated WHO Guidelines on Risk Reduction of Cognitive Decline and Dementia following the launch in July 2026, including through regional and country-level coordination structures (Task Force Secretariat and all members).

17. Task Force members to identify opportunities to integrate dementia risk reduction messages and recommendations into existing NCD, mental health, ageing and related programmes and joint initiatives, in line with their respective mandates (*All members*).

Obesity and global acceleration plan

18. Task Force member agencies to advocate for and support rollout of the Global Acceleration Plan for Obesity, including uptake of guidance and tools across food and health systems (from evidence to implementation and monitoring) with WHO working with relevant Task Force members to support their efforts (*WHO in collaboration with relevant Task Force members*).

NCD medicines and medical devices

19. Task Force members to participate in the second stakeholder consultation on the WHO operational framework on access to NCD medicines and medical devices in primary care (*WHO and all members*).

110. Task Force members to review the WHO draft of the Implementation Roadmap for the 2025 Political Declaration (*WHO, Task Force Secretariat and all members*).

Other updates from the Task Force Secretariat

34. The Task Force Secretariat indicated that the 2026 report to ECOSOC is being finalized, and the next Task Force Awards will focus on air pollution and chronic respiratory disease prevention and management.

Actions

J1. Task Force Secretariat to solicit final inputs from Task Force members for the ECOSOC report and submit to UNDESA (*Task Force Secretariat*).

J2. Task Force Secretariat to share final plans for awards with all members, with members nominating potential winners (*Task Force Secretariat*).

Dates and venue of future Task Force meeting

35. A date and venue for the twenty-seventh meeting were not finalized but it was agreed that it should be held as soon as there is greater clarity on the future direction of the Task Force, i.e. after discussions are concluded on the options paper.

Action

K1. Identify a venue and host for the twenty-seventh meeting (*Task Force Secretariat*).

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Annex 1. Summary agenda

Co-moderators:

Werner Obermeyer (WHO Office at the United Nations)

Roy Small (UNDP)

Day 1: Tuesday 14 April 2026

Time	Agenda Item
Agenda item 1 14.00–14.15	Welcome and introductions
Agenda item 2 14.15–14.45	Report on progress against actions agreed at the 25th Meeting
Agenda item 3 14.45–15.15	Alcohol control
Agenda item 4 15.30–15.40	NCDs in Emergencies
Agenda item 5 15.40–16.30	Tobacco control
Agenda item 6 16.30–16.45	NCD2030
Agenda item 7 16.45–17.00	Update from the Task Force Secretariat

Day 2: Wednesday 15 April 2026

Time	Agenda Item
Agenda item 8 14.00–14.30	Updates from WHO (Operational framework on access to medicines and medical devices for NCDs in primary care, and NCD monitoring and surveillance)
Agenda item 9 14.30–14.45	Chronic respiratory disease action
Agenda item 10 14.45–15.45	Obesity
Agenda item 11 15.45–16.05	Health4Life Fund
Agenda item 12 16.20–16.50	Updates on selected thematic groups (nutrition, cervical cancer, and comorbidities)
Agenda item 13 16.50–17.30	Updates on selected workstreams (NCDs situation in UNRWA and sensory impairments)

Day 3: Thursday 16 April 2026

Time	Agenda Item
Agenda item 14 14.00–14.30	Updates on selected workstreams (urban health and air pollution)
Agenda item 15 14.30–15.30	Task Force evaluation: management response and options paper
Agenda item 16 15.40–16.00	Digital health
Agenda item 17 16.00–16.15	NCDs in the workplace
Agenda item 18 16.15–16.30	Assistive technology
Agenda item 19 16.30–16.50	RECAP
Agenda item 20 16.50–17.10	Dementia risk reduction guidelines and improving access to medicine work
Agenda item 21 17.10–17.30	Closing remarks

Annex 2. List of participants

Food and Agriculture Organization of the United Nations

Trudy Wijnhoven

Nutrition Officer

Framework Convention for Tobacco Control, Secretariat

Kelvin Khoo Chuan Heng

Programme Manager

Guangyuan Liu

Team Lead

International Atomic Energy Agency

May Abdel-Wahab

Director of the Division of Human Health

Tomo Tamaki

Head of Applied Radiation Biology and Radiotherapy

International Development Law Organization

Maria Chiara Campisi

Health Law Programme Coordinator

International Labour Organization

Grace Monica Gothuey

Occupational Safety and Health Specialist

International Organization for Migration

Aleksandar Arnikov

Senior Programme Officer, Health Promotion and Assistance

International Telecommunication Union

Roman Chestnov

Digital Services Project Officer

Joint United Nations Programme on HIV/AIDS

Paula Munderi

Team Lead, Science, HIV Treatment, and Paediatrics

United Nations Development Programme

Natalia Linou

Deputy Director of HIV and Health Group

Emily Roberts

Policy Analyst, Health and Development

Roy Small

Policy Specialist, Health and NCDs

United Nations Educational, Scientific and Cultural Organization

Minhhang Barouk

Intern

United Nations Environment Programme

Ariel Adimahavira

Environment and Health Officer

Soraya Smaoun
Air Quality Coordinator

United Nations High Commissioner for Refugees

Asaad Kadhum
Senior Public Health Office

United Nations Habitat

Christelle Lahoud
Programme management Officer

Pauline Bekkers
Urban Health and Quality of Life Consultant

United Nations Nutrition

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Zoheir Elkhatib
Chief Disease Prevention and Control

