Toolkit

for developing a

multisectoral action plan for noncommunicable diseases

Module 4.

Developing an implementation plan

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ISBN 978-92-4-004355-8 (electronic version)

ISBN 978-92-4-004356-5 (print version)

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Suggested citation. Toolkit for developing a multisectoral action plan for noncommunicable diseases. Module 4. Developing an implementation plan. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

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Acknowledgements

Acknowledgements are due to the many individuals who contributed to the development of this toolkit.

The toolkit was prepared under the overall coordination and technical guidance of Ruitai Shao, Cherian Varghese and Bente Mikkelsen, Department of Noncommunicable Diseases, World Health Organization (WHO).

Special thanks are due to the experts who participated in three consultative meetings: Jawad Al-Lawati, Department of Noncommunicable Diseases, Ministry of Health, Oman; Levan Baramidze, Head of Public Health Department, Ministry of Labour, Health and Social Affairs, Tbilisi, Georgia; Pascal Bovet, Unit for Prevention and Control of Cardiovascular Disease, Ministry of Health, Victoria, Seychelles; Deborah Carvalho Malta, Departamento de Análise de Situação de Saúde, Secretaria de Vigilância em Saúde, Ministério da Saúde, Brazil; Regina Cheuk Tuen Ching, Assistant Director of Health (Health Promotion), Centre for Health Protection, Department of Health, Hong Kong SAR, China; Jacqueline Choi, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health, Hong Kong Special Administrative Region (SAR), China; Patrick Shing Kan Chong, Central Health Education Unit, Centre for Health Protection, Department of Health, Hong Kong SAR, China; Frances Prescilla L Cuevas, National Centre for Disease Prevention and Control, Department of Health, Manila, Philippines; Albertino Damasceno, Ministry of Health, Maputo, Mozambique; Gopalakrishna Gururaj, Professor and Head of Department of Epidemiology, National Institute of Mental Health and Neurosciences, Bangalore, India; Vlasta Hrabak-Zerjavic, Head, Epidemiology of Chronic Diseases Service, Croatian National Institute of Public Health, Zagreb, Croatia; Lingzhi Kong, Bureau of Disease Control, Ministry of Health, Beijing, China; Ping Yan Lam, Department of Health, Hong Kong SAR, China; Ting Hung Leung, Consultant (Noncommunicable Diseases), Centre for Health Protection, Department of Health, Hong Kong SAR, China; Barbara Legowski, International Programs, WHO Collaborating Centre on Chronic Disease Policy, Public Health Agency of Canada, Canada; David R MacLean, BC Cancer Foundation, Vancouver, Canada; Zhenglong Lei, Division of NCD Prevention and Control, Bureau of Disease Control, Ministry of Health, China; Sania Nishtar, Heartfile, Islamabad, Pakistan; Alfred K Njamnshi, Scientific Networks, Division of Health Operations Research, Ministry of Public Health, Yaoundé, Cameroon; Nancy Porteous, Chronic Disease Prevention, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, Ottawa, Canada; Sheela Reddy, Department of Health, Health Improvement and Prevention, London, United Kingdom of Great Britain and Northern Ireland; Christina Santos Samuel, Ministry of Health, Maputo, Mozambique; Nizal Sarrafzadegan, Director of Isfahan Cardiovascular Research, Isfahan University of Medical Sciences, Isfahan, Islamic Republic of Iran; Bettina Schwethelm, Partnerships in Health, Switzerland; Erkki Vartiainen, Department of Epidemiology and Health

Promotion, National Public Health Institute, Helsinki, Finland; Gonghuan Yang, Chinese Centre for Disease Control and Prevention, Beijing, China; Dr Yusharmen, Noncommunicable Diseases Control, Directorate-General of Disease Control & Environmental Health, Ministry of Health, Indonesia; Joizica Maucec Zakotnik, Countrywide Integrated Noncommunicable Diseases Intervention Programme, Community Health Centre, Slovenia; and Juan Zhang, Division of NCD Prevention and Control, Chinese Center for Disease Control and Prevention, China.

Thanks are also due to the following experts, who reviewed the toolkit and provided technical assistance at different stages: Jawad Al-Lawati, Aulikki Nissinen, Nancy Porteous, Pekka Puska and Sylvie Stachenko.

The following WHO staff (past and present) also contributed to the toolkit: Robert Beaglehole, Francesco Branca, Patrick Chong, Jean-Marie Dangou, Mathilde Elizabeth de Bruin, Allisa Deloge, Ibtihal Fadhil, Dongbo Fu, Gauden Galea, Paolo Hartmann, Barbara Hjalsted, James Hospedales, Branka Legetic, Sidi Allal Louzani, Chizuru Nishida, Armando Peruga, Vladimir Poznyak, Gojka Roglic, Natalie Rosseau, Boureima Hama Sambo, Cherian Varghese, Temo Waqanivalu, Di Wu, Ran Zhang and Yuxi Zhang.

WHO gratefully acknowledges the financial support of the Governments of Finland, Netherlands and the Republic of Korea towards the development and publication of this toolkit, as well as that of the Department of Health, Hong Kong SAR, China and the Public Health Agency of Canada.

1. Introduction

Noncommunicable diseases (NCDs) are the leading cause of death globally, killing more people each year than all other causes combined. Contrary to common perceptions, available data show that nearly 80% of NCD-related deaths occur in low- and middle-income countries. Moreover, recent decades have witnessed a steady increase in such deaths, with vulnerable population groups often worst affected, and yet many of the dire human and social consequences could be prevented by implementing cost-effective and feasible interventions.

