

ANNEXES

ANNEX 1

Text of amended Rules of Procedure of the World Health Assembly¹

[A61/30 – 3 April 2008]

Regular and special sessions

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Rule 12bis

At each session the provisional agenda and, subject to Rule 12, any proposed supplementary item, together with the report of the General Committee thereon, shall be submitted to the Health Assembly for its adoption as soon as possible after the opening of the session.

.....

[Rule 24 deleted]

[Rule 25 deleted]

OFFICERS OF THE HEALTH ASSEMBLY

Rule 26²

At each regular session, the Health Assembly shall elect a President and five Vice-Presidents, who shall hold office until their successors are elected.

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GENERAL COMMITTEE

Rule 31²

The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 34 and that number of delegates to be elected by the Health Assembly as shall provide a total of twenty-five members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

[...]

¹ See resolution WHA61.11.

² To be renumbered following deletion of Rules 24 and 25.

MAIN COMMITTEES OF THE HEALTH ASSEMBLY

Rule 34¹

[...]

The chairmen of these main committees shall be elected by the Health Assembly.

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Rule 36¹

Each main committee shall elect two Vice-Chairmen and a Rapporteur.

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CONDUCT OF BUSINESS AT PLENARY MEETINGS

Rule 68¹

If two or more proposals are moved, the Health Assembly shall, unless it decides otherwise, vote on the proposals in the order in which they have been circulated to all delegations, unless the result of a vote on a proposal makes unnecessary any other voting on the proposal or proposals still outstanding.

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RECORDS OF THE HEALTH ASSEMBLY

Rule 92¹

Verbatim records of all plenary meetings and summary records of the meetings of the General Committee and of committees and sub-committees shall be made by the Secretariat. Unless otherwise expressly decided by the committee concerned, no record shall be made of the proceedings of the Committee on Credentials other than the report presented by the Committee to the Health Assembly.

¹ To be renumbered following deletion of Rules 24 and 25.

ANNEX 2

Text of amended Statute of the International Agency for Research on Cancer¹

[A61/33 – 22 May 2008]

Article VI – The Scientific Council

1. The Scientific Council shall be composed of highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields. Members of the Scientific Council are appointed as experts and not as representatives of Participating States.
2. Each Participating State may nominate up to two experts for membership in the Scientific Council and, if a Participating State makes such a nomination, the Governing Council shall appoint one of them.
3. In identifying experts to be considered for appointment to the Scientific Council, Participating States shall take into account advice to be provided by the Chairperson of the Scientific Council and Director of the Agency concerning the expertise required on the Scientific Council at the time of those appointments.
4. Members of the Scientific Council shall serve for a term of four years. Should a member not complete a term, a new appointment shall be made for the remainder of the term to which the member would have been entitled, in accordance with paragraph 5.
5. When a vacancy arises on the Scientific Council, the Participating State that nominated the departing member may nominate up to two experts to replace that member in accordance with paragraphs 2 and 3. Any member leaving the Scientific Council, other than a member appointed for a reduced term, may be reappointed only after at least one year has elapsed.
6. The Scientific Council shall be responsible for:
 - (a) adopting its own rules of procedure;
 - (b) the periodical evaluation of the activities of the Agency;
 - (c) recommending programmes of permanent activities and preparing special projects for submission to the Governing Council;
 - (d) the periodical evaluation of special projects sponsored by the Agency;
 - (e) reporting to the Governing Council, for consideration at the time that body considers the programme and budget, upon the matters dealt with in subparagraphs (b), (c) and (d) above.

¹ Resolution WHA61.13.

