Information session on Reaching Billion 1 and 3 and SDG 3.4
Update on the Implementation Roadmap for NCDs to accelerate country action

PART 2 of presentation

Friday 25 November 2022 from 09:00-10:30 CET
Invisible numbers

The true extent of noncommunicable diseases and what to do about them

Read the report
https://www.who.int/publications/i/item/9789240057661

Access the NCD Data Portal
https://ncdportal.org/
ACCELERATE NATIONAL ACTION
Prioritize
ACCELERATE

Accelerate and invest in the implementation of the most cost-effective and feasible NCD interventions in the national context

2022 Appendix 3 highlights
a menu of evidence-based and cost-effective policy and health services interventions to guide policy decisions

- A total of 90 interventions and 22 overarching/enabling actions
- Cost-effectiveness was examined for 58 using WHO-CHOICE
  Out of the 58 interventions, 28 are considered to be the most cost-effective and feasible for implementation (with an average cost-effectiveness ratio of ≤I$ 100 per healthy life year gained in low and lower-middle income countries)
- But many proposed interventions above the CE threshold of ≤I$ 100 per HLY are cost-effective and would represent good value for money
If the national cost-effectiveness threshold chosen by a low-income country is I$1000 per healthy life year gained, then 82% of the proposed 58 interventions in the 2022 update would represent good value for money in that country.
NCD web-visualisation tool

**Objective:** help countries visualize impact of Appendix 3 interventions in order to achieve the NCD targets by 2030

| Scope | NCD 4x4  
| All the interventions in Appendix 3*  
| Combination of interventions in Appendix 3**  
| All countries* |

| Outcomes | Mortality: deaths averted and premature mortality  
| Morbidity: HLYs gained  
| Cost of interventions** |

| Output | Visualisation tool (various levels of user interaction to be determined) |

| Timeline | Q1 2023 prototype  
| Q2-Q3 2023 full tool available for country use |

Note: *to be progressively expanded starting from a selection  
** for phase 2 of the project
ACCELERATE

What already works but requires sustained attention

**mPOWER**
- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

**AT LEAST ONE mPOWER MEASURE AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2020)**

- Total population: 7.8 billion
- Total number of countries: 195

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (billions)</th>
<th>Number of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>5.3</td>
<td></td>
</tr>
</tbody>
</table>
ACCELERATE
Using window of opportunity
Accelerating action to stop obesity

Package of prioritized interventions addressing healthy diet and physical activity through programs and policy across multiple settings

WHO Guidelines in progress

- Policies to restrict marketing to children
- Fiscal and pricing policies
- Nutrition labelling policies
- School food and nutrition policies
- Management of obesity in children and adolescents
ACCELERATE

Using window of opportunity
Accelerating action to stop obesity

WHO Guidelines in progress

- Policies to restrict marketing to children
- Fiscal and pricing policies
- Nutrition labelling policies
- School food and nutrition policies
- Management of obesity in children and adolescents

Ambitious targets and accountability

<table>
<thead>
<tr>
<th>Outcome targets</th>
<th>by 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halt the rise of obesity in children under 5, adolescents and adults</td>
<td></td>
</tr>
<tr>
<td>Ending all forms of malnutrition</td>
<td></td>
</tr>
<tr>
<td>Reach 3% or lower prevalence of overweight in children under five years of age</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate targets</th>
<th>by 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free sugars to less than 10% of total energy intake in adults and children</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding in first 6 months up to at least 70%</td>
<td></td>
</tr>
<tr>
<td>15% relative reduction in the global prevalence of physical inactivity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process targets</th>
<th>by 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase coverage of PNC services with prevention, diagnosis and management of obesity in children and adolescents</td>
<td></td>
</tr>
<tr>
<td>Increase density of nutrition professionals to a min. level of 10/100,000 population</td>
<td></td>
</tr>
<tr>
<td>Increase no. of countries with regulations on marketing of foods and non-alcoholic beverages to children</td>
<td></td>
</tr>
<tr>
<td>All countries implement national public education communication campaigns on physical activity</td>
<td></td>
</tr>
<tr>
<td>All countries have a national protocol for assessing and counselling on physical activity in primary care</td>
<td></td>
</tr>
</tbody>
</table>