The *Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases* (2011) *(1)* recognizes the scale of the NCD crisis and the urgent need for action. The *Global action plan for the prevention and control of NCDs 2013–2020 (2)*, recently extended to 2030, provides a vision and a road map to scale up action for the prevention and control of NCDs.

The global epidemic of NCDs is widely acknowledged as a major challenge to development in the 21st century and is a significant threat to achieving the United Nations Sustainable Development Goals. In addition, globally, the main NCDs represent the greatest cause of death in people aged under 70 years, imposing years of disability on those affected and their families. The *Global status report on noncommunicable diseases 2014 (3)* highlights the need to intensify national multisectoral action to meet the global targets that governments have agreed upon and to protect people from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases.

Countries, including some that are low income, are showing that it is feasible to make progress and reduce premature deaths from NCDs. But that progress, particularly in low- and middle-income countries, is insufficient and uneven. The global status report of 2014 reveals a distressing gap in our ability to achieve Sustainable Development Goal target 3.4 of reducing, by one third, premature deaths from NCDs by 2030, and outlines the disparities in progress on preventing NCDs worldwide.

This toolkit is a "how to" guide for developing, implementing and evaluating a multisectoral action plan for prevention and control of NCDs. It is targeted at policy-makers, planners and programme managers, and is intended to help countries, provinces and cities meet the requirements for achieving global and national NCD targets and the Sustainable Development Goals.

The toolkit takes the user through a series of actions related to the development of a multisectoral action plan ("MSAP development actions"), and provides forms and a template framework for users to complete as they undertake these actions.

Developing a multisectoral action plan involves establishing health needs and engaging relevant stakeholders before determining the actions to take, identifying and prioritizing interventions, deciding on ways to address

NCDs while establishing support and resources for prevention and control, and evaluating progress in implementing the plan.

Using the toolkit is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to take. The toolkit focuses on the main NCDs and wider determinants of health and aims to reduce the premature mortality from NCDs and the negative impacts of these determinants on health and health inequalities.

This work entails an array of competencies, such as situation analysis, advocacy, planning, mobilizing, implementing interventions and evaluating them, and disseminating the results of the evaluation. Users can refer to programme theory and logic modelling to guide the development of their action plan. The structure of the toolkit is set out in Fig. 4.1.

Fig. 4.1 Structure of the toolkit for developing a multisectoral action plan for noncommunicable diseases

Overview	
Module 1	Conducting a comprehensive assessment
Module 2	Establishing stakeholder engagement and governance mechanisms
Module 3	Establishing a framework for action
Module 4	**Developing an implementation plan**
Module 5	Evaluating the implementation of a multisectoral action plan

This module provides guidance on implementing the multisectoral action plan. An implementation plan is developed by a team, using multi-voting and scoring techniques to arrive at a series of priority interventions. An implementation matrix is developed, detailing how the priority interventions are to be achieved: activities, responsible leads and the timeframes they are working within, milestones and outputs to be attained, and the indicators with which to measure attainment. A costing sheet is provided for detailing the resources required. The user is also encouraged to develop strategies for implementation.

2. Developing an implementation matrix

When considering a multisectoral action plan (MSAP), it is important to take into account various issues relating to its implementation. Implementation is defined as a specified set of activities designed to put into practice an activity or programme. Implementation measures therefore need to be purposeful, and to be described in sufficient detail that independent observers can detect the presence and strength of the specific set of activities related to implementation.

This information can be developed through an implementation matrix – a form on which the elements of the plan, arrived at through the various development actions provided in the module, can be recorded. Activities and a timeframe for each intervention can be decided upon and recorded, along with which agency will be responsible for the activities, the expected milestones/outputs, resources required (if possible), and the indicators needed to monitor progress. See Annex B for an example implementation plan matrix.

The information in the matrix can subsequently be used to build the Implementation Plan section of the MSAP template.

The strategic objectives of the multisectoral action plan for NCDs were established in Module 3 and entered into the Framework of the MSAP template. These now form the basis of the implementation plan.

MSAP DEVELOPMENT ACTION 8:
Initiate the development of the implementation plan

2.1 Drawing up possible interventions to achieve the strategic objectives

Meeting the strategic objectives and the NCD targets will involve a series of interventions. The Updated Appendix 3 of the *Global action plan for prevention and control of noncommunicable diseases (4)* offers a list of cost-effective interventions – so-called "best-buys" – and policy options to tackle NCDs and their risk factors. These can be used as a reference at different stages of the development of the multisectoral action plan, from assessment and engagement through to the setting of a strategic NCD agenda and an implementation plan.

Framing priorities

It is important to make interventions as specific as possible. Broad aims and statements that fail to consider the practical implications (such as "reduce physical inactivity") make it difficult to assess for effectiveness and feasibility.

Examples of interventions with specific directions are:

- Adopt and implement national guidelines on physical activity for health.

- Create and preserve built and natural environments that support physical activity in key settings with a particular focus on providing infrastructure to support active transport – i.e. walking and cycling – active recreation and play, and participation in sports.
- Train primary health care professionals to encourage exercise and physical activity uptake.

Ensuring that specific and comprehensive interventions that address population, community and individual health determinants are included at this stage is essential for the success of the prioritization process and the resulting action plan. The responsible officer needs to identify specific, implementable interventions prior to the prioritization process.

