

Draft action plan for the prevention and control of noncommunicable diseases 2013–2020

Report by the Secretariat

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. In resolution WHA53.17 on Prevention and control of noncommunicable diseases, the Health Assembly reaffirmed that the global strategy for the prevention and control of noncommunicable diseases and its implementation plan were directed at reducing premature mortality and improving quality of life.

2. In 2011, the Health Assembly adopted resolution WHA64.11, on Preparations for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, requesting the Director-General to develop, together with relevant United Nations agencies and entities, an implementation and follow-up plan for the outcomes, including its financial implications, for submission to the Sixty-sixth World Health Assembly, through the Executive Board. In January 2012, the Executive Board adopted resolution EB130.R7, on Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, requesting the Director-General *inter alia* to develop, in a consultative manner, a WHO action plan for the prevention and control of noncommunicable diseases for 2013–2020, building on lessons learnt from the 2008–2013 action plan and taking into account the outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control, the Rio Declaration on Social Determinants of Health, and building on and being consistent with WHO's existing strategies and tools on tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. That draft action plan should be submitted, through the Executive Board, to the Sixty-sixth World Health Assembly for consideration and possible adoption.

3. Accordingly, the Secretariat published on 26 July 2012 a WHO discussion paper on the development of an updated action plan for the global strategy for the prevention and control of noncommunicable diseases covering the period 2013 to 2020.¹ Member States and organizations in the United Nations system were invited to share their comments either during the first informal consultation (Geneva, 16 and 17 August 2012) or by participating in a web-based consultation from 26 July 2012 to 7 September 2012, or both. Relevant nongovernmental organizations and selected private-sector entities were invited to share their views as part of the web-based consultation.

¹ http://www.who.int/nmh/events/2012/action_plan_20120726.pdf (accessed 23 November 2012).

4. The outcomes of the informal and web-based consultations served as the input for the development of a “zero draft” action plan. This zero draft was discussed at a second informal consultation for Member States and United Nations agencies (Geneva, 1 November 2012), which was attended by representatives of 67 Member States and five United Nations bodies.

5. The Secretariat duly amended the draft action plan in the light of comments made at the second informal consultation and following the outcome of the formal meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases (Geneva, 5–7 November 2012). The revised draft is annexed to this report.

6. The Secretariat will further modify the draft action plan as a result of, first, the outcome of the United Nations General Assembly plenary meeting on the “Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership”,¹ which is scheduled to be held on 28 November 2012 in New York, and, secondly, comments made by Board members at the current session.

7. In response to the specific commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the following proposed elements will also be included in the draft action plan:

- processes that would enable the Secretariat, Member States and international partners to engage with the private sector, while safeguarding public health from any potential conflict of interest (in response to paragraph 44);
- actions to increase resources through bilateral and multilateral channels in support of national efforts (paragraph 45(d)); and
- actions to promote North–South, South–South and triangular cooperation (paragraph 48).

8. Finally, the Secretariat will convene a third informal consultation for Member States and organizations in the United Nations system in March 2013 to review a revised draft action plan. The outcome of that third informal consultation will serve as an input for the Secretariat to complete the work under way to submit a draft action plan for consideration by the Sixty-sixth World Health Assembly in May 2013.

ACTION BY THE EXECUTIVE BOARD

9. The Board is invited to note the report and the planned updating of, and further consultations on, the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, and to provide further guidance on the preparation of the final draft of the action plan. The Board is also requested to provide guidance on the proposed elements for inclusion in the draft action plan that will be considered at the consultation to be held in March 2013.

¹ Document A/67/373.

ANNEX

**DRAFT ACTION PLAN FOR THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES 2013–2020****INTRODUCTION**

1. The global burden and threat of noncommunicable diseases constitute a major challenge for development in the twenty-first century, one that undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals in low-income and middle-income countries. An estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to noncommunicable diseases, comprising mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%).¹ In 2008, around 80% of all deaths (29 million) from noncommunicable diseases occurred in low-income and middle-income countries, and a higher proportion (48%) of the deaths in the latter countries are premature (under the age of 70) compared to high-income countries (26%). The probability of dying from a noncommunicable disease between the ages of 30 and 70 years is highest in sub-Saharan Africa, eastern Europe and parts of Asia. According to WHO's projections, the total annual number of deaths from noncommunicable diseases will increase to 55 million by 2030, if business as usual continues.¹

2. The toll of morbidity, disability and premature mortality due to noncommunicable diseases can be greatly reduced if preventive and curative interventions already available are implemented effectively. Most premature deaths from noncommunicable diseases are preventable by influencing public policies in sectors other than health, rather than by making changes in health policy alone. Governments have recognized that quick gains against the epidemic of noncommunicable diseases can be made through modest investments in interventions. Although there is no blueprint and one size does not fit all, widespread implementation of these interventions needs active engagement of sectors beyond health and a whole-of-government, whole-of-society and health-in-all policies approach.

3. The following developments have led to the elaboration of this draft action plan for the prevention and control of noncommunicable diseases 2013–2020.

- There is a growing international awareness that the three main pillars (surveillance, prevention and health care delivered through strengthened health systems) of the global strategy for the prevention and control of noncommunicable diseases (reaffirmed in resolution WHA53.17) remain largely relevant. The global strategy is directed at reducing premature mortality and improving quality of life.
- Since 2000, several resolutions have been adopted or endorsed by the Health Assembly in support of specific tools for the global strategy, including:
 - WHO Framework Convention on Tobacco Control (resolution WHA56.1)
 - Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17)
 - Global strategy to reduce harmful use of alcohol (resolution WHA63.13).

¹ *World health statistics 2012*. Geneva, World Health Organization, 2012.

- In 2008, the Health Assembly, in resolution WHA61.14, endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases, covering the period 2008–2013. That plan comprised a set of actions that, when performed collectively by Member States and other stakeholders, would tackle the growing public health burden imposed by noncommunicable diseases. Successful implementation of the plan would need high-level political commitment and the concerted involvement of governments, communities and health-care providers.
- The High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the adoption of the Political Declaration (United Nations General Assembly resolution 66/2) represented a breakthrough in the global struggle against these diseases. For the first time, all Member States of the United Nations agreed that noncommunicable diseases constitute a major challenge to socioeconomic development, environmental sustainability and poverty alleviation. The Political Declaration makes a clear call for including noncommunicable diseases in health-planning processes and the development agenda of each Member State. It also commits governments to a series of multisectoral actions and to exploring the provision of adequate, predictable and sustained resources through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.
- Recognizing the leading role of WHO as the primary specialized agency for health, and reaffirming the leadership role of WHO in promoting global action against noncommunicable diseases, the Health Assembly requested the Secretariat to prepare a follow-up plan for the outcomes of the High-level Meeting (resolutions WHA64.11 and EB130.R7), consistent with WHO's existing strategies, building on lessons learnt from the 2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases and taking into account the outcomes of the High-level Meeting and the Moscow Declaration on promoting healthy lifestyles and control of noncommunicable diseases. In resolution WHA65.8 the Health Assembly also endorsed the Rio Declaration on Social Determinants of Health and urged implementation of the pledges made therein.

4. The draft action plan for the period 2013–2020 seeks to consolidate the contours of a plan for implementation and follow-up of the outcomes of the High-level Meeting with an updated global action plan for the prevention and control of noncommunicable diseases into one document. The global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of noncommunicable diseases, have been integrated into the draft action plan.

STRUCTURE OF THE ACTION PLAN

5. Figure 1 provides an overview of the main elements of the draft action plan.

Figure 1. Main elements of the action plan

<p>Vision</p> <p>A world in which all countries and partners sustain their political and financial commitments to reduce the avoidable global burden and impact of noncommunicable diseases, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to socioeconomic development.</p>
<p>Overarching principles and approaches</p> <p>Human rights Noncommunicable diseases are a challenge to social and economic development Universal access and equity Life-course approach Evidence-based strategies Empowerment of people and communities</p>
<p>Goal</p> <p>To reduce the burden of preventable morbidity and disability and avoidable mortality due to noncommunicable diseases.</p>
<p>Objectives</p> <p>Objective 1 To strengthen advocacy and international cooperation and to raise the priority accorded to prevention and control of noncommunicable diseases at global, regional and national levels and in the development agenda.</p> <p>Objective 2 To strengthen capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of noncommunicable diseases.</p> <p>Objective 3 To reduce exposure to modifiable risk factors for noncommunicable diseases through creation of health promoting environments.</p> <p>Objective 4 To strengthen and reorient health systems to address prevention and control of noncommunicable diseases through people-centred primary care and universal coverage.</p> <p>Objective 5 To promote and support national capacity for quality research and development for prevention and control of noncommunicable diseases.</p> <p>Objective 6 To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.</p>

Set of voluntary global targets to be achieved by 2025

Mortality and morbidity
Premature mortality from noncommunicable diseases
(1) 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.
Risk factors
<i>Behavioural risk factors</i>
Harmful use of alcohol¹
(2) At least 10% relative reduction in the harmful use of alcohol, ² as appropriate, within the national context.
Physical inactivity
(3) 10% relative reduction in prevalence of insufficient physical activity.
Salt/sodium intake
(4) 30% relative reduction in populations' mean intake of salt/sodium. ³
Tobacco
(5) 30% relative reduction in prevalence of current tobacco use in persons aged 15 years or older.
<i>Biological risk factors</i>
Blood pressure
(6) 25% relative reduction in the prevalence of raised blood pressure or containment of the prevalence of raised blood pressure according to national circumstances.
Diabetes and obesity⁴
(7) Halt the rise in diabetes and obesity.
National systems response
Drug therapy to prevent heart attacks and strokes
(8) Receipt by at least 50% of eligible people of treatment with medicines and counselling (including control of glycaemia) to prevent heart attacks and strokes.
Essential medicines and basic technologies to treat major noncommunicable diseases
(9) 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

¹ Countries will select indicator(s) of harmful use as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total per capita alcohol consumption, and alcohol-related morbidity and mortality among others.

