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**Follow-up to the political declaration of the third  
high-level meeting of the General Assembly  
on the prevention and control of  
non-communicable diseases**

## ANNEX 1

### **DRAFT IMPLEMENTATION ROAD MAP 2023–2030 FOR THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2013–2030**

#### **Mandate**

1. Decision WHA74(10) (2021) requested the WHO Director-General to submit “an implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and subsequent consultations with Member States<sup>1</sup> and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly”. The draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 was submitted to the Executive Board at its 150th session and the Board decided to recommend that the Seventy-fifth World Health Assembly, *inter alia*, adopt the implementation road map.<sup>2</sup>

#### **Scope, purpose, and modalities**

2. The global attention paid to NCDs over the past two decades has been insufficient to reduce the burden of NCDs against the nine voluntary targets of the NCD-GAP and SDG target 3.4 as measured by SDG indicator 3.4.1. There has also not been a significant change in the trends for NCD risk factors, except for tobacco, across the WHO regions over the past decade.<sup>3</sup> Health system capacity has not kept up with the needs of NCDs and is reflected in the lack of progress in the NCD service coverage domain of the UHC Global Monitoring Report.

3. The heterogeneity in the epidemiology of NCDs across countries and regions, as well as local sociocultural, economic and political contexts, implies that countries need to take divergent domestic routes towards meeting SDG target 3.4 and the NCD-GAP targets. Pathway analyses show that every country still has options for achieving the global NCD targets.<sup>4</sup> Combinations of priority interventions for risk factors and diseases specific to the in-country context, along with domestic capacity for ensuring action across government sectors, can help in the acceleration of NCD response.<sup>5,6</sup>

4. The purpose of the implementation road map is to guide and support Member States to take urgent measures, in 2023 and beyond, to accelerate progress and reorient and accelerate their domestic action plans with a view to placing themselves on a sustainable path to meeting the nine voluntary global NCD targets and SDG target 3.4.

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Decision EB150(4) (2022).

<sup>3</sup> World Health Statistics 2020. A visual summary. Geneva: World Health Organization; 2020.

<sup>4</sup> NCD Countdown Collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet*. 2020; 396:918–934. doi: 10.1016/S0140-6736(20)31761-X.

<sup>5</sup> In line with United Nations General Assembly resolution 68/300, para. 30(a)(vii).

<sup>6</sup> In line with United Nations General Assembly resolution 68/300, para. 30(a)(viii).

5. The NCD-GAP with its six objectives will be the guidance for the development and strengthening of national NCD response plans. The NCD Global Monitoring Framework's nine voluntary global targets for 2025 will remain as they are, with the premature mortality target aligned to SDG target 3.4 and the target for reducing physical inactivity updated by the Health Assembly in 2021.<sup>1</sup> The target on reducing harmful use of alcohol is under revision and the outcome will be used for the road map.

6. The implementation road map, while focusing on the "4 by 4 NCD agenda" (tobacco use, the harmful use of alcohol, unhealthy diet, physical inactivity, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) as per the mandate, will have to be implemented in full alignment with the commitments to reduce air pollution and promote mental health and well-being (the "5 by 5 NCD agenda").<sup>2</sup>

7. The development of the road map will be completed before the end of 2022 as a technical product that will integrate all WHO recommended interventions and technical packages for the prevention and control of NCDs. It will also catalyse action in other areas of work against NCDs such as eye, ear and hearing care. The road map is expected to serve as an overarching guide for regions and countries, United Nations organizations and non-State actors to accelerate ongoing national NCD responses, including by strengthening and reorienting multisectoral action plans; scaling up health system capacity for NCDs through primary health care (PHC) and UHC; and strengthening national capacity, leadership, governance and partnerships for the period 2023 to 2030, taking into account new developments since 2013.

