

Prevention and control of noncommunicable diseases: implementation of the global strategy

Report by the Secretariat

1. Resolution WHA53.17 recognized the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States. It also recognized the leadership role that WHO should play in promoting global action against noncommunicable diseases. In adopting the resolution the Health Assembly reaffirmed that the global strategy for the prevention and control of noncommunicable diseases¹ was directed at reducing premature mortality and improving quality of life.
2. Since that resolution, the Health Assembly has adopted a series of related resolutions which amplify WHO's mandate in the area of noncommunicable diseases: resolution WHA56.1 on the WHO Framework Convention on Tobacco Control; resolution WHA57.16 on Health promotion and healthy lifestyles; resolution WHA57.17 on the Global strategy on diet, physical activity and health; resolution WHA58.22 on Cancer prevention and control; and resolution WHA58.26 on Public-health problems caused by harmful use of alcohol.
3. The global epidemic of chronic noncommunicable diseases continues to grow. In 2005, they caused an estimated 35 million deaths: 60% of all deaths globally, with 80% in low- and middle-income countries and about 16 million in people under 70 years of age. Cardiovascular disease is the leading cause of death among both men and women, accounting for more than 17 million deaths in 2005. Total deaths from chronic disease are projected to increase by a further 17% over the next 10 years, while deaths from infectious diseases, maternal and perinatal conditions and nutritional deficiencies combined are expected to decline.
4. The common major risk factors for chronic diseases are the same for men and women in all regions: unhealthy diet, physical inactivity, and tobacco and alcohol use. These risks, which are expressed through raised blood pressure, raised glucose concentrations in blood, abnormal concentrations of lipids in blood, overweight, obesity and consequences of harmful use of alcohol, are driven by underlying social, economic and environmental determinants of health. About 80% of premature heart disease and stroke, 80% of type 2 diabetes and 40% of cancers are preventable. A broad range exists of public-health interventions that are cost-effective in all regions; many are also inexpensive to implement.

¹ Document A53/14.

MEMBER STATES' ACTIVITIES

5. Resolution WHA53.17 urged Member States to develop, inter alia, a national policy framework, establish programmes, share their experiences and build capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases. In some Member States, interventions have been successfully implemented and are models for expansion. Surveys conducted by WHO in 2000–2001 and 2005–2006 show the progress made: the proportion of countries with a national policy for chronic disease prevention and control rose from 42% to 70%, the proportion of countries with a chronic noncommunicable diseases unit or department in the health ministry increased from 60% to 84%, and the proportion of countries having a specific budget line for chronic noncommunicable diseases increased from 39% to 68%. Nevertheless, the proportion of the health budget spent, in general, on prevention and control of chronic noncommunicable diseases remains very small. Even a minor increase in that proportion would yield tremendous health and socioeconomic benefits.

ACTIVITIES OF THE SECRETARIAT

6. WHO has continued to give priority to the integrated, step-by-step approach to the surveillance, prevention and control of chronic diseases, with special emphasis on low- and middle-income countries. WHO's strategic directions and priorities as set out in the Programme budget 2006–2007 provide strong support for responding to the increasing burden of chronic noncommunicable diseases. The need to counter the emerging pandemic of chronic diseases in low- and middle-income countries has also been highlighted in the Eleventh General Programme of Work, 2006–2015,¹ which includes the target of reducing death rates from all chronic diseases by 2% per year over the next 10 years. Achieving this target would avert 36 million premature deaths, 90% of which would have been in low- and middle-income countries and half in women. The draft Medium-term strategic plan 2008–2013 includes strategic objectives to prevent and reduce both disease, disability and premature death from chronic conditions and their risk factors, including tobacco and alcohol use, unhealthy diets and physical inactivity.²

7. With support from international partners, WHO has facilitated the establishment of several global and regional networks to ensure that its leadership in combating chronic diseases and their risk factors is based on the best available evidence.

8. Technical support is being provided to Member States to accelerate the formulation of national policy frameworks and integrated programmes for chronic disease prevention and control, and to monitor those national plans. Existing partnerships have been strengthened and new ones established. WHO has promoted the adoption of intersectoral policies that minimize the impact and reduce the incidence of the major risk factors of chronic diseases. WHO is working closely with the Commission on Social Determinants of Health to ensure that chronic diseases are given priority as a public-health concern.

¹ Document A59/25.

² Document A/MTSP/2008–2013.

Evidence-based advocacy

9. WHO's report on preventing chronic diseases¹ synthesized information, presented new projections of the epidemiological and economic burden of these diseases and has begun to dispel many common misunderstandings. It demonstrated that chronic diseases and poverty are tied into a vicious cycle, and that their impact shackles the macroeconomic development of many countries. Heart disease, stroke and diabetes alone are estimated to reduce the gross domestic product by between 1% and 5% per year in low- and middle-income countries experiencing rapid economic growth. In China, India and the Russian Federation, estimated losses in national income over the next 10 years due to these diseases are (in international dollars) \$ 558 000 million, \$ 237 000 million and \$ 303 000 million, respectively. The report also examined the large and increasing body of evidence of simple, inexpensive and cost-effective measures that can produce rapid health gains. It emphasizes that the full response to the double burden of infectious and chronic noncommunicable diseases still faced by many countries, even under severe resource constraints, requires a strong primary health-care system as part of an integrated health system. It has spurred policy action in many countries, including several with a high burden of chronic diseases. Work is under way to examine and explain the links between chronic noncommunicable diseases and both development and human security, and their contribution to health inequalities.

