



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**113th Session**  
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## **Integrated prevention of noncommunicable diseases**

### **Progress report by the Secretariat**

1. *The world health report 2002* indicated that in 2001 the major noncommunicable diseases accounted for almost 60% of all deaths and 47% of the global burden of disease;<sup>1</sup> 79% of those deaths occurred in the developing countries. By 2020 these figures are expected to rise to 73% and 60%, respectively.
2. Common, preventable biological risk factors (notably high blood pressure, high blood cholesterol and overweight) and related major behavioural risks (unhealthy diet, physical inactivity and tobacco use) underlie four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and type 2 diabetes. Preventive actions should focus on integrated control of these and other major risk factors.
3. The global strategy for prevention and control of noncommunicable diseases, requested in resolution WHA51.18, was submitted to the Fifty-third World Health Assembly.<sup>2</sup> This present document responds to the request in resolution WHA55.23 for a progress report on integrated prevention of noncommunicable diseases to be submitted to the Board at its 113th session.
4. Resolution WHA55.23 also requested the Director-General to develop a global strategy on diet, physical activity and health within the framework of the renewed strategy for the prevention and control of noncommunicable diseases, with a multidisciplinary and multisectoral approach governing the global strategy, and strengthened collaboration with other organizations of the United Nations system and other partners, including the World Bank, international nongovernmental organizations and the private sector for implementation of plans at global and interregional levels and to promote capacity building at national level.

### **ACTION AND PROGRESS**

5. The priority given to prevention of noncommunicable diseases has been upgraded within WHO. Support to Member States for such prevention has included the adoption of the WHO Framework Convention on Tobacco Control (resolution WHA56.1), and work on unhealthy diet and physical

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<sup>1</sup> *The world health report 2002: Reducing risks, promoting healthy life*. Geneva, World Health Organization, 2002.

<sup>2</sup> Document A53/14.

inactivity through consultations with the many stakeholders involved in formulating the global strategy on diet, physical activity and health.

6. The global strategy for prevention and control of noncommunicable diseases promotes partnership and networking, and provides technical and strategic support for research and development. Progress includes establishing a global forum and regional networks, implementing integrated prevention measures, and promoting capacity building. Surveillance, research into the effectiveness of community-based programmes, advocacy and country support are areas that have also been emphasized.

## MAJOR COMPONENTS OF PREVENTION

### Partnership and networks

7. One of WHO's main approaches has been to establish **regional networks** for integrated prevention and control of noncommunicable diseases in order to facilitate collaboration at national level through dissemination of information, exchange of experiences, support to regional and national initiatives and help in implementing evidence-based prevention measures. The networks are at different stages of development. The countrywide integrated noncommunicable diseases intervention (CINDI) programme and *conjunto de acciones para la reducción multifactorial de las enfermedades no transmisibles* (set of actions for the multifactorial reduction of noncommunicable diseases – the CARMEN initiative) are two well-established networks of national and community-based prevention programmes active in Europe and the Americas. The network for the Eastern Mediterranean approach to noncommunicable diseases (EMAN) and the Network of African Noncommunicable Diseases Interventions were initiated in 2001. A Western Pacific network is operating on an informal basis, and in the South-East Asia Region a network is being set up.

8. The **Global Forum on Integrated NCD Prevention and Control**, initiated by WHO in 2000, brings together these regional networks, international nongovernmental organizations, WHO collaborating centres and organizations of the United Nations system. It provides an important vehicle for setting and maintaining standards through sharing information and guidelines, and has raised the visibility of prevention of noncommunicable diseases. The Forum has met three times, to discuss objectives, functions, scope, methods, work plans, progress towards comprehensive integrated prevention and control policies, advocacy, and resource mobilization.

### Advocacy, research, capacity building, training and partners

9. **Advocacy** raises awareness and creates a favourable climate for resource mobilization. For noncommunicable diseases the three key messages are: these diseases cause the major disease burden in low- and middle-income countries; they are preventable; and effective networks for prevention exist. Results have been seen in the setting and attaining of public health goals, production of technical materials for countries, development of guidelines for networks, and meetings to monitor progress.

10. A WHO **research** study was initiated in 2002 to determine the effectiveness of community-based prevention and control programmes. As **capacity building** is crucial for countries to tackle the main noncommunicable diseases and their determinants in the population, attention is being paid to personnel and institutional strengthening for reducing risk factors, drafting policies and strategies, establishing national or demonstration programmes, and monitoring and evaluation. Regional offices, working with WHO collaborating centres, have started **training** programmes for integrated

prevention, including the CINDI winter school and international visitors' programme. Because of the importance of **partners** in supporting the implementation and evaluation of the global strategy, WHO collaborating centres are being identified to work closely with WHO, within the framework of the Global Forum, on prevention and control of noncommunicable diseases.

### **Technical support**

11. Construction of the **policy framework for prevention of noncommunicable diseases** has begun, and a steering committee set up. Broad consultations will take place with Member States and nongovernmental organizations in 2004. A **protocol** for demonstration projects for community-based prevention of noncommunicable diseases, including monitoring and evaluation, is being drafted and will be tested in 2004 in collaboration with regional offices. WHO has promoted prevention programmes in Member States through its regional offices, providing **technical advice and support** in national programme development and evaluation to several Member States through short-term assignments.

### **TACKLING MAJOR BEHAVIOURAL RISK FACTORS**

12. The global strategy for prevention and control of noncommunicable diseases focuses on three major risk behavioural factors: tobacco use, unhealthy diet and physical inactivity. Current activities have to be integrated in the regional networks in collaboration with partners in the United Nations system, nongovernmental organizations and the private sector.

13. **Tobacco use.** The adoption of the WHO Framework Convention on Tobacco Control, the first health treaty negotiated under the auspices of WHO, opens a new era in global and national tobacco-control activities. New evidence has revealed that, in 2002, 4.83 million people died from tobacco-related causes, half in the developing world. Without further intervention, the death toll is estimated to reach 10 million in the next two decades. The Framework Convention provides a tool by which to reduce this rate effectively. It will facilitate the forging of partnerships at all levels: Member States; most of the other major organizations of the United Nations system through the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control; national and international nongovernmental organizations, which played a crucial role in the negotiations on the Convention; and regional economic integration organizations such as the European Union.

14. As resolution WHA56.1 calls upon all States and regional economic integration organizations to take all appropriate measures to curb tobacco consumption, many government ministries (for instance, those of health, finance, taxation, labour and agriculture) are working closely together for the first time on these complex issues. The power of the Framework Convention process and the partnerships forged as a result provide an excellent foundation for putting the Convention into practice. WHO continues to coordinate international expertise on several projects aimed at strengthening national capacity in tobacco control by building on existing national public health systems. Evidence-based publications such as legislative guidelines, policy recommendations and country case studies on successful tobacco-control interventions have been issued.

15. **Physical inactivity.** Resolution WHA55.23 also urged Member States to celebrate an annual "Move for health" day, following the successful World Health Day 2002 whose initial event had been celebrated in São Paulo, Brazil, with the participation of the Director-General in recognition of the "Agita São Paulo" campaign to promote physical activity and healthy behaviours. The Move for

health initiative has triggered considerable interest and commitment by political leaders in many Member States. Its Steering Committee met recently to advise on activities for 2004 and 2005.

16. **Unhealthy diet.** The preparation of the draft global strategy on diet, physical activity and health is described in document EB113/44, with the draft global strategy itself contained in document EB113/44 Add.1.

#### **ACTION BY THE EXECUTIVE BOARD**

17. The Board is invited to note this report.

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