## Strategic directions for implementing the NCD-GAP

**Strategic direction 1: Accelerate national response based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries**

### 1.1 EVALUATE THE PROGRESS MADE IN ACHIEVING THE TARGETS ON PREVENTION AND CONTROL OF NCDs

8. WHO has updated the data on cause-specific mortality to characterize the risk and trends in NCD mortality in each country and has evaluated combinations of NCDs that contribute to premature mortality. Heat maps for each country have been published on WHO's website to indicate the probability of premature death from NCDs.<sup>3</sup>

### 1.2 Identify barriers to implementing cost-effective interventions across prevention and control of NCDs

9. A number of common domestic challenges to implement the best buy and other recommended interventions for the prevention and control of NCDs were identified in the report of the United Nations

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<sup>1</sup> See resolution WHA71.6 (2018).

<sup>2</sup> See document A72/19.

<sup>3</sup> Implementation road map 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030. Geneva: World Health Organization.

Secretary-General to the General Assembly in 2017.<sup>1</sup> However, countries should complement and contextualize specific barriers and enablers relevant in their national contexts.

10. Countries should systematically examine their progress using WHO guidance and tools, in introducing evidence-based national guidelines, protocols and standards for the prevention and management of NCDs, including health system strengthening in PHC and including NCDs in UHC, policies for inclusion of NCDs in emergencies in humanitarian settings<sup>2</sup> and migrants, among other vulnerable groups and policies for NCDs research. Reducing inequity is critical for achieving the desired outcomes.

11. The ongoing COVID-19 pandemic poses further challenges for creating and maintaining healthy environments and people living with NCDs are at increased risk of severe illness and death due to COVID-19. NCDs needs to be part of the national preparedness and response plans. The economic effects of the pandemic are likely to have a long-term impact on NCD prevention and control.

**Strategic direction 2: Prioritize and scale up the implementation of most impactful and feasible interventions in the national context**

## 2.1 ENGAGE

12. Countries should accelerate their capacity for multisectoral and multistakeholder collaborations at national and subnational levels, including by identifying complementary opportunities where non-State-actors can contribute to strengthening the national NCD response.

13. Heads of State and Government can provide strategic leadership for the prevention and control of NCDs by promoting policy coherence and coordination through whole-of-government and Health in All Policies approaches and by engaging stakeholders, when appropriate and taking due consideration of their potential conflict of interest with public health goals.<sup>3,4</sup>

14. The WHO's global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) will facilitate the multisectoral collaboration and multistakeholder engagement for strengthening national NCD responses and sustain the meaningful involvement of people living with NCDs in support of effective, equitable and inclusive national NCD policies, programmes and services.

15. Meaningful engagement of people with lived experience of NCDs in co-creation, co-design, implementation and accountability should be a key element of delivering interventions in a people-centred manner.<sup>5</sup> Such collaborations can be fostered by civil society organizations, many of which are formed and supported by patients and their families.

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<sup>1</sup> See document A71/14.

<sup>2</sup> Integrating NCD care in humanitarian settings. An operational guide. Geneva: UNHCR; 2020 (<https://www.unhcr.org/5fb537094.pdf>, accessed 1 December 2021).

<sup>3</sup> United Nations General Assembly resolution 73/2, para. 17.

<sup>4</sup> United Nations General Assembly resolution 73/2.

<sup>5</sup> Nothing for Us Without Us. Geneva: World Health Organization; 2021.

16. International partners can support and strengthen research and innovation by working with academic partners and research institutions in countries.

17. Countries may consider optimizing the complementary expertise and resources of private sector actors in health care systems, the availability of medicines, service delivery and monitoring, while giving due regard to managing conflicts of interest<sup>1</sup> and ensuring that such engagements directly contribute to the implementation of national NCD responses to reach specific health objectives.<sup>2</sup> WHO will develop a tool to support national governments in assessing the landscape and meaningfully engaging with the private sector in NCD prevention and control.

18. The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases will ensure that the road map is fully supported by the United Nations system as a whole, in line with the Task Force's strategic priorities, which include: (i) supporting countries to deliver multisectoral action on meeting NCD-related SDG targets; (ii) mobilizing resources to support the development of national responses; and (iii) harmonizing action and forging partnerships. The new United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health, which has been established by WHO, the United Nations Children's Fund (UNICEF) and the United Nations Development Programme, will be an enabler for implementing the road map.

