Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases

Paraguay
February 22-26, 2016
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Executive Summary

A Joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Paraguay was held during the period February 22-26, 2016. NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) are a growing cause of premature mortality as well as significant cause of morbidity in Paraguay. NCDs cause almost three quarters of all deaths in Paraguay with the probability of premature death from NCDs being 19%. NCDs are a now significant health and development challenge for the country. The increase in NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet, obesity and physical inactivity) suggests that unless action is not taken rapidly, the situation is only going to get worse.

It is clear that the health system is under severe pressure to manage the burden of NCDs, including assuring continuous access to NCD medicines, and the direct and indirect costs associated with NCDs, although not yet calculated for Paraguay are substantial. Nevertheless, the Joint Mission’s assessment is that provided Paraguay delivers on its multisectoral strategy and action plan and enforces tobacco, alcohol and other key laws, it is strongly placed to move forward on NCDs. The Ministry of Health has established strong leadership and there is now a recognition that a whole-of-government and indeed whole-of-society response is crucial to an effective multisectoral response to NCDs.

The Joint Mission considers that an enhanced and sustained response to NCDs with leadership at the very highest level of government and the UN Country Team are required for Paraguay to: (i) reduce avoidable premature mortality and meet the NCD-relevant SDG targets; (ii) reduce the economic, social and public health threat of NCDs; (iii) meet all four time-bound commitments that Member States agreed to meet in 2015 and 2016 at the High-level review in New York in 2014; and (iv) provide a comprehensive report in 2018 to the Third High-level Meeting at the UN General Assembly in New York in 2018.

The Joint Mission has prioritized a small number of recommendations in six areas. These are around: (i) the National NCD Action Plan; (ii) tobacco control; (iii) harmful use of alcohol; (iv) diet, physical activity and obesity prevention; (v) treatment of NCDs; and (vi) raising public awareness of NCDs.

In many of these areas national policies, strategies and laws exist or are under discussion. What is now required is the Government of Paraguay’s commitment to step up implementation and enforcement of these policies, strategies, laws and to have the necessary capacity for this in place. The Joint Mission was also made aware that there are likely to be potential conflict of interests across Government with regards to government policy to prevent and control NCDs and investment in industries such as tobacco and those manufacturing sugary drinks. These require further exploration.

The United Nations has a crucial role to play in supporting Paraguay in the area of NCDs and in the view of the Joint Mission the United Nations Country Team, has demonstrated a willingness to respond to the challenge. The Joint Mission report identifies specific areas where the United Nations system can provide technical advice to the Government in their efforts to prevent and control NCDs.

1. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Paraguay was held during the period February 22-26, 2016. NCDs are increasing in Paraguay posing a great health and development challenge. In alphabetical order, the following agencies participated in the mission: IOM, UNDP, UNFPA, UNICEF, UN Women, WHO and the World Bank. Terms of Reference, members of the Joint Mission and the programme are provided in Annexes 1-3. The Joint Mission is grateful to the Ministry of Health and Social Welfare and other government ministries, and the Senate Commission on Health, that took time to meet with the Mission, as well as governors and local administrators. The Mission also expresses its gratitude to NGOs, academic institutions, development agencies, and other stakeholders that participated in discussions during the week.

Key Findings

2. Paraguay is strongly placed to move forward on NCDs, but cancer prevention and control needs to be incorporated into the national NCD agenda

- There is high-level political commitment, both nationally and at the local level;
- A National Action Plan is in place – which is comprehensive, inclusive, with national targets; and was developed in a participatory manner with wide input from stakeholders within and outside of government.
- There is support for tackling NCDs from professional organisations;
- Data on NCDs and their risk factors are generally available;
- A UNCT, that despite NCDs not being strongly reflected in the UNDAF, has started mapping current NCD activities and is keen to provide coordinated TA to support the Government of Paraguay.

3. Paraguay is initiating a comprehensive approach to tackle NCD risk factors.

- There is progress on tobacco control – a new anti-tobacco law which has potential to allow implementation of the WHO FCTC;
- There remain significant challenges with regards to harmful use of alcohol and it is clear that alcohol is strongly linked with road traffic incidents and violence in Paraguay;
- There remains the unsolved challenge of unhealthy diet, but the school feeding programme, examples of salt reduction programmes, and the impending nutrition law plus policies to restrict marketing of unhealthy food and beverages to children and adolescents, are strong indicators that the Government is forging ahead in this area;
- Children, adolescents, youth and women are viewed as important entry points for tackling NCD risk factors.

4. Paraguay has a health system that is under severe pressure with regards managing the burden of NCDs.

- The health system is very fragmented with particular challenges in the availability of diagnostic, treatment and rehabilitation services. Nevertheless, there are examples of efforts to strengthen primary care services for NCDs, especially for diabetes prevention and management including self-management.
- There were reports of insufficient access to NCD medicines, especially insulin.
- The cancer program appears to be separate from the NCD program, severely limiting the ability of the Ministry of Health to develop a comprehensive approach for NCD management.
5. Despite the above, bolder measures are needed to:
   - Reduce avoidable premature mortality and meet the NCD-relevant SDG targets
   - Reduce the economic, social and public health threat of NCDs in Paraguay;
   - Meet the four time-bound commitments that Member States agreed at the 2014 High-
     level review in New York;¹
   - Provide a comprehensive report in 2018 to the Third High-level Meeting to the UN
     General Assembly in 2018 terms of progress on 18 specific targets;
   - Ensure that public health policies are protected from undue influence by any form of
     commercial interests.