² In WHO's global strategy to reduce the harmful use of alcohol the concept of the harmful use of alcohol encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

³ WHO's recommendation is less than five grams of salt or two grams of sodium per person per day.

⁴ Countries will select indicator(s) appropriate to national context.

Scope

6. Four categories of disease – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – make the largest contribution to morbidity and mortality due to noncommunicable diseases and are the main focus of the draft action plan. These four noncommunicable diseases can be largely prevented or controlled by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol as well as through early detection and treatment. These major noncommunicable diseases and their risk factors are considered together in the draft action plan in order to emphasize shared aetiological factors and common approaches to prevention. This conjunction does not imply, however, that all the risk factors are associated in equal measure with each of the diseases. Details of disease-related causal links and interventions are provided in the relevant strategies and instruments. There are many other conditions of public health importance that are closely associated with the four major noncommunicable diseases, including: (i) other noncommunicable diseases (renal, endocrinal, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases); (ii) mental disorders; (iii) disabilities, including blindness and deafness; and (iv) violence and injuries. Some of these conditions are the subject of other WHO strategies and Health Assembly resolutions. Noncommunicable diseases and their risk factors are also linked to communicable diseases, maternal and child health, reproductive health, ageing, and social, environmental and occupational determinants of health. The draft action plan explores potential synergies between noncommunicable diseases and interrelated conditions to maximize opportunities and efficiencies for mutual benefit (Appendix 1).

Relationship to the calls upon WHO and its existing strategies, reform and plans

7. The actions for the Secretariat set out in the draft plan aim to respond to the calls made upon WHO in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (paragraphs 43(e), 51, 61–63 and 65).¹ The Political Declaration also recognizes the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirms its leadership and coordinating role in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant organizations in the United Nations system, development banks and other regional and international organizations in tackling these diseases in a coordinated manner.

8. The actions for the Secretariat are also in keeping with WHO's reform agenda, which requires the Organization to engage an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector, in work related to prevention and control of noncommunicable diseases. The roles and responsibilities of the three levels of the Secretariat – country offices, regional offices and headquarters – in the implementation of the draft action plan will be reflected in WHO's biennial workplans for the prevention and control of noncommunicable diseases. This draft action plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health and the global strategy to reduce harmful use of alcohol, and has close conceptual and strategic links to the draft comprehensive mental health action plan 2013–2020 (to be considered by the Sixty-sixth World Health Assembly).² The draft action plan will also be guided by WHO's twelfth general programme of work (2014–2019).

¹ United Nations General Assembly resolution 66/2.

² See document EB132/8.

Aim

9. The draft action plan is intended to support coordinated and comprehensive implementation of strategies across individual diseases and risk factors, with an emphasis on integration. The aim is to provide an overall direction to support the implementation of national strategies and action plans, where they have been developed, and the development of sound and feasible national action plans where none exist. The draft action plan will, therefore, support and strengthen implementation of existing regional resolutions and plans.

Vision

10. The vision behind the action plan is of a world in which all countries and partners sustain their political and financial commitments to reduce the avoidable global burden and impact of noncommunicable diseases, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to socioeconomic development.

Overarching principles and approaches

11. The draft action plan relies on the following overarching principles and approaches.

- **Human rights:** Strategies to prevent and control noncommunicable diseases must be formulated and implemented in accordance with international human rights conventions and agreements.
- **Noncommunicable diseases are a challenge to social and economic development:** Strategies for their prevention and control must be formulated bearing in mind that noncommunicable diseases constitute a major challenge to social and economic development throughout the world. The adoption of the Political Declaration at the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases was a defining moment for development cooperation. The Political Declaration of the High-level Meeting sets out a new global agenda that presents a historic opportunity to ensure that globalization becomes a positive force for present and future generations.
- **Universal access and equity:** All persons with noncommunicable diseases should have equitable access to health care and opportunities to achieve or recover the highest attainable standard of health, regardless of age, gender or social position.
- **Life-course approach:** A life-course approach is the key to prevention and control of noncommunicable diseases. It starts with maternal health, including preconception, antenatal and postnatal care and maternal nutrition, and continues through proper infant feeding practices, including promotion of breastfeeding and health promotion for children, adolescents and youth followed by promotion of a healthy working life, healthy ageing and care for people with noncommunicable diseases in later life.
- **Evidence-based strategies:** Strategies for prevention and control of noncommunicable diseases need to be based on scientific evidence and public health principles.
- **Empowerment of people and communities:** People and communities should be empowered and involved in activities for the prevention and care of noncommunicable diseases.

Goal

12. The goal of the action plan is to reduce the burden of preventable morbidity and disability and avoidable premature mortality due to noncommunicable diseases.

Time frame

13. The action plan will be implemented over the period 2013–2020 and the Secretariat will support its implementation through biennial Organization-wide workplans.

Objectives

14. The draft action plan has six objectives and proposes multilevel actions for Member States and international partners and actions for the Secretariat with a particular focus on mobilizing action at country level. The aim is to operationalize the commitments included in the Political Declaration, building on what has already been initiated and achieved through the implementation of the action plan for the global strategy for the prevention and control of noncommunicable diseases for 2008–2013. Actions listed under all objectives will collectively help to achieve the voluntary global target of a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.

15. The actions proposed for Member States are to be considered and adapted, as appropriate, to national priorities and specific circumstances in order to accomplish the objectives. There is no blueprint action plan that fits all countries, as countries are at different points with respect to progress in prevention and control of noncommunicable diseases. What exactly can be done at the country level in a sustainable manner depends on the level of socioeconomic development, competing public health priorities, budgetary allocations for noncommunicable diseases, an enabling political and legal climate, and national capacity. Nevertheless, there are some high-impact interventions that are cost effective, affordable and capable of expansion even in resource-constrained settings.¹ It would be pragmatic for governments to consider giving priority in resource-constrained settings to these core interventions (best buys), as appropriate, within the national context when developing action plans to accelerate the national response for prevention and control of noncommunicable diseases.

GLOBAL MONITORING FRAMEWORK, INCLUDING INDICATORS, AND A SET OF VOLUNTARY GLOBAL TARGETS

16. The voluntary global targets relate to premature mortality from major noncommunicable diseases, behavioural and biological risk factors, and the response of the health system to the epidemic of noncommunicable diseases. Achievement of these targets by 2025 would indicate major progress in the prevention and control of noncommunicable diseases. The global monitoring framework includes 25 indicators and a set of 9 voluntary global targets (see Table). The action plan is geared to accelerating the reduction in the burden of noncommunicable diseases so that sufficient progress is made by 2020 in reaching the global targets set for 2025.

¹ *Scaling up action against noncommunicable disease: how much will it cost?* Geneva, World Health Organization, 2011.

Table. Comprehensive global monitoring framework, including 25 indicators, and a set of 9 voluntary global targets for the prevention and control of noncommunicable diseases

Framework element	Target	Indicator
Mortality and morbidity		
Premature mortality from noncommunicable diseases	(1) 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	(1) Unconditional probability of dying between ages of 30 and 70 from, cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
<i>Additional indicator</i>		(2) Cancer incidence, by type of cancer, per 100 000 population
Risk factors		
<i>Behavioural risk factors</i>		
Harmful use of alcohol: ¹	(2) At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context ²	(3) Total (recorded and unrecorded) per capita (aged 15 years and older) alcohol consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context (4) Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context (5) Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context
Physical inactivity	(3) 10% relative reduction in prevalence of insufficient physical activity	(6) Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate-to-vigorous intensity activity daily) (7) Age-standardized prevalence of insufficiently physically active persons aged 18 years or older (defined as less than 150 minutes of moderate-intensity activity per week or equivalent)
Salt/sodium intake	(4) 30% relative reduction in mean population intake of salt/sodium intake ³	(8) Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18 years and older
Tobacco use	(5) 30% relative reduction in prevalence of current tobacco use in persons aged 15 years and older	(9) Prevalence of current tobacco use among adolescents (10) Age-standardized prevalence of current tobacco use among persons aged 18 years and older