## 2.2 ACCELERATE

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

19. WHO best buy and other recommended interventions<sup>3</sup> are a set of cost-effective and feasible interventions for implementation in all settings, especially in low-income and lower-middle-income countries. WHO will propose updates to the set of interventions to the World Health Assembly in 2023, through the Executive Board.<sup>4</sup> The updated set of cost-effective interventions for NCD prevention and management will be a guide to select locally relevant and scalable interventions.

20. At the national level, the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025,<sup>5</sup> WHO's global strategy to reduce the harmful use of alcohol and its global action plan, WHO's global action plan on physical activity 2018–2030<sup>6</sup> and WHO guidance and tools for promoting a healthy diet<sup>7</sup> should be implemented to scale, fostering coherence across sectors and also making them part of good governance in every country.

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<sup>1</sup> In line with United Nations General Assembly resolution 73/2, para. 43.

<sup>2</sup> In line with United Nations General Assembly resolution 73/2, para. 44.

<sup>3</sup> Updated Appendix 3 to the NCD–GAP. Geneva: World Health Organization; 2017.

<sup>4</sup> In line with paragraph 3(a) of decision WHA72(11) (2019).

<sup>5</sup> Geneva: World Health Organization; 2019.

<sup>6</sup> Geneva: World Health Organization; 2018.

<sup>7</sup> Healthy diet. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/fact-sheets/detail/healthy-diet>, accessed 1 December 2021).

21. Countries can implement fiscal measures, as appropriate, aiming at minimizing the impact of the main risk factors for NCDs.<sup>1</sup> Countries can therefore include health taxes in their revenue programmes and link these to NCD prevention and control. Within the recommended packages for reducing the use of tobacco and the harmful use of alcohol, raising excise taxes on tobacco and alcohol products are among the most effective and cost-effective measures.

22. Countries can invest adequate, predictable and sustainable resources for the prevention and control of NCDs through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.<sup>2</sup> Addressing NCDs is an attractive investment for countries. Cost-effective, high-impact interventions exist through WHO special initiatives and technical packages but are not sufficiently implemented and scaled up in countries.

23. With the support of partners, WHO has developed special initiatives and technical packages for reducing NCD risk factors, control of the four major NCDs and rehabilitation for people experiencing disability in order to enable countries to implement evidence-based interventions. The packages include tools to support local adaptation and implementation. Detailed descriptions of the available packages and initiatives are available on the website.<sup>3</sup>

### **2.2.2 A web-based simulation tool to select a prioritized set of NCD interventions for countries**

24. To support countries in prioritizing and scaling up interventions, a web-based simulation tool will be developed in 2022. It will use mathematical models to estimate the health impact of the recommended interventions at the national level in the period up to 2030 and beyond. A visual representation of the scale to which the intervention can be implemented and the corresponding impact on premature mortality will help countries to identify a set of key accelerators tailored to their specific epidemiological situation. The tool developed by the University of Washington for cardiovascular diseases is a prototype of the proposed tool.<sup>4</sup>

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

25. NCD prevention and control is weak in PHC in many countries. The strengthening and scale-up of NCD interventions in PHC will help to improve access and equitable coverage. Primary care is the first responder and gatekeeper for NCDs. Early diagnosis and good control of NCDs and their risk factors in primary care will reduce the disease complications that are leading to catastrophic health expenditures and premature deaths. The Operational Framework for Primary Health Care<sup>5</sup> provides guidance for countries to strengthen PHC systems through intersectoral actions and by empowering

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<sup>1</sup> In line with para. 21 of United Nations General Assembly resolution 73/2.

<sup>2</sup> See paragraph 45(d) of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (A/RES/66/2) (<https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F66%2F2&Language=E&DeviceType=Desktop&LangRequested=False>, accessed 7 April 2022).

<sup>3</sup> Governance of WHO's leadership and coordination role in promoting and monitoring global action against noncommunicable diseases. Geneva: World Health Organization.