6. In terms of meeting the four time-bound commitments that Member States agreed at the
   2014 High-level review in New York,² the Joint Mission considers that Paraguay's progress can be
   summarised as follows:

   | By 2015, develop national multisectoral policies and plans. | A national multisectoral strategy and an action plan (2014-2024) are both in place. |
   | By 2015, set national targets. | In place. |
   | By 2016, reduce risk factors for NCDs through the implementation of interventions building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020. | Progress in some areas, but significant attention required to meet this target by 2016, in particular in the areas of enforcement of regulations for tobacco |
   | By 2016, strengthen health systems through people-centred primary health care and universal health coverage, building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020. | While this was not reviewed in detail, the Joint Mission believes that additional action is required to meet this target by 2016. |

7. In 2017 Member States will be invited to provide data for WHO to report in 2018 to the Third High-level Meeting on progress in the above four areas through 18 specific targets. Based on the WHO NCD Progress Monitor 2015³ (a survey completed by the Ministry of Health NCD focal point(s)) and observations during the mission, the Joint Mission considers progress in Paraguay is as follows:

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<thead>
<tr>
<th></th>
<th>Progress Monitor assessment</th>
<th>Joint Mission assessment</th>
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<tr>
<td>1</td>
<td>National NCD targets and indicators</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>2</td>
<td>Mortality data</td>
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<tr>
<td>5</td>
<td>Tobacco demand-reduction measures</td>
<td></td>
</tr>
<tr>
<td>a. Taxation</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>b. Smoke-free policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>c. Health warnings</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>d. Advertising bans</td>
<td>Not achieved</td>
<td>Not achieved</td>
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¹ [http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1](http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1)
² [http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1](http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1)
8. The Mission’s assessment was less positive than that published in the progress monitor because, in many cases, while policies are in place they are not yet fully translated into action. Enforcement of policies and laws, in the view of the Joint Mission, remains a major challenge to progress, but one that the Joint Mission considers that there is the political will in Paraguay to address. Of urgency is to ensure that the recently passed tobacco law, is regulated and enforced.

**Recommendations for Action**

The Joint Mission has prioritised a small number of recommendations in six areas.

10. The **National Action Plan**. The Joint Mission recommends that:

- An Interministerial Group is formed by Presidential decree to drive forward the implementation of the Action Plan;
- A high level national coordination mechanism is established to harness the collective efforts of government at all levels, and international partners and non-State actors based in Paraguay in the prevention and control of NCDs;
- The Action Plan is costed;
- The business case is established for the Government of Paraguay to invest in NCDs.
- A national risk factor (STEPS) survey is carried out in 2016 to follow up the 2011 survey.
- That cancer prevention and control be included more comprehensively as part of the NCD Action Plan and the MoH NCD program.

- **In accordance with the request from the Minister of Health, the Task Force and UNCT should provide a draft decree to the Minister for his submission to the President. The UNCT should provide the necessary technical and convening inputs to support the functioning of the Interministerial Group.**
- The **UNCT should provide any technical and convening support for establishing a national coordination mechanism, including support to ensure that regular meetings take place and reports are prepared and presented to the interministerial group.**
- **The World Bank, PAHO/WHO and UNDP should provide support for costing the Action Plan and developing the business case**
- **The UNCT establishes a thematic group or equivalent to provide joined up multisectoral technical support to assist the Government deliver the Action Plan and that funds be**
identified for a National Professional Office to catalyse action collaborative across the UN to support the Government deliver the Action Plan;

- PAHO/WHO should provide support for a 2016 national risk factor (STEPS) survey.

11. **Tobacco control.** The Joint Mission recommends that:

- There is rapid completion of the rules for the tobacco law that was passed last year, and that this is followed by implementation and enforcement of the rules;
- Government ensures that tobacco taxes go to NCD programmes in accordance with the new tobacco law;
- The Government of Paraguay requests a WHO Framework Convention for Tobacco Control Needs Assessment Mission when the rules for the tobacco law have been completed;
- Paraguay looks to accede to the FCTC Protocol to Eliminate Illicit Trade in Tobacco Products.

- The UNCT with support from WHO at regional and HQ level should provide technical support for the above.

12. **Harmful use of alcohol.** The Joint Mission recommends that in keeping with the national alcohol law:

- There is a year on year increase in excise tax on alcoholic beverages;
- That the law and rules that regulate the commercial and public availability of alcohol is enforced;
- That the law and rules that regulate the restriction/ban of alcohol advertising and promotion is enforced.
- That more efforts are put in place to educate and inform the public about the effects of harmful use of alcohol, including its relationship to the problem we heard about the high rates of road traffic accidents.

- The UNCT with support from WHO regional and HQ offices should provide technical support for the above.

13. **Diet, physical activity and obesity prevention.** The Joint Mission recommends that the Government approves the nutrition bill with provision for:

- Banning the marketing of food and non-alcoholic beverages to children, adolescents and youth;
- Reducing salt intake.
- Expand its efforts in schools, workplaces and communities to assuring healthy food options, and safe physical spaces for activity; as well as educate and inform the public about healthy living, healthy lifestyles.