ANNEX 3¹

Action plan for the global strategy for the prevention and control of noncommunicable diseases

[A61/8, Annex – 18 April 2008]

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, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory 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 burden of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As noncommunicable diseases are largely preventable, the number of premature deaths can be greatly reduced. As requested by the Health Assembly in resolution WHA60.23, the Secretariat drew up a draft action plan in order to guide Member States, the Secretariat and international partners in working towards the prevention and control of noncommunicable diseases. The draft plan was discussed by the Executive Board at its 122nd session in January 2008, and during an informal consultation with Member States, held in Geneva on 29 February 2008. In addition, the views of nongovernmental organizations and representatives of the food and non-alcoholic beverages industry were gathered at two other meetings organized for that purpose. The following plan incorporates the contributions provided by Member States and other stakeholders and will support achievement of the goals of the global strategy for the prevention and control of noncommunicable diseases.

PURPOSE

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

- mapping the emerging epidemics of noncommunicable diseases and analysing their social, economic, behavioural and political determinants as the basis for providing guidance on the policy, programmatic, legislative and financial measures that are needed to support and monitor the prevention and control of noncommunicable diseases;
- reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases – namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health; and

¹ See resolution WHA61.14.

- strengthening health care for people with noncommunicable diseases by developing evidence-based norms, standards and guidelines for cost-effective interventions and by reorienting health systems to respond to the need for effective management of diseases of a chronic nature.

3. The plan is based on current scientific knowledge, available evidence and a review of international experience. It comprises a set of actions which, when performed collectively by Member States and other stakeholders, will tackle the growing public health burden imposed by noncommunicable diseases. In order for the plan to be implemented successfully, high-level political commitment and the concerted involvement of governments, communities and health-care providers are required; in addition, public health policies will need to be reoriented and allocation of resources improved.

SCOPE

4. Current evidence indicates that four types of noncommunicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes.

5. The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control. This is not to imply, however, that all the risk factors are associated in equal measure with each of the diseases. Details of disease-related causal links and interventions are provided in the relevant strategies and instruments, namely: the WHO Framework Convention on Tobacco Control, and WHO's Global Strategy on Diet, Physical Activity and Health. A similar approach to diseases and health conditions is being followed as part of WHO's work to reduce the harmful use of alcohol.¹

6. Within any country, there will be a range of diseases, disabilities and conditions for which the risk factors and the needs for screening, treatment and care overlap with those for noncommunicable diseases considered in this action plan. Among these are blindness, deafness, oral diseases, certain genetic diseases, and other diseases of a chronic nature, including some communicable diseases like HIV/AIDS and tuberculosis. The demands that noncommunicable diseases place on patients, families and health-care systems are also similar to those imposed by some communicable diseases, and comparable strategies are effective for their management.²

¹ Actions proposed in this plan are in accordance with existing WHO instruments and strategies to reduce alcohol-related harm including, at regional level, resolution SEA/RC59/R8, resolution EUR/RC55/R1, resolution EM/RC53/R5, resolution WPR/RC57.R5. Further work will be guided by the outcome of current global processes for tackling harmful use of alcohol.

² There are many other noncommunicable conditions of public health importance. They include osteoporosis, renal diseases, oral diseases, genetic diseases, neurological diseases, and diseases causing blindness and deafness. Many of these conditions are the subjects of other WHO strategies, action plans and technical guidance and are therefore not considered directly by this plan. Similarly, mental health disorders are not included here despite the heavy burden of disease that they impose, as they do not share the same risk factors (other than the harmful use of alcohol), and because they require different intervention strategies. Public health considerations in the area of mental health are covered in the WHO mental health gap action programme, the implementation of whose strategies, programmes and policies was recognized as a need in resolution WHA55.10.

7. The priorities for action cut across all WHO regions, reflecting similar challenges in many areas: intersectoral collaboration, partnerships 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

8. The foundation for this action plan is the global strategy for the prevention and control of noncommunicable diseases, whose aim to reduce premature mortality and improve quality of life was reaffirmed by the Health Assembly in 2000 (resolution WHA53.17). The plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), and the Global Strategy on Diet, Physical Activity and Health, endorsed by the Health Assembly in 2004 (resolution WHA57.17). The plan also focuses on the harmful use of alcohol as a risk factor for noncommunicable diseases on the basis of continuing work in WHO and the resolutions of its governing bodies, including the regional committees. The plan is also guided by the Medium-term strategic plan 2008–2013 and the Eleventh General Programme of Work. The actions for the Secretariat set out in the plan are aligned with strategic objective 3 and strategic objective 6 in the Medium-term strategic plan 2008–2013, which provide details of expected results, targets and indicators for the Organization's work on prevention and control of noncommunicable diseases.