Framework element	Target	Indicator
<i>Biological risk factors</i>		
Raised blood pressure	(6) 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	(11) Age-standardized prevalence of raised blood pressure among persons aged 18 years and older (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure
Diabetes and obesity ⁴	(7) Halt the rise in diabetes and obesity	(12) Age-standardized prevalence of raised blood glucose concentrations/diabetes among persons aged 18 years and older (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose concentration, respectively) (13) Age-standardized prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference as: overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex) (14) Age-standardized prevalence of overweight and obesity in persons aged 18 years and older (defined as body mass index greater than 25 kg/m ² for overweight and 30 kg/m ² for obesity)
<i>Additional indicators</i>		(15) Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18 years and older ⁵ (16) Age-standardized prevalence of persons (aged 18 years and older) in population consuming less than five total servings (400 grams) of fruit and vegetables per day (17) Age-standardized prevalence of raised total cholesterol concentration among persons aged 18 years and older (defined as total cholesterol concentration ≥ 5.0 mmol/l or 190 mg/dl) and mean total cholesterol concentration
National systems' response		
Drug therapy to prevent heart attacks and strokes	(8) At least 50% of eligible people receive treatment with medicines and counselling (including control of glycaemia) to prevent heart attacks and strokes	(18) Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk greater than or equal to 30%, including those with existing cardiovascular disease) receiving treatment with medicines and counselling (including control of glycaemia) to prevent heart attacks and strokes

Framework element	Target	Indicator
Essential medicines and basic technologies to treat major noncommunicable diseases	(9) 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	(19) Availability and affordability of quality, safe and efficacious essential medicines for noncommunicable diseases, including generics, and basic technologies in both public and private facilities
<i>Additional indicators</i>		(20) Access to palliative care, as assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer
		(21) Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate within the national context and national programmes
		(22) Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus infection, according to national programmes and policies
		(23) Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt
		(24) Vaccination coverage against hepatitis B virus, monitored by the number of third doses of hepatitis B vaccine administered to infants
		(25) Proportion of women between the ages of 30 and 49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies

¹ Countries will select indicator(s) of harmful use of alcohol as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total per capita alcohol consumption, and alcohol-related morbidity and mortality, among others.

² In WHO's global strategy to reduce the harmful use of alcohol the concept of harmful use of alcohol encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society.

³ WHO's recommendation is less than five grams of salt (sodium chloride) or two grams of sodium per person per day.

⁴ Countries will select indicator(s) appropriate to national context.

⁵ Individual fatty acids within the broad classification of saturated fatty acids have unique biological properties and health effects that can have relevance in developing dietary recommendations.

Objective 1. To strengthen advocacy and international cooperation and to raise the priority accorded to prevention and control of noncommunicable diseases at global, regional and national levels and in the development agenda

17. In the Political Declaration of the High-level Meeting of the General Assembly, Heads of State and Government and representatives of States and Governments committed themselves to “[s]trengthen and integrate, as appropriate, non-communicable disease policies and programmes into health-planning processes and the national development agenda” (paragraph 45(a)). The Rio+20 Declaration on Sustainable Development¹ acknowledged that the global burden of noncommunicable diseases constitutes one of today’s major challenges for development. Equally, the first report of the UN Task Team on the post-2015 UN Development Agenda, *Realizing the Future We Want*,² has identified noncommunicable diseases as a priority for social development and investment in people. Prevention of noncommunicable diseases is a precondition for and an outcome of sustainable human development and is interdependent with the social, economic and environmental dimensions of development.

18. Since noncommunicable diseases are mediated to a great extent by a host of factors that determine social positions such as income, education, occupation, gender and ethnicity, among others, a social determinants approach that addresses social inequalities and health-system inequalities needs to be adopted in order to deal effectively with noncommunicable diseases. Furthermore, poverty alleviation and prevention and control of noncommunicable diseases should be simultaneous national efforts because poverty and these diseases are intertwined. They contribute to catastrophic spending, high out-of-pocket expenditure, loss of income due to chronic ill-health and costs of caring for ill family members, all of which can impoverish households. Their cost to health-care systems, businesses and governments and the loss of productivity through premature deaths add up to major macroeconomic impacts.

19. Innovative approaches are needed to strengthen advocacy to sustain the interest of Heads of State and Government in the long term, for instance involving all relevant sectors, civil society and communities, as appropriate. International cooperation and assistance are crucial for effective implementation of the action plan at global, regional and national levels and for achieving the global targets on prevention and control of noncommunicable diseases.

20. The action plan provides a global platform that will enable countries, civil society and international organizations to become aware of the challenge posed to global public health by noncommunicable diseases and to respond with coherent cross-sectoral actions for reducing the burden of noncommunicable diseases and thereby enhancing social and economic development, particularly in low-income and middle-income countries. Actions listed under this objective will be essential for creating enabling environments at the global, regional and country levels so that all countries are empowered to make progress in reducing the burden of noncommunicable diseases.

Proposed actions for Member States

21. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States undertake the actions set out below.

- (a) **Governance:** Integrate noncommunicable diseases into national strategic and development plans and establish or strengthen a multisectoral noncommunicable disease policy and plan with special attention to social determinants of health and the health needs of vulnerable populations, including indigenous peoples.

¹ United Nations General Assembly resolution 66/288.

² www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf (accessed 26 November 2012).

- (b) **Evidence for advocacy:** Generate more evidence and disseminate information about the relationship between noncommunicable diseases and other related issues such as poverty alleviation, sustainable development/sustainable cities, non-toxic environment, food security, climate change, disaster preparedness, peace and security, and gender equality based on national situations.
- (c) **Advocacy for action:** Strengthen advocacy to sustain the interest of Heads of State and Government for implementation of the commitments of the Political Declaration, for instance by involving all relevant sectors, civil society and communities, as appropriate within the national context, with the full and active participation of people living with these diseases.
- (d) **Resource mobilization:** Strengthen the provision of adequate, predictable and sustained resources for action against noncommunicable diseases through an increase in domestic budgetary allocations, voluntary innovative financing mechanisms and other means, including multilateral financing, bilateral sources and private sector and/or nongovernmental sources.
- (e) **United Nations Development Agenda:** Identify focal points within health ministries to liaise with United Nations Country Teams in order to facilitate the integration of noncommunicable diseases into the development agenda of each Member State and integrate them, according to country context and priorities, into the United Nations Development Assistance Framework's design processes and implementation, with initial attention being paid to the countries where the Framework is being applied in 2013.

Action for the Secretariat

22. It is envisaged that the Secretariat will take the following actions.

- (a) **Technical support:** Offer technical assistance to integrate prevention and control of noncommunicable diseases into national health and development planning processes, the United Nations Development Agenda and poverty-alleviation strategies, for instance through the United Nations Development Assistance Framework.
- (b) **Resource planning:** Develop guidance materials for domestic resource mobilization and budgetary allocations to noncommunicable diseases, ideally linked to the strengthening of primary health care systems and the provision of universal coverage, and to adopt or expand tobacco and other taxes or surcharges and to apply some or all of the revenues to health care, as appropriate within the national context.
- (c) **Policy guidance:** Provide technical guidance to address in a coherent manner the interrelationships between prevention and control of noncommunicable diseases and initiatives on poverty alleviation and sustainable development (e.g. those concerned with green economies, decent work, access to energy, adaptation to climate change, and healthy cities) and to minimize conflicts among policy objectives.
- (d) **Stakeholder collaboration:** Facilitate collaboration and interaction at international, regional and national levels between the main stakeholders in the development, implementation and evaluation of policy, strategies, programmes and laws for prevention and control of noncommunicable diseases, including Member States, civil society, other organizations in the United Nations system and human rights agencies.

- (e) **International collaboration:** Promote and facilitate international and intercountry collaboration for exchange of best practices in the areas of whole-of-government and whole-of-society approaches, legislation, regulation, health system strengthening and training of health personnel so as to learn from the experiences of Member States in meeting the challenges – for example, legislative changes and the process of achieving this change with respect to regulation of salt in food.
- (f) **Guidance to safeguard public health:** Develop tools for supporting decision-making in order to strengthen governance, including management of conflicts of interest in engaging the private sector in the implementation of the action plan and commercial complexities around the drivers of noncommunicable diseases.

Proposed action for international partners

23. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry):

- (a) **Sustainable human development:** Encourage the continued inclusion of noncommunicable diseases in development cooperation agendas and initiatives and incorporate measures to protect the health of populations, including prevention of noncommunicable diseases, in economic development and sustainable development policies and frameworks and poverty-reduction strategies.
- (b) **Resource mobilization:** Facilitate the mobilization of adequate, predictable and sustained financial resources and the necessary human and technical resources for prevention and control of noncommunicable diseases and fulfil official development assistance commitments, including the commitments by many developed countries to reach the target of providing 0.7% of gross national product for official development assistance to developing countries by 2015.
- (c) **International cooperation:** Strengthen international collaboration in support of national, regional and global action plans to prevent and control noncommunicable diseases, by means including collaborative partnerships in the areas of training of health personnel, development of appropriate health-care infrastructure and promoting the development of appropriate, affordable and sustainable transfer of technology on mutually/agreed terms for the production of affordable, safe and good/quality diagnostics, essential medicines and vaccines (e.g. human papillomavirus vaccine).
- (d) **Partnerships:** Foster partnerships between government and civil society, building on the contribution of health-related nongovernmental organizations, faith-based organizations and patients-organizations to support, as appropriate within the national context, the provision of services for the prevention and control of noncommunicable diseases.

