EXECUTIVE BOARD
132nd session
Provisional agenda item 6.2

EB132/7 Corr.1
17 January 2013

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

Report by the Secretariat

CORRIGENDUM

Please replace the set of voluntary global targets and the Table, both found in the Annex, with the attachments below. These changes are made in order to align the action plan exactly with the negotiated text prepared by 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.[1]

[1] See document EB132/6.

Set of voluntary global targets to be achieved by 2025

Mortality and morbidity
Premature mortality from noncommunicable diseases
(1) A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.
Risk factors
Behavioural risk factors
Harmful use of alcohol[1]
(2) At least a 10% relative reduction in the harmful use of alcohol,[2] as appropriate, within the national context.
Physical inactivity
(3) A 10% relative reduction in prevalence of insufficient physical activity.
Salt/sodium intake
(4) A 30% relative reduction in mean population intake of salt/sodium intake.[3]
Tobacco use
(5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
Biological risk factors
Raised blood pressure
(6) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances.
Diabetes and obesity[4]
(7) Halt the rise in diabetes and obesity.
National systems response
Drug therapy to prevent heart attacks and strokes
(8) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases
(9) An 80% availability of the 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 alcohol per capita 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 the 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 5 grams of salt or 2 grams of sodium per person per day.

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

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 disease	(1) A 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
Additional indicator		(2) Cancer incidence, by type of cancer, per 100 000 population
Risk factors		
Behavioural risk factors		
Harmful use of alcohol[1]	(2) At least 10% relative reduction in the harmful use of alcohol,[2] as appropriate, within the national context	(3) Total (recorded and unrecorded) alcohol per capita (aged 15 + years old) 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) A 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 (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
Salt/sodium intake	(4) A 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
Tobacco use	(5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	(9) Prevalence of current tobacco use among adolescents (10) Age-standardized prevalence of current tobacco use among persons aged 18+ years

Framework element	Target	Indicator
Biological risk factors		
Raised blood pressure	(6) A 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 (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/diabetes among persons aged 18 + years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) (13) Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, 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 (defined as body mass index ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity)
Additional indicators		(15) Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years[5]
		(16) Age-standardized prevalence of persons (aged 18 + years) consuming less than five total servings (400 grams) of fruit and vegetables per day
		(17) Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥5.0 mmol/l or 190 mg/dl); and mean total cholesterol
National systems response		
Drug therapy to prevent heart attacks and strokes	(8) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	(18) Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

Framework element	**Target**	**Indicator**
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases	(9) An 80% availability of the 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 noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities
Additional indicators		(20) Access to palliative care 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, 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, *trans*-fatty acids, free sugars, or salt
		(24) Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants
		(25) Proportion of women between the ages of 30–49 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 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 alcohol per capita 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 the 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 5 grams of salt or 2 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.

= = =