



WORKING TOGETHER FOR HEALTH AND DEVELOPMENT

**The United Nations Interagency Task Force on the Prevention
and Control of Non-communicable Diseases**



**UN INTERAGENCY
TASK FORCE ON NCDs**



@un_ncd

What is the Task Force?

The United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases was established by the UN Secretary General in 2013.

Its role is simple: to bring the United Nations system together to tackle non-communicable diseases (NCDs), mental health and other non-communicable conditions.

It uses its networks and expertise to help governments develop and introduce effective responses to prevent and control NCDs. It provides high quality technical support to enable governments across the world to develop and implement multisectoral action that is aligned with broader national development plans.

Bringing together over 40 UN agencies as well as the World Bank and regional development banks, the Task Force promotes a whole-of-government and whole-of-society approach. In catalyzing action for NCDs, it moves countries a step closer towards universal health coverage and the Sustainable Development Goals.

Why is the Task Force needed?

The impact of NCDs and mental health on the social and economic development of all countries is enormous – and growing fast.¹

There are a number of low-cost, high-impact interventions that can help countries prevent and treat NCDs. But to see these work, governments need to work as one – and join forces with other partners. The Task Force supports different parts of government to work together as well as with other partners, building the case for NCDs and mental health action and encouraging the leadership and political momentum.

The shocking truth is that while NCDs, mental health and NCD-related SDGs have a disproportionate impact on the poor,² they are still attracting insufficient support as part of overall SDG response. It is also the Task Force's role to help change this.

How does the Task Force work?

The Task Force is more than the sum of its parts.

The Task Force provides direct support to countries, working through UN Country Teams. It undertakes joint programming missions to countries at the request of governments, and develops global joint programmes which provide technical assistance to countries scaling up action.

To support country-level work, the Task Force also develops tools and guidance which facilitate multisectoral action.³

The Task Force meets twice a year and reports annually through the United Nations Secretary-General to the United Nations Economic and Social Council (ECOSOC).



Photo credits: WHO

Joint Programming Missions

The Task Force has undertaken around 20 missions to countries over the last three years. 17 UN system agencies, including the World Bank, have participated. These missions are resulting in changes in policy and practice by influencing Heads of State, ministers, parliamentarians and non-State actors. Joint programming missions also leave the legacy of a stronger UN Country Team that is ready to scale up support to government in tackling NCDs, as part of broader national development.

But these missions are only the first step. The Task Force then provides follow up support and encouragement to ensure that momentum is maintained.

Global Joint Programmes

These enable UN agencies to provide sustained support in order to enable countries to scale up specific national responses to NCDs. They require Task Force members to raise funds and develop new partnerships.

Current global joint programmes include: (i) catalysing national multi-sectoral action for NCDs and development; (ii) promoting comprehensive cancer control; (iii) eliminating cervical cancer; and (iv) maximizing the potential of mobile technologies for NCDs. All are firmly rooted in driving forward the SDG agenda. Nine UN agencies are so far involved in these programmes and over 20 countries are benefiting from them. A new Joint Programme is now being developed to help countries reduce the burden associated with the harmful use of alcohol.



Photo credits: UN Pakistan

¹ The cost of not acting on the NCD epidemic has been estimated at USD 21.3 trillion for low- and middle-income countries over the period 2010-2030 if we don't act now. http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

² Each year, more than 80% of the world's premature deaths from NCDs are in low-and middle-income countries, where NCDs make the largest contribution to premature mortality. The probability of premature death from NCDs is almost four times higher in the poorest countries than the richest.

³ Examples include: (i) policy briefs which provide decision makers across government with information about how NCDs affect their sector, and the steps they can take to respond to the challenge of NCDs; and (ii) guidance on how to include NCDs into UN strategies and plans at the country level.