Three main factors need to be considered when drawing up interventions:

1. *Are existing interventions already being implemented?* If there are active interventions addressing the health target, it is important to include these in the menu as policy options and interventions so they can also be included in the prioritization process and considered for ongoing support.
2. *Do all stakeholders participating in the prioritization process understand the proposed interventions?* For example, does everyone understand what the intervention “implement effective drink-driving policies and countermeasures” entails? If they do, then it may not be necessary to substantiate the intervention with directly actionable activities (e.g. lowering the legally permissible blood alcohol level, increasing fines for drunk driving etc.). However, if they do not, these will need to be developed in order to score them later for feasibility and effectiveness. To identify directly actionable activities, Member States may refer to regional and global WHO strategies and guidance. Working with topic experts from the ministry of health and professional organizations to obtain their input on suitable interventions is also advisable.
3. *Can interventions be implemented independently, or do they need to be implemented as a package?* For example, can the intervention “increase consumption of fruits and vegetables” be implemented simultaneously? Or is it possible to address fruit consumption and vegetable consumption separately, in a staggered approach, and still have a positive impact on the population’s total fruit and vegetable consumption? If the former, it is advisable to identify specific interventions as part of the action plan. If the latter, it is recommended to identify specific actions before prioritization in order to score them for feasibility and effectiveness.

All interventions suggested to achieve NCD targets should be as specific as possible and fulfil the following requirements:

- Respond to the situation analysis.
- Demonstrate a quantifiable effect size, as evidenced by at least one peer-reviewed, published study.
- Possess a clear link to the outcome described by the vision and goals.
- Possess a clear link to national NCD targets.

MSAP DEVELOPMENT ACTION 9:
List possible interventions for each strategic objective

2.2 Prioritizing the interventions for implementation

Where health budgets are limited and it is not feasible to fund every intervention, it will most likely be necessary to prioritize NCD interventions in order to maximize impact. Prioritization allows the use of available resources – health budgets, workforce, time, equipment and infrastructure – for interventions that are most likely to reach NCD targets, and to address the most important issues and needs.

Selecting methods and approaches to setting priorities

A participatory approach to prioritization is recommended, bringing together all relevant stakeholders in workshops, group discussions or online forums.

Workshops

Workshops bring together all relevant stakeholders in a communal setting. The workshop setting allows comprehensive sharing of information, builds transparency, fosters inclusion, and allows stakeholders to raise ideas and concerns to enhance consensus.

In order to address each of the strategic objectives and prioritize the possible interventions, a number of workshops may be necessary. The workshops should be conducted over as short a time span as possible (ideally within 1 to 2 months).

Web-based techniques

Where key stakeholders are unable to attend a workshop or group discussion in person, the process outlined in Actions 10 and 11 can be replicated online through web-based platforms. Stakeholders can complete the steps of the prioritization process through shared spreadsheets or online questionnaires. It is recommended that the facilitator establishes an online forum to enable stakeholders to raise queries or concerns throughout the process and to update them on the results.

2.3 Identifying and prioritizing interventions

An important part of the development of any action plan is the identification of policy options and effective and cost-effective interventions to meet the NCD targets included in the Framework drawn up in Module 3. (Note that throughout this toolkit the term "intervention" is inclusive of all strategies, policies and programmes that improve mental and physical health, or discourage or reframe those with health risks for individuals and populations.)

The process of prioritizing interventions (Fig. 4.2) starts with an overview of the findings of the situation analysis conducted in Module 1, in relation to the objectives and the proposed interventions. All stakeholders should

agree on the approaches, methods and basic criteria for determining priorities or focusing areas for action. Multi-voting and scoring methods should then be used to narrow down and rank the interventions. The final outcome of the prioritization process is a ranked list of interventions which stakeholders agree are most relevant to achieving the respective objective.

Fig. 4.2 The step-by-step process for prioritizing policy options and interventions

Provide a list of strategic objectives and possible interventions

Narrow down list of interventions based on stakeholder experience

Assess interventions according to feasibility, effectiveness and other criteria agreed on

Ensure prioritized interventions fit with policies, agendas and available resources

Build consensus and finalize

A menu of potential policy options and interventions to achieve the respective objectives and targets should be established, based on the situation analysis. It is recommended that the description of policy options includes specific actions and policy-based interventions to ensure that they will be effective in meeting NCD targets. They should cover crucial interventions at the population level (e.g. policies, regulations, guidelines), at the community level (e.g. settings-based programmes, social marketing, education) and at the individual level (e.g. health services and medical interventions) to address the NCD targets.

Population-wide interventions. A number of interventions to prevent NCDs on a population-wide basis are highly cost-effective as well as being inexpensive, feasible and culturally acceptable to implement. Other population-wide interventions are cost-effective and low cost, while still others have strong evidence though they currently lack research on their cost-effectiveness.

Individual health-care interventions. These are interventions for individuals who either already have NCDs or who are at high risk of developing them. Evidence shows that such interventions can be very effective and are usually cost-effective or low in cost. For example, high-risk individuals and those with established cardiovascular disease can be treated with regimens of low-cost generic medicines that significantly reduce the likelihood of death or of vascular events.

When combined, population-wide and individual interventions may save millions of lives and considerably reduce human suffering from NCDs. The WHO *Global status report on noncommunicable diseases 2014 (3)* examines existing interventions and identifies some as "best buys". These are high impact and highly cost-effective, and also inexpensive, feasible and culturally acceptable to implement – even in resource-constrained settings.

Tobacco

- Reduce affordability of tobacco products by increasing tobacco excise taxes.
- Create, by law, completely smoke-free environments in all indoor workplaces, public places and public transport.
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns.
- Ban all forms of tobacco advertising, promotion and sponsorship.

Harmful use of alcohol

- Regulate commercial and public availability of alcohol.
- Restrict or ban alcohol advertising and promotions.
- Use pricing policies such as excise tax increases on alcoholic beverages.

Diet and physical activity

- Reduce salt intake.
- Replace trans fats with unsaturated fats.
- Implement public awareness programmes on diet and physical activity.
- Promote and protect breastfeeding.