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Elaine Borghi
Head of Unit, Monitoring and Surveillance
Nutrition and Food Safety

Anja Busse
Unit Head, Mental Health

José Luis Castro
WHO Special Envoy on Chronic Respiratory Diseases

Rodrigo Cataldi
Technical Officer

Alarcos Cieza
Team Lead

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Elisa Dominguez
Technical Officer

Katrin Engelhardt
Scientist (Healthy Diet Policies)

Kaia Engesveen
Technical Officer

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Sophie Gummy
Technical Officer

Jørgen Johnsen
Nutrition Consultant

Surabhi Joshi
Lead, Country Implementation Digital Health

Kiran Jobanputra
NCDs in Humanitarian Emergencies

Devora Kestel
Director, NCD and Mental Health Department

Stuart Keel
Technical Officer

Adelheid Marschang
Senior Emergency Officer

Benn McGrady
Head of Unit, Fiscal and Legal Measures,
Department of Health Determinants, Promotion and Prevention

Werner Obermeyer
Director, WHO's Office at the United Nations

Marine Perraudin
Technical Officer, Legal

Alexandra Rauch
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Senior Technical Officer, SAFER

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Dalila Hamou

Director of External Relations Division

INVITED OBSERVERS**United for Global Mental Health****Sarah Kline**

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

Annex 3. Review of actions agreed at the twenty-fifth Task Force meeting, 4–6 November 2025, Geneva (as presented by the Secretariat on Day 1 of the twenty-sixth Task Force meeting)

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

Actions

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

The political declaration was adopted on 15 December 2025 and Task Force members were notified accordingly.

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

Held back until we have a bit more clarity on the future direction of the Task Force as UNCTs will want to know how we are going to drive forward the relevant paragraphs in the political declaration (see Action D2).

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

Actions

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

The updated evaluation report was published, and Task Force members were notified accordingly.

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

Management response published in January. Included a commitment for a SWOT analysis, theory of change, and set of options to inform the future direction of the Task Force. Draft options paper shared with Task Force members for discussion at the 26th meeting.

E. Tobacco control

Actions

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

COP and MOP Task Force members that are observers encouraged to attend. Final reports (including list of observers), circulated to Task Force members.

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

WFP, FAO, UNCCD and UNCDF now all engaged.

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

Nominations received. Preparations for the World No Tobacco Day 2026 in progress.

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

WHO-led tobacco and stunting webinar held, 3 December 2025.

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

Webinar held 8 April 2026. Global Fund, IDLO, IOM, UNAIDS, UNDP, UNRWA, WIPO plus TF Sec joined. Report back and opportunities for further collaboration to be provided during the meeting.

F. Updates on selected joint workstreams and programmes

Actions

Nutrition and NCDs Working Group

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

No response from Cabo Verde. Zimbabwe now being explored (albeit not a SIDS).

Joint Expression of Interest for a session on nutrition and NCDs developed by FAO, UNICEF, UNDP, IDLO and WHO during Rome Nutrition Week submitted and accepted. Preparations for the session ongoing.

Cervical Cancer Elimination Initiative

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

Updated ToRs developed to respond to this. Developed by WHO with the support of the TF Secretariat. Shared with relevant agencies. Update from WHO included in the agenda.

NCDs in emergencies

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

Included in the agenda.

Alcohol harm prevention and industry interference

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

Meetings with WHO, UNDP and UNICEF. Update included in the agenda.

Digital health

F5. In collaboration with interested UN agencies, WHO and ITU to provide coordinated support to countries requesting assistance with digital NCD solutions, and development of digital health investment cases, including facilitating the implementation and scale-up of resulting recommendations (*WHO, ITU and Task Force Secretariat, and other relevant members*).

ITU and WHO finalised digital health investment case for The Gambia, with launch to follow.

In addition, partnership with IEEE established to support The Gambia on AI-enabled platform solution for NCDs through the GenAI Challenge. Selection of challenge winners is currently under way.

Urban health

F6. UN-Habitat and WHO to disseminate technical and other products described at the meeting and to reach out to other Task Force members to coordinate priorities, identify shared objectives, and align efforts on achieving urban health, particularly as it relates to the housing, health and climate-health nexus (*WHO, UN Habitat, with the support of the Task Force Secretariat*).

Resources and materials circulated to Task Force members.