Surveillance

10. In 2001, WHO initiated the STEPwise Approach to Chronic Disease Risk Factor Surveillance. This approach promotes the use of standardized methods and tools, and enables countries to strengthen their capacity to collect the core data required for policy and programme development, implementation and evaluation. Since its inception, such surveillance has been undertaken in 96 low- and middle-income countries in five regions, including all Member States of the African Region. WHO staff provide technical support and training in all aspects of data collection and management, analysis and reporting. Data are used to support the introduction and strengthening of priority actions against chronic diseases and their risk factors.

11. An online tool, the WHO Global InfoBase, has been created in order to improve access by public-health professionals to country-level data on chronic diseases and risk factors with traceable sources and full access to survey methods. It serves as a user-friendly repository and clearing house of data on chronic diseases and their risk factors. It contains data on all Member States and is freely accessible. Currently, the InfoBase holds records (including mortality data) from more than 11 000 surveys on a range of risk factors and diseases: tobacco use, overweight and obesity, alcohol consumption, inadequate fruit and vegetable intake, high blood pressure, high concentrations of cholesterol, physical inactivity, diabetes, visual impairment, thalassaemia, asthma, oral diseases and stroke. The InfoBase technology has been deployed at regional level and in several countries of the South-East Asia Region.

Population-based prevention

12. WHO's prevention efforts have focused on the major risk factors for chronic diseases. With regard to tobacco use, the WHO Framework Convention on Tobacco Control entered into force on 27 February 2005, and, as of 7 November 2006, there were 142 Parties to the Convention, representing

¹ *Preventing chronic diseases: a vital investment: WHO global report*. Geneva, World Health Organization, 2005.

more than 80% of the world's population and four of the world's top five cigarette-exporting countries.

13. A report on progress in implementing the Global strategy on diet, physical activity and health, which provides the platform for strengthening WHO's work in promoting healthy diet and physical activity, was noted by the Health Assembly in May 2006.¹ Efforts are continuing at the global level to ensure full implementation of the strategy, including improvement of the quality of food and drink products, information available to consumers, and the way in which products are marketed, especially to children.

Prevention and management for high-risk populations

14. A range of tools for managing high-risk populations has been produced including: frameworks and guidelines for integrated management of cardiovascular disease;² cardiovascular risk-prediction charts; and an affordable device for measuring blood pressure accurately. Integrated guidelines on prevention and management of upper and lower respiratory tract diseases are being finalized. In 2006, the first of a series of modules on cancer-control programmes was launched,³ a framework for prevention of haemoglobinopathies and care of patients was elaborated, and the Global Alliance against Chronic Respiratory Disease was launched. A strategic framework is being constructed for a global initiative for the step-by-step, integrated management of chronic disease, including increased access to medicines.

REGIONAL ACTIVITIES

15. All regional committees have adopted resolutions covering the full range of prevention and control activities against chronic diseases, including strategies, plans of action and frameworks. In 2005, the Regional Committee for Africa adopted resolution AFR/RC55/R4 on cardiovascular diseases following the earlier adoption of a regional strategy on noncommunicable diseases (resolution AFR/RC50/R4). In resolution CD47.R9, the Regional Committee for the Americas adopted a strategy and plan of action for an integrated approach. At their eleventh meeting, Health Secretaries of Member States of the South-East Asia Region (New Delhi, 12–13 June 2006) endorsed the South-East Asian Regional Framework for Prevention and Control of Noncommunicable Diseases. Health ministers and delegates attending the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, Turkey, 15–17 November 2006) adopted the European Charter on Counteracting Obesity, in line with the European Strategy for the Prevention and Control of Noncommunicable Disease adopted at the fifty-sixth Regional Committee for Europe (resolution EUR/RC56/R2). During the fifty-third session of the Regional Committee for the Eastern Mediterranean 22 health ministers in the Region signed a joint statement calling for the prioritization of chronic disease prevention and control in the Region and commitment to action to help to attain WHO's target for preventing chronic disease. At its fifty-seventh session the Regional Committee for the Western Pacific urged Member States in

¹ Document WHA59/2006/REC/3, summary record of the fifth meeting of Committee B, section 2.

² *Integrated management of cardiovascular risk: report of a WHO meeting, Geneva, 9–12 July 2002*. Geneva, World Health Organization, 2002.

³ *Cancer control: knowledge into action. WHO guide for effective programmes. Module 1: Planning*. Geneva, World Health Organization, 2006.

resolution WPR/RC57.R4 to develop or strengthen their national strategies on chronic noncommunicable diseases.

