

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

Report by the Secretariat

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. In resolution WHA53.17, the Health Assembly reaffirmed that the global strategy for the prevention and control of noncommunicable diseases¹ is directed at reducing premature mortality and improving quality of life, and requested the Director-General, inter alia, to continue giving priority to the prevention and control of such diseases. The global strategy sets out the roles of the main players in the struggle against noncommunicable diseases, namely: Member States, the Secretariat and international partners.
2. In 2007 the Health Assembly adopted resolution WHA60.23, entitled “Prevention and control of noncommunicable diseases: implementation of the global strategy”, which requested the Director-General, inter alia, to prepare an action plan for the prevention and control of noncommunicable diseases, to be submitted to the Sixty-first World Health Assembly through the Executive Board; and to provide support where needed for elaboration, intensified implementation and monitoring of national plans for prevention and control of noncommunicable diseases, including the further development of an intervention to manage the conditions of people at high risk of such diseases.
3. In response, a draft action plan has been drawn up and is attached at Annex. The plan sets out objectives, actions, a time frame and performance indicators for Member States, the Secretariat and international partners in order to guide their work on the prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels.
4. As requested in resolution WHA60.23, the draft action plan, amended in the light of the views and comments of the Board, will be submitted to the Sixty-first World Health Assembly.

ACTION BY THE EXECUTIVE BOARD

5. The Executive Board is invited to note the report and to comment on the draft action plan.

¹ Document A53/14.

ANNEX

Draft WHO action plan for the prevention and control of noncommunicable diseases

INTRODUCTION

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. Noncommunicable diseases caused an estimated 35 million deaths in 2005. This figure represents 60% of all deaths globally, with 80% of deaths due to noncommunicable diseases occurring in low- and middle-income countries, and approximately 16 million deaths involving people under 70 years of age. Total deaths from noncommunicable diseases are projected to increase by a further 17% over the next 10 years. The rapidly increasing incidence of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As requested by the Health Assembly in resolution WHA60.23, the Secretariat has drawn up the following draft action plan in order to guide Member States, the Secretariat and international partners in working for the prevention and control of noncommunicable diseases.

2. In leading and catalysing an intersectoral, multilevel response, with a particular focus on low- and middle-income countries, the plan has the overall purpose of:

- mapping the emerging epidemics of noncommunicable diseases and analysing their technical, social, economic, behavioural and political determinants as a basis for providing guidance on the policy, programme, legislative and financial measures that are needed to support the prevention and control of noncommunicable diseases;
- reducing the level of exposure of individuals and populations to the common risk factors for noncommunicable diseases – namely, tobacco consumption, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants; and
- strengthening health care for people with noncommunicable diseases by developing norms and guidelines for cost-effective interventions.

SCOPE

3. Current epidemiological evidence indicates that four noncommunicable diseases make the largest contribution to mortality in the majority of low- and middle-income countries, namely: cardiovascular disease, cancer, chronic respiratory disease, and diabetes. These four diseases share the same underlying preventable risk factors, which are tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.

4. Integrated disease control, cutting across the noncommunicable diseases mentioned above as well as communicable diseases, is vital now and will remain so in the future. Much of the work in support of integration can be focused on the leading risk factors mentioned above, especially since these are also risk factors for the transmission of other diseases, such as tuberculosis.

5. Within any country, there will be a range of diseases, disabilities and conditions for which the risk factors and the needs in terms of screening, treatment and care overlap with those for noncommunicable diseases. Among these are blindness, deafness, oral diseases, certain genetic diseases, and other diseases of a chronic nature, including some communicable diseases. The demands that noncommunicable diseases place on patients, families and health-care systems are also similar, and comparable strategies are effective for their management.

6. In mounting a response to noncommunicable diseases, priorities for action often cut across all WHO regions, reflecting similar challenges in the following areas: surveillance of diseases and their risk factors, advocacy and communications, policy development, health promotion and population-based prevention, strengthening and reorientation of health systems, improvement of disease prevention and management, partnerships, intersectoral collaboration and networking, capacity strengthening in countries and in WHO country offices, resource mobilization, and strategic support for collaborative research.

RELATIONSHIP TO EXISTING STRATEGIES AND PLANS

7. This draft action plan for the prevention and control of noncommunicable diseases is intended to consolidate WHO's existing strategies and plans across individual diseases, risk factors and geographical areas. The aim is to provide an overall direction that can also offer support for the operationalization of national and regional strategies and action plans where these are already in place, the elaboration of strategies and action plans where none exist, and the coordination of activities in progress.

8. In the WHO regions, for example, regional committees have adopted resolutions designed to guide and support the efforts of Member States and international partners to combat noncommunicable diseases, including strategies, plans of action and frameworks. Similar commitments have also been issued following meetings of other regional bodies. This draft action plan will therefore support the continued and strengthened implementation of the following:

- Resolution AFR/RC50/R4 entitled "Noncommunicable diseases: strategy for the African Region" (Regional Committee for Africa, 2000).
- Resolution CD47.R9, entitled "Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity" (Regional Committee for the Americas, 2006).
- The Regional Framework for Prevention and Control of Noncommunicable Diseases (Eleventh meeting of Health Secretaries of Member States of the South-East Asia Region, 2006).
- Resolution EUR/RC56/R2, entitled "Prevention and Control of Noncommunicable Diseases in the WHO European Region" (Regional Committee for Europe, 2006).
- Resolution EM/RC52/R7 entitled "Noncommunicable diseases: challenges and strategic directions" (Regional Committee for the Eastern Mediterranean, 2005).
- Resolution WPR/RC57.R4, entitled "Noncommunicable disease prevention and control" (Regional Committee for the Western Pacific, 2006).

