

2016-2017 work plan for the UN Task Force on the Prevention and Control of NCDs

This work plan consists of two parts. The first part describes the Task Force's overarching strategic directions for 2016-2017. The second part is a more detailed description of the full range of activities that Members of the Task Force are committed to undertake during the biennium set out by objective.

Part 1. Overarching strategic directions

1. Fast-track action in 12 programme countries through a series of joint programming missions and follow up action.

Close working between Members of the Task Force to undertake a series of transformative shifts at all levels, e.g.:

- Leverage the leadership of the WR and UN RC to mobilize the UN Country Team in raising the priority given to NCDs on the national agenda;
- Integrate NCDs into UNDAFs;
- Establish and operationalize resident UN Thematic Groups on NCDs;
- Catalyse the establishment of the "three multisectoral ones" for NCDs, i.e. one national multisectoral NCD plan with targets, one national NCD commission, and one prioritized budgetary allocation to finance the implementation of the plan.

2. Develop and roll-out a series of global joint programmes and thematic groups, e.g.:

- Catalysing multisectoral action;
- Cancer;
- Cervical cancer;
- mHealth;
- Harmful use of alcohol;
- surveillance;
- NCDs and the environment.

3. Communicate to policy makers in developing and developed countries about the work of the UN Task Force and the need for multisectoral action to prevent and control NCDs at the country level, e.g.:

- Greater communication on the work and impact of the UN Task Force by the Secretariat and its Members, including effective UNIATF "branding" and expansion of the Task Force website that includes progress in programme countries;
- NCDs raised in Task Force Members' governing body meetings as well and the Task Force highlighted in key meetings of other development agencies.

Part 2. Detailed work plan set out by Objective

Primary area of action: G = Governance, RF = reducing exposure to risk factors, HSS = enabling health systems to respond, M&E = monitoring the NCD situation and measure results. *Primary level of action and outputs:* N = national level, R = Regional level, G= Global level

Objective 1: To **enhance and coordinate systematic support to Member States**, upon request, at the national level, in efforts to support responses to prevent and control NCDs and mitigate their impacts

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs (select one)	Lead agency and name of lead individual (AA=Administrative Agent, CA = Convening Agent)	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015
1.	Undertake at least 12 joint country programming missions, and undertake follow up activities in all countries that have received joint programming missions	UN Country Team raising the priority given to NCDs on the national agenda; (ii) NCDs integrated into UNDAFs; resident UN Thematic Groups (or equivalent) established and operating; “three multisectoral ones” for NCDs (i.e. one national multisectoral NCD plan with targets, one national NCD commission, and one prioritized budgetary allocation to finance	G	N	WHO	All*	Through UNIATF	Each agency to self-fund. Agreed at the 5 th meeting to look for funding to support these missions and their follow up through the Joint UNDP-WHO Programme below	Political buy in of UNCTs to follow up action with the need to prioritise resources	

		the implementation of the plan) catalysed and established								
2.	UNDP-WHO joint programme to catalyse multisectoral action for NCDs operating in a selection of LMICs	(i) national investment cases; (ii) capacity, mechanisms and mandates of national and relevant local authorities developed; (iii) governance and regulatory frameworks to strengthening community action, civil society networks, social movements strengthened			UNDP	WHO WB				
3.	IAEA-WHO-IARC cancer control joint programme operating in selected LMICs	Enhanced comprehensive and sustainable cancer control services in 7 flagship countries	HSS, M&E	Multi-national	IAEA	IARC, WHO	TBD	Through the global joint programme	Government commitment; Availability of funds.	16
4.	Joint programme on cervical cancer prevention and control operating in selected LMICs	Health systems delivering comprehensive cervical cancer in place in selected project implementation countries	HSS, RF	N, R, G	UNFPA as Administrative Agent WHO as Convening Agent	IAEA IARC UNFPA UNICEF UNW'men UNAIDS WHO UNODC (observer)	TBD	Through the global joint programme	Insufficient funding coordination Anti-vaccination movements and advocacy.	Action 17 under "Reduce exposure to risk factors for NCDs"
5.	Develop an joint UN programme to reduce the	Project being implemented in at least 2 regions with at	RF	G	WHO UNDP as		Thematic group on harmful use of	WHO, UNDP		