Objective 2. To strengthen capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of noncommunicable diseases

24. As the ultimate guardians of a population's health, governments have the lead responsibility to ensure that appropriate institutional, legal, financial and service arrangements are provided for prevention and control of noncommunicable diseases. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases recognizes that their effective prevention requires multisectoral approaches at the government level, including, as appropriate, health in all policies and whole-of-government approaches across relevant sectors. Increasingly, governments in low-income and middle-income countries are making efforts to deal with noncommunicable diseases, but their efforts have rarely translated into multisectoral action at the national scale.

25. Many obstacles make it difficult for low-income and middle-income countries to launch a multisectoral response. They include: (i) shortage of human and financial resources; (ii) lack of reliable data; (iii) market forces driving risk factors; (iv) under-resourced health systems; (v) unaddressed social determinants of health; and (vi) limited country capacity. These constraints need to be systematically addressed to accelerate progress in prevention and control of noncommunicable diseases.

26. A strong civil society, particularly grass-roots' organizations representing people with noncommunicable diseases and carers, can help to empower society and create more effective and accountable public health policies, regulations and services that are acceptable, respond to needs and respect health as a human right. Such an outcome presumes, however, the existence of an enabling socioeconomic and political legal climate that respects freedom of speech and association and where civil society organizations can make positive and constructive contributions in partnership with the government and other stakeholders.

27. Multisectoral partnerships are crucial to the realization of multisectoral policies for the prevention of noncommunicable diseases, raising financial resources, capacity strengthening, supporting research and advocating for their prevention and control. Strong political leadership, responsible stewardship and management of conflict of interest and workforce capacity for forging a collaborative response are prerequisites for the success of multisectoral action for prevention and control of noncommunicable diseases. Actions listed under this objective will be essential for creating enabling environments at the country level, so that all countries can make tangible contributions to achieving the voluntary global targets.

Proposed action for Member States

28. The proposed actions are as follows.

(a) **National unit on noncommunicable diseases:** Set up and/or strengthen a national unit on noncommunicable diseases in the health ministry with suitable expertise, resources and responsibility for needs assessment, strategic planning, policy development, multisectoral coordination, implementation and evaluation.

(b) **Needs assessment:** Conduct an assessment of epidemiological and resource needs, including the health impact of public policies in non-health sectors (e.g. education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic policies) in order to inform the development of national policies and plans to cope with noncommunicable diseases and an associated budget.

(c) **Accountability:** Improve accountability for implementation by setting up a monitoring framework with national targets adapting the global targets relating to noncommunicable diseases to national contexts.

(d) **National response:** Allocate a budget that is commensurate with identified human and other resources needed to implement the national action plan for prevention and control of noncommunicable diseases.

(e) **Health in all policies:** Provide a conducive environment for engaging non-health sectors and for the implementation of health in all policies and whole-of-government and whole-of-society approaches to increase the accountability of public policies for prevention and control of noncommunicable diseases and to promote health equity.

- (f) **Multisectoral action:** Lead multisectoral action and multistakeholder partnerships for the prevention and control of noncommunicable diseases and create an enabling environment for results-oriented collaboration based on lessons learnt and, guided by the Director-General's report on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership, transmitted by the United Nations Secretary-General and where appropriate, consistent with the global/regional action.
- (g) **Safeguard equity:** Provide equitable access to core interventions for prevention and control of noncommunicable diseases, and integrate and coordinate activities within and across general health and social services (including access to employment, housing, educational opportunities and community activities), so that noncommunicable disease programmes tackle social determinants of health and respond to the needs of vulnerable populations.
- (h) **Policy coherence:** Promote policy coherence between different spheres of policy-making that have a bearing on noncommunicable diseases (e.g. education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic policies).
- (i) **Empowerment of communities and people:** Mobilize a social movement engaging and empowering a broad range of actors who can support and contribute to the national response to noncommunicable diseases (e.g. human rights organizations, faith-based organizations, labour organizations, organizations focused on children, youth, women and patients, intergovernmental and nongovernmental organizations, civil society, academia, media and the private sector).
- (j) **Sustainable workforce:** Ensure an adequately trained and appropriately deployed health workforce, and strengthen workforce skills and capacity for implementing the action plan, through for instance revision and reorientation of curricula in medical, nursing and public health institutions to deal with the complexity of issues relating to noncommunicable diseases (e.g. advertising, human behaviour, health economics, food and agricultural systems, law, business management, psychology, trade and urban planning).

Action for the Secretariat

29. It is envisaged that the Secretariat will take the following actions:
- (a) **Planning:** Develop a "One-WHO workplan for prevention and control of noncommunicable diseases" to ensure synergy and alignment of activities across the three levels of WHO based on country needs.
- (b) **Leadership:** Lead and facilitate coherence of activities to prevent and control noncommunicable diseases by all stakeholders using country-cooperation strategies, strategies that have been adopted by the Health Assembly, and legal instruments.
- (c) **Norms and standards:** Develop, where appropriate, technical tools and information products for advocacy, communication and engaging the social media as well as for implementation of cost-effective interventions and monitoring of multisectoral action for prevention and control of noncommunicable diseases tailored to the capacity and resource availability of countries.
- (d) **Technical support:** Provide support to countries to strengthen their capacities for health impact assessment of public policies, including trade, for maximizing intersectoral synergies for instance across programmes for environmental health, occupational health and prevention of

noncommunicable diseases and for meeting needs for the prevention and control of noncommunicable diseases during disasters and emergencies by establishing/strengthening national reference centres, WHO collaborating centres and knowledge-sharing networks.

(e) **Capacity:** Strengthen the capacity of the Secretariat at global, regional and national levels for prevention and control of noncommunicable diseases; examine the capacity of Member States through capacity assessment surveys to identify needs, and tailor the provision of support from the Secretariat and other agencies.

(f) **Coordination:** Coordinate the proposed activities related to noncommunicable diseases of United Nations funds, programmes and agencies (Appendix 2) in order to achieve a coherent response to support the relevant activities of health ministries.

(g) **Partnerships:** Provide guidance for countries in developing strategies that support the work of the global partnership model expected to be recommended by the United Nations Secretary-General to address functional gaps in the global response to prevention and control of noncommunicable diseases.

Proposed action for international partners

30. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry):

(a) **Intersectoral collaboration:** Provide support to countries in the implementation of evidence-based multisectoral approaches for implementation of best-buy interventions and for dealing with the main determinants of noncommunicable diseases related to urban development, food, agriculture and transport and support the mainstreaming of prevention and control of noncommunicable diseases in the implementation of existing international conventions in the areas of environment and labour.

(b) **Partnerships:** Promote international cooperation and forge results-oriented partnerships at global, regional and country levels in order to promote multisectoral action to address functional gaps in the response to noncommunicable diseases in advocacy, capacity strengthening, product development, access and innovation.

(c) **Solidarity:** Support and be part of the social movement aimed at directing national and global resources towards multisectoral policies and plans for prevention and control of noncommunicable diseases and in order to promote health and equity.

Objective 3. To reduce exposure to modifiable risk factors for noncommunicable diseases through creation of health-promoting environments

31. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases recognizes the vital importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, while strengthening the capacity of individuals and populations to make healthier choices and adopt behaviours that foster good health.

32. Cost-effective prevention strategies that address modifiable risk factors will reduce the burden of noncommunicable diseases and result in cost savings in the long term, owing to a lesser need for costly treatments.

33. Governments need to provide leadership in the development of a national policy framework for reducing risk factors through multisectoral action. In setting such a framework, governments should be the key stakeholders and may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflicts of interest. Further supportive environments that protect health and promote healthy behaviour need to be created using incentives and disincentives, regulatory and fiscal measures, laws and other policy options, and health education, as appropriate within the national context, with a special focus on maternal health (including preconception, antenatal and postnatal care, and maternal nutrition) children, adolescents and youth.

34. Effective implementation of the actions outlined under this objective can reduce the prevalence of current tobacco smoking, insufficient physical activity and obesity, lower salt/sodium intake and the proportion of total energy derived from saturated fatty acids, virtually eliminate the intake of *trans*-fatty acids, and reduce the harmful use of alcohol. Furthermore, the population distribution of physiological risk factors, including raised blood pressure, high blood lipid and blood glucose concentrations, will shift so that more people are at lower risk of cardiovascular disease, diabetes, cancer and chronic respiratory disease. The actions outlined contribute directly to reaching the voluntary global targets for reducing tobacco use, harmful use of alcohol, salt intake and physical inactivity, and indirectly to reaching the voluntary global targets related to reducing the prevalence of raised blood pressure and preventing the increase in diabetes and obesity.

Proposed action for Member States: tobacco control

35. The proposed actions are as follows.

(a) Accelerate implementation of the WHO Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products (adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control¹). All Member States that have not yet become a Party to the Framework Convention should consider action to ratify, accept, approve, formally confirm or accede to it at the earliest opportunity, in accordance with resolution WHA56.1.