Cardiovascular disease and diabetes

- Provide drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥30%) of a fatal and nonfatal cardiovascular event in the next 10 years.
- Prescribe acetylsalicylic acid (aspirin) for acute myocardial infarction.

Cancer

- Reduce risk of liver cancer through hepatitis B immunization.
- Reduce risk of cervical cancer through screening (visual inspection with acetic acid (VIA) linked with timely treatment of pre-cancerous lesions).

A further list of policy recommendations for NCD prevention and control, including the "best-buys" and "good-buys", is contained in Appendix 3 of the *Global action plan for the prevention and control of NCDs (2)* and in the Updated Appendix 3 of 2017 *(4)*.

MSAP DEVELOPMENT ACTION 10: Narrow down interventions for further assessment

Once the list of possible interventions for inclusion in the plan has been narrowed down, based on the expertise and experience of the stakeholder group, the interventions need to be assessed in terms of effectiveness and feasibility. As far as possible, interventions should be judged against these two criteria based on quantitative country data. In the absence of such data, reference can be made to the website WHO Cost effectiveness and strategic planning (WHO-CHOICE) *(5)*, which contains data on the cost-effectiveness of interventions, and country-specific information on many health topics. If the required data are not available, qualitative judgements will have to be made in lieu of available country statistics.

Additional criteria can be used to prioritize interventions so that considerations specific to the political or economic context or cultural background of a Member State are included (see Table 4.1). Additional criteria should receive buy-in by all core stakeholders and be appropriate to the country situation. Ideally, there should be recognized prioritization criteria, as evidenced by at least one published, peer-reviewed article.

Table 4.1 A list of possible criteria to be used in addition to feasibility and effectiveness

Criterion	Description
Accessibility	Reach of the intervention, and ease of accessibility for all population groups
Consequences for non-health policies	Impact of intervention on other policies not directly concerned with health (e.g. poverty reduction, economic or educational policies)
Consequences for specific population groups	Positive or negative impact on specific population groups (e.g. children, youth, elderly, urban/rural population, poor, women, disabled, ethnic minorities, specific professional groups)
Consequences for non-health sectors	Impact of the intervention on sectors other than health (e.g. environment, agriculture, economic and socio-economic consequences, politics, culture)
Equity	Likelihood that the intervention will reduce inequalities in the distribution of NCDs and risk factors (e.g. gender, ethnicity, socio-economic status, locality)
Health consequences	Impact of the intervention on the health sector and on society's health, other than the targeted health issue (i.e. would the intervention worsen or improve other health issues the country faces, or have an impact on the health system, and the organizations and individuals operating within the system)
Magnitude of the problem	Magnitude of the burden placed on society by the health problem (e.g. financial losses, social or cultural impact on societal structures, future predictions of the development of the health problem)
Quality of the evidence	Confidence in the quality of methods and data used for the evaluation of the intervention's effectiveness
Sustainability	Durability of the intervention, based on consideration such as certainty of ongoing funding and/or policy support, degree of environmental or structural change

MSAP DEVELOPMENT ACTION 11:
Assess interventions in terms of effectiveness and feasibility

The priority interventions arrived at through a series of workshops in MSAP DEVELOPMENT ACTION 11 will need to be screened by smaller working groups of core stakeholders to produce a final list of comprehensive and cohesive interventions that fits with policies, agendas and available resources.

The list of interventions needs to assist the Member State, province or city to meet its health targets by addressing the three levels of health care:

1. Interventions aimed at the whole population taking a national approach;
2. Interventions aimed at the whole population taking a community approach; and
3. Interventions at an individual or clinical level.

2.4 Identifying lead and relevant agencies

To maintain a structured and well-organized implementation plan, a lead agency or sector should be identified on the plan. The ministry of health or similar authority in government is critical in facilitating development and implementation of the multisectoral action plan. The ministry of health can facilitate multisectoral action through:

- coordinating multiple agencies;
- engaging relevant sectors and optimizing meaningful participation;
- organizing committee meetings;
- following up on decisions made by the coordinating bodies;
- identifying implementation gaps and proposing measures to implement new strategies; and
- preparing consolidated reports.

2.5 Establishing a timeframe for implementation

A timeframe should be specified in the implementation plan, including expected start and end dates. Some programmes last for a few months, while others may become regular parts of health systems.

Timelines allow for monitoring and management of the plan's implementation. While timelines may be adjusted as the implementation progresses, it is always good practice to specify timelines as an integral part of the planning process, so that stakeholders are aware of what is expected of them.

2.6 Identifying milestones and outputs

Milestones

A milestone is a marker in a plan that signifies a change or stage in the implementation. Milestones are powerful components in plans and project management, because they show key events and forward movement. Milestones should be given for each key activity to ensure that all stakeholders are aware of the schedule and completion dates for projects. Examples of milestones that programme managers might include in their multisectoral action plan for NCDs are:

- start and end dates for the plan
- key deliveries
- stakeholder approvals
- validation of the plan
- important meetings and presentations.

Outputs

Outputs of an action plan are accomplishments, products or activities – such as workshops, meetings, counselling, training, publication, recruitment and media work – intended to lead to an outcome.

Example outputs of a national action plan:

- national partnership for NCD prevention and control established
- a number of national NCD programmes developed
- annual meetings with relevant stakeholders held
- a number of workshops organized, and a number of health professionals trained
- materials on healthy diet, physical activity, tobacco use developed.