Thematic Working Groups

These allow Task Force members to come together to pool and align their existing resources more effectively at global and country level. There are Thematic Working Groups for: (i) mental health and wellbeing; (ii) nutrition; (iii) NCDs in humanitarian settings; (iv) NCDs and the environment; (v) NCD surveillance; and (vi) the harmful use of alcohol.

There is also a group that communicates on the development gains that arise from investing in NCDs, as well as the impact on NCDs that can come from investing in other parts of the sustainable development agenda (for example climate change, sustainable cities, education and gender equality/empowering women and girls).

A key priority for the Task Force is to ensure that Members States can harness the leadership and support of the whole UN system for implementing the WHO Framework Convention for Tobacco Control. Tobacco control is a major component of joint programming missions.

A platform for action

The Task Force is at its most effective when works with others.

The Task Force can act as a catalyst and convener for harnessing technical assistance from national and international partners that national governments are requesting.

Moreover, partners can use the Task Force to come together to better understand their own entry points for cost-effective action, to raise the profile of the NCD-related SDGs, to agree resources required and to mobilize funds for comprehensive responses at the global and country level.

And importantly, the Task Force provides a way for those in the health sector to come together with those in sectors outside health – joining up action across many of the SDGs.

Championing SDGs through the Task Force

Governments and other development partners, such as civil society organizations, academic institutions, philanthropic foundations and selected private sector entities can work with the Task Force to:

- » Help countries prevent and control NCDs and improve mental health and wellbeing through multisectoral, whole-of-government and whole-of-society action as part of the 2030 Agenda for Sustainable Development;
- » Encourage an SDG response that is truly integrated between sectors and goals;
- » Find new funding models and resources for the prevention and control of NCDs, mental health and other related conditions;
- » Achieve universal health coverage;
- » Source technical assistance for specific national programmes and priorities;
- » Provide advice on the strategic direction of the way that the UN system works to deliver the SDGs.



Photo credits: World Bank

A Task Force that delivers

Countries are using the Task Force to drive forward action. Examples include:



Barbados. Following a recommendation from an investment case developed by the Task Force and the Government of Barbados, a sugar-sweetened beverage tax was adopted in 2015.



Belarus. Following a joint programming mission in 2014, an Inter-sectoral Coordination Council on NCDs, under the chairmanship of the Deputy Prime Minister, was established to oversee implementation of the State program for NCD control.



India. There are over 2 million users enrolled in the mHealth global joint programme. A recent evaluation has shown over 7% of the program users have not used tobacco for at least 6 months.



Kyrgyzstan. Discussions convened by the Task Force led to Kyrgyzstan including NCD-related targets in its national SDG adaptation agenda.



Mozambique. A 2016 country programming mission provided political momentum for Parliament to ratify the WHO FCTC.



Oman. A joint mission recommended the removal of subsidies for unhealthy foods. Since then, the government is moving ahead with the removal of subsidies plus a 50% tax on sugar-sweetened drinks and a 100% tax on energy drinks. In addition, regulations on trans fats have been adopted by the government.



Sri Lanka. A joint mission was hosted in 2015. Based on its recommendations, a traffic light labelling system was introduced in 2016 for products high in sugar – the first of its kind in the region. A maximum price policy was also introduced in 2016 to reduce the out of pocket cost for 48 essential medicines, including all essential medicines for NCDs.



Zambia. Following a joint programming mission in 2016, a government-wide multisectoral committee to implement the WHO-FCTC was formed in April 2017 to mainstream tobacco control policies across government.