(b) In order to reduce tobacco use, encourage the implementation of the following specific measures, at a minimum, which include best-buy and good-buy measures for reducing tobacco use and for which guidelines produced by the WHO Framework Convention on Tobacco Control exist:

- raise taxes and inflation-adjusted prices on all tobacco products, bearing in mind the significance of revenues gained from taxes on tobacco products. In doing so, consider the guidelines of Article 6 (*Price and tax measures to reduce demand for tobacco*) of the WHO Framework Convention on Tobacco Control (pending adoption by the Conference of the Parties to the WHO Framework Convention on Tobacco Control)
- legislate for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In doing so, consider the guidelines of Article 8 (*Guidelines on the protection from exposure to tobacco smoke*) of the WHO Framework Convention on Tobacco Control

¹ Decision FCTC/COP5(1).

- warn people about the dangers of tobacco, including through hard-hitting mass-media campaigns and large, clear, visible and legible health warnings. In doing so, consider the guidelines of Articles 11 (*Packaging and labelling of tobacco products*) and 12 (*Education, communication, training and public awareness*) of the WHO Framework Convention on Tobacco Control
- implement comprehensive bans on tobacco advertising, promotion and sponsorship. In doing so, consider the guidelines of Article 13 (*Tobacco advertising, promotion and sponsorship*) of the WHO Framework Convention on Tobacco Control
- offer help to people who want to stop using tobacco. In doing so, consider the guidelines of Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) of the WHO Framework Convention on Tobacco Control
- regulate the contents and emissions of tobacco products and require manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. In doing so, consider the partial guidelines of Articles 9 (*Regulation of the contents of tobacco products*) and 10 (*Regulation of tobacco product disclosures*) of the WHO Framework Convention on Tobacco Control.

(c) In order to facilitate the implementation of measures described above, the following actions will be helpful:

- protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law. In doing so, consider the guidelines of article 5.3 of the WHO Framework Convention on Tobacco Control
- monitor tobacco use and the implementation of tobacco control policies
- establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control
- establish or reinforce and finance mechanisms to enforce adopted tobacco control policies.

Proposed action for Member States: promoting a healthy diet

36. The proposed action is to advance the implementation of global strategies and recommendations. Member States should consider developing or strengthening national nutrition policies and action plans and implementation of the Global Strategy on Diet, Physical Activity and Health, the global strategy for infant and young child feeding, the comprehensive implementation plan on maternal, infant and young child nutrition and the implementation of WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, and other relevant strategies, including introducing policies and actions aimed at promoting WHO's best-buys and interventions for which favourable cost-effectiveness data are emerging for healthy diets in the entire population, in order to:

- (a) promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding;

- (b) develop policy measures directed at food producers and processors:
- to reduce the level of sodium in food¹
 - to eliminate industrially produced *trans*-fatty acids from food and to replace them with polyunsaturated fatty acids²
 - to decrease the level of saturated fatty acids in food and to replace them with polyunsaturated fatty acids³
 - to reduce the content of free sugars in food and non-alcoholic beverages;
- (c) develop policy measures directed at food retailers and caterers to improve the accessibility and affordability of healthier food products (fruit and vegetables, products with reduced sodium content, saturated fatty acids, *trans*-fatty acids, free sugars),⁴
- (d) ensure the provision of healthy food in all public institutions and in workplaces;⁵
- (e) consider economic tools, including taxes and subsidies, to improve the affordability of healthier food products and to discourage the consumption of less healthy options;⁶
- (f) conduct public campaigns and social marketing initiatives to inform consumers about healthy dietary patterns and to facilitate healthy behaviours;
- (g) create health and nutrition promoting environment in schools, work sites, clinics and hospitals, including nutrition education;
- (h) implement the Codex Alimentarius international food standards for the labelling of pre-packaged foods as well as the Codex Guidelines on Nutrition Labelling in order to provide accurate and balanced information for consumers that enables them to make well-informed, healthy choices;⁷
- (i) implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.

¹ For example, by negotiating benchmarks for salt content by food category.

² For example, through regulatory approaches restricting the use of fat, oil, shortening or other ingredients used in food preparation containing industrially produced *trans*-fatty acids (or partially hydrogenated vegetable oils); regulations limiting the sales of food products containing *trans*-fatty acids in restaurants and food-vending establishments; and voluntary approaches, based on negotiations with food manufacturers.

³ For example, by providing incentives to manufacturers to use healthier vegetable oils or investing in oil crops with healthier fat profiles.

⁴ For example, by providing incentives to the food distribution system and negotiating with caterers to offer food products with healthier fat profiles.

⁵ For example, e.g. through nutrition standards for public sector catering establishments.

⁶ For example, taxation of categories of products to disincentivate consumption; taxation based on nutrient content; tax incentives to manufacturers engaged in product reformulation; price subsidies for healthier food products.

⁷ For example, colour coded front-of-the-pack nutrition labels based on nutrient profiling models.

Proposed action for Member States: promoting physical activity

37. The proposed action is to advance the implementation of the Global Strategy on Diet, Physical Activity and Health and other relevant strategies with a focus on policies and actions across multiple settings and emphasis on children and adolescents and promoting WHO's best-buys and interventions for which favorable cost effectiveness data are emerging to increase participation in physical activity in the entire population. Specific areas of action include:

- (a) adopt and implement national guidelines on physical activity for health;
- (b) promote physical activity through activities of daily living, including through "active transport" as well as through recreation, leisure and sport;
- (c) consider establishing multisectoral national committee or coalitions to provide strategic leadership and coordination;
- (d) develop partnerships with agencies outside the health sector and identify and promote the additional benefits of physical activity, such as educational achievement, clean air, less congestion, social and mental health, and child health development;
- (e) increase physical activity both through programmatic and policy-level interventions and in multiple settings (for example, planning and urban design are important sectors to involve to improve the built environment);
- (f) develop leadership at multiple levels by different agents, including within professional groups (both within and outside the health sector) in the community and for young people and all age groups;
- (g) implement mass media and social marketing strategies that are cost-effective to raise awareness and provide education and motivation (intention) towards physical activity, linking them to supporting actions for maximum benefit and impact.

Proposed action for Member States: reducing the harmful use of alcohol

38. The proposed actions come under the following headings:

(a) ***Advance the implementation of the global strategy to reduce the harmful use of alcohol:*** Develop and implement, as appropriate, comprehensive and intersectoral national policies and programmes to reduce the harmful use of alcohol which deal with the general level, pattern and local contexts of alcohol consumption in a population. Target areas for the policy options and interventions at the national level recommended in the global strategy to reduce the harmful use of alcohol include:

- leadership, awareness and commitment
- health services' response
- community action
- drink-driving policies and countermeasures
- availability of alcohol

- marketing of alcoholic beverages
- pricing policies
- reducing the negative consequences of drinking and alcohol intoxication
- reducing the public health impact of illicit alcohol and informally produced alcohol
- monitoring and surveillance.

(b) **Public health policies:** Ensure that public health policies and interventions to reduce the harmful use of alcohol are guided and formulated by public health interests and are based on existing best practices and the best available evidence of effectiveness and cost-effectiveness of strategies and interventions generated in different contexts.

(c) **Leadership:** Ensure that health ministries assume a crucial role in bringing together other ministries and stakeholders as appropriate for effective policy development and implementation.

(d) **Capacity:** Increase capacity of health-care services to deliver prevention and treatment interventions for hazardous drinking and alcohol use disorders, including screening and brief interventions at primary care and other settings providing treatment for noncommunicable diseases.

(e) **Monitoring:** Develop effective frameworks for monitoring the harmful use of alcohol, as appropriate to national context, based on a set of indicators included in the comprehensive global monitoring framework for noncommunicable diseases and in line with the global strategy to reduce the harmful use of alcohol.

Action for the Secretariat: tobacco control, promoting healthy diet, physical activity and reducing the harmful use of alcohol

39. It is envisaged that the Secretariat will take the following actions:

(a) **Leadership:** Work with other organizations in the United Nations system (Appendix 2) to reduce modifiable risk factors at the country level as part of integrating prevention of noncommunicable diseases into the United Nations Development Assistance Framework's design processes and implementation at the country level.

(b) **Norms and standards:** Support the Conference of the Parties of the WHO Framework Convention on Tobacco Control in developing guidelines and protocols; develop normative guidance and technical tools to support the implementation of WHO's global strategies for addressing modifiable risk factors; further develop a common set of indicators and data collection tools for tracking modifiable risk factors in populations, including the work on the feasibility of a composite indicator for monitoring the harmful use of alcohol at different levels.

(c) **Evidence-based policy options:** Publish and disseminate guidance ("toolkits") on how to operationalize the implementation and evaluation of interventions at the country level for reducing the prevalence of tobacco use, promotion of healthy diet and physical activity, and reduction of harmful use of alcohol.

(d) **Technical support:** Provide technical assistance upon request to strengthen national capacity: (i) to reduce the demand and supply of tobacco products and counter the tobacco industry's interference, in accordance with the WHO Framework Convention on Tobacco Control and its guidelines; and (ii) to reduce modifiable risk factors through implementing health-promoting policy options, workplace initiatives, healthy-cities initiatives, health-sensitive urban development and social and environment protection initiatives, for instance through engagement of local/municipal councils.

Proposed action for international partners

40. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry):

(a) **Support global strategies:** Provide support for implementation of the WHO Framework Convention on Tobacco Control, the global strategy to reduce harmful use of alcohol, the Global Strategy on Diet, Physical Activity and Health, the global strategy for infant and young child feeding, and for the implementation of WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children.