	harmful use of alcohol and its impact on violence and infectious diseases	least 15 countries involved			joint chairs		alcohol			
6.	WHO-ITU mHealth joint programme (Be He@lthy Be Mobile)	National action in at least 8 countries	HSS	N	ITU - AA WHO		Joint BHBM secretariat and steering committee	Funding from WHO, ITU and funding partners	Risk: political instability. Mitigation: technical engagement which will be less affected by political changes.	
7.	IAEA-led interagency (IAEA, WHO, IARC) comprehensive cancer control capacity and needs assessment (imPACT) missions	Assessment reports including recommendations in up to 24 countries with priority actions implemented	HSS	N	IAEA	WHO IARC		Funding no identified	Government commitment ; unreliable funding	16a
8.	Develop technical tools to support Member States realize ICN2 commitments and Framework for Action;	2 policy papers developed: (i) national investment plans to improve people's diet and nutrition; (ii) impact of, agriculture and trade, social protection, education, water, sanitation, hygiene and the	RF	G	UNSCN	FAO, UNICEF WHO	TBD	SCN	Lack of support to the ICN2 process by WHO and FAO leadership Mitigation: use of SDG process to	12

		environment policies on nutrition							reduce malnutrition in all its forms	
9.	Promote and ensure the inclusion of NCD concerns in the work of the Codex to achieve policy coherence	Codex standards and guidelines included dietary recommendations related to NCD prevention (i.e. sugars, fats, sodium)	RF	G	WHO	Codex FAO	Through the work of CAC, CCNFSU, CCFL			
10.	Provide technical support to countries to implement recommendations on marketing of foods and non-alcoholic beverages to children	Support provided to X countries	RF	N	IDLO	WHO UNICEF	WHO-IDLO MOU	IDLO and WHO to mobilize resources		20
11.	Develop guidance on food, diet and trade policies to assist member states nationally and regionally	By December 2016 publish a paper on guidance for member states in negotiating healthy trade policies	RF	G	WHO	UNCTAD WHO		NA		
12.	Develop factsheets on alcohol and public health: (i) alcohol and cancer; (ii) alcohol and trade; (iii) alcohol and infectious	Factsheets published and disseminated	G	G	WHO	UNDP and others	Regular meetings of the group reporting to the UNIATF	Development of a global joint programme		

	diseases; and (iv) alcohol and gender-based violence									
13.	Provide technical support to Member States on multisectoral action for increasing levels of physical activity as part of daily life	Number of countries supported for physical activity program using sports, QPE package, PHC and workplace toolkit	RF	N	UNOSDP	WHO				
14.	Tailored country support and building capacity for legal interventions and enabling legal environment to promote healthy diets and physical activity in order to address obesity, diabetes and cardiovascular disease.	(i) increased public health law capacity; (ii) strengthened enabling legal environments to address obesity, diabetes and promote healthy diets and physical activity.	HSS	N	IDLO	WHO	Joint MOU signed December 2014	Concept note finalised April 2015	As above.	Ongoing from 2014-2015
15.	Undertake research on the relationship between trade policy and processed food imports in Pacific island countries	Policy paper developed and disseminated with enhanced knowledge and national capacity among health & trade government officials. Targeted policy interventions in place.	RF	N	ESCAP	WHO, FAO	Through SAMOA Pathway, SDGs and other sustainable development initiatives	ESCAP Pacific Office exploring potential funding avenues for the advisory services, although the technical research has started	Funding. Options for funding from other work streams	1

								already		
16.	Provide technical assistance to countries to improve cancer incidence, survival and mortality data	Coverage and quality of population-based cancer registration strengthened in x countries (note: target is 50 by 2025)	M&E	N & R	IARC	IAEA WHO	Leadership and coordination by IARC, coordination of regional networks through Hub Executive (HEX) Groups	Estimated financial requirement is approx. 3 million USD per annum - >10% secured Resource mobilization ongoing	Insufficient global funding and national investment	34 and 37
17.	Provide training to countries to enhance their governance capacity for NCD control friendly policies (including trade & investment agreements and regulation of NSAs)	(i) stronger policy coherence between health and other sectors in understanding the impact of trade and investment agreements on prevalence of NCDs; (ii) policy guidance for MoH and MoTrade	G	N	UNU-IIGH	FAO FCTC IDLO UNDP WB WHO WTO	Under discussion	Under discussion	Insufficient funding; (ii) weak public institutions; (iii) corporate lobbying & influence of NSAs; (iv) will to collaborate across sectors and ministries	Actions 2, 11, 20, 22, 29
18.	Develop recommendations to increase availability opioid analgesics for palliative care	(i) recommendations disseminated; (ii) 2015 supplement of the INCB Annual Report analysing the global situation in relation to availability of opioid analgesics for medical purpose	G	G	INCB	WHO, Essential Medicine	CND and UNGASS 2016 on the world drug problem	Resources available to INCB		
19.	Provide training on the use of the	Strengthened national systems of health	HSS	N	ILO	WHO		USD 60,000 available		