In addition the Joint Mission recommends:

- The Government explores opportunities for including a tax on sugar sweetened beverages;
- The Government explores opportunities for more effective food labelling;
- Further use of the education system as an entry point for both healthy diet and physical activity (e.g. scaling up diet and physical activity interventions in 1-2 schools);
• The development and implementation of public awareness programmes on healthy diet and physical activity with a gender approach;
• Consideration on how public spaces can be improved in order to provide safe environments for physical activity

And
• The promotion and protection of breastfeeding, including in the workplace.

• The UNCT with support from WHO regional and HQ offices should provide technical support for the above.

14. Treatment of NCDs. In order to improve the availability of treatment for NCDs, the Joint Mission recommends:

• Paraguay takes advantage of the PAHO Strategic Fund to support procurement of high quality cardiovascular and cancer medications, and insulin at highly cost-effective prices.
• The WHO regional office should provide technical support for the above.
• Continue to strengthen the primary care services to improve quality of care for those living with NCDs, including expanding the current diabetes project to include hypertension.

15. Raising public awareness around NCDs, their risk factors and key related legislative issues. The Joint Mission recommends that the Government:

• Identifies strategic and sustained approaches to use the media to promote healthy NCD behaviours;
• Encourages civil society to develop its own capacity to play a strong strategic, advocacy and operational role in supporting Paraguay tackle NCDs;
• Empowers civil society to develop consumer demand for access to an environment that encourages individuals to make healthy choices;
• Includes behaviour change interventions in programmes that focus on children, adolescents, youth and women;
• Engages in a wide, multi-sectorial, multi-institutional and multidisciplinary dialogue to support parliamentary discussion of the new Sanitary Code. This would help emphasize the need to consider health-related issues a matter of interest not only of traditional “health sectors” but of society and Government as a whole.

• The UNCT can provide a convening role and provide technical support for the above. In particular, UNDP has wide experience in facilitating wide, participatory national dialogues such those needed for discussions around the Sanitary Code.

16. Building management capacity in the Ministry of Health. The Joint Mission recommends that:

• A leadership and management training programme is developed for senior Ministry of Health staff.

• WHO along with other members of the UNCT should provide technical assistance for the leadership and management training programme
Wider Observations of the Joint Mission

National response

17. In 2014 Paraguay, a low-middle income country published a comprehensive National NCD Strategy (2014-2024) and an NCD Action Plan (2014-2024) for its 6.7 million population. National NCD targets have been developed and are aligned with global and regional NCD action plans. The strategy and action plan were developed in an inclusive manner with input from several government agencies, professional and academic societies. Paraguay has adopted realistic national targets for NCDs and their risk factors. This puts Paraguay in a good position for moving ahead on preventing and controlling NCDs and tracking the impact of its actions. The next steps are costing the action plan across the Ministry of Health and other parts of government.

18. There is clear political commitment for NCDs across government. The Ministry of Health has established strong leadership at a political level and was able to bring 16 ministers and vice-ministers together to discuss multisectoral action to prevent and control NCDs across government during the Mission – although a high level committee is not yet in place. In addition, there was evidence of commitment from governors from a meeting also held during the Mission. There is now a big opportunity to build on this political enthusiasm and establish a sustainable Interministerial Group for NCDs and broader national coordination mechanism to include local politicians as well as other key stakeholders.

19. The Joint Mission met with members of the Health Commission of the Senate. Members highlighted the significant socioeconomic impact of NCDs on individuals, families and communities. Some members were concerned with a potential conflict of interest for those at the very top of Government with regards government policy to prevent and control NCDs and investment in the tobacco and soda industries.

20. Paraguay has made progress to document NCD risk factors in the population. A national risk factor (STEPS) survey was carried out in 2011, with a subnational survey conducted among the indigenous population in 2013. WHO/PAHO is awaiting updates about Paraguay’s interest in conducting a follow up national risk factor survey in 2016. A Global Youth Tobacco Survey was undertaken in 2003, 2008 and 2014. Paraguay is currently in the process of conducting a Global School Health Survey.

21. The Joint Mission noted progress on tobacco control with the recent anti-tobacco law that was passed last year and this forms a strong basis for the full implementation of the main measures of the WHO Framework Convention on Tobacco Control, which was ratified by Paraguay in 2006. The key now is rapid completion of the rules for the tobacco law followed by implementation and enforcement of the rules.

22. The Joint Mission heard on many occasions about the harmful impact of alcohol use, especially with regards to road traffic crashes and domestic violence. This highlights the need to put measures in place to reduce the harmful use of alcohol, including bans on advertising and promotion, taxes, and regulating availability of alcohol.

23. The Joint Mission learnt of the advances being made by Paraguay through the school feeding program and the impending nutrition law. The mission heard that national policies are in place to restrict the marketing of breast-milk substitutes, in conjunction with policies and interventions to significantly increase breast feeding rates. The Joint Mission considered that there remains

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significant potential for Paraguay to establish policies that encourage healthy diet and physical activity.

24. The Joint Mission heard that a priority for the upcoming legislative period will be the new Sanitary Code. This revision would allow for a much needed harmonization between the existing “special laws” (i.e. diabetes law, tobacco law) and the general framework of the Sanitary Code. This would allow Paraguay to align its most important legal instrument with new NCD issues as well as developments in the field of science and recent international and regional legislation on human rights.

