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

KYRGYZSTAN

14–17 MARCH 2016
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>3</td>
</tr>
<tr>
<td>Key findings</td>
<td>5</td>
</tr>
<tr>
<td>Recommendations for Action</td>
<td>8</td>
</tr>
<tr>
<td>Wider Observations</td>
<td>10</td>
</tr>
<tr>
<td>Annex 1. Joint Mission Terms of Reference</td>
<td>15</td>
</tr>
<tr>
<td>Annex 2. Members of the Joint Mission</td>
<td>19</td>
</tr>
<tr>
<td>Annex 3. Joint Mission Programme</td>
<td>21</td>
</tr>
<tr>
<td>Annex 4. Evidence-based cost-effective interventions for the prevention and control of NCDs</td>
<td>21</td>
</tr>
<tr>
<td>Annex 5. Voluntary Global Targets on the Prevention and Control of NCDs for 2025</td>
<td>24</td>
</tr>
</tbody>
</table>
Executive Summary

A Joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases (NCDs) to Kyrgyzstan was held between 14-17 March 2016. NCDs (cancer, cardiovascular diseases and diabetes and chronic respiratory diseases) and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity) are an increasing public health and development challenge in Kyrgyzstan and the probability of premature mortality (death before the age of 70 years) from NCDs in Kyrgyzstan is 28%.

According to data from the 2014 population based STEPS survey 45% of men smoke tobacco. The total annual alcohol intake per capita is 6.7 litres of pure alcohol among men but as the abstain rate is high the consumption among drinkers is only 13.6 litres of pure alcohol for men and 7.4 litres for women. One in 5 persons is obese. 74% of the population consume less than 5 servings of fruit and/or vegetables per day. Almost half of the adult population has hypertension (43%) and majority of them (79%) are not taking anti-hypertensive medication.

Premature death, or living long term with an NCD or related disability has socioeconomic consequences and constitutes a double burden to sustainable social and economic development. Reduced income and early retirement caused by NCDs can lead individuals and households into poverty. At the societal level, in addition to surging health care costs are increased demands for social care and welfare support as well as the burdens of the impact of absenteeism from school or work, decreased productivity and employee turnover.

The high levels of NCD risk factors and the growing population (currently 6 million and projected to rise to 7-9 million by 2050) in Kyrgyzstan indicate that unless action is taken rapidly, the costs of NCDs will become a huge burden for the country. To ensure a productive environment in the future, the new generation needs to be provided with a healthy start and an environment where the healthy choice is the easy choice. And now is the time to act.

The Mission identified strong policy and legislative frameworks for NCDs with the National Health Reform Program Den Sooluk 2012 – 2016 prioritizing cardiovascular health, the National NCD Programme until 2020 is being implemented and the National Public Health Programme 2020 aiming to increase inter-sectoral actions. What is now required is the Government of Kyrgyzstan to step up and make the commitment to implement and enforce these policies and laws. The mission saw a health system that is under severe pressure for managing the burden of NCDs. Despite this, the Mission saw excellent examples of NCDs being managed in pilot primary care facilities in Bishkek. There is now the opportunity to build on this and roll out effective NCD care across primary health care facilities throughout the country.

Kyrgyzstan has made strong progress in addressing NCDs in the last three years and indeed has become a role model for other countries in the Region. Through the STEPS survey, it has developed a baseline on risk factors in the country. Through the intersectional action plan, it has laid itself a roadmap for the next decade. Through the legislation on tobacco and alcohol, it is laying the groundwork for addressing the major killers of working age men. Through the implementation of the Package of the Essential interventions to control NCDs at the PHC level (PEN protocols), it is beginning to provide the population with existing NCDs a chance to reduce complications and to live longer, healthier lives despite their conditions. The main concerns are two-fold and need to be addressed in the near future if the achievements of recent years are to be sustained.
1. There is an unacceptable level of premature mortality and especially among men. This is having a significant impact on the economy at national and household levels. Strong political will and whole-of-government approaches can reduce this disparity with the West of Europe significantly over the next decade;

2. There is an over-dependence on external aid for the funding of NCD programmes and limited allocations from domestic resources to address disease burden from NCDs. As long as this situation persists, the programme will be limited in scope and be unsustainable. The key first action of government should be to identify sources of revenue (most likely increased taxation on tobacco and alcohol) that can be used to put the NCD programme on an independent sustainable footing.