	ILO Classification of Radiographs of Pneumoconiosis	surveillance								
20.	Provide training on integrating health promotion into occupational safety and health policies (SOLVE)	(i) strengthened capacities of governments, employers and workers; (ii) framework for action established; (iii) online platform in place	RF	G	ILO	ITC-ILO		USD 60,000 available		
21.	Undertake a workshop on urban governance for health	Stronger policy coherence between NCDs and broader urban policies	G	N	UNU-IIGH	UN - Habitat WHO KCT	Under Discussion	USD 50,000 from UNU-IIGH Fund raising ongoing	Insufficient funding	Actions 11, 20
22.	Strengthen the Institutional Framework for Cancer Control in Namibia	Enhanced framework for nuclear medicine and radiotherapy services for Namibia	HSS	N	IAEA	WHO IARC		€137,600	Availability of required funds	
23.	Strengthen national capacity for the diagnosis and treatment of cancer patients in Peru.	(i) improved knowledge in using nuclear technologies; (ii) standardized processes, protocols & procedures established	HSS	N	IAEA	WHO IARC		€555 440 (€15 000 unfunded)		

Objective 2: To facilitate **systematic and timely information exchange among entities of the UN system and IGOs** about existing and planned strategies, programmes and activities to prevent and control NCDs and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of UN system activities on the prevention and control of NCDs.

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24.	Hold four meetings of the Task Force (2 in 2016 and 2 in 2017)	Summary of meeting with actions published. Annual report completed for ECOSOC	G	G	WHO	All	UNIATF Secretariat			
25.	Additional Interagency meetings to share information on tobacco control	Objective 5 of the work plan delivered	G		FCTC WHO	All				
26.	Additional Interagency meetings to share information on reducing harmful use of alcohol	At least 3 meetings/events conducted	RF	G	WHO,	UNDP	Through the thematic group on alcohol	As required		
27.	Encourage Task Force Members to including NCDs into the policies,	Increasing awareness of NCDs and the need for action by governing bodies of	G	G	WHO	All	UNIATF Secretariat			

	strategies and plans of their governing bodies	Task Force Members								
28.	Regional NCD Thematic Groups meeting and reporting on progress to Task Force	Stronger coordination and action of UN agencies at regional level for driving forward NCDs and responding to the joint missions		R	WHO	UNDP and all	Regional NCD Thematic Groups, with reports provided to Task Force meetings			
29.	Contribute to WHO/GCM knowledge sharing platforms, repositories, communities of practices and webinars	UN agencies contributions included in the platforms, repositories, communities of practices and webinars.	G	Global	WHO	All	Through GCM work plan and Task Force meetings	Funded under the GCM/NCD workplan and 2016-17 Programme Budget	Technology platforms and resources required are too expensive to procure and maintain	Objective 2 and 6
30.	Contribute to 2016 WHO/GCM-led, global communications campaign	UN agencies contributions included the design and implementation of the global communications campaign	RF	G	WHO	All	Through GCM work plan and Task Force meetings	Funded under the GCM/NCD workplan and 2016-17 Programme Budget		2
31.	Hold a thematic discussion on NCDs and law	Best practices and action for regional and national capacity building Identified	HSS	G	IDLO	WHO UNDP	Through Task Force	Agency to cover own costs		
32.	Incorporate physical activity and healthy lifestyle as part of OHS and relevant	Strategic document that incorporates physical activity into OHS	G	G	ILO	WHO				

	labour policies									
33.	Map activities that support countries tackle the harmful use of alcohol	Document developed, updated and distributed on alcohol-related roles and activities.	RF	G	WHO,	UNDP	Thematic group on harmful use of alcohol	Minimal requirements, WHO	Lack of collaboration of focal points in the thematic group, non-engagement of non-participating agencies	Global strategy to reduce the harmful use of alcohol