25. The Joint Mission considered that the health system is fragmented and the responsiveness of the health system to NCDs is still limited. The health network currently covers only about half the population, and there is lack of staff, resources and equipment within health facilities to deliver adequate health services.

26. The Joint Mission heard of the legal barriers that can sometimes cause difficulty in accessing health services for NCDs, particularly in the case of historically discriminated groups and individuals such as native people, people living with HIV, people with disabilities, members of the LGBTI community, women and adolescents. Anti-discrimination laws are an important legal tool to further enhance the wider legal protection that facilitates access to NCDs and health services as a human right. It is expected that a proposed law against all forms of discrimination, developed by the civil society and the government, will be discussed in Parliament in Paraguay in the near future. Paraguay’s overall strategy on NCDs would greatly benefit from legislation on the prohibition of all forms of discrimination, as it may tackle some of the social determinants that drive forward Paraguay’s indicators. Legislations such as this are important in addressing the social inequities that are the basis for the concentration of NCDs in certain groups.

UN response

27. The following UN system agencies are resident in Paraguay: UNDP, PAHO/WHO, UNFPA, UNICEF, FAO, ITU, UN Women and WMO. Non-resident agencies are UNHABITAT, ILO, UNIDO, and UNESCO.

28. The UN Development Assistance Framework, 2015-2019 describes health as a basic human right for Paraguayans. While there are some references to NCDs, NCDs is not a major component of the UNDAF. It is important that this situation is reviewed when a mid-term review of the UNDAF is undertaken.

29. Nevertheless, the UN Country Team is clearly committed to working as one and supporting the Government response to NCDs. There is strong leadership through the Resident Coordinator. There is commitment to establish a NCD thematic group or equivalent. Members of the UN Country Team had developed presentations for the Joint Mission on the intersections between their areas of work and NCDs. These presentations demonstrated clear linkages (win-wins) between work in the health and non-health sectors that impact on NCDs. This provides a powerful force for future action in supporting Paraguay’s efforts to tackle NCDs.

Civil society response

30. The Joint Mission met with a small number of civil society partners working on specific NCDs (e.g. cancer and diabetes). Civil society capacity in Paraguay in the area of NCDs is limited. Most are resourced through the Government of Paraguay. The Joint Mission was made aware that the media often plays an unhelpful role in the area of NCDs by promoting unhealthy foods and beverages. The
interest from the media in NCDs during the press release suggested to the Joint Mission that there is the opportunity for the press to become an advocate for NCDs, by increasing awareness among the population on the importance of healthy lifestyle and reducing exposure to NCD risk factors. The UNCT could use its convening role to bring together government and the media to encourage the media to raise awareness on NCDs and the need to tackle NCD risk factors and both the population and individual level. The UNCT should also provide support to encourage civil society to strengthen its strategic and operational activities around NCDs.

**International donor community**

31. The Joint Mission met with JICA, CEPEP, KOICA and AECID. While there were examples of NCDs being included into a few projects funded by these agencies, there is clearly a substantial need to raise awareness about the importance of NCDs as a development issue and the need to respond to NCDs as part of the SDG agenda. A formal donor coordination mechanism within the health sector does not exist. There is a big opportunity for the UN Country Team and the Government of Paraguay to jointly raise awareness of a joint strategic approach to catalyse action on NCDs within the broader development framework within the donor community.
Annex 1. Context and Background of the Joint Mission

1. The UN Interagency Taskforce on the Prevention and Control of NCDs (UNIATF) was formed by the United Nations Economic and Social Council (ECOSOC) in 2013. In 2014, ECOSOC approved the UNIATF’s terms of reference. As part of this, a Division of Tasks and Responsibilities was adopted by UN agencies, funds and programmes to support implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020. Activities identified in the UNIATF’s 2014-15 work-plan include a series of joint missions to selected countries to support governments and UNCTs scale up their response to NCDs. The mission to Paraguay was the eleventh of these joint missions. Previous missions include Belarus, Democratic Republic of Congo, India, Kenya, Tonga, Barbados, Jordan, Turkmenistan, Mongolia, Sri Lanka and Mozambique. The need for UNCTs to prioritize the provision of support to governments around NCDs has been set out in two joint letters from the UNDP Administrator and the Director-General of WHO to UN Resident Coordinators and UN Country Teams in 2012 and 2014.

Paraguay faces a growing burden of NCDs that cause premature mortality and disability

2. Although Paraguay has made significant progress in improving maternal and child health as well as mortality and morbidity from infectious diseases over the last thirty years, there is still the need for significant progress in these areas. Communicable diseases, maternal, perinatal and nutritional conditions account for 15% of all deaths in the country.

3. In addition, as Figure 1 above shows, Paraguay now has a major issue with premature mortality from NCDs and deaths and injuries from road traffic crashes. The Joint Mission was made aware of the large number of road traffic in Paraguay each year, with most being among motorcyclists.

4. According to the WHO NCD Country Profile 2014 publication, NCDs are estimated to account for 72% of total deaths in Paraguay, with cardiovascular diseases accounting for 32% of all deaths in the country and cancers accounting for 16%. Crucial and most worrying is that the probability of dying prematurely (defined by WHO as before 70 years) in Paraguay is 19%.