(b) **Collaboration:** Contribute to expediting the reduction of modifiable risk factors for reducing tobacco use, promoting healthy diet and physical activity, and reducing the harmful use of alcohol by supporting and participating in shaping the research agenda, the development and implementation of technical guidance, and mobilizing financial support, as appropriate.

(c) **Enabling environments:** Support national authorities to create enabling environments to reduce modifiable risk factors of noncommunicable disease through health-promoting policies in agriculture, education, sports, food, trade, transport and urban planning.

Objective 4. To strengthen and reorient health systems to address prevention and control of noncommunicable diseases through people-centred primary health care and universal coverage.

41. The Political Declaration of the General Assembly on the Prevention and Control of Non-communicable Diseases calls to “[p]ursue, as appropriate, strengthening of health systems that support primary health care, deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated services for addressing non-communicable disease risk factors and for the prevention, treatment and care of noncommunicable diseases ...” (paragraph 45(b)).

42. Comprehensive care of noncommunicable diseases encompasses primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care. Firm action is needed to remedy the weaknesses of the health system (in the areas of leadership and governance, finance, service delivery, health workforce, health information, medical products and technologies), and to develop policy directions for moving towards universal coverage and provide services for noncommunicable diseases through a people-centred primary health care approach.

43. A reoriented and strengthened health system should aim to improve early detection of cardiovascular disease, cancer, chronic respiratory disease, diabetes and other noncommunicable diseases, including mental disorders, prevent complications, reduce the need for hospitalization and costly high technology interventions and prevent premature death. For example, in the case of cardiovascular disease and diabetes, early detection and treatment of people with high cardiovascular risk through targeted screening for hypertension and diabetes has the potential to prevent the vast

majority of heart attacks, strokes, amputations and blindness and the need for renal dialysis. Likewise, early detection/screening and early diagnosis are essential for reducing the morbidity and mortality of many cancers, including cancer of the cervix and breast, since cancer stage at diagnosis is the most important determinant of treatment options and patient survival. The actions outlined under this objective contribute directly to achieving the voluntary global targets on prevention of heart attacks through counselling and treatment with medicines and improving the availability and affordability of the basic technologies and essential medicines needed to treat major noncommunicable diseases.

Proposed action for Member States

44. The proposed actions are as follows.

(a) **Leadership:** Actions to ensure effective governance and accountability include:

- exercise responsibility and accountability for ensuring the availability of noncommunicable disease services within the context of overall health-system strengthening
- use participatory community-based approaches in designing, implementing, monitoring and evaluating noncommunicable disease programmes across the continuum of care to enhance and promote effectiveness of an equity-based response
- integrate noncommunicable disease services into health-sector reforms and/or plans for improving health systems' performance and orient health systems towards addressing social determinants of health and universal coverage

(b) **Financing:** Actions to establish sustainable and equitable health financing include:

- shift from reliance on user fees levied on ill people to the solidarity and protection provided by pooling and prepayment, with inclusion of noncommunicable disease services
- make progress towards universal coverage through a combination of domestic revenues, innovative financing and external financial assistance, giving priority to financing cost-effective prevention and treatment interventions for heart attacks, strokes, hypertension, cancer, diabetes, asthma and chronic obstructive pulmonary disease
- develop local and national initiatives to ensure financial risk protection and other forms of social protection (for example, through health insurance, tax funding and cash transfers), covering prevention, treatment and rehabilitation for all conditions including noncommunicable diseases and for all people, including for those who are not employed in the formal sector

(c) **Expanded coverage:** Actions to improve efficiency, equity, coverage and quality of noncommunicable disease services with a special focus on cardiovascular disease, cancer, chronic respiratory disease and diabetes and their risk factors, include:

- ensure that the services and referral systems are organized and strengthened around close-to-client and people-centred networks of primary care that are fully integrated with the rest of the health-care delivery system, including specialized ambulatory and inpatient care facilities

- enable all providers (e.g. nongovernmental organizations, for-profit and not-for-profit providers, and involving a range of services) to address noncommunicable diseases equitably while safeguarding consumer protection and also harnessing the potential of a range of other services to deal with noncommunicable diseases (e.g. traditional medicine, prevention, rehabilitation and palliative care, and social services)
- determine standards for organization of service delivery and set targets for increasing the coverage of cost-effective, high-impact interventions to address cardiovascular disease, cancer, chronic respiratory disease and diabetes in a phased manner, restructuring noncommunicable disease services with other disease-specific programmes, including mental health, around people's needs
- meet the needs for long-term care of people with noncommunicable diseases and comorbidities through innovative and effective models of care, connecting occupational health services and community health resources with primary care and the rest of the health-care delivery system
- establish quality-assurance and continuous quality-improvement systems for management of noncommunicable diseases with emphasis on primary care, including the use of WHO's guidelines and tools for the management of major noncommunicable diseases and comorbidities adapted to national contexts
- take action to help people with noncommunicable diseases to manage their own condition better and provide education, incentives and tools for self-care and self-management, for instance through information and communication technologies

(d) **Human resource development:** Actions to ensure sufficient and competent human resources for prevention and control of noncommunicable disease include:

- identify competencies required and invest in improving the knowledge, skills and motivation of the current health workforce to address noncommunicable diseases, including common comorbid conditions – e.g. mental disorders – and plan to address projected health workforce needs for the future
- incorporate prevention and control of noncommunicable diseases in the training of all health workers, professional and non-professional (technical, vocational), with an emphasis on primary care
- provide adequate compensation and incentives for health workers, paying due attention to attracting and retaining them in underserved areas
- develop career tracks for health workers through strengthening postgraduate training, with a special focus on noncommunicable diseases, in various professional disciplines (for example, medicine, nursing, pharmacy, public health administration, nutrition, health economics, and education) and career advancement for non-professional staff
- strengthen capacities for planning, monitoring and evaluating service delivery for noncommunicable diseases through government, professional associations and self-care groups;

(e) **Access:** Actions to improve equitable access to prevention programmes (e.g. health information), essential medicines and technologies, with emphasis on medicines and technologies required for delivery of essential interventions for cardiovascular disease, cancer, chronic respiratory disease and diabetes through a primary health care approach:

- include essential medicines and technologies specifically for noncommunicable diseases in national essential medicines and medical technologies lists, and improve efficiency in the procurement, supply management and access to these products
- adopt country-based strategies to improve affordability of medicines (for example, separate prescribing and dispensing; control the wholesale and retail mark-ups through regressive mark-up schemes; and exempt medicines required for essential noncommunicable disease interventions from import and other forms of tax, where appropriate within the national context)
- promote procurement and use of generic medicines for prevention and control of noncommunicable diseases by quality assurance of generic products, preferential registration procedures, generic substitution, financial incentives and education of prescribers and consumers.

Actions for the Secretariat

45. It is envisaged that the Secretariat will take the following actions.

- (a) **Leadership:** Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.
- (b) **Integrated and responsive care:** Use existing strategies that have been the subject of resolutions adopted by the Health Assembly to provide people-centred primary health care and achieve universal health coverage.
- (c) **Technical support:** Provide support to countries in integrating cost-effective interventions for noncommunicable diseases and their risk factors into health systems, including essential primary health care packages, and improve access to prevention programmes, essential medicines and affordable medical technology.
- (d) **Norms and standards:** Develop guidelines, tools and training material (i) to strengthen the implementation of cost-effective noncommunicable diseases interventions for early detection, treatment and palliative care, and (ii) to facilitate affordable and evidence-based self-care, with a special focus on populations with low health awareness and/or literacy.

Proposed action for international partners

46. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry).

- (a) **Partnerships:** Support the development and strengthening of international, regional and national alliances, networks and partnerships in order to assist countries in strengthening health systems so that countries can meet the growing challenges posed by noncommunicable diseases;

(b) **Capacity-strengthening:** Strengthen capacity and support implementation of intervention projects to tackle noncommunicable diseases, exchange experience among stakeholders, and include learning from successful programmes concerned with noncommunicable diseases as well as others such as those on HIV/AIDS;

(c) **Innovation:** Strengthen the technological and innovative capacities of countries, remove obstacles to development, and to the transfer of technology to low-income and middle-income countries for the manufacture of medicines, vaccines, medical technologies and information and communication technologies such as the use of mobile and wireless devices (mHealth) for prevention and control of noncommunicable diseases.

(d) **Empowerment of governments:** Provide support to governments to ensure that they enjoy maximum flexibility to produce or import low-cost, good-quality medicines and medical technologies for prevention and control of noncommunicable diseases, consistent with their international legal obligations.

Objective 5. To promote and support national capacity for quality research and development for prevention and control of noncommunicable diseases

47. Although effective interventions exist for prevention and control of noncommunicable diseases, their implementation is inadequate worldwide. Comparative, applied and operational research, integrating both social and biomedical sciences, is needed to provide important data on metrics of real-life, population-level effectiveness, such as the reach, adoption and sustainability of interventions.

48. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases calls upon all stakeholders to support and facilitate research related to of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and its translation into practice so as to enhance the knowledge base for national, regional and global action. The global strategy and plan of action on public health, innovation and intellectual property, adopted by the Health Assembly in resolution WHA61.21, encouraged needs-driven research to target diseases that disproportionately affect people in low-income and middle-income countries, including noncommunicable diseases.¹ Accordingly, WHO's prioritized research agenda for prevention and control of noncommunicable diseases was elaborated through a participatory and consultative process to guide future investment in NCD research. This research agenda focuses on key public health research needs related to major noncommunicable diseases and gaps in implementation between what is known to work and what is actually done for prevention and control of noncommunicable diseases.

49. Actions listed under this objective hold the key to strengthening the ability of countries to make tangible contributions to achieving the voluntary global targets.

Proposed action for Member States

50. The proposed actions are as follows:

(a) **Investment:** Increase investment in research as an integral part of the national response to noncommunicable diseases.

¹ *A prioritized research agenda for prevention and control of noncommunicable diseases*. Geneva, World Health Organization, 2011.

- (b) **Policies and plans:** Develop and implement – jointly with academic and research institutions – a shared national research policy and plan on noncommunicable diseases that prioritizes research in public health needs, implementation and innovation.
- (c) **Capacity:** Strengthen national capacity for research and development, including research infrastructure, equipment and supplies in research institutions, and the competence of researchers to conduct good-quality research.
- (d) **Research and innovation:** Make more effective use of academic institutions and multidisciplinary agencies and encourage the establishment of national reference centres and networks to conduct policy relevant research and incentivize innovation.
- (e) **Evidence to inform policy:** Strengthen the scientific basis for decision-making with respect to prevention and control of noncommunicable diseases and enhance the interface between scientific evidence and policy-making.
- (f) **Accountability for progress:** Track the domestic and international resource flows for research on noncommunicable diseases and national research output related to their prevention and control.

Action for the Secretariat

51. It is envisaged that the Secretariat will take the following actions:
- (a) **Leadership:** Engage WHO collaborating centres, academic institutions, research organizations and alliances to strengthen capacity for research on noncommunicable diseases at the country level.
 - (b) **Evidence-based policy options:** Publish and disseminate guidance (“toolkits”) on how to strengthen links between policy, practice and products of research on noncommunicable diseases.
 - (c) **Technical support:** Provide technical assistance upon request to strengthen national capacity: (i) to incorporate research, development and innovation in national policies and plans on noncommunicable diseases; (ii) to adopt and advance WHO’s research agenda on noncommunicable diseases, taking into consideration national needs and contexts; and (iii) to formulate research and development plans, enhance innovation capacities and better use all the flexibilities that international legislation on intellectual property offers to support prevention and control of noncommunicable diseases.

Proposed action for international partners

52. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry).
- (a) **Partnerships:** Support the development and strengthening of international, regional and national alliances, networks and partnerships in order to facilitate countries’ strengthening of research on prevention and control of noncommunicable diseases.

- (b) **Capacity-strengthening:** Strengthen and support South–South, North–South and triangular cooperation to strengthen capacity for research, development and innovation related to noncommunicable diseases.
- (c) **Innovation:** Strengthen countries' technological and innovation capacities and remove obstacles to development and transfer of technology to low-income and middle-income countries for all aspects of prevention and control of noncommunicable diseases.
- (d) **Empowerment of governments:** Provide support to governments in generating resources and strengthen human and infrastructure capacity for research with a special focus on priority areas for prevention and control of noncommunicable diseases.
- (e) **International cooperation:** Facilitate and support international exchange activities on research, including the creation of research fellowships and scholarships for international study in disciplines and interdisciplinary fields pertinent to the prevention and control of noncommunicable diseases.

Objective 6. To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

53. The comprehensive global monitoring framework, including the set of 25 indicators, will provide internationally comparable assessments of the status of trends in noncommunicable diseases over time and help to benchmark the situation in individual countries against others in the same region or development category. In addition to the indicators outlined in the framework, countries and regions may include other indicators to monitor progress of national and regional strategies for the prevention and control of noncommunicable diseases, taking into account country- and region-specific situations.

54. Tracking the attainment of the global voluntary targets using the global monitoring framework will provide the foundation for advocacy and policy development and will allow internationally comparable assessments of the trends. Global monitoring will also serve to raise awareness, reinforce political commitment and provide a mechanism for stronger and more coordinated global action by all key stakeholders.

55. The comprehensive global monitoring framework for noncommunicable diseases covers three main areas: outcomes (mortality and morbidity), exposures (risk factors) and national system responses. For these three areas, countries have agreed on 17 indicators for monitoring global and national progress in prevention and control of noncommunicable diseases.

56. The capacity of countries to collect, analyse and communicate data will be vital for global and national monitoring. Institutional capacity-strengthening should be an integral part of surveillance of noncommunicable diseases, as a vital public health function. For the global targets to be achieved, financial and technical support will need to increase significantly for health information systems to develop in low-income and middle-income countries.

57. In addition to tracking data on the magnitude of and trends in noncommunicable diseases, monitoring will provide data that will help to evaluate the impact and effectiveness of the strategies and interventions recommended in this action plan. Progress in implementation of the plan will be evaluated in 2015 and 2020. The first assessment will offer an opportunity to learn from the experience of implementation, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

Proposed action for Member States

58. The proposed actions are as follows.

- (a) **Law:** Update legislation pertaining to health statistics, including vital registration.
- (b) **Integration:** Integrate surveillance and monitoring systems for prevention and control of noncommunicable diseases into national health information systems.
- (c) **Data collection:** Give greater priority to surveillance and strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, and countries' capacity to deal with noncommunicable diseases using WHO's existing tools.
- (d) **Accountability for progress:** Define and adopt a minimum set of national targets and indicators for measuring progress of prevention and control of noncommunicable diseases, including health-system performance indicators (disaggregated by level of service delivery and by the main health-sector functions), and indicators to measure the engagement of non-health sectors, based on national situations and WHO's guidance.
- (e) **Disease registries:** Maintain disease registries, including for cancer, if feasible, and sustainable with appropriate indicators to better understand regional and national needs and inequities in the management of noncommunicable diseases.
- (f) **Strengthen capacity:** Strengthen, as appropriate, country-level surveillance and monitoring systems, particularly surveys (including indicators in the comprehensive global monitoring framework) that are integrated into existing health information systems' capacity for data management, analysis and reporting at facility, district and provincial and national levels in order to support the collection and timely transmission of high-quality data on noncommunicable diseases.
- (g) **Information for policy:** Contribute, on a routine basis, data and information on trends in noncommunicable diseases with respect to morbidity, mortality, risk factors and determinants disaggregated by age, gender and socioeconomic groups, and provide information on progress made in the implementation of national strategies and plans, coordinating country reporting with global analyses.
- (h) **Financial resources:** Increase and prioritize budgetary allocations for surveillance and monitoring systems for the prevention and control of noncommunicable diseases.

Action for the Secretariat

59. It is envisaged that the Secretariat will take the following actions:

- (a) **Technical support:** Provide support to countries, especially least-developed countries, for establishing or strengthening national surveillance and monitoring systems, including improving collection of data on risk factors, determinants, morbidity and mortality through surveys that are integrated into existing national health information systems.
- (b) Provide support to Member States in the development of national targets and indicators based on national situations, taking into account the global monitoring framework, including indicators, and a set of voluntary global targets, in order to focus on efforts to deal with the impacts of noncommunicable diseases and to assess the progress made in the prevention and control of noncommunicable diseases and their risk factors and determinants.

(c) **Assessment of progress:**

- undertake periodic assessment of national capacity to assess and respond to noncommunicable diseases, including global periodic reports such as WHO's reports on the global tobacco epidemic, 2011 and alcohol and health¹
- review global progress made in prevention and control of noncommunicable diseases; set intermediate targets in 2015 and 2020 based on linear progress towards the 2025 targets so that countries can remove impediments to progress
- convene a representative group of stakeholders, including Member States and international partners, in 2015 and 2020 in order to evaluate progress on implementation of this action plan, and prepare progress reports in 2015, 2017 and 2019 on the global status of prevention and control of noncommunicable diseases.

Proposed action for international partners

60. The following actions are proposed for international partners (including, as appropriate, the private sector when there is no conflict of interest but excluding the tobacco industry).

- (a) **Stakeholder collaboration:** Work collaboratively and provide support for the actions set out for Member States and the Secretariat for monitoring and evaluating progress in prevention and control of noncommunicable diseases at the regional and global levels.
- (b) **Resources and capacity:** Mobilize resources and strengthen capacity to support the system for national, regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

¹ WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva, World Health Organization, 2011 and Global status report on alcohol and health. Geneva, World Health Organization, 2011, respectively.

Appendix 1

SYNERGIES BETWEEN MAJOR NONCOMMUNICABLE DISEASES AND OTHER CONDITIONS

Comorbidities

Major noncommunicable diseases, predominantly affecting middle-aged and elderly people, often coexist with other conditions. Thus, the presence of other diseases plays an integral role in the development, progression and response to treatment of major noncommunicable diseases. Examples of comorbidities include mental disorders, cognitive impairment and other noncommunicable diseases, including renal, endocrinal, neurological, haematological, hepatic, gastroenterological, musculoskeletal, cutaneous and oral diseases, disabilities and genetic disorders. This comorbidity burden results in higher rates of admission to hospital and worsened health outcomes and needs to be addressed through approaches that are integrated within noncommunicable disease programmes.