- Numerous other resolutions at regional or global levels on strategies and plans aimed at tackling risk factors for noncommunicable diseases (e.g. tobacco use, specific aspects of unhealthy nutrition and physical inactivity, or harmful use of alcohol).

OBJECTIVES AND ACTIONS

9. This section sets out the six objectives of the plan and gives details of the respective actions and performance indicators for the national and international stakeholders. For several objectives a box is provided, containing examples of relevant actions.

OBJECTIVE 1: To raise awareness of noncommunicable diseases and advocate for their prevention and control

10. Greater political commitment and leadership in the public sector and among stakeholders are required in order to ensure the prevention and control of noncommunicable diseases. Advocacy can be utilized to raise political awareness and encourage the policy and institutional changes necessary for the creation or strengthening of policies and plans for tackling noncommunicable diseases. More specifically, the aim of such advocacy will be to emphasize the key role of government sectors and the need to empower the health sector, enabling it to involve traditional partners and other sectors in collaborative actions so that a collective response can be provided to the challenges posed by noncommunicable diseases. Further, the effectiveness of advocacy can be amplified through subregional, regional and interregional coordination in the elaboration and use of the relevant advocacy material.

Action for Member States

- (a) Define national goals, short-term objectives, and target audiences for advocacy in support of tackling noncommunicable diseases, including the health sector together with the non-health sectors (i.e. other sectors in government, civil society, academia, the media and the private sector).
- (b) Develop and implement advocacy plans designed to increase the commitment of public-health leaders and other stakeholders to making policy and institutional changes in support of the prevention and control of noncommunicable diseases. Such plans will include the use of key messages for target audiences in both the health and non-health sectors.

Action for the Secretariat

- (a) Develop and make available advocacy material based on existing evidence.
- (b) Provide technical support and training for the use of advocacy material.
- (c) Further develop and make available advocacy material on the relationship between noncommunicable diseases, poverty and development.
- (d) Design a plan for international advocacy work in support of the prevention and control of noncommunicable diseases; implement the plan in collaboration with international partners in order to increase commitment among public-health leaders and other stakeholders at global and

regional levels (i.e. international organizations, civil society, academia, the media and the private sector).

(e) Ensure that issues concerning noncommunicable diseases are on the agenda of high-level forums and meetings of national and international leaders. (See Box 1)

Action for international partners

(a) Work collaboratively to develop common messages and calls to action based on evidence and sound information.

(b) Expand the range and amplify the voices of all advocates for the prevention and control of noncommunicable diseases, by translating and consistently using common messages and calls to action.

Box 1. The heads of government of the Caribbean Community, meeting at the CARICOM Regional Summit on Chronic Non-Communicable Diseases (Port-of-Spain, 15 September 2007) issued a comprehensive 14-point declaration, in which they stated that they would encourage the establishment of national commissions on noncommunicable diseases; support measures in finance, health, tobacco control, trade and agriculture policy, and education; and provide leadership for the implementation of relevant strategies in collaboration with other partners.

This strong, public commitment followed more than two years of evidence-based advocacy intended to sensitize the heads of government of the Caribbean Community to the enormous human and economic burden imposed by noncommunicable diseases, and to the availability of a range of cost-effective solutions, spanning health promotion, disease prevention and improved care and treatment. The advocacy effort was also designed to foster the commitment of the heads of government concerned, both jointly and individually, to taking action in order to prevent and control noncommunicable diseases.

Over the course of the biennium 2008–2009, a joint 24-month action plan based on the Regional Summit declaration will be implemented. Discussions are under way concerning the possibility of holding similar summits in other subregions – including Central America, the Andean region, and MERCOSUR – during the bienniums 2010–2011 and 2012–2013.

Performance indicators for achieving objective 1

1. Evidence of common noncommunicable disease messages being developed, agreed, adapted and translated.
2. Existence of a plan for international advocacy work in support of the prevention and control of noncommunicable diseases.
3. Existence of national and subnational plans for advocacy in support of the prevention and control of noncommunicable diseases.
4. Number of meetings and/or forums of national and international leaders and decision-makers, whose agendas include items concerning noncommunicable diseases.

OBJECTIVE 2: To establish or strengthen, as appropriate, national policies and plans for the prevention and control of noncommunicable diseases

11. Countries need to establish new, or strengthen existing, national policies and plans as an integral part of national health development plans for the prevention and control of noncommunicable diseases and broader development frameworks. Such policies and plans should encompass the three components listed below.

- (1) The development of a national multisectoral framework for the prevention and control of noncommunicable diseases.
- (2) The integration of the prevention and control of noncommunicable diseases into the national health development plan, the establishment of an effective noncommunicable disease surveillance system and the implementation of interventions for primary prevention.
- (3) The reorientation and strengthening of health systems, enabling them to respond to the health-care needs of people with common noncommunicable diseases.