Objective 3: To facilitate information on available resources to support national efforts to prevent and control NCDs and mitigate their impacts, and to undertake **resource mobilization for the implementation of agreed activities, including for joint programmes** in accordance with guidelines of the UNDG

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34.	Mobilise resources for the implementing Task Force activities	Joint Programmes and other initiatives resourced								
35.	Members of the Task Force share individual policies around conflicts of interest	Activities of the Task Force protected from undue influence by vested interests								
36.	Review policies and practices among UN agencies on interaction with and potential interference from tobacco industry and its front group	Output: Completed questionnaires, report and proposed a UN wide policy in line with WHO FCTC Article 5.3 and its guidelines Outcome: Compliance of UN agencies with Article 5.3	G	G	WHO	All	Task Force Secretariat	WHO funding	Lack of response and commitment from all agencies	

37.	Develop tax guidance for fiscal policies on diet building from Tobacco work	Guidance document to assist countries in implementing fiscal policies for diet	RF	G	WHO	World Bank				
38.	Develop a worldwide survey of radiotherapy needs coverage by country	A database and summary data made available by end of 2017	M&E	G	IAEA	IARC		\$10,000	Availability and Collection of reliable data	35 and 36

Objective 4: To strengthen **advocacy** in order to raise the priority accorded to the prevention and control of NCDs on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level UN officials

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39.	Communicate to policy makers in developing and developed countries about the work of the UN Task Force and the need for multisectoral action to prevent and control NCDs at the country level, e.g. (i) greater communication on the work and impact of the UN Task Force by the Secretariat and its Members, including effective UNIATF “branding” and	Greater understanding of the work of the Task Force and demand for its services	G	G	WHO	All	Task Force meetings	TDB	Lack of resources	

	expansion of the Task Force website that includes progress in programme countries; and (ii) NCDs raised in Task Force Members' governing body meetings as well and the Task Force highlighted in key meetings of other development agencies.									
40.	Contribute to 2016 and 2017 GCM/NCD Dialogues	Meeting report includes perspectives of UN system.	G	I	WHO	All	Through GCM	Through GCM work plan	Lack of multisector engagement interest	Previous dialogues held in 2015
41.	Contribute to the 2017 meeting of the GCM/NCD	Awareness on the importance of multi-stakeholder action maintained at the global level and the contribution of the UN system to that	G	G	WHO	UNIATF	A68/11 - Annex 3 Proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017	Funded under the GCM/NCD workplan and 2016-17 Programme Budget	Action is dependent on Member State instructions on proposed modalities for convening this meeting when adopting the global coordination mechanism's work plan	4

									for 2016–2017 and the related programme budget for 2016–2017	
42.	Contribute to multi-stakeholder nutrition platforms such as Scaling Up Nutrition and movement and Committee on World Food Security,	(i) paper that explains ICN2, ZHC, SUN and their linkages; (ii) updated UN Global Nutrition Agenda; (iii) Global Nutrition Report 2016 and 2017; (iv) functioning CFS Nutrition Open Ended Working Group; (v) accountability for nutrition commitments maintained within the UN System: (iv) NCDs included in the new Sustainable Food Systems Programme	G	G	UNSCN	FAO, WHO, UNICEF WFP, UNICEF, IFAD, IAEA, UN Network for SUN	UNSCN governance mechanism to be defined	No additional resources needed	-	12, 41, 36, 37
43.	Increase attention to healthy diets for populations in crisis and emergency situations	NCD language (including diet-related risk factors for NCDs) included in outcome documents of the World Humanitarian Summit (Istanbul, 23-24 May)	G	G	UNSCN	OCHA, WHO	UNSCN governance mechanism to be defined	No additional resources needed	Lack of support of the leadership	-