9. This plan is intended to support coordinated, comprehensive and integrated implementation of strategies and evidence-based interventions across individual diseases and risk factors, especially at the national level. The aim is to provide an overall direction to support the implementation of national and regional strategies and action plans, where these have been elaborated and the development of sound and feasible action plans where none exist. The action plan will, therefore, support the continued and strengthened implementation of regional resolutions and plans.¹

RESOURCES

10. The Programme budget 2008–2009 describes the financial resources required by the Secretariat for the current biennium in respect of work undertaken to meet strategic objective 3 and strategic objective 6. For the next bienniums, additional resources will be required and allocation and mobilization of resources will be re-examined. In order for the plan to be implemented effectively at the national and global levels, considerable efforts will be required to mobilize resources, and strong, highly coordinated regional and global partnerships will be vital. One aim of the plan is to ensure that concerted action can be conducted on a global scale. This will require all partners – including intergovernmental and nongovernmental organizations, academic and research institutions, and the private sector – to play a stronger role in a global network for noncommunicable disease prevention and control.

¹ The following are included: resolution AFR/RC50/R4, "Noncommunicable diseases: strategy for the African Region"; resolution CD47.R9, "Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity"; resolution SEA/RC60/R4, "Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region"; resolution EUR/RC56/R2, "Prevention and Control of Noncommunicable Diseases in the WHO European Region"; resolution EM/RC52/R7, "Noncommunicable diseases: challenges and strategic directions"; and resolution WPR/RC57/R4, "Noncommunicable disease prevention and control".

TIME FRAME

11. This action plan will be implemented over the same period as the Medium-term strategic plan 2008–2013. Actions to be completed or initiated during the first two years are specifically identified in the following pages. The implementation of the plan will be reviewed towards the end of the first biennium, in 2009, and reprogrammed with a detailed time frame for the second and third bienniums.

OBJECTIVES AND ACTIONS

12. This section sets out the **six objectives** of the plan and gives details of the respective actions and performance indicators for the stakeholders at all levels, namely, domestic, national and international.

OBJECTIVE 1: To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.

13. The international public health advocacy in this area must be driven by one key idea: **noncommunicable diseases are closely linked to global social and economic development.** These diseases and their risk factors are closely related to poverty and contribute to poverty; they should, therefore, no longer be excluded from global discussions on development. If the high mortality and heavy burden of disease experienced by low- and middle-income countries are to be tackled comprehensively, global development initiatives must take into account the prevention and control of noncommunicable diseases. Instruments such as the Millennium Development Goals provide opportunities for synergy, as do mechanisms that harmonize development aid and strategies for poverty alleviation.

14. At the national level, key messages should explain that:

- **National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases,** and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.
- **Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases.** Global and national action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equity and building on the findings of the Commission on Social Determinants of Health.

15. **Proposed action for Member States**

It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States should undertake the actions set out below.

- (a) Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.

- (b) Incorporate the prevention and control of noncommunicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies.
- (c) Adopt approaches to policy development that involve all government departments, ensuring that public health issues receive an appropriate cross-sectoral response.
- (d) Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to the following: health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services.

16. Action for the Secretariat

- (a) Raise the priority given to the prevention and control of noncommunicable diseases on the agendas of relevant high-level forums and meetings of national and international leaders [2008–2009].¹
- (b) Work with countries in building and disseminating information about the necessary evidence base and surveillance data in order to inform policy-makers, with special emphasis on the relationship between noncommunicable diseases, poverty and development [2008–2009].¹
- (c) Develop and disseminate tools that enable decision-makers to assess the impact of policies on the determinants of, risk factors for, and consequences of noncommunicable diseases; and provide models of effective, evidence-based policy-making [2008–2009].¹
- (d) Draw up a document in support of policy coherence, pointing out connections between the findings of the Commission on Social Determinants of Health and the prevention and control of noncommunicable diseases; and take forward the work on social determinants of health as it relates to noncommunicable diseases.