Action for Member States

For the development of a national multisectoral framework for the prevention and control of noncommunicable diseases

- (a) Establish or strengthen, as appropriate, national policies and plans for the prevention and control of noncommunicable diseases, and for the reduction of associated risk factors and determinants, as an integral part of the national health and development framework, paying particular attention to children, young people, women and poor populations.
- (b) Establish a high-level national multisectoral body or mechanism for planning, guiding, monitoring and evaluating enactment of the national policy for the prevention and control of noncommunicable diseases.
- (c) Conduct a comprehensive assessment of the noncommunicable disease epidemic, including an analysis of the impact of the policies of the different government sectors on the scale of the problem and on the characteristics of the diseases concerned and their determinants; and identify where environments conducive to the prevention of noncommunicable diseases need to be created.
- (d) Review and strengthen, when necessary, legislation and fiscal policies concerned with noncommunicable diseases, especially those designed to reduce the risk factors for noncommunicable diseases.
- (e) Build capacity for intersectoral collaboration involving all government sectors and other stakeholders, such as professional associations, civil society, community representatives, nongovernmental organizations, and the private sector.

For the integration of the prevention and control of noncommunicable diseases into the national health development plan, the establishment of an effective noncommunicable disease surveillance system and the implementation of interventions for primary prevention

- (a) Establish an adequately staffed and funded noncommunicable disease unit within the Ministry of Health.
- (b) Ensure, in support of programme development and implementation, a high-quality surveillance system for noncommunicable diseases that should include, as minimum standards, reliable population-based mortality statistics and standardized data on key risk factors and behavioural patterns.
- (c) Establish a monitoring and evaluation system in order to assess the implementation and impact of policies, plans and programmes for the prevention and control of noncommunicable diseases.
- (d) Develop and implement an evidence-based plan for health promotion and the prevention of noncommunicable diseases with the aim of reducing the risk factors for key noncommunicable diseases, paying particular attention to children and young people, women, and poor populations.
- (e) Consider the development of pilot programmes for community-based intervention as an initial step before nationwide extension.

For the reorientation and strengthening of health systems, enabling them to respond to the health-care needs of people with common noncommunicable diseases

- (a) Check that the basic health system infrastructure is present and that its elements – including policies, surveillance systems, diagnostic and management tools, standards for primary health care, mechanisms for ensuring access to care, referral mechanisms and reference centres – are adequate for dealing with noncommunicable diseases.
- (b) Adopt evidence-based guidelines and establish standards of health care for common noncommunicable diseases like hypertension, diabetes, coronary heart disease, and chronic respiratory disease; and take the necessary steps to integrate the management of such diseases into primary health care.
- (c) Establish mechanisms for the early detection of and screening for common noncommunicable diseases, including hypertension, diabetes and certain cancers.
- (d) Determine the need for training and strengthening human resources capacity in order to ensure appropriate care of patients with chronic noncommunicable diseases at the three levels of the health-care system.
- (e) Take action to improve the availability of the training opportunities and tools that patients need for self-care.

Action for the Secretariat

For the development of a national multisectoral framework for the prevention and control of noncommunicable diseases

- (a) Conduct a review of international experience in the prevention and control of noncommunicable diseases and identify lessons learnt.

- (b) Develop recommendations on national policy frameworks, including public health policies and fiscal policies towards healthy and unhealthy goods, services, and environments; in addition, provide technical support to countries in using these recommendations within their national context.
- (c) Recommend successful approaches for intersectoral action against noncommunicable diseases; and provide technical support to countries in adapting these recommendations to their national contexts.
- (d) Review the epidemiological characteristics of noncommunicable diseases in relation to poverty; and conduct a comprehensive, multidisciplinary analysis of the impact of social and economic development on the burden of noncommunicable diseases in order to inform policies that are oriented towards poor and marginalized populations, taking into account the role of trade and marketing on the risk factors for noncommunicable diseases.

For the integration of the prevention and control of noncommunicable diseases into the national health development plan, the establishment of an effective noncommunicable disease surveillance system and the implementation of interventions for primary prevention

- (a) Prepare state-of-the-art guidance on the development of national programmes and health promotion plans for the prevention and control of noncommunicable diseases, with specific emphasis on low- and middle-income countries.
- (b) Use existing strategies and updated approaches to provide support to countries both in assessing the current noncommunicable disease situation, including trends in risk factors, and in establishing effective surveillance systems for noncommunicable diseases and their risk factors that are adapted to national contexts.
- (c) Provide technical guidance to countries so that they can establish national monitoring and evaluation systems in order to assess the implementation and impact of policies, plans and programmes for the prevention and control of noncommunicable diseases.
- (d) Expand the technical capacity of WHO's regional and country offices and develop networks of experts and collaborating or reference centres for the prevention and control of noncommunicable diseases in support of regional and national programmes.
- (e) Develop norms, standards and indicators for noncommunicable diseases and their determinants.
- (f) Review and update diagnostic criteria and classifications in respect of common noncommunicable diseases based on evidence and recent advances in knowledge, with an emphasis on hypertension, diabetes, coronary heart disease, chronic respiratory disease and cancer.

For the reorientation and strengthening of health systems, enabling them to respond to the health-care needs of people with common noncommunicable diseases

- (a) Review the experiences of health systems responding to the epidemic of noncommunicable diseases and study innovative organizational models for improved

programme for screening and early detection, more effective chronic care and better access to basic services for women and poor populations.

(b) Provide technical guidance on integrating the prevention and management of common noncommunicable diseases into primary health care, and disseminate information on best practices and successful experiences.

(c) Design evidence-based packages of primary health-care interventions and services against noncommunicable diseases to support the effective management of common diseases of this type with an emphasis on resource-limited contexts.