Figure 1. Proportional mortality (5 of total deaths, all ages, both sexes)\textsuperscript{5}

\textsuperscript{5} Figure reproduced from: NCD Country Profiles, 2014. WHO. Note: mortality estimates for Paraguay have a high degree of uncertainty (see the NCD Country Profile publication for further details).
5. Levels of NCD risk factors in Paraguay are high and of all countries in MERCOSUR, Paraguay has the highest prevalence of overweight and obesity. Table 1 provides estimates for the magnitude of the main NCD risk factors in Paraguay.

**Table 2 below illustrates levels of NCD risk factors for adults**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Source</th>
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<tbody>
<tr>
<td>Current tobacco use (2011)</td>
<td>30%</td>
<td>8%</td>
<td>19%</td>
<td>NCD Country Profiles, 2014</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, in litres of pure alcohol (2010)</td>
<td>12</td>
<td>5</td>
<td>9</td>
<td>NCD Country Profiles, 2014</td>
</tr>
<tr>
<td>Raised blood pressure (2008)</td>
<td>32%</td>
<td>23%</td>
<td>27%</td>
<td>NCD Country Profiles, 2014</td>
</tr>
<tr>
<td>Obesity (2008)</td>
<td>15%</td>
<td>21%</td>
<td>18%</td>
<td>NCD Country Profiles, 2014</td>
</tr>
<tr>
<td>% of the population consuming less than five portions of fruit and/or vegetables a day</td>
<td></td>
<td></td>
<td>85%</td>
<td>ENFR</td>
</tr>
<tr>
<td>% adults with inadequate levels of physical activity</td>
<td></td>
<td></td>
<td>60%</td>
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6. The country’s health policy for 2015-2030 is set out in "Towards universal access to health care and universal health coverage". Improving health forms part of the National Development Plan 2030. Universal coverage is a priority for Paraguay and as part of this effort has been to expand the number of family health units. These units are responsible for providing primary health care to a population of between three to five thousand families. There are currently around 754 family health units, with the aim to reach 1600. Paraguay is also implementing a programme of patient-led integrated care for those with NCDs across primary and secondary care, which is considered to be a major challenge. Development of guidelines for the management of NCDs continues to be a priority for the Ministry of Health. The mission heard that further work in their development and then roll out is required.

7. A number of laws and regulations are in place for the control of NCDs and their risk factors. Examples include tobacco, alcohol, diabetes, obesity, sports and healthy canteens. The challenge is to ensure that these laws and frameworks are enforced. At the moment many are not being sufficiently enforced.

*At the regional level NCDs are accorded a high priority*

8. Heart disease, stroke, diabetes and cancer are the leading causes of death in the Region of the Americas. Mortality from diabetes and strokes are higher in the Caribbean compared to the rest of the Region. In 2007, 85% of deaths in the Caribbean were due to NCDs, and more than half of these deaths occurred prematurely (i.e. in those aged less than 70 years).

9. The PAHO/WHO Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019 is based on four strategic lines of action: (i) multisectoral policies and partnerships for NCD prevention and control; (ii) NCD risk factors and protective factors; (iii) health system response to NCDs and risk factors; and (iv) NCD surveillance and research.

10. PAHO launched its Plan of Action for the Prevention of Obesity in Children and Adolescents at the 2014 Directing Council in response to the increasing burden of obesity in the Region.

11. The majority of the 35 WHO American Region Member States have national NCD plans and programs. Eighteen have implemented integrated primary care strategies, 30 have ratified the WHO Framework Convention on Tobacco Control (FCTC) and all have adopted the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Regional Plan of Action. Over 60 governments and non-governmental agencies have endorsed the policy statement on Preventing Cardiovascular Disease in
the Americas by Reducing Dietary Salt Intake Population-Wide. Countries, such as Costa Rica and Mexico are making progress on food labeling, reducing the marketing of foods and beverages to children, as well as implementing measures around prepackaged foods high in saturated fats, sugars, and salt, including limiting their availability in schools. A number of countries have also included human papilloma virus (HPV) vaccine in their immunization program and are working towards universal access to screening for cervical cancer. Nevertheless, while member states in the region are making significant progress in their response to NCDs, urgent attention needs to be directed to implementation and the scaling up of effective, evidence-based and cost-effective NCD interventions.

12. PAHO/WHO provides leadership for NCDs at the regional level with commitment to advance multisectoral actions in line with relevant global and regional resolutions and mandates, in close collaboration with other relevant UN agencies within their mandates and expertise.

**At the global level there are clear frameworks to guide national action**

13. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs called upon UN agencies and key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts. The WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020 also highlights the role of the UN system in supporting Member States and highlights cost-effective and very cost-effective interventions for the prevention and control of NCDs (Annex 5) in five key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; (iv) physical inactivity; and (v) household air pollution. These interventions save lives. They also save individuals, communities and government money in both the short and long term. They are all evidence-based, high impact, cost effective, affordable and feasible to implement.

**Acting alone, ministries of health are limited to remedial action and treating the sick – a whole-of-government approach is required for the societal causes of NCDs to be addressed**

14. Although these interventions are simple to execute, a number require political commitment and coordinated action across government. Acting alone, ministries of health are limited to remedial action, treating the sick; a whole-of-government approach is required for the societal causes of NCDs to be addressed. In parallel, a whole-of-UN approach must support a comprehensive national response. In addition, strategic engagement with civil society, academia, professional bodies and selected private entities are also important when it comes to tackling NCDs.