The Joint Mission also considered that an enhanced and sustained response to NCDs with leadership at the highest level of government and the United Nations Country Team (UNCT) are required under the framework of the SDGs 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 commitments that Member States agreed to meet in 2015 and 2016 at the United Nations General Assembly 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.

The Mission prioritized a targeted number of recommendations in five critical areas for action: (i) national NCD policies, strategies and plans; (ii) a coordinated NCD response; (iii) a more effective health system response; (iv) stronger advocacy and awareness to NCDs and their risk factors; and (v) using specific groups as entry points to the NCD epidemic.

The Mission considered that the United Nations has a crucial role to play in supporting Kyrgyzstan in responding to NCDs and that the United Nations Country Team is in a good position to respond to the challenge. The Mission identified specific areas where the United Nations system can provide technical advice to the Government in their efforts to prevent and control NCDs. In the first instance NCDs should be included in the upcoming United Nations Development Assistance Framework 2018-2022.

1. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Kyrgyzstan was held on 14-17 March 2016. In alphabetical order, the following nine agencies participated in the mission: FAO, UNAIDS, UNDP, UNFPA, UNICEF, UNIDO, WFP, 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, other government ministries and agencies, and the Parliamentarian Committee on Social Affairs, Education, Science, Culture and Health, for allocating time to meet with the Mission. The Mission also expresses its gratitude to development partners, NGOs, academic institutions, and other stakeholders that participated in the discussions during the week.

Key Findings

2. **Kyrgyzstan is strongly placed to move forward on NCDs:**
   - There is high-level political commitment, at national and at local levels;
   - Over 10% of the state budget is allocated to health. However, in absolute terms public financing to respond to all health needs is limited;
   - Existing frameworks on NCDs are in place – i.e. the Programme on NCDs 2013-2020 and the recently approved NCD Action Plan, which is comprehensive, inclusive, and has a set of national targets;
   - A first STEPS survey was conducted in 2014;
   - Draft National Plans on Tobacco and new edition of the Tobacco control Law to support FCTC implementation (e.g. a ban on advertisements and pictorial warnings) and an alcohol plan are in place but both are still not adopted;
   - A programme on food security has has aimed to be extended to nutrition;
   - A recent assessment was conducted by WHO/Europe on the health system response to NCDs: there is now determination to start moving away from expensive hospital-based care to the more cost-effective package of NCD management in primary care (the PEN package);
   - There is the healthy lifestyle guidance approved by the Ministry of Health for the school teachers, piloted through the country;
   - There are examples of community health initiatives (including the Villages Health Committees) that focus on public health activities;
   - The Den Sooluk programme (National Health Reform Program in the Kyrgyz Republic for 2012-2016) includes cardiovascular diseases as a priority;
   - Agreement within the UNCT to ensuring the inclusion of NCDs in the new UNDAF programming cycle.

3. **Kyrgyzstan is building a coordinated approach to tackling NCD risk factors:**
   - A National Coordination Council on Public Health exists as a platform to implement Health 2020. It is chaired by the Vice Prime Minister;
   - There is coordination around NCD prevention and control is already happening at the technical level;
Donors are well coordinated in the areas of health (e.g. applying Sector-Wide Approach principles over a decade) and recognize the importance of NCDs;

A number of ministries (e.g. Education, Finance and Agriculture) are aware of the NCD situation, the current challenges and their role in an effective national NCD response;

The UNCT is keen to provide coordinated technical assistance to catalyse NCD action across the Government of Kyrgyzstan.

4. Despite the above, bolder measures are needed:

• To strengthen effective leadership of the MoH and to coordinate efforts across sectors;
• To access catalytic funds for the national NCD response while reducing dependence on external funding for prevention and control of NCDs;
• To increase capacity in the MoH by establishing a designated NCD unit;
• To improve monitoring and evaluation of NCD prevention and control activities;
• To continue strengthening surveillance to get more evidence on the distribution of risk factors among the population;
• To implement in full the WHO Framework Convention on Tobacco Control (e.g. strengthen and enforce implementation of the tobacco control law and continue to increase tobacco taxes in the country harmonized within the Eurasian Economic Union);
• To protect tobacco and alcohol regulations from undue industry interference and keep strong country interests within the Eurasian Economic Union;
• To approve the draft plan on tobacco control and start implementing new effective policies;
• To approve the draft alcohol programme and start implementing effective policies;
• To improve enforcement of alcohol policies and to develop nutrition (including healthy diet) and physical activity policies;
• To disseminate the expertise gained through the implementation of the Package of the Essential interventions to control NCDs at the PHC level (PEN) pilots, rolling it out across the country and to provide better access to affordable essential medicines;
• To raise awareness on NCDs and establish mechanisms to deliver NCD messages to the population;
• To maximize strategic engagement and capacity of civil society to support the government response to NCDs.