(d) Develop training programmes to strengthen capacity for building health systems that are responsive to the challenge posed by noncommunicable diseases.

(e) Assess existing models for self-care and design improved, affordable versions where necessary.

(f) Expand, in collaboration with partners, research on the cost-effectiveness of interventions, particularly in the context of primary health care. (See Box 2)

Action for international partners

(a) Work collaboratively in international and national alliances, networks and partnerships in order to support countries in building effective national programmes and in strengthening health systems so that they can meet the growing challenges posed by noncommunicable diseases.

(b) Develop mechanisms for coordination and partnership in order to strengthen interagency projects for the prevention and control of noncommunicable diseases, and encourage joint efforts with international and nongovernmental organizations, professional associations, academia, research institutions, and the private sector.

(c) Contribute to capacity building in countries in support of the prevention and control of noncommunicable diseases.

(d) Support implementation of national policies, plans and programmes for the prevention and control of noncommunicable diseases.

Box 2. WHO Member States have clearly requested guidance on the prevention and control of noncommunicable diseases,¹ and one of WHO's approaches to meeting this request has been the development of a framework for country action to prevent noncommunicable diseases. The framework will offer practical advice, models and technical guidance, showing how a country can establish and implement its own prevention and control programme.

Over the course of the biennium 2008–2009, WHO will provide six training courses, one in each WHO region, involving 60 countries. Using the lessons learnt in

¹ See, for example, resolution WHA53.17.

those countries, the Organization will refine the framework and continue with training courses during the period 2010–2013.

Further support for capacity building is being offered to countries for surveillance, data analysis and reporting in respect of risk factors for noncommunicable diseases. This is taking the form of training and guidance on using the WHO STEPwise approach to risk factor surveillance.

To date, training on the STEPwise approach has been received in 104 low- and middle-income countries, 47 of which have completed their first round of surveys.

Once countries know their national risk factor profiles, an intersectoral approach is necessary in order to tackle the risk factors for noncommunicable diseases. As indicated in the WHO Global Strategy on Diet, Physical Activity and Health,¹ control over many aspects of the risk factors for noncommunicable diseases lies outside the health sector. Through implementation of the Global Strategy, WHO will help countries to meet the public health challenges posed by overweight and obesity, especially in respect of children.

In addition, WHO is working to produce technical guidance, tools and protocols to support countries in establishing and implementing the following: a core set of essential interventions for combating noncommunicable diseases in primary health care; evidence-based services for dealing with such diseases at multiple levels of care in line with available resources; and self-care programmes, with family and community involvement. Training and instructional materials will be developed in support of countries using this core package.

It is intended that the core package will be ready by 2009. WHO will work with three countries to implement the package during the period 2009–2010. In the light of lessons learnt, the package will then be revised, and WHO plans to work on implementation with a further six countries during the period 2011–2013.

Performance indicators for achieving objective 2

1. Existence of a noncommunicable disease unit or department within the Ministry of Health.
2. Existence of a national multisectoral framework for the prevention and control of noncommunicable diseases.
3. Size of the national budget allocated for the prevention and control of noncommunicable diseases.
4. Existence of a national surveillance system for noncommunicable diseases, providing reliable population-based mortality statistics and standardized data on key risk factors and behavioural patterns.
5. Availability of packages of essential interventions and services for combating noncommunicable diseases in support of primary health care in resource-limited settings.

¹ Resolution WHA57.17, Annex.

6. Proportion of countries for which WHO has provided technical support and capacity-building activities.

OBJECTIVE 3: To promote specific measures and interventions to reduce the main shared risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

12. Limited resources in countries can be utilized more effectively and public health outcomes enhanced through the use of evidence-based, cost-effective approaches for reducing risk factors for noncommunicable diseases. These approaches encompass high-level policies and plans as well as population- and community-based interventions for primary prevention. Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral and upstream actions, involving the elaboration of policies, plans and programmes in the following areas: taxation, agriculture, trade, transport, urban planning, education and health.

Action for Member States

13. According to the national risk factor profile, consider enacting or strengthening, as appropriate, interventions to reduce risk factors for noncommunicable diseases from among the following.

Tobacco control

- (a) Raise tobacco taxes and prices.
- (b) Enforce bans on tobacco advertising, promotion and sponsorship.
- (c) Warn people about the dangers of tobacco.
- (d) Protect people from tobacco smoke in public places and workplaces.
- (e) Offer help to people who want to stop using tobacco. (See Box 3)

Promoting healthy diet and physical activity

- (a) Develop and implement national guidelines on healthy diets and physical activity.
- (b) Establish or update, in collaboration with the agricultural sector and other key sectors, a national policy and action plan on food and nutrition, with an emphasis on diet-related noncommunicable diseases.
- (c) Establish a reliable surveillance system for nutrition, including dietary trends and patterns of household consumption.
- (d) Introduce mass media, education and information campaigns in order to promote healthy diets and physical activity to the main target audiences.
- (e) Create healthy school environments and youth programmes by:

- incorporating appropriate health promotion strategies into policies for schools and young people;
 - introducing the promotion of healthy diets and physical activity into policies for schools and young people; actively supporting regular classes involving physical activity; including nutrition and physical activity in curricula; and providing healthy food options through food services;
 - involving parents and families in school-based and youth-focused activities in support of healthy diets and physical activity.
- (f) Create healthy workplace environments by:
- incorporating appropriate health promotion strategies on risk factors for noncommunicable diseases into workplace policies, including the promotion of healthy diets and physical activity;
 - offering healthy food options through food services; and
 - actively supporting and promoting the practice of health-enhancing physical activity during the working day.
- (g) Change physical environments to support active commuting and create space for recreational activity by:
- ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;
 - introducing transport policies that promote active methods of travelling to and from schools and workplaces, such as walking or cycling;
 - improving sports, recreation and leisure facilities; and
 - increasing the number of safe spaces available for active play.
- (h) Enact fiscal policies that encourage the consumption of healthier food products and promote access among poor communities to recreational physical activity.
- (i) Involve primary health care in the promotion of healthy diets and physical activity by encouraging health-care providers and facilities to make available a range of preventive services and health-promoting activities.
- (j) Enact legislation to support the healthier composition of food products, by including:
- decreasing saturated fats
 - eliminating industrially produced *trans*-fatty acids
 - reducing salt levels.

- (k) Prepare a regulatory framework and mechanisms for self-regulation in order to limit the marketing of food and nonalcoholic beverages to children in time and space, and by age.

Reducing the harmful use of alcohol

14. Although evidence exists of the type of interventions that has a positive impact against the harmful use of alcohol, it is also recognized that, in order to be effective, policies and interventions should be implemented according to existing institutional, socioeconomic, religious, cultural and traditional contexts, and should take account of resource and capacity constraints.

15. There is a common understanding among public health experts that an effective strategy needs to deal with a number of areas, namely:

- under-age drinking (as defined in the country);
- the harmful use of alcohol by women of fertile age (e.g. alcohol during pregnancy);
- driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol);
- drinking to intoxication (not only causing harm to the health of the drinker but also causing social harm and harm to others);
- alcohol use disorders and coexistent conditions;
- the consumption of alcoholic beverages that have been illegally produced and distributed;
- the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases, and injuries;
- the presence of an appropriate monitoring system for the harmful use of alcohol.

16. In order to respond effectively to these public health challenges, Member States may wish to consider a range of policies and interventions to reduce alcohol-related harm, taking account of levels, patterns and contexts of alcohol consumption. This should be achieved by means of a combination of measures that target the population at large, vulnerable groups, individuals affected by alcohol use, and particular problem areas (e.g. drink-driving). The measures concerned include the following: raising both awareness of alcohol-related harm and political commitment for its reduction; regulating the availability of alcoholic beverages and implementing appropriate pricing policies; implementing effective policies against drink-driving; regulating the marketing of alcoholic beverages; implementing screening and programmes of brief interventions against hazardous and harmful use of alcohol; providing easily accessible, affordable treatment services for people with alcohol-use disorders and coexistent conditions; supporting community action to reduce harmful use of alcohol; implementing evidence-based interventions to reduce alcohol-related harm; and reducing the public health impact of alcoholic beverages produced illegally or informally.

Action for the Secretariat

- (a) Develop, adapt and translate evidence-based guidelines, interventions, recommendations, and training materials in support of reducing risk factors for noncommunicable diseases.

- (b) Formulate recommendations for schools, workplaces and other settings on integrating the prevention of risk factors for noncommunicable diseases into policies and practices.
- (c) Offer, in collaboration with partners and stakeholders, technical support to countries for the preparation and coordination of pilot projects on community-based programmes for the reduction of risk factors, taking into account interventions for modifying behaviour, together with the impact of globalization on unhealthy behaviours and risk factors.
- (d) Monitor, in collaboration with other partners, global and regional trends in the distribution of risk factors for, and determinants of, noncommunicable diseases.
- (e) Develop and implement an agenda for research on risk factors for, and determinants of, noncommunicable diseases, including testing and assessing the impact of various intervention strategies.

Action for international partners

17. Provide support for and participate in the development and implementation of technical guidance and tools for the prevention, control and surveillance of risk factors for noncommunicable diseases.

Box 3. Tobacco kills up to half its users, and more than a quarter of the world's adult population is addicted. Tobacco remains available as a consumer product largely because of its addictive properties and as a result of a global market strategy that now aggressively targets low- and middle-income countries. Responding successfully to the public health challenges posed by tobacco will require a mutually reinforcing combination of population-based policies and interventions that focus on individuals.

In order to facilitate policy change and help people to free themselves from addiction, WHO, in collaboration with new global partners, is working with countries on implementation of a package of six cost-effective policies that builds on the demand reduction measures of the WHO Framework Convention on Tobacco Control. This initiative will help current tobacco users to give up their habit, and prevent children from acquiring it; it will protect people, particularly workers, from second-hand tobacco smoke; and it will measure progress made in combating the epidemic.

WHO will focus its core technical, infrastructural and programme review support on the implementation of the six core measures, as outlined below.

- **Raising tobacco taxes and prices.** The most effective way to discourage people – especially young people – from taking up tobacco use, and to encourage current users to stop, is to make tobacco more expensive. Increasing tobacco taxes is the most direct way to achieve that objective. It is estimated that a 10% increase in the price of tobacco would result in a reduction in consumption of 4% in high-income countries and 8% in low- and middle-income countries. A relatively modest 10% increase in tobacco price, through taxes, worldwide would therefore save millions of lives and increase government tobacco tax revenues by many millions of dollars. The sums generated in this way could then be used to implement and enforce the effective policies, outlined here, together with other public-health programmes and social initiatives.
- **Enforcing bans on tobacco advertising, promotion and sponsorship.** Each year, tobacco product manufacturers spend hundreds of millions of dollars

worldwide on advertising, promotion and sponsorship. The most effective response is a total ban on all direct and indirect forms of marketing and promotion of tobacco products. Only a total ban can succeed in reducing tobacco consumption and protecting a country's people, particularly its young people, from the marketing tactics of the tobacco industry.