44.	Importance of early prevention of NCDs is articulated within the SDG agenda with increasing global, regional and national investments	(i) facts for life chapter finalised and disseminated; (ii) a series of fact sheets developed and disseminated to relevant stakeholders during 2016; ; (ii) expert consultation on UNICEFs contribution on childhood obesity and overweight (iv) cervical cancer screening services integrated into existing HIV services in areas of high HIV and cervical cx prevalence; (v) HPV-HIV advocacy brief developed by UNAIDS with WHO, UNFPA and the GCWA, agreed upon by an expert group, with support from the UNIATF on NCDs, launched, disseminated to government/ programme implementers/planners by March (CSW 2016) and presented on May	RF	G	UNICEF - for i, ii and iii UNAIDS for iv UNAIDS for vi	WHO – for all WB – for iv	Responsible agency will prepare the document and ensure inputs from interested partners, through the creation of an ad hoc discussion group.	TBD (i) available from UNICEF (ii) and from UNAIDS (iii) Being negotiated (iv and v)		
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		(WomenDeliver2016) 2016, and disseminated through to end-2016; (vi) full-day symposium in May 2016 on NCDs and HIV developed and co-organized with the New York Academy of Sciences; and e-briefings from the symposium available online from July 2016								
45.	Encourage implementation of physical activity within and across UN agencies	Number of UN agencies that incorporates physical activity and healthy lifestyle into workplace policies	RF	G	All	All		Within each agency		
46.	Organise and host a workshop on biological pathways in relation to the double burden of malnutrition	New NCD-relevant data on early feeding practices and childhood and adolescent obesity made available and shared by end of 2017	M&E	R	IAEA	WHO UNICEF		\$35,000 available	No major risks foreseen	36 and 37

Objective 5. To incorporate the work of the UN Ad Hoc IATF on **Tobacco Control**, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO FCTC, and to ensure that tobacco control continues to be duly addressed and prioritized in the new task force mandate

	Proposed action	Output/ outcome/impact	Primary area of action	Primary level of action and outputs (select one)	Lead agency and name of lead individual	Partner agencies and name of the lead individual in each agency	Very brief description of governance mechanism to take the action forward	Financial resources required and whether they are available. And if not, the plan for obtaining them	Major risk(s) to implementation and key risk mitigation strategy(ies)	Links with UNIATF action plan 2014-2015
47.	Develop tools to cost WHO FCTC implementation	Output: methodological tool to be made available to countries for their use Outcome: contribution to the implementation of relevant decisions of COP6	HSS	G	WHO CSF	WHO, WB, UNDP	Joint study and agreed methodological tool	WHO and CSF's EU grant	Lack of response and commitment from all agencies	
48.	Engage with Ministries of Finance of 5 countries to improve and increase taxes on tobacco products	Output: Tobacco excise taxes improved/increased in half of the countries with whom an engagement was made. Outcome: Further implementation of the WHO FCTC Article 6 on prices and taxes	RF	N	WHO CSF	World Bank IMF	Mutually agreed workplan and targeted countries	Funding available with WHO to support high burden countries and countries in Sub Saharan Africa.	Risk: Opposition by the Tobacco industry; weak capacities in MOF Mitigation: Capacity building and	

									support to MOF in analysis of taxations systems; build evidence based and country specific arguments to counter industry claims.	
49.	Conduct midwife training with MoH in 3 countries to implement WHO recommendations for prevention and management of tobacco use and second-hand smoke exposure in pregnancy	Output: Trainings of midwives conducted. Outcome: Reduction of tobacco use in both pregnant women and their partners (to reduce exposure to secondhand smoke)	RF	N	WHO	UNICEF Ftc UNFPA	To develop workplan with UN agencies concerned	Seeding funding available for 1 country only at this stage		
50.	Promote the implementation of plain packaging among Parties	Output: A global workshop organized Outcome: Increased awareness and capacity for compliance with Article 11	RF	G	CSF WHO	UNCTAD, UNDP		Needs to raise fund		
51.	Promote ratification and entry into force of	Output: Regional awareness workshop organized and	G	Globa l	CSF	WCO WB UNODC	Workshops organized	CSF's grant from EU Funding not yet	Political wills from the Parties to	

	the Protocol to eliminate illicit trade on tobacco products	training materials on tracking and tracing in tobacco products developed Outcome: Increased awareness and capacity for compliance with Article 15 and ratification of the Protocol			WHO			available for developing tracking and tracing materials	ratify the Protocol and interference from the tobacco industry Risk: Opposition by the Tobacco industry Mitigation: Closer work and analysis with the MoF and Customs to counter industry arguments.	
52.	Promote S-S cooperation demonstration projects on alternative livelihoods for tobacco farmers	Output: 3 demonstration projects Outcome: Increased capacity for compliance with Article 17 and 18	RF	National	CSF	WHO FAO UNDP WB UNICEF UNEP		CSF's grant from EU	Delay in the implementation of the projects due to the involvement of several countries and agencies	
53.	Establish national multisectoral coordination mechanisms for WHO FCTC implementation in three countries	Output :Report of the pilot projects. Outcome: Compliance with Article 5.2 of the FCTC	G	N	CSF	UNDP WHO	Post needs assessment assistance to Parties	CSF's EU grant	Weak capacity in MOH to coordinate and lead other sectors	