5. In terms of meeting the four time-bound commitments agreed upon by Member States at the 2014 High-level review meeting in New York,¹ the Joint Mission can summarize Kyrgyzstan’s progress as follows:

<table>
<thead>
<tr>
<th>By 2015, develop national multisectoral policies and plans.</th>
<th>A national multisectoral programme and an action plan (2013-2020) are both in place.</th>
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<tbody>
<tr>
<td>By 2015, set national targets.</td>
<td>In place.</td>
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<tr>
<td>By 2016, reduce risk factors for NCDs through the</td>
<td>Progress in some areas, but significant attention required to meet this target by</td>
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<tr>
<td>implementation of interventions building on the guidance</td>
<td>2016, in particular in the areas of enforcement.</td>
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<td>set out in Appendix 3 of the WHO Global NCD Action Plan</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).

Joint Mission witnessed that primary health care system is in place, whilst it is poorly resourced with human resources and funded - additional action is required to meet this target by 2016.

6. In 2017, Member States will be invited to provide data to WHO to report at the 2018 Third High-level Meeting on progress in the above four areas through 18 specific targets. Based on the WHO NCD Progress Monitor 2015 and observations during the mission, the Joint Mission considers progress in Kyrgyzstan is as follows:

<table>
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<tr>
<th>1</th>
<th>National NCD targets and indicators</th>
<th>Progress Monitor assessment</th>
<th>Joint Mission assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Mortality data</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>3</td>
<td>Risk factor surveys</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>4</td>
<td>National multisectoral action plan</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
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<tr>
<td>5</td>
<td>Tobacco demand-reduction measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Taxation</td>
<td>Not achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>b. Smoke-free policies</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>c. Health warnings</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>d. Advertising bans</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>6</td>
<td>Harmful use of alcohol reduction measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Availability regulations</td>
<td>Partially achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>b. Advertising and promotion bans</td>
<td>Fully achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>c. Pricing policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>7</td>
<td>Unhealthy diet reduction measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Salt/sodium policies</td>
<td>Fully achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>b. Saturated fatty acids and trans-fats policies</td>
<td>Fully achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>c. Marketing to children restrictions</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td></td>
<td>d. Marketing of breast-milk substitutes restrictions</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
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<tr>
<td>8</td>
<td>Public awareness on diet and/or physical activity</td>
<td>Fully achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>9</td>
<td>Guidelines for the management of major NCDs</td>
<td>Fully achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>10</td>
<td>Drug therapy/counselling for high risk persons</td>
<td>Not achieved</td>
<td>Partially achieved</td>
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7. The Mission’s assessment was less positive than the assessment published in the progress monitor mainly due the fact that whilst policies are in place they are not fully translated into action. Enforcement of relevant policies and laws, in the view of the Joint Mission, remains a major challenge to progress.

8. The Join Mission witnessed that recommendations made in the Health Systems Strengthening report (2012/13), including tobacco taxation, ban smoking in public places, ban for advertising, pictorial warnings) are already partly implemented. Draft Action Plan on Alcohol includes plans to increase taxes, restrict advertising and sales, strict measures on drink driving. others even if these measures are not stated in the national Den Sooluk program.

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9. Special efforts are made to control cardio-vascular disease and diabetes at the primary health care (PHC) level in pilot facilities implementing Package of Essential NCD interventions (PEN) for PHC. The Republican Health Promotion Centre regularly organises the information campaigns to raise awareness of hypertension, revision and implementation of the clinical protocols, improve new clinical practices. These measures proof the efficiency of early detection of hypertension and diabetes at the PHC level.

Recommendations for Action

The Joint Mission has prioritised recommendations in five areas.