17. Proposed action for international partners

- (a) Include the prevention and control of noncommunicable diseases as an integral part of work on global development and in related investment decisions.²
- (b) As appropriate, work with WHO to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases, and of the fact that tackling the determinants of, and risk factors for, such diseases has the potential to be a significant method of prevention.
- (c) Support WHO in creating forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can contribute and take concerted action against noncommunicable diseases.

¹ See paragraph 11 above.

² Specific examples of this action include the first CARICOM Regional Summit on Chronic, Non-Communicable Diseases (Port-of-Spain, 15 September 2007), following which the heads of government of the Caribbean Community released a joint declaration; and the work of the WHO European Region, which has helped the World Bank and other international agencies to accord greater priority to noncommunicable diseases, and which signed a joint declaration to support countries of the Commonwealth of Independent States.

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

18. Countries need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the following three components, with special attention given to dealing with gender, ethnic, and socioeconomic inequalities together with the needs of persons with disabilities:

- the development of a national multisectoral framework for the prevention and control of noncommunicable diseases;
- the integration of the prevention and control of noncommunicable diseases into the national health development plan;
- the reorientation and strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic diseases, in line with the WHO-developed strategy for strengthening health systems.

19. Proposed action for Member States

National multisectoral framework for the prevention and control of noncommunicable diseases

- (a) Develop and implement a comprehensive policy and plan for the prevention and control of major noncommunicable diseases, and for the reduction of modifiable risk factors.
- (b) Establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health.
- (c) Conduct a comprehensive assessment of the characteristics of noncommunicable diseases and the scale of the problems they pose, including an analysis of the impact on such diseases of the policies of the different government sectors.
- (d) Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing modifiable risk factors and their determinants.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- (a) Establish an adequately staffed and funded noncommunicable disease and health promotion unit within the Ministry of Health or other comparable government health authority.
- (b) Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEPwise approach to risk factor surveillance.
- (c) Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems¹

- (a) Ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.
- (b) Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for common conditions like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, integrating whenever feasible, their management into primary health care.
- (c) Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors.
- (d) Strengthen human resources capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care.
- (e) Take action to help people with noncommunicable diseases to manage their own conditions better, and provide education, incentives and tools for self-management and care.
- (f) Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

20. Action for the Secretariat*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, including community-based programmes, and identify and disseminate lessons learnt [2008–2009].²
- (b) Recommend, based on a review of international experience, successful approaches for intersectoral action against noncommunicable diseases.
- (c) Provide guidance for the development of national policy frameworks, including evidence-based public health policies for the reduction of risk factors, and provide technical support to countries in adapting these policies to their national context [2008–2009].²

¹ These actions are proposed in view of the fact that in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with noncommunicable diseases are rarely dealt with successfully.

² See paragraph 11 above.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- (a) Expand, over the time frame of this plan, 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 national programmes.
- (b) Develop norms for surveillance and guidelines for primary and secondary prevention, based on the best available scientific knowledge, public health principles and existing WHO tools [2008–2009].¹
- (c) Review and update diagnostic criteria, classifications and, where needed, management guidelines for common noncommunicable diseases [2008–2009].¹
- (d) Provide support to countries, in collaboration with international partners, in strengthening opportunities for training and capacity building with regard to the public health aspects of the major noncommunicable diseases [2008–2009].¹

Reorientation and strengthening of health systems

- (a) Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.
- (b) Provide technical guidance to countries in integrating cost-effective interventions against major noncommunicable diseases into their health systems [2008–2009].¹
- (c) Provide support to countries in enhancing access to essential medicines and affordable medical technology, building on the continuing WHO programmes promoting both quality generic products, and the improvement of procurement, efficiency and management of medicine supplies [2008–2009].¹
- (d) Assess existing models for self-examination and self-care, and design improved affordable versions where necessary, with a special focus on populations with low health awareness and/or literacy.