Act across multiple settings and scale up impactful interventions

WHO Technical Package

- Fiscal policies
- Marketing foods and beverages
- Food Labelling
- Early food environment
- Public food procurements
- Physical activity
- Building capacity in the health system to deliver obesity management services
- Public education and awareness
- Innovations
WHO Global Initiative for Childhood Cancer

Context

400,000 children diagnosed / yr

Profound inequity in outcome determined by country of residence, socioeconomic status

80% of children with cancer will survive
ONLY about 20% of children with cancer will survive

Context Table

Target & Approach

**Target**
>60% survival and suffering alleviated for all
Save one million children by 2030

(1) Active in 40+ countries
+4 regional networks

(2) >120 partners + WHO community of practice

(3) CureAll approach + investment cases

Technical package covering comprehensive childhood cancer care using CureAll approach
HEARTS implementation: target 14 million people on protocol-based treatment for hypertension by 2024

A public health approach to managing hypertension and other CVD risk factors at the primary level
Involves reorientation and strengthening of health systems to incorporate treatment of hypertension
Must be embedded in universal health coverage benefit packages – pathfinder to UHC

Currently HEARTS is being implemented in over 30 countries globally

There are now more than 7 million adults being treated according to protocol-based treatment for their hypertension

Control rates are improving in all countries but is variable

Over the last 5 years we have learned several important lessons in HEARTS implementation and the new guideline was just launched – as a result WHO will be updating the HEARTS package
Aims to transform global health financing through participatory, inclusive, and country-led approaches

- Participating UN organizations: WHO, UNDP and UNICEF.
- Member State Founding Strategic Partners: Kenya, Thailand and Uruguay.
- Steering Committee that includes the above plus CSOs and the UN Multi-Partner Trust Fund Office.

Commitments include

- Aspen Global Innovators Group intends to fundraise $5 million over the next three years.
- Soroptimist International Africa Federation has pledged to advocate and raise funds for the Fund’s pillar devoted to the elimination of cervical cancer.
- Unexia, a blockchain infrastructure for global health, has committed $50 million to the Fund to accelerate inclusive and democratic innovations in global health financing.

Further information available here
ACCELERATE NATIONAL ACTION
PHC and UHC

Link to: Information session on Reaching Billion 1 and 2 and SDG3.4: NCDs in Primary healthcare and Universal Health Coverage also as a foundation for preparedness, October 25, 2022
Operational Framework for PHC

**PHC APPROACH**
- Integrated health services with an emphasis on primary care and essential public health functions
- Empowered people and communities
- Multisectoral policy and action

**PHC LEVERS**
- Strategic Levers:
  1. Political commitment and leadership
  2. Governance and policy frameworks
  3. Funding and allocation of resources
  4. Engagement of communities and other stakeholders
  5. Models of care
  6. Primary health care workforce
  7. Physical infrastructure
  8. Medicines and other health products
  9. Engagement with private sector providers
  10. Purchasing and payment systems
  11. Digital technologies for health
  12. Systems for improving the quality of care
  13. Primary health care-oriented research
  14. Monitoring and evaluation

**PHC RESULTS**
- Improved access, utilization and quality
- Improved participation, health literacy and care seeking
- Improved determinants of health

ACCELERATE

Strengthen NCD prevention and control in PHC for promoting equitable access and quality of care

WHO
Package of Essential NCD services 2002-2020

2020
2020
2019
2019
2018
2018
2017
2017
2016
2016

2013
2013
2012

2007
2007
2007
2005
2002
Strengthening NCD services through PHC: Tools and Guidance

Guidance on Integration of NCD into other programs and the Health System

Domains of Actions

- People and community
- Policy and leadership
- Financing
- Capacity and infrastructure
- NCD Model of care
ACCELERATE

Ensure that UHC benefit packages include prevention and control of NCDs
New WHO recommendations on screening and treatment to prevent cervical cancer among women living with HIV

Policy brief

Background

Women living with HIV have a six-fold increased risk of cervical cancer compared with women without HIV. This elevated risk is manifested throughout the life course, beginning with an increased risk of acquiring human papilloma virus (HPV) infection, which is responsible for the majority of cervical cancer cases. Women living with HIV have more rapid progression of high-risk HPV infection to pre-cancer lesions and subsequently to cervical cancer, and also a reduced likelihood of regression of pre-cancer lesions, and higher rates of recurrence following treatment.