- **Warning people about the dangers of tobacco.** Few tobacco users understand the full extent of the risk that tobacco poses to their health. Proven communications strategies and standards, such as graphic warning labels, are infrequently employed to educate the public, even though these are both effective and inexpensive. Only 29 countries have passed legislation imposing warnings that cover more than 30% of the display surfaces of tobacco packaging, and only 15 countries have made pictorial warnings obligatory. The effective way to respond to the continued marketing efforts of tobacco product manufacturers is to combine strict regulations on the packaging and labelling of tobacco products with anti-tobacco public education strategies in order to change the image of tobacco use.
- **Protecting people from tobacco smoke in public places and workplaces.** As there is no safe level of exposure to second-hand tobacco smoke, the only way to safeguard people's health is a total ban on smoking at work and in public places, which has the added benefit of helping tobacco users to give up their habit. Nevertheless, only 5% of the global population is currently protected by smoke-free legislation.
- **Offering help to people who want to stop using tobacco.** More than one in four adults, many of whom live in the poorest countries, use tobacco. Most of these tobacco users are addicted, but many want to break their habit and would benefit from help to do so. In most cases, a few basic treatment interventions can help tobacco users who want to quit. Three types of treatment should be included in any tobacco prevention effort: tobacco-cessation advice incorporated into primary health care services; easily accessible and free telephone lines; and access to low-cost pharmacological therapy.
- **Monitoring successes and challenges.** Monitoring and evaluation are essential to WHO's tobacco prevention strategy, providing information that is used to define the size and scope of the tobacco epidemic; to enable policy implementation to be tailored to specific country needs; and to enable a dynamic response to changes in both the epidemic and the strategy of the tobacco industry.

Performance indicators for achieving objective 3

1. Proportion of countries implementing measures and interventions to reduce tobacco use.
2. Proportion of countries implementing measures and interventions to combat unhealthy diets.
3. Proportion of countries implementing measures and interventions to reduce physical inactivity.
4. Proportion of countries implementing measures and interventions to reduce the harmful use of alcohol.

5. Evidence of improved global and regional trends in the distribution of risk factors for noncommunicable diseases.

OBJECTIVE 4: To promote research for the prevention and control of noncommunicable diseases

18. A common agenda for noncommunicable disease research is an essential component of effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to promote and support research and data collection in agreed priority areas in order to generate or strengthen the evidence base for prevention and control strategies and interventions. Priority areas include the analytical, operational and behavioural research that are required for programme implementation and evaluation. Collaboration across the research community will be encouraged, with special attention paid to innovative research on issues relating to poverty, other socioeconomic determinants, gender, cost-effective prevention and care, and genetic approaches to prevention.

Action for Member States

- (a) Participate in consultations and processes for developing a common agenda for research on noncommunicable diseases.
- (b) Invest in epidemiological, operational and health-system research as part of national programmes for the prevention of noncommunicable disease and encourage the involvement of academic and research institutions in implementing the research agenda of these programmes.
- (c) Encourage the establishment of national reference centres and networks for research on noncommunicable diseases.

Action for the Secretariat

19. Develop a research agenda for noncommunicable diseases in line with WHO's global research strategy, and collaborate with partners and the research community in prioritizing, implementing, and funding research projects. A prioritized research agenda for noncommunicable diseases should generate new knowledge and help to operationalize innovative approaches in the context of low- and middle-income countries. Such an agenda could include:

- epidemiological research on risk factors for noncommunicable diseases and their determinants;
- the assessment and monitoring of the burden of noncommunicable diseases and its impact on socioeconomic development;
- the monitoring of the impact of poverty and other indicators of socioeconomic disparity on the distribution of risk factors for noncommunicable diseases;
- the assessment of national capacity for the prevention and control of noncommunicable diseases;

- the evaluation of the impact on risk-factor profiles of community-based interventions for primary prevention;
- the assessment of the cost-effectiveness of selected public health and clinical interventions;
- the evaluation of factors influencing the impact of interventions to modify behaviour on the reduction of risk factors and chronic disease events;
- the study of consumer behaviour and the marketing of food products;
- the study of the effectiveness of different organizational patterns in health systems in improving health care for chronic conditions;
- the evaluation of the impact of different strategies for screening and early detection on noncommunicable disease outcomes;
- the evaluating of the impact of interventions for secondary prevention on cardiovascular disease outcomes;
- the study of approaches for improving access to essential medicines and other central elements of health care;
- the investigation of potential new risk factors;
- the study of the role played by nutritional and other factors that affect fetuses, infants and young children on the development later in life of chronic diseases like hypertension, cardiovascular diseases and type 2 diabetes;
- the performance of clinical trials on new drugs and vaccines.