21. Proposed action for international partners

- (a) Support the development and strengthening of international, regional, and national alliances, networks and partnerships in order to support countries in mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by noncommunicable diseases [2008–2009].¹
- (b) Support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes.

¹ See paragraph 11 above.

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

22. Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport. Different settings may be considered for action, for example, schools, workplaces, households and local communities. Surveillance of the four major behavioural risk factors and associated biological risk factors (including raised blood pressure, raised cholesterol, raised blood glucose, and overweight/obesity) is an important component of action to assess prevalence and is considered in detail under objective 2 and objective 6.

23. Member States may wish to enact or strengthen, as appropriate according to national contexts, interventions to reduce risk factors for noncommunicable diseases, including ratifying and implementing the WHO Framework Convention on Tobacco Control, implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies through national strategies, policies and action plans.

24. Proposed action for Member States

Tobacco control

Consider implementing the following package of six cost-effective policy interventions (the MPOWER package), which builds on the measures for reducing demand contained in the WHO Framework Convention for Tobacco Control:¹

- (a) monitor tobacco use and tobacco-prevention policies
- (b) protect people from tobacco smoke in public places and workplaces
- (c) offer help to people who want to stop using tobacco
- (d) warn people about the dangers of tobacco
- (e) enforce bans on tobacco advertising, promotion and sponsorship²
- (f) raise tobacco taxes and prices.

¹ Implementation of other measures contained in the WHO Framework Convention on Tobacco Control may be considered as part of national comprehensive tobacco-control programmes.

² In Article 13 of the WHO Framework Convention on Tobacco Control, paragraph 1 states that: "Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products." At the same time, Article 13 recognizes that the ability of some countries to undertake comprehensive bans may be limited by their constitution or constitutional principles.

Promoting healthy diet

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- (a) promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children;
- (b) develop a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities including the control of diet-related noncommunicable diseases;
- (c) establish and implement food-based dietary guidelines and support the healthier composition of food by:
 - reducing salt levels
 - eliminating industrially produced *trans*-fatty acids
 - decreasing saturated fats
 - limiting free sugars
- (d) provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- (e) prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

Promoting physical activity

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- (a) develop and implement national guidelines on physical activity for health;
- (b) implement school-based programmes in line with WHO's health-promoting schools initiative;
- (c) ensure that physical environments support safe active commuting, and create space for recreational activity, by the following:
 - ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;
 - introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces, such as walking or cycling;
 - improving sports, recreation and leisure facilities;
 - increasing the number of safe spaces available for active play.

*Reducing the harmful use of alcohol*¹

In order to respond effectively to the public health challenges posed by harmful use of alcohol – in accordance with existing regional strategies and guided by the outcome of current and future WHO global activities to reduce harmful use of alcohol – Member States may wish to:

- (a) consider the following areas:
 - under-age drinking (as defined in the country)
 - the harmful use of alcohol by women of reproductive age
 - driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol)
 - drinking to intoxication
 - alcohol-use disorders
 - 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.
- (b) adopt measures in support of an appropriate monitoring system for the harmful use of alcohol.

25. Action for the Secretariat

- (a) Use existing strategies such as the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies that have been the subject of resolutions adopted by the Health Assembly, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce risk factors for noncommunicable diseases and their determinants [2008–2009].²
- (b) Guide the development of pilot or demonstration community-based programmes of intervention.
- (c) Support the development of networks of community-based programmes at the regional and global levels [2008–2009].²
- (d) Provide support to countries in implementing the MPOWER package and provide technical support to implement other measures contained in the WHO Framework Convention on Tobacco Control in response to specific national needs [2008–2009].²

¹ See resolution WHA61.4.