CHALLENGES

16. Important progress has been made in implementing the global strategy for the prevention and control of noncommunicable diseases, but much more needs to be done – and urgently. The major challenges, as identified in the Eleventh General Programme of Work and the draft Medium-term strategic plan 2008–2013, are:

- to increase awareness of the magnitude of the burden of chronic noncommunicable diseases and the potential that exists for their prevention and control;
- to increase political, financial and technical commitments to prevention and control in all countries and, within the practical realities of limited resources, in low- and middle-income countries to respond to the double burden of infectious and chronic noncommunicable diseases;
- to contribute to the strengthening of health systems, especially primary health-care systems, through the integration of chronic disease prevention and control activities therein;
- to initiate appropriate multisectoral collaboration, supported by a national coordinating mechanism, in order to generate and sustain prioritized actions that will modify the behavioural, social, economic and environmental determinants of health within a set time frame and with defined indicators;
- to generate more information about the socioeconomic consequences of chronic diseases in low- and middle-income countries. Country-specific information would support the argument for the need to place chronic disease prevention and control on health and development agendas;
- to identify the core interventions needed for chronic disease prevention and control, estimate the cost of implementing them and calculate their impact in terms of lives saved, disability averted and macroeconomic benefit to countries;
- to further encourage dialogue with the private sector, with a view to improving public health and managing the conditions of people at high risk for chronic diseases;
- to sustain media interest in functioning as advocates for healthy behaviours and as supporters of policies and action plans to counter chronic diseases and reduce their risk factors and determinants;
- to explore and capitalize on new financial measures and funding mechanisms, including partnerships, for chronic disease prevention and control.

17. The above report was considered by the Executive Board at its 120th session.¹ An initial outline of the plan of action requested in the draft resolution contained in resolution EB120.R17 is attached at Annex.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to consider the draft resolution contained in resolution EB120.R17.

¹ See document EB119/2006–EB120/2007/REC/2, summary record of the fourth meeting of the 120th session of the Board, summary record of the eighth meeting, section 2, summary record of the tenth meeting, and summary record of the twelfth meeting, section 3.

ANNEX

WHO draft plan of action for the prevention and control of noncommunicable diseases: outline

1. **Vision.** The plan of action is intended to guide WHO's work on the prevention and control of noncommunicable diseases on the basis of the draft resolution contained in resolution EB120.R17, other Health Assembly and regional committee resolutions related to noncommunicable diseases, and the draft Medium-term strategic plan 2008–2013. It focuses on cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which are responsible for half the deaths worldwide. Many of these deaths could be prevented through known and cost-effective interventions that focus on noncommunicable diseases and their shared risk factors.
2. The long-term goal of the action plan is to direct comprehensive and coordinated action in order to meet the target of reducing death rates from noncommunicable diseases by two per cent annually over and above existing trends. Achieving this goal would avert approximately 22 million deaths between 2008 and 2013. Almost 90 per cent of the lives saved will be in low- and middle-income countries.
3. WHO's priorities for achieving this long-term goal include:
 - helping to place growing burden of noncommunicable diseases on the development agenda
 - strengthening capacity of health-systems to prevent and control such diseases
4. The action plan will set out priorities, actions, a time frame and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels. By 2013 results should be measurable both globally and in the target countries that implement a set of planned, evidence-based interventions.
5. **Actions.** WHO will strengthen global and regional efforts aimed at preventing and controlling noncommunicable diseases by:
 - strengthening advocacy;
 - generating, translating, and disseminating evidence-based information;
 - fostering implementation of the WHO Framework Convention on Tobacco Control, and WHO's global and regional strategies, plans, programmes and charters that strengthen prevention and control of noncommunicable diseases;
 - building partnerships for prevention and control;
 - measuring and improving performance at all levels of WHO in order to assure accountability and transparency.

6. WHO will provide support for building up capacity in low- and middle-income countries to prevent and control noncommunicable diseases by:

- strengthening capacity of WHO's country office in target countries;
- collaborating in implementation of national policies, plans and programmes, with a specific focus on target countries;
- strengthening monitoring and evaluation of policies, plans and programmes, with a specific focus on target countries.

7. WHO will help to establish and coordinate at the different levels of the Organization of innovative, cross-sectoral partnerships with other bodies for the prevention and control of noncommunicable diseases.

8. **Time frame.** The action plan would be implemented within the framework of the Medium-term strategic plan, 2008–2013 and other existing schedules at all levels of the Organization.

9. **Indicators and evaluation.** Indicators to measure progress of implementation will correspond to the monitoring framework of the Medium-term strategic plan, 2008–2013 including, but not limited to:

- country-reported prevalence of risk factors for noncommunicable diseases;
- WHO estimates of mortality and burden of disease;
- country-reported implementation of the WHO Framework Convention on Tobacco Control, and other WHO strategies, plans, programmes and charters for prevention and control of noncommunicable diseases.

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