Sensory impairments

F7. Promote a UN-wide response to World Hearing Day, taking into account available WHO resources and through the sensory functions mailing list for regular updates (*WHO, all Task Force members, Task Force Secretariat*).

World Hearing Day observed on 3 March 2026, “from communities to classrooms: hearing care for all children”: <https://www.who.int/campaigns/world-hearing-day/2026>.

F8. Update members on plans for the 2026 World Eye Summit and opportunities to participate (*Task Force Secretariat*).

Will be co-hosted by the Government of Antigua and WHO in Antigua, 2 November 2026. To be held alongside Commonwealth Heads of State meeting: https://www.iapb.world/global_summit.

Global RECAP Programme

F9. Explore opportunities to pool lessons and experience with regards to industry interference between RECAP, other programmes supporting countries to develop policy on NCD prevention, and the investment cases institutional context analyses (see paragraph 24) (*WHO, IDLO, UNDP and Task Force Secretariat*).

No progress to report.

Obesity and Global Acceleration Plan

F10. Twenty-sixth meeting of the Task Force to include a half-day session to identify opportunities to further scale up action across the UN system to support Member States in line with the WHO acceleration plan to stop obesity (*WHO, other relevant members of the Task Force, with the support of the Task Force Secretariat*).

Included in the agenda for the 26th meeting.

Mental Health Comorbidities

F11. Task Force to advocate ever more strongly for the integration of HIV- and TB-focused systems and services with those for NCDs, mental health and substance use, including through primary health care platforms and systems, leveraging existing resources and new co-investments from countries’ domestic resources and donors, among those of the Global Fund within the current (GC7) and next grant cycle (GC8), dedicated & well-coordinated technical support for countries, and accountability for integration for achieving best HIV, TB, NCDs, mental health and broader health outcomes (*Co-morbidities working group*).

Progress to be described in the 26th meeting (United for Global Mental Health).

F12. Advocate and support the inclusion of NCDs, mental health and substance use conditions focused integration actions and targets in the new Political Declaration on HIV/AIDS through pre-HLM consultations and other discussions and actual UNGA High Level Meeting on HIV/AIDS in 2026 – not only to remain in the Global AIDS Strategy (*Co-morbidities working group including the Task Force Secretariat*).

As above.

F13. Relevant Task Force member organizations to support inclusion/integration of HIV into their programs and their efforts in countries – be in humanitarian settings, nutrition, specific NCD or broader NCD or MH programs (*Co-morbidities working group and other Task Force members as required*).

As above.

Addressing NCDs in the workplace

F14. Understand WHO and other agency capacity to support action in this area and entry points for future collaboration working on this agenda following the restructuring and changes in staff in WHO and other Task Force members (*Task Force Secretariat, ILO, WHO and other Task Force members*).

Initial investigation suggests no current capacity in WHO in this area. Further discussions required with ILO.

Integrated lung health

F15. Hold a set of bilateral meetings between WHO and a small number of other relevant agencies to explore interest and capacity for working together to support Member States in integrated lung health in line with the political declaration and WHA resolution, with a report back on outcomes of these discussions at the twenty-sixth meeting and possibly at a future GARD event (*WHO, selected Task Force members, with the support from the Task Force Secretariat*).

The Secretariat facilitated coordination meetings between WHO, ILO, UN Habitat. CRD being considered for inclusion in WHO/UN Habitat MoU. CRD to be reflected in World Urban Forum, May 2026, Baku, Azerbaijan.

Air pollution and chronic respiratory diseases are the thematic focus for 2026 UN Task Force awards. Call for nominations finalised.

Air pollution

F16. Explore an approach for joint UN tracking on commitments related to air pollution and health actions in the BreatheLife website (*WHO, other Task Force members, with the support from the Task Force Secretariat*).

Task Force Secretariat followed up. Further details to be provided in dedicated agenda item in the meeting.

F17. Provide an update on developing the methodology on the best buys for air pollution and new modules on air pollution and cardiovascular diseases, brain health and mental health at the twenty-sixth meeting (*WHO*).

As above.

Assistive technology and medical devices

F18. Review and develop clarity on the UN system offer, in the light of current and future resources and in line with UN reform (*WHO, other relevant UN agencies*).

Task Force Secretariat providing support to the revision of the ATA-C manual. Also facilitating the finalisation of Assistive technologies investment cases in Bangladesh, Kiribati and Solomon Islands.

G. NCD2030

Actions

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

Report launched, 5 February 2026 through online webinar jointly organized by UNDP and the Task Force Secretariat. <https://www.undp.org/publications/realizing-return-insights-decade-investment-cases-noncommunicable-diseases-and-mental-health>. Peer-reviewed article in preparation.

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

Concept note now available. Resource mobilization ongoing. Ghana possible first country for support.

H. Health4Life Fund

Action

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

Ongoing. Further opportunities during the WHA.