² See paragraph 11 above.

- (e) Ensure synergy with the work of the Convention Secretariat and the implementation of the WHO Framework Convention on Tobacco Control in applying the tobacco-control component of this plan [2008–2009].¹

26. Proposed action for international partners

Provide support for and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for noncommunicable diseases.

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

27. A coordinated agenda for noncommunicable disease research is an essential element in the effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to enhance international collaboration to promote and support the multidimensional and multisectoral research that is needed in order to generate or strengthen the evidence base for cost-effective prevention and control strategies. Priority areas include the analytical, health-system, operational, economic and behavioural research that are required for programme implementation and evaluation.

28. Proposed action for Member States

- (a) Invest in epidemiological, behavioural, and health-system research as part of national programmes for the prevention of noncommunicable diseases and develop – jointly with academic and research institutions – a shared agenda for research, based on national priorities.
- (b) Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, the cost-effectiveness of interventions, affordable technology, health-system reorientation and workforce development.

29. Action for the Secretariat

- (a) Develop a research agenda for noncommunicable diseases in line with WHO's global research strategy,² collaborate with partners and the research community and involve major relevant constituencies in prioritizing, implementing, and funding research projects. A prioritized research agenda for noncommunicable diseases should generate knowledge and help to translate knowledge into action through innovative approaches in the context of low- and middle-income countries. Such an agenda could include:
- 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
 - the assessment of national capacity for the prevention and control of noncommunicable diseases and the evaluation of approaches to fill existing gaps in capacity

¹ See paragraph 11 above.

² Action to elaborate the research agenda for noncommunicable diseases will be initiated in 2008, in close coordination with the Advisory Committee on Health Research and other partners.

- the evaluation of impact of community-based interventions on risk factor levels, and on morbidity and mortality associated with noncommunicable diseases in different populations
- the assessment of the cost-effectiveness of clinical and public health interventions for improving health behaviours and health outcomes
- the evaluation of different strategies for early detection and screening of noncommunicable diseases in different populations, with an emphasis on cancers, diabetes and hypertension
- the evaluation of interventions for secondary prevention on cardiovascular disease outcomes in different settings
- the study of the effectiveness of different organizational patterns in health-care institutions in improving health care for chronic conditions, with a special focus on primary health care
- the analysis of research on factors affecting consumer behaviour and dietary choices, including marketing
- the study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care; and of approaches for improving the development of affordable new drugs for neglected diseases like Chagas disease, and for rheumatic fever, together with vaccines like that against human papillomavirus
- the assessments of the role, efficacy, and safety of traditional medicines in the management of noncommunicable diseases [2008–2009].¹

(b) Encourage WHO collaborating centres to incorporate the research agenda into their plans and facilitate collaborative research through bilateral and multilateral collaboration and multicentre projects.

30. **Proposed action for international partners**

- (a) Support low- and middle-income countries in building capacity for epidemiological and health-systems research, including the analytical and operational research required for programme implementation and evaluation in the area of noncommunicable diseases.
- (b) Support, and work jointly on, priority research on noncommunicable diseases at the global, regional and subregional levels, particularly research on socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, equity, reorientation of health systems and primary health care, together with research that explores models of care that are applicable to resource-poor settings.
- (c) Strengthen and support WHO collaborating centres and national reference centres and monitor initiatives and partnerships involved in research related to the prevention and control of noncommunicable diseases.

¹ See paragraph 11 above.

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

31. Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community.

32. Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

33. Proposed action for Member States

(a) Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.

(b) Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate.

34. Action for the Secretariat

(a) Establish an advisory group in 2008 in order to provide strategic and technical input and conduct external reviews of the progress made by WHO and its partners in the prevention and control of noncommunicable diseases [2008–2009].¹

(b) Encourage the active involvement of existing regional and global initiatives in the implementation and monitoring of the global strategy for the prevention and control of noncommunicable diseases, and of related strategies.