15. In July 2014, WHO Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and progress since the 2011 Political Declaration on NCDs. Key national commitments agreed at that meeting include: (i) setting national targets for NCDs for 2025; (ii) developing national multisectoral policies and plans to achieve the targets; (iii) considering establishing a national multisectoral mechanism for engaging policy coherence and mutual accountability of different spheres of policy-making that have a bearing on NCDs; (iv) reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020. The full set of national commitments is set out in Annex 6.

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6 Paragraph 51 of the Political Declaration “calls upon WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts” [http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

7 [http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

Annex 2. Members of the Joint Mission (agencies and individuals in alphabetical order)

**IOM**
Patricia AÑAZCO  
Program Coordinator, Asuncion

Chiara MASI  
Asuncion

**UNDP**
Juana COOKE  
Regional Adviser, Panama

**UNFPA**
Mirtha RIVAROLA  
UNFPA Office in Asuncion

Adriana SALINAS  
UNFPA Office in Asuncion

Elena ZÚÑIGA

**UNICEF**
Luisa BRUMANA  
Regional Health Adviser, LACRO

**UN Women**
Gustavo GONZALEZ-CANALI  
Senior Advisor, UN Coordination Division, New York

Mrs Carolina TABORGA  
UNWomen Office in Asuncion

**WHO**
Nick BANATVALA  
Senior Adviser, NCDs & Mental Health Cluster, Geneva

Carlos Castillo SOLÓRZANO  
PAHO/WHO Representative to Paraguay

Anselm HENNIS  
Director, Department of NCDs and Mental Health, PAHO, Washington DC

Alexey KULIKOV  
External Relations Officer, Secretariat of the UN Interagency Task Force on NCDs

Silvana LUCIANI  
Advisor, Cancer Prevention and Control, PAHO, Washington DC
Ricardo TORRES  
Environmental Health Advisor, Paraguay

World Bank  
David OLIVEIRA DE SOUZA  
Senior Health Specialist, Latin America and the Caribbean, Brazil

The planned UNIATF joint mission will help the authorities to build on and accelerate the progress made as a result of effective collaboration between the WHO/PAHO Country Office and various ministries in laying the groundwork for a multisectoral national response to NCDs. It will also encourage agencies of the United Nations system and other international development stakeholders to work together in a coordinated manner to support national efforts to prevent and control NCDs and achieve national targets. In carrying out a Task Force assignment, the NCDs team at the Paraguayan Health Ministry will take on the responsibility of following up NCD-related interventions and establishing a thematic group or equivalent mechanism to ensure that the work of NCD coordination is carried forward by the team.

The mission team will be led by WHO with input from headquarters in Geneva, the WHO/PAHO Country Office, UNDP, UNICEF and a number of other stakeholders who have yet to confirm their participation. Nationally, the mission will be coordinated by the Ministry of Public Health and Social Welfare in close partnership with WHO/PAHO and the United Nations Resident Coordinator in Paraguay.

Background and rationale
More than 14 million people aged between 30 and 70 die prematurely every year from noncommunicable diseases (NCDs), 85% of whom live in developing countries. Up to two thirds of these deaths are associated with exposure to risk factors such as tobacco use, unhealthy diet, lack of physical exercise and alcohol abuse. The remainder are associated with weak health systems that cannot meet the health needs of people with NCDs in an effective or equitable manner. Most of these premature deaths from NCDs could be prevented by adopting a range of simple, effective and affordable solutions tailored to each country’s needs.

In September 2011, Heads of State and Government adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and urged the World Health Organization (WHO), as the primary United Nations specialized agency for health, and all other agencies of the United Nations and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States committed themselves to take steps to: (i) develop national targets and indicators based on national situations; (ii) develop, allocate and execute budgets for national multisectoral policies and plans in the area of NCDs; (iii) prioritize the implementation of cost-effective and affordable interventions; and (iv) strengthen national NCD surveillance systems and measure the outcomes.

To fulfill the commitments undertaken in the 2011 Political Declaration, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was drafted and adopted by the World Health Assembly in May 2013. The Global Action Plan includes a series of actions which, when implemented collectively by Member States, international partners and WHO, will help to achieve the global target of a 25%-reduction in premature deaths due to NCDs by 2025.

The Global Action Plan requests United Nations Country Teams to provide technical support to countries in the area of strengthening national interventions to prevent and control NCDs. Specifically, the Plan calls on WHO and other United Nations agencies and entities to mobilize teams
to strengthen the links between NCDs, Universal Health Coverage (UHC) and sustainable development by integrating them into the design processes and implementation of the United Nations Development Assistance Framework (UNDAF).

The need for a coherent response by the United Nations system to step up technical assistance in support of national efforts to control NCDs in line with the Global Action Plan was the impetus for the establishment of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF). UNIATF was set up by the Secretary-General of the United Nations in July 2013 under the leadership of WHO and has begun the process of supporting national efforts to address the issue of NCDs. The Task Force has undertaken missions to Belarus, Kenya, India, Tonga, Barbados, Jordan, DRC, Mongolia, Sri Lanka and Mozambique. Further missions are planned in the second half of 2015, and a mission to Paraguay is scheduled for the first six months of 2016.