2.7 Indicators to measure progress in implementation

The implementation plan is a management tool and must be revisited regularly to determine the progress of the interventions. Indicators specify how progress can be monitored and measured and will inform decisions about whether the desired outcomes have been achieved. Examples of indicators are:

- age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
- age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index greater than 25 kg/m^2 for overweight or 30 kg/m^2 for obesity)
- number of sedentary adults
- number of adults who practise moderate physical activity on a daily basis
- number of adolescents who practise moderate physical activity five days a week.

Integrating NCD monitoring into public health infrastructure

NCD surveillance and monitoring systems are essential components of a health information system. This is all the more important where resources are limited. This aim can be supported by:

- using existing information systems so that national NCD surveillance and monitoring systems build upon a country's existing information infrastructure;
- utilizing local resources to build a surveillance and monitoring culture;
- maintaining an ongoing surveillance and monitoring programme;
- incorporating NCD surveillance and monitoring into national health information systems; and
- supporting innovation in data collection technology.

For countries with little existing NCD surveillance and monitoring, the development of a system should be incremental. In settings with limited capacity, a viable and sustainable system needs to be simple and to begin by producing data at a local level. Enhancing the quality of existing surveillance and monitoring should take priority over expansion of a poor system.

MSAP DEVELOPMENT ACTION 12: Develop details of priority interventions

3. Costing the implementation plan

A cost estimate for the multisectoral action plan will involve breaking down the total budget (identified at the outset of the planning process) into its component values.

The process will involve consideration of all actions related to the implementation of the priority interventions and the total cost for every year of implementation, using all available information. Different cost scenarios should be considered for the implementation of the plan at national, regional and local levels. The timeframe and scope of the activities involved may need to be adjusted to fit with available resources.

An example of a costing sheet (without figures) is provided in Table 4.1.

MSAP DEVELOPMENT ACTION 13:
Create a costing sheet for the implementation of the MSAP

Table 4.1 Example costing sheet

Strategic objective 4: Reduce tobacco use							
Priority intervention	**Category of activity**	**Activity**		**Year 1**		**Year 2**	
			National/provincial/ district level	Frequency per year	Unit cost estimate	Frequency per year	Unit cost estimate
Monitor tobacco use	Advocacy	Document development	National				
		Consultation/meetings	Provincial				
		Print/dissemination	District				
	Coordination and planning	Communication	National				
		Meetings	Provincial				
			District				
	Training and workshops	Travel, per diem of facilitators	National				
		Travel, per diem of participants	Provincial				
		Materials/equipment	District				
		Venue					
		Others					
	Health workforce	Education Training Others	National				
			Provincial				
			District				
	Development of normative documents, protocol, guidelines, strategies, plan, and other technical documents	Literature review and background documents	National				
		Human resource	Provincial				
		Consultation meetings	District				
		Print, dissemination					
		Other					
TOTAL per year							

4. Drawing up implementation strategies

For a multisectoral action plan to be successfully implemented, a good strategy will take into account existing barriers and resources (people, funding, materials, etc.). It will also follow the overall vision, mission, and objectives of the MSAP Framework.

A multisectoral action plan for NCDs will use many different strategies: providing information, strengthening collaboration with relevant sectors, enhancing support, strengthening organizational and health providers' capacity, removing barriers, providing resources to achieve its goals. The following are examples of implementation strategies:

- Advocate for public action (e.g. develop appropriate key messages targeting high-risk population);
- Develop health policies to support the implementation of the plan (e.g. convene policy dialogue with stakeholders to get consensus on health policy for NCD prevention and control);
- Engage relevant sectors involved in NCD prevention and control (e.g. establishment of multisectoral coordination);
- Strengthen health systems that provide services for people with, or at risk of developing, NCDs (e.g. increase the number of public health centres that provide health care, increase essential NCD medicine);
- Improve the capacity of health care providers (e.g. provide training programmes in order to provide specific services for people with, or at risk of developing, an NCD);
- Promote behavioural changes (e.g. engage the target audience for the intervention in order to understand the behaviour and factors influencing it from their perspective);
- Modify barriers, access, exposures, and opportunities (e.g. build healthy environments to reduce resistance of patients to changing risky behaviour;
- Provide information and enhance skills (e.g. conduct a social marketing campaign to educate people about the problem or goal and how to address it);
- Involve community sectors (e.g., mobilize people to prepare healthy food through community committees);
- Implement the interventions (e.g. pilot the interventions and continuously monitor them to provide guidance for adapting interventions to achieve a good fit between the interventions and context); and
- Improve implementation of the technical guidelines (e.g. establish supervision mechanism).

For a multisectoral action plan to be successful, it is necessary to devise implementation strategies to gain and maintain support for it. The most suitable mechanisms for coordinating multisectoral actions will depend on the context. There are a variety of approaches to national coordination (see

Module 2, Section 2 Establishing a governance mechanism). These include:

- national NCD committees, councils, or steering committees
- working groups or executive committees
- scientific committees
- provincial or local coordination mechanisms.

MSAP DEVELOPMENT ACTION 14: Develop implementation strategies

5. Validating and disseminating the implementation plan

Although the approval process will vary, it is essential that NCD prevention and control plans are approved or endorsed at the highest level possible to ensure continued political support.

After the multisectoral action plan for NCDs is approved, it is important that it is disseminated and communicated by the ministry of health to key players and the public, to raise awareness and support. Many policies fail to be implemented because they are poorly communicated.

Dialogue and debate through social media can be an effective way of raising public awareness and maintaining national interest in NCD prevention and control. Facilitating public discourse and disseminating information on the social and economic costs of NCDs on individuals, families and the country, can be an effective way of advocating for the resources needed.