(c) Support and strengthen the role of WHO collaborating centres by linking their plans to the implementation of specific interventions in the global strategy [2008–2009].¹

(d) Facilitate and support, in collaboration with international partners, a global network of national, regional, and international networks and programmes such as the WHO regional networks for noncommunicable disease prevention and control.²

¹ See paragraph 11 above.

² The network of African noncommunicable disease interventions (NANDI) in the African Region; *Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles* (the CARMEN network) in the Region of the Americas; the South-East Asia network for noncommunicable disease prevention and control (SEANET–NCD) in the South-East Asian Region; the countrywide integrated noncommunicable diseases intervention (the CINDI programme) in the European Region; the Eastern Mediterranean approach to noncommunicable disease (EMAN) in the Eastern Mediterranean Region; and the Western Pacific noncommunicable disease network (MOANA) in the Western Pacific Region.

35. Proposed action for international partners

- (a) Collaborate closely with and provide support to Member States and the Secretariat in implementing the various components of the global strategy for the prevention and control of noncommunicable diseases.
- (b) Give priority to noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.
- (c) Support the establishment and strengthening of coordinated global, regional and subregional networks for the prevention and control of noncommunicable diseases.

OBJECTIVE 6: To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

36. Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

37. An evaluation of the implementation of the plan and of progress made will be carried out at the mid-point of the plan's six-year time frame and at the end of the period. The mid-term assessment will offer an opportunity to learn from the experience of the first three years of the plan, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

38. Proposed action for Member States

- (a) Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using existing WHO tools.
- (b) Contribute, on a routine basis, data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.

39. Action for the Secretariat

- (a) Develop and maintain an information system to collect, analyse and disseminate data and information on trends in respect of mortality, disease burden, risk factors, policies, plans and programmes using currently available data sources like the WHO Global InfoBase and other existing global information systems.¹ This database will be expanded to handle new information on subjects such as health services coverage, related costs, and quality of care [2008–2009].²

¹ Data sources and global information systems include the WHO's statistical information system (for age standardized mortality data), the Global Burden of Disease Project, the Health Metrics Network, the Global Tobacco Surveillance System surveys, data on diet and physical activity from national and subnational surveys, the Global Information System on Alcohol and Health, the WHO STEPwise approach to risk factor surveillance and the WHO surveys on national capacity for the prevention and control of noncommunicable diseases.

² See paragraph 11 above.

- (b) Establish a reference group for noncommunicable diseases and risk factors, made up of experts in epidemiology, in order to support the work of the Secretariat and advise countries on data collection and analysis [2008–2009].¹
- (c) Strengthen technical support to Member States in improving their collection of data and statistics on risk factors, determinants and mortality.
- (d) Convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan. The group will set realistic and evidence-based targets and indicators for use in both the mid-term and final evaluations [2008–2009].¹
- (e) Prepare progress reports in 2010 and 2013 on the global status of prevention and control of noncommunicable diseases.

40. Proposed action for international partners

- (a) Work collaboratively and provide support for the actions set out for Member States and the Secretariat in monitoring and evaluating, at the regional and global levels, progress in prevention and control of noncommunicable diseases.
- (b) Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

INDICATORS

41. There is a need for measurable process and output indicators to permit accurate monitoring and evaluation of actions taken and their impact. Indicators are essential in order to measure progress in implementing the plan and will focus on actions taken by the Secretariat and on the actions of Member States, including in resource-poor settings.
42. Each country may develop its own set of indicators, based on priorities, and resources; however, in order to track prevention and control of noncommunicable diseases at global and regional levels, there is a need to collect data and information in a standardized manner.
43. The indicators mentioned below are examples of measurements that WHO will use in monitoring and reporting on the global status of the prevention and control of noncommunicable diseases. Baseline values are available in WHO for many of the indicators; however, where baselines are not currently available, mechanisms will be established in 2008 and 2009 to collect relevant data.
- Number of countries that have an established unit for the prevention and control of noncommunicable diseases (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority.