Cervical cancer is the fourth most common cancer in women. In 2020, an estimated 840,000 women were diagnosed with cervical cancer worldwide and about 342,000 women died from the disease. Globally, an estimated 5% of all cervical cancer cases are attributable to HIV. However, these statistics vary enormously by region. In nine countries with high HIV prevalence, the proportion of cervical cancer attributable to HIV is 49% or higher, whereas it is less than 5% in 122 countries with much lower HIV prevalence. Thus, HIV contributes substantially to the stark geographic disparities seen in cervical cancer burden.

Since the countries with high HIV burden have some of the highest cervical cancer rates, a greater effort will be required to achieve cervical cancer elimination in these settings. Focusing on the prevention and treatment of both cervical cancer and HIV can help maximize benefits in countries hardest hit by both cervical cancer and HIV.

In November 2020, the World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus launched the Global strategy to accelerate the elimination of cervical cancer as a public health problem, including the following global targets for 2030:

- 90% of girls are fully vaccinated with HPV vaccine by age 15 years;
- 70% of women are screened with a high-performance test by age 35 years or age 45 years and again by 45 years of age;
- 90% of women identified with cervical disease receive treatment.

World Health Organization

Rehabilitation 2030 (who.int)
ACCELERATE NATIONAL ACTION
Building back better – NCDs part of the preparedness
Building back better

Positioning NCD in humanitarian settings on the global health and security agenda

Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies, adopted by WHA75

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add2-en.pdf
ACCELERATE

Building back better
Technical products and tools for NCD in emergencies

For all NCDs
- Global Landscape review on WHO’s support to member states for noncommunicable diseases in humanitarian emergencies (2022)
- Contribution to the High-priority package of Health services in Humanitarian settings (H3 package) (2021)
- Operational Manual on NCD in Humanitarian settings (2023)
- NCD emergency kit revision (2021) and training modules (2023)
- NCD and COVIDs briefs, impact modelling (diabetes, cancer)

For diabetes
- Clinical guidance for insulin therapy in adults with type 1 diabetes (T1D) within resource-limited and/or humanitarian settings
- Implications of using insulin stored at temperatures higher or lower than those specified by the manufacturer
Building back better

Shaping the research agenda and building research capacity on NCD

- TAG subgroup focusing on IR
- Review and synthesize implementation research relating to WHO technical packages
- TA to Norway-supported countries to embed IR
- Country & Regional mapping of academic institutions, WHO collaborating centres and other relevant organisations with implementation research expertise

“We know what works in the fight against NCDs, but we don’t necessarily know how to implement the best-buy policies in many settings because complex contextual issues first need to be identified and overcome”
ALIGN
Mental Health, Air pollution SDG GAP
Integrating the response to NCDs, mental health and other conditions with an enduring course

**Why?**

➢ Shared determinants, impacts and person-centred care needs

**How?**

➢ Integrated service delivery (training, assessment, management, follow-up)

➢ System strengthening (planning, resourcing, monitoring, etc.)
ALIGN

Alignment across Action Plans and implementation support tools

2013-2030 Global action plan for the prevention and control of noncommunicable diseases

2013-2030 Comprehensive mental health action plan

2017-2025 Global action plan on the public health response to dementia

2022-2031 Intersectoral global action plan on epilepsy and other neurological disorders

2022-2030 Global alcohol action plan

Many other Action Plans ..

Roadmap 2023-2030

World Mental Health Report

Dementia toolkit

Position paper on brain health

SAFER Initiative

Other implementation support tools
ALIGN

Key messages from World Mental Health Report

Comprehensive Mental Health Action Plan 2013-2030 (who.int)

World Mental Health Report

Paths to transformation

Deepen value and commitment

Reshape environments

Strengthen mental health care
## Current examples of integrated work: NCDs, mental health, communicable diseases

<table>
<thead>
<tr>
<th>Engagement</th>
<th>WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-country exchange</td>
<td>Small Island Developing States high-level meetings on NCDs and mental health</td>
</tr>
<tr>
<td>Guidance</td>
<td>Integration of mental health and HIV interventions</td>
</tr>
<tr>
<td>Guide for integration of perinatal mental health in maternal and child health services</td>
<td></td>
</tr>
<tr>
<td>Country support</td>
<td>Integrated service delivery and system strengthening (e.g. NORAD support in Nepal and Ghana)</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Development of mental health module in STEPS</td>
</tr>
</tbody>
</table>
Linkages between NCDs and environment, climate change and biodiversity

