



# **WORLD HEALTH ORGANIZATION**

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## **Global strategy for the prevention and control of noncommunicable diseases**

### **Report by the Director-General**

#### **A CHALLENGE AND AN OPPORTUNITY**

1. The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.
2. In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (31.7 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
3. Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low- and middle-income countries.
4. There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.

#### **ADDRESSING COMMON RISK FACTORS**

5. Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Addressing the major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

## LESSONS LEARNED

6. A great deal is known about the prevention of noncommunicable diseases. Experience clearly indicates that they are to a great extent preventable through interventions against the major risk factors and their environmental, economic, social and behavioural determinants in the population. Countries can reverse the advance of these diseases if appropriate action is taken. Such action may be guided by the lessons learned from existing knowledge and experience, which are summarized below.
7. A comprehensive long-term strategy for control of noncommunicable diseases must necessarily include prevention of the emergence of risk factors in the first place. Strategies to reduce exposure to established risk factors and for lowering the risk of individuals presenting clinical signs of these diseases, even when implemented together, do not achieve the full potential for prevention.
8. In any population, most people have a moderate level of risk factors, and a minority have a high level. Those at moderate risk contribute more to the total burden of noncommunicable diseases. Consequently, a comprehensive prevention strategy needs to blend synergistically an approach aimed at reducing risk factor levels in the population as a whole with one directed at high-risk individuals.
9. Review of risk-factor intervention studies has demonstrated that to achieve major changes in risk factor levels and disease outcomes, interventions should be delivered at an adequate dose and sustained over extended periods of time. However, even modest changes in risk factor levels will have a substantial public health benefit.
10. Experience indicates that success of community-based interventions requires community participation, supportive policy decisions, intersectoral action, appropriate legislation, health care reforms, and collaboration with nongovernmental organizations, industry and the private sector.
11. Decisions made outside the health sector often have a major bearing on the risk factors and their determinants. More health gains in terms of prevention are achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, and taxation policies, than by changes in health policy alone.
12. The long-term needs of people with noncommunicable diseases are rarely dealt with successfully by the present organizational and financial arrangements of health care. Member States need to address the challenge in the context of overall health system reform.

## TOWARDS A GLOBAL STRATEGY FOR SURVEILLANCE, PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

13. The global threat posed by noncommunicable diseases and the need to provide urgent and effective public health responses was recognized in resolution WHA51.18, in which the Health Assembly requested the Director-General to develop a global strategy for the prevention and control of noncommunicable diseases. The global strategy presented below is based on the lessons learned in prevention and control and on the recommendations of the WHO consultation on future strategies for prevention and control of noncommunicable diseases (Geneva, 27-30 September 1999).

### Objectives

14. The global strategy has three main objectives:

- to map the emerging epidemics of noncommunicable diseases and to analyse the social, economic, behavioural and political determinants of the diseases with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- to reduce the exposure of individuals and populations to the major determinants of noncommunicable diseases and to prevent the emergence of preventable common risk factors, namely tobacco consumption, unhealthy diet and physical inactivity;
- to strengthen health care for people with noncommunicable diseases by supporting health sector reform and cost-effective interventions, with emphasis on primary health care.

### Key components

15. To achieve the above objectives, the following components require the support of the global community and WHO as a whole in order to give shape to a global strategy.

- **Surveillance** is essential to quantify and track the epidemic of noncommunicable diseases and its determinants, and it provides the foundation for advocacy, national policy and global action.
- **Prevention** is the most important component for reducing the burden of premature mortality and disability due to such diseases, and is seen as the most feasible approach for many Member States.
- Health care innovations and health sector **management** which address needs arising from the epidemic are essential. Equally important is the provision of cost-effective and equitable interventions for the management of established noncommunicable diseases.

16. WHO has the unique authority and the clear mandate to lead the development and implementation of the global strategy for the prevention and control of noncommunicable diseases and thereby to create a better environment for world health in 2020 and beyond. As outlined below, implementation of the strategy will require action at every level, from global and regional organizations and agencies to Member States and individual communities.

### Roles of the main players

#### International partners

17. The role of international partners is of paramount importance in the global struggle against noncommunicable diseases in order to achieve the necessary leverage and synergy to meet the challenge. An innovative mechanism is needed to ensure joint work within the United Nations system and with major international agencies, nongovernmental organizations, professional associations, research institutions and the private sector. Concerted action against these diseases on a global scale requires all partners to play a stronger role in a **global network** that targets areas such as advocacy, resource mobilization, capacity-building and collaborative research. Developing such a global network will be a major part of the global strategy. International institutions for prevention and control of noncommunicable diseases and WHO collaborating centres will play a key role in supporting implementation and evaluation of the global strategy.