¹ See paragraph 11 above.

- Number of countries that have adopted a multisectoral national policy for noncommunicable diseases in conformity with the global strategy for the prevention and control of noncommunicable diseases.
- Number of countries with reliable, nationally representative mortality statistics by cause.
- Number of countries with reliable standardized data on the major noncommunicable disease risk factors (based on WHO tools).
- Number of countries with reliable population-based cancer registries.
- Number of countries that have excise tax rates of at least 50% of the retail price of a pack of the most commonly-used cigarettes.
- Number of countries with complete smoke-free legislation covering all types of places and institutions, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries with bans on tobacco advertising, promotion and sponsorship, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have incorporated smoking cessation support (including counselling and/or behavioural therapies) into primary health care, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have adopted multisectoral strategies and plans on healthy diet, based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have adopted multisectoral strategies and plans on physical activity based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have developed national food-based dietary guidelines.
- Number of countries that have developed national recommendations on physical activity for health.
- Number of countries that have developed policies, plans and programmes for preventing public-health problems caused by harmful use of alcohol.
- Number of countries with a national research agenda and a prioritized research plan for noncommunicable diseases and their risk factors in line with WHO's global research strategy.
- Number of countries that provide early detection and screening programmes for cardiovascular risk.
- Number of countries with comprehensive national cancer-control programmes, covering priorities in prevention, early detection, treatment and palliative care.

¹ WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package. Geneva, World Health Organization, 2008.

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- Number of countries providing early detection and screening programmes for cervical cancer and/or breast cancer.
 - Number of countries in which patients have access to affordable essential medicines for pain relief and palliative care, including oral morphine.
 - Number of radiotherapy devices per 100 000 population.
 - Number of countries in which essential medicines for management of chronic respiratory diseases, hypertension, and diabetes are affordable and accessible in primary health care.
 - Prevalence of tobacco use among adults aged 25–64 years.¹
 - Prevalence of low consumption of fruit and vegetables among adults aged 25–64 years.¹
 - Prevalence of low levels of physical activity among adults aged 25–64 years.¹
 - Prevalence of overweight/obesity among adults aged 25–64 years.¹
 - Prevalence of raised blood pressure among adults aged 25–64 years.¹
 - Prevalence of raised fasting blood glucose concentration among adults aged 25–64 years.¹

¹ As defined in the WHO STEPwise approach to risk factor surveillance.

ANNEX 4

Financial and administrative implications for the Secretariat of resolutions adopted by the Health Assembly

1. Resolution WHA61.4 Strategies to reduce the harmful use of alcohol	
2. Linkage to programme budget	
Strategic objective:	Organization-wide expected result:
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.	6.4. Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent the public health problems concerned.
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution is linked to the above-mentioned expected result and its indicators, including number of policies, strategies and recommendations developed in order to provide support to Member States in preventing or reducing public health problems caused by alcohol and other psychoactive substance use. The resolution requests the development of a draft global strategy to reduce harmful use of alcohol, provides guidance on the process of the draft development and sets out the requirements for reporting to the Health Assembly.	
3. Financial implications	
(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)	
The estimated maximum cost to the Secretariat for developing a draft global strategy based on all available evidence and existing best practices and in collaboration with Member States and in active consultation with relevant stakeholders for the period 2008–2010 is US\$ 1 940 000	
(b) Estimated cost for the biennium 2008–2009 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant) US\$ 1 720 000	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009? US\$ 230 000.	
(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)	
Additional funding is expected from core contributions and other sources.	

4. Administrative implications**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Headquarters, with close collaboration with all regional offices.

(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

One full-time staff member in the professional category for one year at US\$ 190 000 per year is required in addition to those staff members needed to fill positions whose cost has already been budgeted in the workplan and the Programme budget 2008–2009.

(c) Time frames (indicate broad time frames for implementation)

Two years (2008–2010), after which a draft global strategy to reduce harmful use of alcohol will be submitted to the Health Assembly.