A review of changes that have occurred in the last four years since the Political Declaration in 2011 show that much has been achieved globally, for example the adoption by the World Health Assembly of the Global Action Plan and the inauguration of the NCD Global Monitoring Framework, the establishment of UNIATF and the Global Coordination Mechanism on NCDs. However, despite some clear improvements, general progress at national level continues to be uneven and insufficient.

Despite the increase in the number of national multisectoral plans to address NCDs in many countries, a number of developing countries still lack the capacity to translate commitments into action.

**Chronic NCDs: the situation in Paraguay**

Paraguay has an epidemiological profile typical of countries with a double disease burden, where the impact of communicable disease morbidity and mortality attributable to living conditions and access to health services is compounded by the increased prevalence of NCDs.

Accidents and homicides are the principal causes of death among adolescents and young adults. From age 40, tumours, cardiovascular diseases and diabetes are especially significant causes of death.

NCDs are the cause of approximately 20,000 deaths a year in Paraguay. Almost 3 in every 10 deaths are premature, i.e. occur in persons under the age of 70 (28.8% of deaths among men and 26.9% among women).

The mortality rate (age-standardized) for all NCDs is higher in men than in women. NCDs account for 517 deaths in men and 395 in women per 100,000 of population every year.

In 2012, 3.9 deaths were recorded per 1000 of population in all age groups. The percentage burden of the various causes of death has remained stable with few variations in recent years. The principal NCDs figure among the five main causes of mortality, namely cerebrovascular diseases, ischemic heart diseases, and diabetes mellitus (Ministry of Public Health and Social Welfare, 2012).

According to the first survey of risk factors carried out in 2011, known cases of diabetes have increased from 6.5 to 9.7% in the population over 15. Arterial hypertension affects 45.6% of the population, and there has been an alarming increase in risk factors such as overweight (57%). Only 16% of the population consumes the recommended number of fruit and vegetables every day, 75% of the population takes little or no exercise, 14% use tobacco and 50.9% have consumed alcohol in the last 30 days (Ministry of Public Health and Social Welfare, 2011).
Tobacco use
The first national survey of risk factors (ENFR, 2011) showed that, in Paraguay, 10.9% of the population over 15 smokes. A clear difference was observed between the sexes, with prevalence among men (22.8%) three times higher than among women (6.1%).

Alcohol use
All age groups and both sexes consume alcoholic beverages in Paraguay. In general, the pattern of alcohol consumption in Paraguay is dangerous both in terms of the frequency and the intensity of consumption (binge drinking).

Diet
The consumption of fruit and vegetables in Paraguay is much lower than the recommended five portions a day suggested by WHO. The ENFR conducted in 2011 found that the general population consumes, on average, slightly more than 2 portions of fruit every 4.4 days and barely half a portion of vegetables every 2.7 days.

In general, 84.7% of the population consumes less than five portions of fruit and/or vegetables a day. The 2011 ENFR found no significant differences between the sexes with regard to this indicator.

In Paraguay, about 38.4% of the population consumes foods that are not prepared in the home (whether for breakfast, lunch or dinner). This pattern is more widespread among young populations.

Physical activity
The ENFR found that, in Paraguay, the general level of physical activity is low in 59.7% of the population, especially in the age bracket 35-54. The same survey showed that practically half the population (45%) was engaged in work of a sedentary nature involving a low level of physical activity. No significant difference was noted between the sexes.

Obesity
Paraguay is the MERCOSUR country with the highest prevalence of overweight and obesity. Overall, more than half the population (57.6%) has a high body mass index. About 22.8% of this number is obese. Obesity is more marked in women. One in four Paraguayan women (26.1%) is obese. In men, the condition affects one in five (19.6%).

General approach
The UNIATF joint mission seeks to improve the support provided by agencies of the United Nations system, both individually and through the United Nations Country Team, to the Government of Paraguay to broaden the national multisectoral response to NCDs in accordance with the National NCD Action Plan for the period 2014-2024, the WHO Regional Action Plan and the Global Action Plan for the Prevention and Control of NCDs 2013-2020.

The mission will be conducted in accordance with the following terms of reference of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases. A key element of the mission will be the evaluation at country level of the NCD challenge, including an exploration of the role and potential of national capacity and regional bodies of the United Nations and the whole-of-government and whole-of-society approaches in implementing the national NCD agenda. Prior to the mission, the team will review options for a mechanism to carry forward the work on NCDs within the team, in addition to the recommended approach. The conclusions will be shared with the UNDAF working group during the mission.

Based on the recommendations of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011, the mission will focus on
cardiovascular diseases, diabetes, chronic respiratory diseases and cancers, which are the principal areas of primary NCD interventions in Paraguay, including tobacco control, alcohol consumption, promotion of health diets and physical activity and secondary and tertiary NCD preventive activities. All of these will be prominent themes in the course of the mission.

**Purpose and objectives of the mission**

The **purpose** of the UNIATF mission to Paraguay will be to support United Nations agencies, the United Nations Country Team and the UNDAF working group in Strategic Area 2 (social services) to achieve the following goals:

- Understand the role that NCDs play in their efforts to develop and encourage the flowering of individual human potential;
- Harmonize their bilateral plans with those of the national NCD team and its determinants and jointly review progress in the implementation of bilateral plans;
- Establish a functional mechanism to coordinate the assistance that the UNDAF team provides to the national NCD team in Strategic Area 2 (social services);
- Highlight plans for a national multisectoral response to NCDs and how to support the United Nations Country Team; and
- Learn lessons from the ongoing efforts by WHO and other United Nations agencies to work with the national NCD team to prevent and control NCDs, including implementation of the FCTC at national level, to inform other countries and stakeholders.