TOP 10 CAUSES OF DEATH FROM THE ENVIRONMENT

1st
STROKE
2.5 million

2nd
ISCHAEMIC HEART DISEASE
2.3 million

3rd
UNINTENTIONAL INJURIES
1.2 million

PREVENTING NONCOMMUNICABLE DISEASES (NCDs) BY REDUCING ENVIRONMENTAL RISK FACTORS

Compendium of WHO and other UN guidance on health and environment

8.2 million out of 12.6 million deaths caused by the environment are due to noncommunicable diseases

MALARI...
Opportunities to link NCD/HIV/TB programmes, and efforts to integrate NCDs within the Global Fund.

2015: Member States and stakeholders agree at The Global Fund Board to address the co-morbidities between HIV and cancer

- Active support from WHO in providing inputs to the GFTAM set of updated application materials for the 2023-2025 funding cycle (modular framework, information notes) with a focus on how to better align the scope of interventions for Global Fund Investments with the management of existing NCD conditions and co-morbidities.
- Establishment of a new UNIATF WG on NCDs and comorbidities
ACCOUNT

World Health Organization
Data portal on NCDs

Noncommunicable Diseases Data Portal

Noncommunicable diseases (NCDs) – chief among them, cardiovascular diseases (heart disease and stroke), cancer, diabetes and chronic respiratory diseases – cause nearly three-quarters of deaths in the world. Their drivers are social, environmental, commercial and genetic, and their presence is global. Every year 17 million people under the age of 70 die of NCDs, and 86% of them live in low- and middle-income countries.

Users can explore the data below by country, accessing detailed information on noncommunicable diseases and their key risk factors:

### Noncommunicable Diseases & Key Risk Factors

- Cancer
- Cardiovascular diseases (CVDs)
- Chronic respiratory diseases (CRDs)
- Diabetes
- Harmful alcohol use
- Obesity / Unhealthy diet
- Physical inactivity
- Tobacco use

<table>
<thead>
<tr>
<th>Diseases &amp; Risk Factors</th>
<th>Gender</th>
<th>Indicators</th>
<th>Search country</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCDS</td>
<td></td>
<td>Probability of premature mortality ...</td>
<td></td>
</tr>
</tbody>
</table>
ACCOUNT

Investing in NCD surveillance and monitoring

SMR on overall guidance on NCD surveillance, monitoring programme and facility indicators and reporting for countries

Global targets CX Ca GICC Diabetes HTN
ACCOUNT

Investing in NCD surveillance and monitoring

Survey populations and health risks
- Regular population-based health surveys
- Surveillance of public health threats
- Regular population census

Count births, deaths and causes of death
- Full birth and death registration
- Certification and reporting of causes of death

Optimize health service data
- Routine facility reporting system with patient monitoring
- Regular system to monitor service availability, quality and effectiveness
- Health service resources, health financing and health workforce

Review progress and performance
- Regular analytical reviews of progress and performance, with equity
- Institutional capacity for analysis and learning

Enable data use for policy and action
- Data and evidence drive policy and planning
- Data access and sharing
- Strong country-led governance of data
Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

Dr Razia Pendse
Director, Healthier populations and NCD
WHO SEARO

South-East Asia Noncommunicable diseases acceleration roadmap (who.int)
Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

South-East Asia Region NCD Implementation Roadmap

Fig. 1. Scope of the South-East Asia Region NCD implementation roadmap 2022–2030
Contextualizing the NCD Implementation Roadmap 2020-2030 at regional and country levels

South-East Asia Region NCD Implementation Roadmap

100 Million BY 25

Accelerate the decline in tobacco use
Eliminate transfats in more countries
Expand HPV vaccination

Massive scale up and acceleration for improving care continuum for hypertension and diabetes
NCD and mental health integration in primary health care
Expand coverage of childhood cancer services
Service with care and compassion
Thank You!

Promote **Health** | Keep the World **Safe** | Serve the **Vulnerable**