6. Financing the implementation

Sources of financing for implementation of the multisectoral action plan should be identified at the outset of the development process. This finance should be sufficient to cover the cost of all priority activities and the total cost for every year of implementation. Timelines and the scope of activities may need to be adjusted to fit with available resources.

The plan can be financed through a variety of innovative financing measures which might include contributions from sustainable domestic, multilateral and bilateral funding initiatives.

In order to get specific annual budgetary allocation at governorate levels, the following questions should be asked.

— Are there adequate, predictable and sustainable financing mechanisms and resources for undertaking the activities and the provision of health services?

— Are there current financing models that could fund the action plan – or what new ones could be found, if needed?

— Are there financial risks to implementing anticipated activities?

— Are there innovative approaches to funding (e.g. funds can come from tobacco and soft drink taxation for NCD prevention and control or issuing of government bonds or diaspora bonds)?

— Are there attractive sustainable donor investments or collaboration with NGOs, international organisations and/or other large non-state actors?

Key messages

- Implementation measures need to be purposeful and their results detectable.
- It is necessary to prioritize interventions, especially where health resources are limited.
- Interventions need to be specific and implementable.
- A participatory approach to prioritization is recommended, bringing together all relevant stakeholders, either in person or online.
- A lead agency should be identified.
- It is important to set a timeframe for the plan and specify timelines for actions.
- Milestones are markers that signify a stage in the implementation.
- Outputs are planned activities intended to lead to outcomes.
- Indicators measure whether a plan is achieving results. They specify how progress will be monitored and measured and inform decisions about success or failure.
- The costing exercise should consider the cost of activities related to implementing the priority interventions.
- A multisectoral action plan will use many different implementation strategies.
- It is essential that NCD prevention and control plans are approved or endorsed at the highest level possible to ensure continued political support.
- Sources and methods of financing the implementation of the plan need to be established early on in the planning process.

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Annex A. MSAP DEVELOPMENT ACTIONS

✤ **Download the MSAP template and forms here.**

ACTION 8: Initiate the development of an implementation plan

You will need to complete a detailed implementation plan for each of the strategic objectives you listed on your MSAP Framework.

— In preparation for this, enter the strategic objectives in the appropriate places in the Implementation Plan section of the MSAP template.

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ACTION 9: List possible interventions for each strategic objective

Refer to the Resources section, where you will find links to documents that will help you in this action.

— For each of your strategic objectives, draw up a menu of cost-effective interventions to be presented at workshops for narrowing down and prioritizing.

— Ensure that the interventions are framed in a way that will enable them to be scored for effectiveness and feasibility.

— Enter the interventions in Form 4.1, creating one form for each strategic objective.

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ACTION 10: Narrow down the interventions for further assessment

The following provides a step-by-step method for a group to narrow down the list of NCD interventions. It is important to emphasize that the approach suggested is not prescriptive. It may be tailored to the specific needs of a stakeholder group or Member State.

✤ Step 1: Set criteria for prioritization

— Present the group with the lists of strategic objectives and interventions you have created using Form 4.1.

— Specify, or arrive at through discussion, the number of interventions to be prioritized in Step 4.

✤ Step 2: Narrow down the interventions

If the list of potential interventions for a strategic objective exceeds the desired number, use multi-voting to narrow it down. (If not, move on to Step 4.)

- Using Form 4.1, all participants vote for all interventions they consider high priority, placing a tick against them in the column headed Round 1.
- Collect the voting forms and tally the votes. An intervention that has been voted for by fewer than half the participants is eliminated.
- If the result of Round 1 is that the desired number of interventions is reached, the voting can be stopped, but if not, continue to further rounds.
- In round 2, each stakeholder votes for the desired number of interventions. Rank each intervention according to the votes received. In the event of a tie, another round of voting on those interventions will be required to decide on which should be included.

The multi-voting technique ensures that voting is not influenced by a dominant member. Additionally, it allows interventions to make it onto a final list that are not necessarily the top priority of any participant. In contrast, a simple vote would mask the popularity of such interventions and reaching consensus would be more difficult.

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ACTION 11: Assess interventions in terms of feasibility and effectiveness

The prioritized interventions need to be scored for feasibility and effectiveness, using a multi-criteria decision analysis. Additional criteria can be used, as agreed by the stakeholders.

- Prepare copies of Form 4.2 and Form 4.3 by listing the prioritized interventions for each strategic objective.

STEP 1: Score the interventions for feasibility

- Provide the stakeholders with your prepared version of Form 4.2 which includes the information in Table A.1.

Table A.1: Suggested scales to score for feasibility

Scale	Description	Score
Very difficult/ unfeasible/not acceptable	Cannot be implemented; completely unacceptable to public; all indications on workability are negative	1
Difficult/possibly unfeasible/mostly unacceptable	Substantial gaps in knowledge or capacity; major political challenges; other negative indicators	2
Slightly difficult/ possibly feasible/ mostly acceptable	Manageable gaps in knowledge or capacity; public mostly in favour; can be done with some effort	3
Easy/definitively feasible/acceptable	No political roadblocks or any other hindrances; completely acceptable to public; technically easy	4

Stakeholders will be asked to give each intervention a score, depending on how easy or difficult its implementation is, based on five dimensions of feasibility:

- Technical: necessary expertise, workforce, infrastructure; geographic coverage;
- Political: acceptability to government, political support; consistency with other policies;
- Cultural: acceptability to society and communities;
- Financial: required cost; affordability; and
- Legal: legal barriers, obligations, including trade-related commitments.

— Lead a discussion on the feasibility of each intervention to allow participants to offer their viewpoints and knowledge on aspects of feasibility, and to clarify uncertainties.