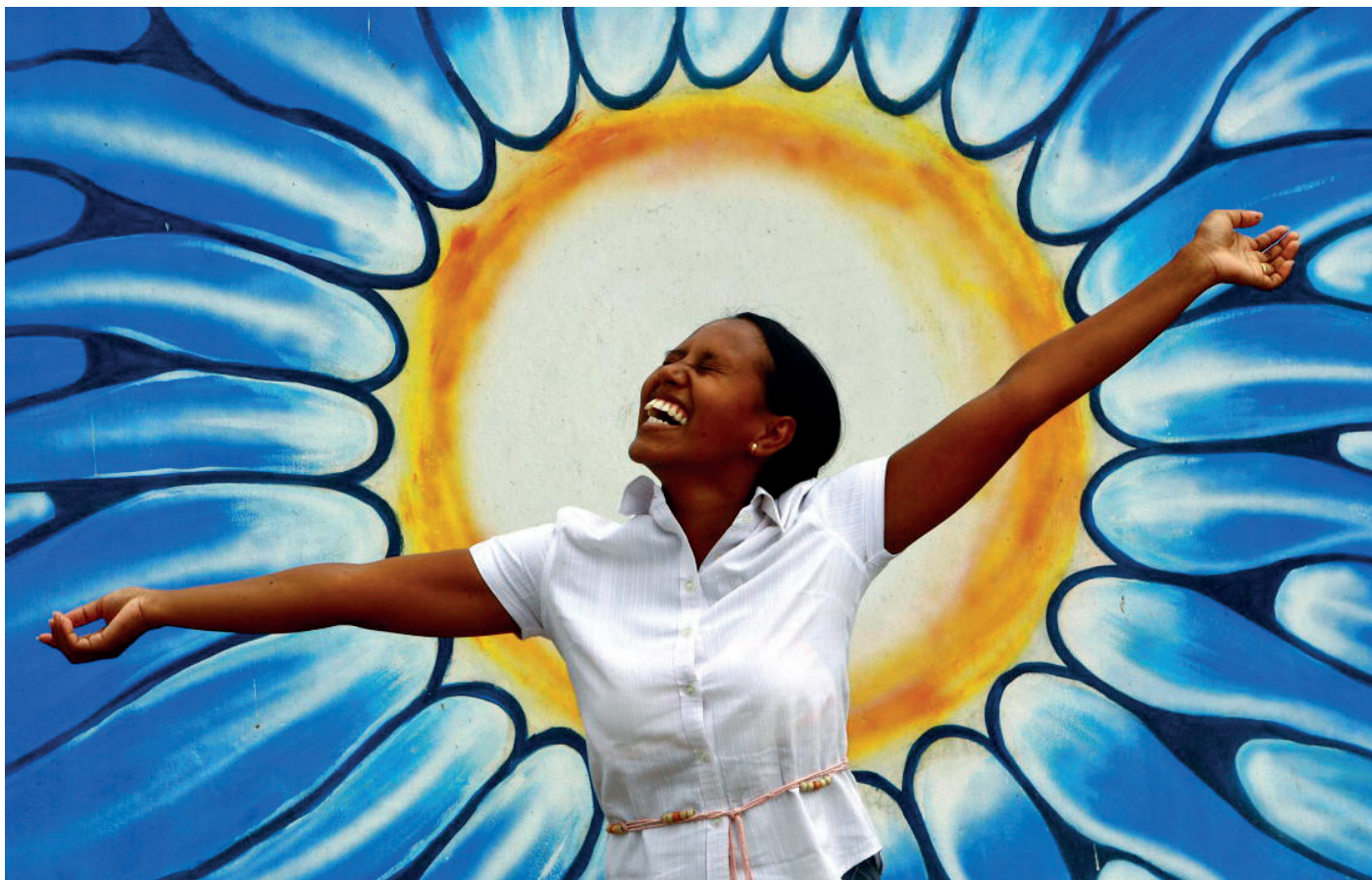


Photo credits: UN Timor Leste

Join us

The Task Force provides a unique force to help countries build solutions for NCDs beyond the health sector.

But its full impact will only be realised by working in partnership with others.

In 2016, a small number of countries came together during the United Nations General Assembly in order to establish a group

called the "Friends of the Task Force". The "Friends" provide an informal network of like-minded partners working to enhance action on NCDs.

For more information about the Task Force or becoming a Friend please email unncttaskforce@who.int.



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