Action for international partners

- (a) Ensure close coordination, support and participation in joint work with Member States and the Secretariat on initiatives to implement an agenda for high-priority research, particularly research projects related to the design, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases.
- (b) Support low- and middle-income countries in building capacity for epidemiological and health systems research in the area of noncommunicable diseases.
- (c) Support and work jointly on priority research on noncommunicable diseases at the global, regional and subregional levels, particularly on projects that deal with socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, and reorientation of health systems.
- (d) Strengthen and support WHO collaborating centres and national reference centres in areas related to the prevention and control of noncommunicable diseases.

Performance indicators for achieving objective 4

1. Size of the budget allocated at national level for research in the area of noncommunicable diseases.
2. Existence of an agenda and a plan for noncommunicable diseases in line with the WHO global research strategy.
3. Number of collaborative agreements concerning priorities for research on noncommunicable diseases.
4. Number of global and regional research networks.
5. Number of countries participating in multicentred research programmes.
6. Number of research projects implemented by WHO collaborating centres.
7. Number of countries implementing demonstration projects on the prevention and control of noncommunicable diseases.
8. Number of articles, studies and reports published in peer-reviewed journals.

OBJECTIVE 5: To promote partnerships for the prevention and control of noncommunicable diseases

20. In order to ensure that the other objectives of the draft action plan are met, it is necessary to build and coordinate results-oriented collaborative efforts and alliances for the prevention and control of noncommunicable diseases. Partnerships are also essential because resources for the prevention and control of such diseases are limited in most national and institutional budgets. Collaborative work should be fostered, together with networks and platforms for dialogue and cooperation among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, professional associations, and the business community.

21. Furthermore, major determinants of noncommunicable diseases, such as globalization and urbanization, lie outside the health sector. Given the cross-sectoral nature of noncommunicable disease risk factors and determinants, collaborative efforts and partnerships must be intersectoral and work must be done “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

Action for Member States

- (a) Participate in consultations and processes for the development of a common agenda for the prevention and control of noncommunicable diseases.
- (b) Participate in regional and subregional networks for the prevention and control of noncommunicable diseases.
- (c) Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving governmental and nongovernmental

institutions and participants including academia, nongovernmental organizations, consumer groups, professional associations, and the business community. (See Box 4)

Action for the Secretariat

- (a) Establish an advisory group to provide an external review of and to comment on the progress of WHO and its partners in the prevention and control of noncommunicable diseases.
- (b) Establish an effective mechanism to organize and coordinate collaborative efforts to tackle noncommunicable diseases within the United Nations system and with major international agencies, nongovernmental organizations, consumer groups, professional associations, academic institutions and the private sector.
- (c) Strengthen work on external relations and resource mobilization.
- (d) Strengthen and support WHO collaborating centres and national reference centres in areas related to the prevention and control of noncommunicable diseases.
- (e) Facilitate and support, in collaboration with international partners, a global network of international and national networks and programmes in order to disseminate information, exchange experiences and stimulate initiatives for the prevention and control of noncommunicable diseases. (See Box 4)

Action for international partners

- (a) Collaborate closely with and provide support to Member States and the Secretariat in initiatives to achieve concrete goals and short-term objectives for the prevention and control of noncommunicable diseases in relation to the following areas: normative work, research, surveillance and advocacy.
- (b) Working collaboratively, support and work jointly with global, regional and subregional networks for the prevention and control of noncommunicable diseases, performing the following activities: disseminating information, exchanging experiences and stimulating initiatives that tackle priority areas for interventions (e.g. socioeconomic determinants, common risk factors, lifestyle and behaviour modification, community-based interventions, and reorientation of health systems).
- (c) Mobilize resources to support implementation of activities for the prevention and control of noncommunicable diseases, particularly in low- and middle-income countries.

Box 4. Regional networks for combating noncommunicable diseases exist in all WHO regions. The networks, which involve participants from health ministries and other stakeholder groups and which are supported by WHO regional offices, offer guidance and support for in-country implementation of regional strategies and plans of action. In addition, they provide an important advocacy and capacity-building platform for regional implementation of WHO's commitments, such as the WHO Framework Convention on Tobacco Control and the Global Strategy on Diet, Physical Activity and Health. Certain networks, for example, offer training services in the area of chronic diseases; these include the series of training courses organized by *Conjunto de Acciones para la Reducción*

Multifactorial de Enfermedades No Transmisibles (the CARMEN network) in the Region of the Americas, known as the “CARMEN school”.

Networks like these are crucial for bringing stakeholders together, and for encouraging an integrated approach to noncommunicable diseases. However, each noncommunicable disease has certain characteristics that call for disease-specific responses.

WHO is adapting technical guidelines on the prevention and control of diabetes so that diabetes care can be introduced into existing programmes for the integrated management of adult and adolescent illness.

In the area of the prevention and control of cardiovascular diseases, WHO is working with the International Society of Hypertension and other partners to introduce new pocket guidelines for the assessment and management of risk factors for cardiovascular diseases, and for secondary prevention of heart attacks and strokes.¹

By introducing a focus on nurses in this guidance and training, rather than concentrating only on doctors, WHO hopes to reach a much larger proportion of the population, drawing patients’ attention to their personal risk factors before complications associated with diabetes or cardiovascular disease result in premature disability or death.

WHO is also working with Member States and international partners to develop and adapt tools for policy and planning. For example, the Global Alliance against Chronic Respiratory Diseases, for which WHO provides technical leadership and secretariat support, is composed of 60 governmental and nongovernmental organizations that combine financial and human resources in order to offer countries guidance and technical support for the development and implementation of the chronic respiratory diseases component of national action plans for tackling noncommunicable diseases.