— Invite participants to silently score the interventions, assigning a score for each of the five feasibility dimensions (technical, political, cultural, financial, legal).

— Ask participants to calculate the feasibility score for each intervention by adding the scores on each row and dividing them by five.

— Collect all the forms and calculate the average feasibility score for each intervention by summing each participant's total scores and dividing them by the number of participants. The higher the total feasibility score, the easier the implementation of the intervention.

✤ Step 2: Score the interventions for effectiveness

— Provide the stakeholders with your prepared version of Form 4.3 which includes the information in Table A.2.

Table A.2: Estimation of intervention effectiveness

Likelihood of effect	Score	Size of effect	Score
Certain	3	Very positive	4
Probable	2	Positive	3
Uncertain	1	Moderate	2
No effect	0	Minimal	1
		Negligent to negative	0

— Lead a discussion on the effectiveness of each intervention to allow participants to offer their viewpoints and knowledge on different aspects, and to clarify uncertainties.

You may feel it appropriate to present stakeholders with background evidence on the effectiveness of the interventions, including quantitative evidence (such as cost-effectiveness analysis or DALYs (disability-adjusted life-years) averted per 10 million people).

Where such an analysis is not possible due to lack of available data, a

stakeholders' judgements on the likelihood of an intervention being effective in addressing the health issue and the size of that effect in terms of how many people are predicted to benefit may have to be used. An estimate of how well the intervention addresses relevant risk factors, as compared with other interventions, will be relevant, alongside whether an intervention addresses more than one risk factor.

— Invite participants to silently score the interventions, assigning a score for each of the five feasibility dimensions (technical, political, cultural, financial, legal).
— Ask them to arrive at a total score by multiplying the two scores.
— Collect all the forms and calculate the average effectiveness score for each intervention by summing each participant's total scores and dividing them by the number of participants.

✤ Step 3: Rank the interventions

Transfer the results of the assessments to Form 4.4 in order to arrive at a final ranking. Before filling in the results of Step 1, the assessment of feasibility, multiply the scores by 3 to ensure that they carry the same weight as the assessment of effectiveness.

Sum the (adjusted) score for feasibility and that for effectiveness for each intervention to establish the final score.

Use this score to rank interventions, from those judged to have the greatest impact on health outcomes to the least.

✤ Step 4: Build consensus and finalize

— Review the list of assessed interventions with the group and agree upon a final list of prioritized interventions by reaching a group consensus.

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ACTION 12: Provide details of interventions

✤ Step 1: Form a small group or several groups of stakeholders to assist in translating the list of priority interventions into an implementation matrix

— Study the example of a matrix for a single objective in Annex B.

✤ Step 2: Characterize each of the prioritized interventions as core, medium-term or desirable

Through a group discussion, consider which of the following categories the interventions fit into:

— **Core interventions.** The initiatives that are immediately feasible and likely to have the greatest impact are selected for implementation first. It is expected that these interventions would be carried out within a two-year timeframe.
— **Medium-term interventions.** These are next in terms of importance. They should be introduced as soon as possible but have a slightly lower

priority than the core strategies. These interventions are feasible once there has been a realistic reallocation of resources so their start may be delayed.

- **Desirable interventions.** These require resources beyond the current levels, and are interventions to which the country should be aiming in the long term but are expected to have a longer timeframe (at least five years).

✤ Step 3: Enter the interventions into an implementation matrix

- On Form 4.6 fill in the objectives.
- Enter the interventions intended to meet each objective and its characterization as core, medium-term or desirable.
- Establish a realistic timeframe and enter it in the appropriate column.

✤ Step 4: Enter the activities necessary to enact the interventions

- Conduct further discussion with your groups regarding the activities involved in each intervention.
- Enter them on the MSAP template.

✤ Step 5: Enter the lead agency and relevant sector for each of the activities

✤ Step 6: Devise milestones/outputs for each activity

✤ Step 8: Establish indicators by which to measure the achievement of each objective

✤ Step 9: Enter the material you have gathered in Form 4.6 into the Implementation Plan section on the MSAP template

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ACTION 13: Create a costing sheet for the implementation of the MSAP

✤ Step 1: Enter the interventions and activities you have identified on a spreadsheet

✤ Step 2: Estimate the cost of delivering health services at national, provincial district level

- Take into account existing networks and the capacity of the available health facilities, including the human resources profile.

✤ Step 3: Enter the totals per year in the MSAP template

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ACTION 14: Develop implementation strategies

✤ Step 1: Form a stakeholder group to develop implementation strategies

✤ Step 2: Review the MSAP Framework

— Review the MSAP Framework to ensure that the implementation strategies you develop will align with the goal, NCD targets, strategic action areas and strategic objectives.

✤ Step 3: Develop strategies for implementing the MSAP

Use the following questions as a guide for deciding on the most beneficial strategies for your implementation team to implement the MSAP for NCDs:

— What resources and assets are there that can be used to help achieve the goal? How can they be used most effectively?

— What obstacles or resistance are there to achieving the goal? How can you minimize or get around them?

— What are potential agents of change willing to do to serve the mission?

— What strategies will develop policies or investment in order to meet the implementation of the MSAP?

— What strategies will strengthen capacity of the health facilities, in particular at the level of primary health care (PHC), to deliver the health service for NCD prevention and control?

— What strategies will strengthen the capacity of health workers, in particular at PHC level, to provide health counselling and service for patients?

— What technical guidelines or protocols need to be developed to provide guidance on early detection and appropriate treatment of main NCDs?

— What strategies will improve multisectoral action for NCD prevention and control?

✤ Step 4: Enter the implementation strategies you develop into the MSAP template

CHECKLIST

✤ Use the Checklist available here to make sure you have completed all the necessary steps before moving on to the next module.