<sup>4</sup> Calculating lives saved by cardiovascular health interventions. University of Washington (<https://dcp-uw.shinyapps.io/RTSL2/>, accessed 1 December 2021).

<sup>5</sup> World Health Organization and United Nations Children's Fund; 2020.

individuals and communities. The WHO PEN app provides the package for primary care as an easy access digital solution.<sup>1</sup> Referral care is also critical to manage complications of NCDs.

### **2.2.4 Ensure that UHC benefit packages include prevention and control of NCDs**

26. Progressive realization of UHC can contribute to the achievement of the right to health. Consideration of the positive value of financial risk protection is particularly relevant for NCD priority-setting given the long-term cost implications for the patient and their household. The 2019 Global Monitoring Report indicates that there has been no pronounced progress for the NCD component since 2000 and this situation will have to be addressed in all countries.<sup>2</sup>

27. The WHO UHC Compendium provides a set of interventions for NCD and risk factors that can be included in national UHC benefit packages. UHC is not comprehensive or universal until essential NCD packages and services are included and scaled up.

28. Countries will need to balance the demands of responding directly to the COVID-19 pandemic with preparing for other health emergencies, while maintaining strategic planning and coordinated action to maintain essential health service delivery, especially for NCDs.<sup>3</sup>

### **2.2.5 Sustainable financing**

29. Sustainable financing is required for countries to support population-level interventions and reduce the unmet need for services and financial hardship arising from out-of-pocket payments. Countries should incrementally increase the allocation for health and within that for NCDs. This also involves improving the effectiveness of catalytic funding support. Out-of-pocket expenditure can be reduced only when NCDs are well covered under financial protection schemes in countries.

### **2.2.6 Build back better with implementation research, innovation and digital solutions**

30. Meeting the objectives and targets of the NCD-GAP and SDG target 3.4 in a post-COVID-19 world requires a concerted response and integration of the NCD agenda into existing global and national efforts to rebuild resilient health systems.

31. Implementation research can identify how to implement policies and interventions in contexts in which populations and/or resources may differ from the contexts in which they were initially formulated and evaluated. It can also identify the reasons for the lack of impact in programme implementation.<sup>4</sup>

32. New technologies, including digital interventions, can be leveraged to scale up population-wide screening and early diagnosis and support self-care and management for people living with NCDs.

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<sup>1</sup> WHO Package of Essential Noncommunicable (PEN) disease interventions for primary health care. Geneva: World Health Organization; 2020.

<sup>2</sup> Primary Health Care on the Road to Universal Health Care. 2019 Global Monitoring Report. Geneva: World Health Organization; 2019.

<sup>3</sup> COVID-19 Partners Platform. Pillar 9. Geneva: World Health Organization.

<sup>4</sup> A guide to implementation research in the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2016.

33. Service delivery models will have to be reviewed and repurposed to ensure that basic diagnostics, technology and medicines, along with a trained workforce in adequate numbers, are available to deliver interventions for NCDs.

## 2.3 ALIGN

34. The Global Action Plan for Healthy Lives and Well-being for All<sup>1</sup> brings together stakeholders to accelerate progress towards the health-related SDGs, including NCD-related goals and targets. As countries are advancing multiple SDG targets, this alignment will help to integrate the prevention and management of NCDs within the broader SDG Agenda.

35. The NCD implementation road map recognizes that mental disorders and other mental health conditions contribute to the global NCD burden. The efforts to meet the objectives of the comprehensive mental health action plan 2013–2030 aligns with the expansion of the “4 by 4 NCD agenda” to the “5 by 5 NCD agenda” encompassing mental health and air pollution, as well as synergizing with SDG indicator 3.4.2 (Suicide mortality rate). The WHO menu of cost-effective interventions for mental health<sup>2</sup> and the WHO air quality guidelines<sup>3</sup> can be considered along with other NCD interventions, as appropriate to the local context.