Furthermore, in order to provide support to low- and middle-income countries in developing, strengthening and implementing cancer-control plans as part of their national plans for combating noncommunicable diseases, collaborative efforts will be undertaken by WHO offices, including the IARC and IAEA, together with the International Association of Cancer Registries, international and national cancer institutes, nongovernmental organizations and donors.

Performance indicators for achieving objective 5

1. Organization of advisory group meetings at least every second year.
2. Existence of a mechanism to organize and coordinate joint efforts for the prevention and control of noncommunicable diseases within the United Nations system and with major stakeholders (i.e. international agencies, nongovernmental organizations, consumer groups, professional associations, academic institutions and the private sector).
3. Number of active networks for the prevention and control of noncommunicable diseases.
4. Amount of resources mobilized by international partners to support work on the prevention and control of noncommunicable diseases in low-income countries.

¹ *Prevention of cardiovascular disease: pocket guidelines for assessment and management of cardiovascular risk*. Geneva, World Health Organization, 2007, in press.

OBJECTIVE 6: To establish systems for tracking global progress in the prevention and control of noncommunicable diseases

22. Progress in the fight against noncommunicable diseases can only be demonstrated if data on the diseases concerned and their risk factors, together with information on policies and services, are gathered and analysed by a sustainable monitoring system. Such a system should regularly collect and analyse the relevant data; it should apply such data and the trends noted therein to see whether progress has been made in outcomes for key diseases, evaluating the effectiveness of programmes against programme-specific indicators; and it should make the analysis and evaluation available to policy- and decision-makers in support of planning and the development of evidence-based policy.

Action for Member States

23. Gather and share regularly and systematically:

- (a) epidemiological data on noncommunicable diseases;
- (b) information on the implementation of policies, plans and programmes for the prevention and control of noncommunicable diseases;
- (c) information on the impact of interventions for the prevention and control of noncommunicable diseases. (See Box 5).

Action for the Secretariat

- (a) Establish and implement a system for tracking, analysing and disseminating changes in relevant epidemiological trends at national, regional and global levels.
- (b) Devise and implement a system for tracking, analysing and disseminating information on the elaboration and implementation of policies, plans and programmes for the prevention and control of noncommunicable diseases at national, regional and global levels.
- (c) Establish and implement a system to evaluate and disseminate information on the impact of interventions for the prevention and control of noncommunicable diseases at national, regional and global levels.

Action for international partners

- (a) Work collaboratively on and provide support for the design of systems for tracking, analysing and disseminating information on the following: changes in the epidemiological trends of noncommunicable diseases; the establishment and implementation of policies, plans and programmes for the prevention and control of noncommunicable diseases; and the impact of interventions for prevention and control of noncommunicable diseases at national, regional and global levels.
- (b) Work collaboratively on and provide support for data- and information-gathering regarding the following: changes in the epidemiological trends of noncommunicable diseases; the establishment and implementation of policies, plans and programmes for the prevention and

control of noncommunicable diseases; and the impact of interventions for the prevention and control of noncommunicable diseases at national, regional and global levels.

Box 5. The WHO Global InfoBase – which provides information on chronic diseases and their risk factors to all Member States – has started to elaborate a country-level planning and budgeting tool for noncommunicable diseases by building on the existing framework for collecting, storing and analysing data, starting with risk factors for noncommunicable diseases, and adding data on death and disease. In addition, work will be carried out on integrating information on the coverage of known interventions for combating noncommunicable diseases and their associated costs, and on filling the gaps in data from countries. In the case of noncommunicable diseases, integrating information in this way is the appropriate approach because the risk factors are shared across diseases and conditions. Since an intervention to tackle one risk factor will affect outcomes for several diseases, the coordinated implementation of interventions across individual diseases can enhance their ability to improve health and avert premature deaths.

At the same time, the WHO Regional Office for the Americas is working on an integrated system for monitoring and evaluating national programmes for combating noncommunicable diseases. The system is intended to facilitate comparison both between countries and over time.

During 2007 an interdisciplinary team in the Region of the Americas started working towards integrating data on mortality, morbidity and risk factors from various sources, namely: surveys conducted using WHO's STEPwise approach to risk factor surveillance, the WHO Global InfoBase, and the WHO's survey of national capacity for the prevention and control of noncommunicable diseases.

It is intended that a system integrating these data will be completed by the end of 2008, with an initial installation planned at the Caribbean Epidemiology Centre, which serves 21 countries in the Caribbean subregion. The system will make it much easier to track progress at outcome, process and input levels and will facilitate policy formulation, planning and monitoring and evaluation.

Surveys using WHO's STEPwise approach to risk-factor surveillance and national capacity surveys will be carried out every three to five years, and new information will be added to the system following each new survey. With the collaboration of the WHO Collaborating Centre on Noncommunicable Diseases Policy in the Centre for Chronic Disease Prevention and Control at the Public Health Agency of Canada, the questionnaire for the national capacity survey will be made accessible online for authorized officials.

Performance indicators for achieving objective 6

1. Frequency of sharing among national and international stakeholders of updated epidemiological data on noncommunicable diseases.
2. Frequency of sharing among national and international stakeholders of updated information on implementation of policies, plans and programmes.
3. Frequency of sharing among national and international stakeholders of updated information on the impact of interventions for the prevention and control of noncommunicable diseases.

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