Annex B. Example implementation matrix for an MSAP for NCDs 2021–2025

Priority intervention	Activities	Lead agency	Relevant sector	Time frame	Milestones/Output	Indicator
Objective 5: to promote a healthy diet						
5.1 Establish a subcommittee composed of all relevant stakeholders	Issue ministerial decree to establish a multi-sectoral executive subcommittee composed of all relevant stakeholders	MoH	Relevant sectors	2021–22	By 2022, a multi-sectoral executive subcommittee composed of all relevant stakeholders established	— No of mass media, educa-tion activities/ programmes implemented — Availability of national salt re-duction strategy — Availability of recommenda-tions for healthy diet — Prevalence of overweight and obesity among school children of 6–9 years of age, based on WHO standards and data from COSI survey
5.2 Reduce salt intake from meals	Issue and implement ministerial decree to reduce 30% of salt content in subsidized bread	MoH	Relevant sectors	2021–22	By 2022, a ministerial decree to reduce 30% of salt content in subsidized bread implemented	
	Develop and implement ministerial decree to reduce sodium content in industrial foods, cheese, chips, and tomato paste	MoH	Relevant sectors	2021–25	Relative reduction of 30% by 2025	
	Improve monitoring system to track progress in implementing interventions on unhealthy diet and follow salt reduction in bread and other foods	MoH	Relevant sectors	2021–25	Monitoring system to track progress in implementing interventions on unhealthy diet	
5.3 Establish health education campaigns on balanced diet and physical activity that target schools	Provide technical guidance on a healthy diet by development of healthy school canteen guidelines in collaboration with ministry of education	MoH	Relevant sectors	2021–23	BY 2023, development of healthy school canteen guidelines	

Priority intervention	Activities	Lead agency	Relevant sector	Time frame	Milestones/Output	Indicator
Objective 5: to promote a healthy diet						
	Develop policy for healthy school meals specifications by revising and updating current school meals specifications in collaboration with the Ministry of Education	MoH	Relevant sectors	2021–24	By 2024, adoption of healthy school meals specifications	
	Integrating principles of healthy nutrition and balanced diet within the curricula of house management classes in collaboration with ministry of education	MoH	Relevant sectors	2021–24	By 2024, healthy nutrition and balanced diet incorporated in curricula	
	Provide health counselling on healthy diet	MoH	Relevant sectors	2021–25	Health counselling on healthy diet provided in the targeted settings	
	Improve monitoring system to track progress in implementation of the baby friendly hospitals standards in different hospitals	MoH	Relevant sectors	2021–23	By 2023, report of progress in implementation of the baby friendly hospitals standards in different hospitals	
5.4 Reduce sugar consumption through taxation on sugar sweetened beverages	Develop, issue, and implement legislations to restrict marketing of unhealthy foods and non-alcoholic beverages to children	Responsible sector	MoH and relevant sectors	2021–25	By 2025, develop, issue, and implement legislation to restrict the marketing of unhealthy food and beverages	
	Review government subsidy programmes to remove unhealthy items	MoH	MoH and relevant sectors	2021–23	By 2023, submit a report reviewing the government subsidies programme to remove unhealthy items	
	Develop, issue, and implement legislation to raise taxes on soft drinks and sugar sweetened beverages	Responsible sector	MoH and relevant sectors	2021–25	By 2025, taxes on soft drinks and sugar sweetened beverages are raised	

5.5 Promote and support exclusive breastfeeding for the first 6 months of life	Provide technical guidance on healthy diet by establishing breastfeeding guidelines to be used in increasing capacity of PHC workers.	MoH	Relevant sectors	2021–23	By 2023, issuing of breast feeding technical guidelines
	Develop and implement regulations to improve breast feeding by adoption of the code for complimentary feeding nutrition and receiving full endorsement by MoH on effective national measures	MoH	Relevant sectors	2021–23	By 2023, adoption of code for complimentary feeding nutrition
	Issue a new legislation to expand maternity leave to six months to improve capacity of health workers on promoting healthy diet	Responsible sector	MoH and relevant sectors	2021–24	30% –40% of mothers have six months of maternity leave by 2024
	Provide training programmes/ workshops for health workers on best practice of complimentary feeding and exclusive breast feeding	MoH	Relevant sectors	2021–25	By 2025, 55% of workers trained
	Provide training programmes for health workers on guidelines for complementary feeding	MoH	Relevant sectors	2021–23	By 2023, provide 20 training programmes for health workers on guidelines for complementary feeding
5.6 Replace trans fats and saturated fats with unsaturated fats through reformulation, labelling, and fiscal and agricultural policies	Adopt and implement legislation to reduce trans fatty acids content to less than 1% of the total calorie content	MoH and/ or other responsible sectors	Relevant sectors	2021–25	By 2025 adoption and implementation of legislation to reduce trans fatty acids content to less than 1% of the total calorie content
	Adopt and implement of regulation to reduce saturated fatty acids content to less than 10% of the total calorie content	MoH	Relevant sectors	2021–25	By 2025, adoption and implementation of regulation to reduce saturated fatty acids content

Priority intervention	Activities	Lead agency	Relevant sector	Time frame	Milestones/Output	Indicator
5.7 Include nutritional labelling on products to raise awareness of, and therefore improve, macronutrient intake and reduce total energy intake (kcal)	Develop and implement ministerial decree to improve diet	MoH	Relevant sectors	2021–22	By 2022, issuance and implementation of a ministerial decree	

MoH – ministry of health

Department of Noncommunicable Diseases
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland
https://www.who.int/teams/noncommunicable-diseases