36. Health promotion and health literacy are enablers for tackling NCD prevention and control, decreasing the NCD burden and ensuring sustainability of health systems. Settings-based approaches, especially healthy settings, can help to amplify NCD interventions, including actions to address socioeconomic and commercial determinants.

**Strategic direction 3: Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability**

## 3.1 ACCOUNT

37. Investing in surveillance and monitoring is essential to obtain reliable and timely data at the national and subnational levels in order to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control. Periodic NCD risk-factor surveys, country capacity assessments, disease registries, health facility-level data, as appropriate, and reliable vital registration are critical for prioritizing and selecting the most appropriate and cost-effective interventions for NCD prevention and control.

38. WHO will update the status of NCD prevention and control through a web portal to bring together data from different sources and render it comparable in order to allow the tracking of global, regional and cross-country progress. Countries should be able to track their progress across the NCD Global Monitoring Framework in the web portal. WHO will work towards reflecting NCD-related indicators in health systems performance and access to health care metrics.

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<sup>1</sup> Stronger Collaboration, Better Health. Geneva: World Health Organization; 2019.

<sup>2</sup> WHO menu of cost-effective interventions for mental health. Geneva: World Health Organization; 2021.

<sup>3</sup> WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. Geneva: World Health Organization; 2021.



39. NCD measures should be included as integral components of the national and subnational health information systems aligned with the WHO SCORE package.<sup>1</sup>

## **RECOMMENDED ACTIONS**

### **The recommended actions for Member States to be taken in 2022 include:**

40. Assess the current status of domestic NCD responses against the nine global voluntary NCD targets and the SDG target on NCDs and identify the barriers and opportunities for scaling up the national NCD response, including:

- (a) strengthen the national capacity for the governance of multistakeholder engagement, cross-sectoral collaboration and meaningful and effective partnerships;
- (b) strengthen national monitoring and surveillance systems for NCDs and their risk factors for reliable and timely data; and
- (c) prioritize research to enhance the understanding of the epidemiology of NCDs and their risk factors, their social, economic and commercial determinants and multilevel and multisectoral governance, and invest in translational and implementation research to advance NCD prevention and control.

### **The recommended actions for international partners to be taken in 2022 include:**

41. Assist and support in the development of the implementation road map across the strategic directions and actions at the global, regional, country and local levels.

### **The recommended actions for the Secretariat to be taken in 2022 include:**

42. Complete the development of the implementation road map 2023–2030 for the NCD-GAP and publish it (as a technical product – WHO public health good), including:

- (a) develop an NCD data portal in order to provide a visual summary of all NCD indicators and to facilitate countries in tracking their progress;
- (b) develop heat maps for countries to identify specific NCDs and their contribution to the premature mortality;
- (c) propose updates focused on the prevention and management of NCDs to Appendix 3 to the NCD GAP 2013–2030,<sup>2</sup> in consultation with Member States, United Nations organizations and non-State actors, for consideration by the governing bodies;

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<sup>1</sup> SCORE for Health Data Technical Package. Geneva: World Health Organization (<https://www.who.int/data/data-collection-tools/score>, accessed 1 December 2021).

<sup>2</sup> Updated Appendix 3 to the NCD-GAP. Geneva: World Health Organization; 2017.

- (d) develop a web-based simulation tool, using interventions for NCDs that are updated with the latest evidence and aligned to PHC and UHC frameworks in order to support countries in identifying priority interventions-based on their national context;
- (e) develop guidance in order to promote policy coherence for NCDs and risk factors among all relevant government sectors and involving relevant stakeholders, by establishing or strengthening national governance mechanisms that can guide integrated, coordinated, coherent NCD responses;
- (f) develop guidance to support Member States in making informed decisions on pursuing meaningful multistakeholder collaboration, including with the private sector and civil societies, that aligns with and further advances national NCD responses;
- (g) use the WHO Innovation Scaling Framework to help to scale up NCD prevention and control by harnessing research, innovation and digital solutions; and
- (h) develop guidance for the meaningful engagement of people living with NCDs and mental health conditions in order to support WHO and Member States in the co-development and co-design of NCD principles, policies, programmes and services.

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