The specific **objectives** of the joint mission are to support the national NCD team in accordance with the following considerations:

- Mapping of bilateral and multisectoral processes to support the Government in its efforts to control NCDs in the context of the national multisectoral action plan for NCDs and the national cooperation strategies of the various United Nations agencies. The joint mission will facilitate:
  - Contributions by the principal United Nations agencies and development banks, individually or collectively, through the United Nations Country Team/UNDAF team handling Strategic Area 2 (social services) to implement the national multisectoral response to NCDs;
  - Involvement of the United Nations Country Team/UNDAF team handling Strategic Area 2 (social services) in the joint review of the national multisectoral action plan for NCDs.

**Advocacy for an effective and multisectoral response, with more investment for NCDs at national level.** The joint mission will:

- Highlight approaches for effective coordination of the national multisectoral response to NCDs;
- Identify obstacles to effective coordination of the national multisectoral response to NCDs and make appropriate recommendations;
- Evaluate NCD investment priorities in Paraguay and develop a “requirements for NCD investment in Paraguay” tool to mobilize resources, which will tell potential donors at a glance what priorities require immediate investment so as to maintain the national response to NCDs;
- Identify national NCD financing options and needs for funding by the Government and other United Nations agencies, the World Bank and international partners; and
- Pursue advocacy for health policies through various ministries, state financial assistance and existing initiatives to evaluate health impacts.

Establish a costed roadmap showing contributions from government and international partners in the last 12 months which will significantly advance national efforts to promote a multisectoral response to NCDs:
• Finalize, disseminate and implement the National Multisectoral Action Plan with the necessary costings and financial components;
• Design the framework to oversee, evaluate and monitor the national multisectoral action plan.
### Annex 4. Joint Mission Programme

#### Monday 22 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>09:00-10:00</td>
<td>Meeting with the WHO/PAHO Representative in Paraguay</td>
</tr>
<tr>
<td>10:00-12:30</td>
<td>Internal Meeting of UNIATF</td>
</tr>
<tr>
<td>12:30-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>Meeting at UNDP with UN Country Team</td>
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#### Tuesday 23 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08:00-09:00</td>
<td>Meeting with the Ministry of Health</td>
</tr>
<tr>
<td>09:00-09:20</td>
<td>Working Meeting with the Ministry of Public Health and Welfare team and Representatives of Agencies</td>
</tr>
<tr>
<td>09:00-09:20</td>
<td>Launch of Inter-Agency Joint Mission on the Prevention and Control of NCDs – Presentation on the Mission’s Objectives - (UNIATF Representative).</td>
</tr>
<tr>
<td>09:20-09:40</td>
<td>Presentation on the Global Context of NCDs. (UNIATF Representative).</td>
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<tr>
<td>09:40-10:10</td>
<td>Presentation on the Noncommunicable Disease Situation in Paraguay (Ministry of Public Health and Social Welfare)</td>
</tr>
<tr>
<td>10:10-10:30</td>
<td>Questions and Clarification on Presentations</td>
</tr>
<tr>
<td>10:30-10:50</td>
<td>Break</td>
</tr>
<tr>
<td>11:30-12:30</td>
<td>Presentation on NCD Action Plan initiatives. (Ministry of Public Health and Social Welfare)</td>
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<tr>
<td>12:15-13:00</td>
<td>Q&amp;A on Presentations</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00-16:00</td>
<td>Presentation of Agencies’ Action Plans (20 min. per presentation).</td>
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<tr>
<td>16:00-17:00</td>
<td>Plenary – Identification of potential alignments between plans.</td>
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</tbody>
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#### Wednesday 24 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>09:00-10:30</td>
<td>Meeting with the Health Committee of the National Congress</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>Meeting with Representatives from academia and scientific societies.</td>
</tr>
<tr>
<td>13:00-14:20</td>
<td>Lunch</td>
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<tr>
<td>14:30-16:30</td>
<td>Meeting with donors</td>
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#### Thursday 25 February

<table>
<thead>
<tr>
<th>Time</th>
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<td>Time</td>
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<tr>
<td>08:30-10:30</td>
<td>Meeting with ministers responsible for the economy, education, agriculture, industry and commerce</td>
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<td>and internal affairs, the Department for Children and Adolescents, the Department for Women's</td>
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<td></td>
<td>Affairs and the Planning Department.</td>
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<tr>
<td>12:00-13:45</td>
<td>Lunch</td>
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<tr>
<td>14:00-17:00</td>
<td>Meeting with representatives of municipalities and governorates</td>
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<tr>
<td><strong>Friday 26 February</strong></td>
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<tr>
<td>08:00-09:00</td>
<td>Meeting with Ministry of Health</td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>Press Conference</td>
</tr>
<tr>
<td>11:10-12:30</td>
<td>Debriefing meeting with UN Agency representatives</td>
</tr>
<tr>
<td>12:30-12:40</td>
<td>Closing session</td>
</tr>
</tbody>
</table>
Annex 5. Evidence-based cost-effective interventions for the prevention and control of NCDs

Tobacco use

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

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9 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

10 These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfill the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.
(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

   (i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

   (ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

   (iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable
and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.