## WHO

18. WHO will provide the leadership and the evidence base for international action on surveillance, prevention and control of noncommunicable diseases. It will set the general direction for the four-year period 2000-2003, consonant with the corporate strategy for the WHO Secretariat,<sup>1</sup> and will focus on the four broad interrelated areas described below.

19. **Global partnerships.** WHO will take the lead in strengthening international partnerships for surveillance, prevention and control of noncommunicable diseases.

20. **Global networking.** A global network of national and regional programmes for prevention and control of noncommunicable diseases will be established in order to disseminate information, exchange experiences, and support regional and national initiatives.

21. **Technical support.** WHO will support implementation of national programmes by:

- providing norms and standards, including definition of key indicators of noncommunicable diseases and their determinants, diagnostic criteria, and classifications of the major diseases;
- providing technical support to countries in assessing the current situation, identifying strengths and constraints of existing activities, defining appropriate policies, building national capacity, and working to ensure effective programmes;
- leading and coordinating surveillance in order to map the epidemic and measure the effectiveness of interventions;
- strengthening and establishing systems for surveillance, and providing technical support for monitoring standard indicators of the major risk factors;
- preparing state-of-the-art guidance on development of national programmes, incorporating recommendations based on the knowledge and experience gained on a global scale adapted to different national contexts;
- encouraging development of innovative organizational models for care of noncommunicable diseases to ensure the improvement of preventive and clinical care by cost-effective use of available resources;
- ensuring the development, updating, and evaluation of regional plans for prevention and control.

22. WHO will also collaborate with Member States in order to:

- foster the launching of pilot projects on prevention based on integrated reduction of the three main risk factors: tobacco use, unhealthy diet and physical inactivity. The expected outcome is the creation of models in selected countries to demonstrate that community-based programmes for risk factor reduction can be effectively implemented in low- and middle-income countries;

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<sup>1</sup> Document EB105/3.

- conduct a critical review of the global burden of noncommunicable diseases from the viewpoint of the poor in order to identify pro-poor control policies in developing countries, taking into consideration the likely impact of globalization of trade and marketing on risk factors;
- help patients to manage better their own conditions by assessing and designing appropriate models for self-management education. Emphasis will be laid on diseases that affect women in particular, in order to promote women's health and gender equity.

23. **Strategic support for research and development.** WHO, in close collaboration with other partners, will promote and support research in priority areas of prevention and control, including analytical, operational and behavioural research to facilitate programme implementation and evaluation. Special attention will be given to innovative research on issues of poverty, gender, cost-effective care, and genetic approaches to prevention. WHO will strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy, particularly in coordinating collaborative research.

### **Member States**

24. Implementation of the global strategy at country level should be planned along the lines set out below and coordinated within the context of the national strategic framework.

- **Generating a local information base for action.** Assess and monitor mortality attributable to noncommunicable diseases, and the level of exposure to risk factors and their determinants in the population. Devise a mechanism for surveillance information to contribute to policy-making, advocacy and evaluation of health care.
- **Establishing a national programme for prevention of noncommunicable diseases.** Form a national coalition of all stakeholders; develop a national plan, define the strategies, and set realistic targets. Establish pilot (demonstration) prevention programmes based on an integrated risk factor approach that may be extended countrywide. Build up capacity at national and community levels for development, implementation and evaluation of integrated prevention programmes. Promote research on issues related to prevention and management.
- **Tackling issues outside the health sector which influence control of noncommunicable diseases.** Assess the impact of social and economic development on the burden of the major noncommunicable diseases with a view to conducting a comprehensive, multidisciplinary analysis. Develop innovative mechanisms and processes to help coordinate government activity as it affects health across the various arms of government. Accord priority to activities that place prevention high on the public agenda, and mobilize support for the necessary societal action.
- **Ensuring health sector reforms are responsive to the challenge.** Design cost-effective health care packages and draw up evidence-based guidelines for the effective management of the major noncommunicable diseases. Transform the role of health care managers by vesting managers with responsibility not for institutions (e.g. hospitals) but for the effective management of resources to promote and maintain the health of a defined population.

## **ACTION BY THE EXECUTIVE BOARD**

25. The Executive Board is invited to consider the global strategy for the prevention and control of noncommunicable diseases. Depending on discussion in the Board, the Director-General may prepare a draft resolution for submission to the Health Assembly.

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