Objective 6: To **strengthen international cooperation in support of national, regional and global plans** for the prevention and control of NCDs, inter alia through the **exchange of best practices** in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

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54.	Continue to promote the inclusion of NCDs into UNDAFs (further disseminate 2015 guidance, monitor and review progress) NCDs in UNDAFs monitored, reviewed and number increased	24 additional countries incorporate NCDs into their UNDAFs			UNDP WHO	All				
55.	Integrate WHO FCTC implementation into national development strategies, national health plans and UNDAFs	Output National development strategies and health plans which include the implementation of the WHO FCTC.	G	N	CSF	UNDP WHO	Joint needs assessments missions	CSF's EU grant	Lack of political wills, national planning cycle and interference from the	

		Outcome: Compliance with Article 5.1 of FCTC							tobacco industry	
56.	Develop and disseminate new multisectoral guidance for non-health ministries		G		UNDP WHO	All				
57.	Contribute to 2016 and 2017 GCM Working Groups	Final report includes perspectives of UN system	G	G	WHO	All	GCM work plan	GCM Programme Budget	Expertise on the working group and involvement beyond	3 and 6
58.	Conduct case studies in 12 developing countries on national public health burden of NCDs, including the relationship between NCDs, poverty and social and economic development, costs of action/inaction	12 studies completed	M&E		WHO	All	GCM work plan	GCM Programme Budget		2
59.	Hold regional/sub- regional expert consultations on legal frameworks for promoting healthy diet and physical activity (initial focus is E/S Africa, SE Asia, Caribbean)	Identification of best practices and action for regional and national capacity building	HSS	R	IDLO	WHO	Joint MOU signed December 2014	Concept note finalised April 2015	Financial resource s: survey of existing activities undertaken in 2014 to	Ongoing from 2014-2015

									avoid duplication – identify opportunities for synergies and collaboration	
60.	Meeting to produce a publication on establishing nuclear medicine and radiology facilities	2017 UN publication	HSS	G	IAEA	WHO		\$10,000. \$4,000 available	Timely endorsement of related major professional organizations	21
61.	Workshop on quality management in medical imaging facilities for NCDs with a joint UN call to improve the quality of medical imaging	Greater awareness of the importance of quality in medical imaging in LMICs	HSS	G	IAEA	WHO		\$10,000 Available	No major risks foreseen	21
62.	Hold cancer registry workshop for 20 francophone African IAEA Member States	Enhanced national capacities to establish and/or strengthen population-based cancer registries	M&E	N	IAEA	IARC WHO-AFRO AFCRN		Funded (IAEA); in-kind support WHO-AFRO		

63.	To develop practical guides for the identification and recognition of occupational diseases	Revised guidance on diagnostic and exposure criteria for occupational diseases published	HSS	G	ILO	WHO		50,000 Available		
64.	Co-organize with ISSA and Singapore the XXI Occupational Safety and Health World Congress 2017 with a focus on preventing work-related ill health, including NCDs	Congress held and information and good practice on prevention of NCD's at the workplace is shared by experts, employers, workers and decision-makers in governments. New estimates on fatal global occupational accidents and work-related diseases released	G	N	ILO			100,000 Available		
65.	Develop a minimum package of NCD interventions for emergencies	Minimum set of services, interventions and standards defined	HSS	G	UNHCR: WHO	MSF, IRC, IMC, IFRC, others	In line with IA processes, the work will be initiated by the NCD focal persons of the agencies participating in the informal WG on NCDs in humanitarian emergencies, followed	approx. USD 15,000 for expert consultancy WHO	Time and labour intensive : Need to establish and review evidence	

							by extensive expert consultations and review mechanisms		, requiring collaborative efforts, expert consultancies and peer review Buy-in: IAWG members may not see this as a high priority	
66.	Review of NCD medicines and devices for the development and inclusion in the Interagency Emergency Health Kit	Prioritised list of medicines developed and quantified	HSS	G	WHO UNHCR		IAWG mechanisms WHO EMD is the secretariat for the IEHK	UNHCR: approx. USD 15,000 for expert consultancy WHO	Time and labour. Buy-in: IAWG members may not see this as a high priority	