Other modifiable risk factors

The four main shared risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – are the most important risk factors of noncommunicable diseases. In addition, environmental pollution, climate change and psychological stress contribute to morbidity and mortality from cancer, cardiovascular disease and chronic respiratory diseases. Exposure to carcinogens such as diesel exhaust gases, asbestos and ionizing and ultraviolet radiation in the living and working environment increases the risk of cancer. Air pollution, with fumes from solid fuels, ozone, airborne dust and allergens, causes chronic respiratory disease and lung cancer. Air pollution, heat waves and chronic stress related to work and unemployment are also associated with cardiovascular diseases. Similarly, indiscriminate use of agrochemicals in agriculture and discharge of toxic products from unregulated chemical industries can cause cancer and other noncommunicable diseases. Simple, affordable interventions to reduce environmental and occupational health risks are available, and prioritization and implementation of these interventions can contribute to reducing the burden due to noncommunicable diseases (United Nations General Assembly resolution 66/115, Health Assembly resolutions WHA49.12 on WHO global strategy for occupational health for all, WHA58.22 on cancer prevention and control, WHA60.26 on workers' health – global plan of action, and WHA61.19 on climate change and health).

Mental disorders

As mental disorders are an important cause of morbidity and contribute to the global burden of noncommunicable diseases, equitable access to effective programmes and health-care interventions is needed. Mental disorders affect, and are affected by, other noncommunicable diseases: they can be a precursor or consequence of a noncommunicable disease, or the result of interactive effects. For example, there is evidence that depression predisposes people to heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of noncommunicable diseases such as sedentary behaviour and harmful use of alcohol also link noncommunicable diseases with mental disorders. Close connections with characteristics of economically underprivileged population segments such as lower educational level, lower socioeconomic status, stress and unemployment are shared by mental disorders and noncommunicable diseases. Despite these strong connections, evidence indicates that mental disorders in patients with noncommunicable diseases as well as noncommunicable diseases in patients with mental disorders are often overlooked.

Communicable diseases

The role of infectious agents in the pathogenesis of noncommunicable diseases, either on their own or in combination with genetic and environmental influences, has been increasingly recognized in recent years. Many noncommunicable diseases are linked to communicable diseases in either aetiology or susceptibility to severe outcomes. Increasingly cancers, including some with great global impact such as cancer of the cervix, liver, oral cavity and stomach, have been shown to have an infectious aetiology. In developing countries, infections are known to be the cause of about one fifth of cancers. High rates of other cancers in developing countries that are linked to infections or infestations include herpes virus and HIV in Kaposi sarcoma and liver flukes in cholangiocarcinoma. Some significant disabilities such as blindness, deafness and cardiac defects can derive from infectious causes. Strong population-based services to control infectious diseases through prevention, including immunization (e.g. vaccines against hepatitis B, human papillomavirus, measles, rubella, influenza, pertussis, and poliomyelitis), diagnosis, treatment and control strategies will reduce both the burden and the impact of noncommunicable diseases.

The interaction of noncommunicable diseases and infectious diseases also increases the risk of infectious disease acquisition and susceptibility in people with pre-existing noncommunicable diseases. Attention to this interaction would maximize the opportunities to detect and to treat both noncommunicable and infectious diseases through alert primary and more specialized health-care services. For example, tobacco smokers and people with diabetes, alcohol-use disorders, immunosuppression or exposed to second-hand smoke have a higher risk of developing tuberculosis. As the diagnosis of tuberculosis is often missed in people with chronic respiratory diseases, collaboration in screening for diabetes and chronic respiratory disease in tuberculosis clinics and for tuberculosis in noncommunicable disease clinics could enhance case finding. Likewise, integrating noncommunicable disease programmes or palliative care with HIV care programmes would bring mutual benefits since both cater to long-term care and support as a part of the programme and also because noncommunicable diseases can be a side-effect of long-term treatment of HIV infection and AIDS.

Demographic change and disabilities

The prevention of noncommunicable diseases will increase the number and proportion of people who age healthily and avoid high health-care costs and even higher indirect costs in older age groups.

About 15% of the population experiences disability and the increase in noncommunicable diseases is having a profound effect on disability trends; for example, these diseases are estimated to account for about two thirds of all years lived with disability in low-income and middle-income countries. Noncommunicable disease-related disability (such as amputation, blindness or paralysis) puts significant demands on social welfare and health systems, lowers productivity and impoverishes families. Rehabilitation needs to be a central health strategy in noncommunicable disease programmes in order to address risk factors (e.g. obesity and physical activity) as well as loss of function due to noncommunicable diseases (e.g. paralysis due to stroke and amputation due to diabetes). Access to rehabilitation services can decrease the effects and consequences of disease, hasten discharge from hospital and slow or halt deterioration in health and improve quality of life.

Appendix 2

**PROPOSED ACTION FOR UNITED NATIONS FUNDS, PROGRAMMES
AND AGENCIES BESIDES WHO¹**

UNDP	<ul style="list-style-type: none"> • Support non-health governmental departments in their efforts to engage in a multisectoral national whole-of-government approach to noncommunicable diseases • Support the ministry of planning in integrating noncommunicable diseases in the development agenda of each Member State • Support ministries of planning to integrate noncommunicable diseases explicitly into poverty-reduction strategies • Support the national AIDS commissions to integrate interventions to address the harmful use of alcohol into existing national HIV programme
UNECE	<ul style="list-style-type: none"> • Support the Transport, Health and Environment Pan-European Programme
UN-ENERGY	<ul style="list-style-type: none"> • Support global tracking of access to clean energy and its health impacts for the United Nations' Sustainable Energy for All Initiative • Support the Global Alliance for Clean Cookstoves and the dissemination/tracking of clean energy solutions to households
UNEP	<ul style="list-style-type: none"> • Support the implementation of international environmental conventions
UNFPA	<ul style="list-style-type: none"> • Support health ministries in integrating noncommunicable diseases into existing reproductive health programmes, with a particular focus on (1) cervical cancer and (2) promoting healthy lifestyles among adolescents
UNICEF	<ul style="list-style-type: none"> • Strengthen the capacities of health ministries to reduce risk factors for noncommunicable diseases among children and adolescents • Strengthen the capacities of health ministries to tackle malnutrition and childhood obesity
UNWOMEN	<ul style="list-style-type: none"> • Support ministries of women or social affairs to promote gender-based approaches for the prevention and control of noncommunicable diseases
UNAIDS	<ul style="list-style-type: none"> • Support national AIDS commissions to integrate interventions for noncommunicable diseases into existing national HIV programmes • Support health ministries to strengthen chronic care for HIV and noncommunicable diseases (within the context of overall health system strengthening) • Support health ministries to integrate HIV and noncommunicable disease health system services, with a particular focus on primary care
UNSCN	<ul style="list-style-type: none"> • Facilitate United Nations harmonization of action at country and global levels for the reduction of dietary risk of noncommunicable diseases • Disseminate data, information and good practices on the reduction of dietary risk of noncommunicable diseases • Integration of the action plan into food and nutrition-related plans, programmes and initiatives (for example, UNSCN's Scaling Up Nutrition, FAO's Committee on World Food Security, and the Maternal, Infant and Young Child Health programme of the Global Alliance for Improved Nutrition)

¹ To be elaborated further.

IAEA	<ul style="list-style-type: none"> • Support health ministries to strengthen their capacities to evaluate interventions on physical activity and healthy lifestyle by using nuclear technology • Expand support to health ministries to strengthen treatment components within national cancer control strategies, alongside reviews and projects of IAEA's Programme of Action for Cancer Therapy that promote comprehensive cancer control approaches when implementing radiation medicine programmes
ILO	<ul style="list-style-type: none"> • Support WHO's action plan on workers' health, Global Occupational Health Network and the Workplace Wellness Alliance of the World Economic Forum • Promote the implementation of international labour standards for occupational safety and health, particularly those regarding occupational cancer, asbestos, respiratory diseases and occupational health services
UNRWA	<ul style="list-style-type: none"> • Strengthen preventive measures, screening, treatment and care for Palestine refugees living with noncommunicable diseases • Improve access to affordable essential medicines for noncommunicable diseases through partnerships with pharmaceutical companies
WFP	<ul style="list-style-type: none"> • Prevent nutrition-related noncommunicable diseases, including in crisis situations
ITU	<ul style="list-style-type: none"> • Support ministries of information to include noncommunicable diseases in initiatives on information communications and technology and girls and women's initiatives • Support ministries of information to use mobile phones to encourage healthy choices and warn people about tobacco use
FAO	<ul style="list-style-type: none"> • Strengthen the capacity of ministries of agriculture to redress food insecurity, malnutrition and obesity • Support ministries of agriculture to align agricultural, trade and health policies
WTO	<ul style="list-style-type: none"> • Support ministries of trade in coordination with other competent government departments (especially those concerned with public health and intellectual property) to address trade policies and noncommunicable diseases, including the alignment of trade, agricultural and health policies and, where appropriate, the full use of flexibilities and policy options under the Agreement on Trade-Related Aspects of Intellectual Property Rights
UN-HABITAT	<ul style="list-style-type: none"> • Support ministries of housing to address noncommunicable diseases in a context of rapid urbanization

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