1. National NCD policies, strategies and plans;
2. Coordinated NCD response;
3. More effective health system response;
4. Stronger advocacy and awareness to NCDs and their risk factors;
5. Using specific groups as entry points to the NCD epidemic.

10. National NCD policies, strategies and plans. The Joint Mission recommends that the Government of Kyrgyzstan:

- Evaluates the National NCD Action Plan to assess barriers and facilitating factors and provide recommendations for further actions;
- Establishes the NCD investment case for the Government of Kyrgyzstan;
- Develops and implements a communication strategy for the National NCD Action Plan;
- Adopts the draft intersectoral national plans on alcohol and tobacco control;
- Increases sin taxes (on tobacco, alcohol, unhealthy foods) to reduce unhealthy behaviour, and at the same time increases public revenues contributing to support healthy fiscal policy;
- As second step, considers sin taxes (on tobacco, alcohol, unhealthy foods) or other taxes as a source of funding for NCD programmes;
- Extends national NCDs policies with the engagement of the private sector to cover development and promotion of an environment for healthy diets (food and drinks);
- Works with development partners (including donors) to prioritize NCDs on their agenda;
- Incorporates NCDs into the Concept in the Sustainable Development Strategy 2030;
- Intensifies the elimination of obsolete pesticides and restricts the use of antibiotics in life stocks;
- Looks to maximize its membership of the Eurasian Economic Union, in the first instance by undertaking a study to assess the impact of EEU membership on Kyrgyzstan’s NCD response;
- Independent evaluations of the existing NCD related programmes, strategies and plans should be periodically carried out and required corrective measures should be taken based on response and unforeseen challenges.

3 http://www.euro.who.int/__data/assets/pdf_file/0020/272108/BetterNCDoutcomes_challengesOpportunitiesHealthSystems_Kyrgyzstan1.pdf?ua=1, see tables 2, 3, 4.
The UNCT with support from UNDP and WHO at regional and HQ level will provide technical support for the above.

The World Bank, WHO and UNDP will provide support for the Action Plan evaluation and developing the investment case.

The World Bank, UNDP, IMF and WHO will provide advisory support for setting sin taxes on tobacco, alcohol and unhealthy foods.

11. **Coordinated NCD response.** The Joint Mission recommends that:

- The National Coordination Council on Public Health proactively facilitates multisectoral cooperation of line ministries on NCD prevention and control;
- An inter-ministerial group is established to drive broader cross-sectoral NCD actions, firstly focusing on the implementation and enforcement of tobacco control law;
- A platform for the systematic engagement of civil society, NGOs, academia and private sector is established;
- There is strengthened cross-government collaboration to facilitate healthier food choices in schools, kindergartens, hospitals, public institutions and workplaces;
- The UNCT establishes a platform (a thematic or working group) to discuss health issues including NCDs as a permanent agenda item;
- The UNCT collaborates towards the inclusion of NCDs in the new UNDAF (with further potential through joint fundraising efforts);
- The government creates a mechanism to implement health-related SDGs, including ensuring sustainable domestic funding;
- Development partners prioritize NCDs on their agenda to better reflect challenges faced by Kyrgyzstan (80% of all deaths are caused by NCDs).

The UNCT will provide, at request, relevant technical support to operationalize the national intersectoral mechanisms like the Coordination Council on Public Health.

The UNCT establishes a thematic group or equivalent to provide joined up multisectoral technical support to strengthen intersectoral collaboration assisting the implementation of core interventions.

12. **Coordinated health system response.** The Joint Mission recommends that the Government strengthens its efforts to improve the health system by:

- Rolling out the PEN package;
- Incorporating PEN interventions with the overall process on strengthening the PHC services (MoH, Mandatory Health Insurance Fund);
- Ensuring the availability of essential medicines, particularly for vulnerable groups by allocating more public funding (for the procurement of insulin), further expansion of the Additional Drug Package, and others mechanisms to strengthen the financial protection;
- Strengthening coordination and follow up of patients within the health care system, including strengthening secondary prevention in secondary care;
- Exercising explicit priority setting exercises across diseases programs in order to ensure stable resources for NCDs commensurate with their share in the disease burden and resource needs of NCD patients relative to other health conditions;
• Introducing of financial incentives to speed up early detection and proactive disease management at the PHC level;
• Strengthen IT systems for tracking and follow up of patients with hypertension and cancer building on the model that exists for diabetes;
• Further integrating the health promotion activities and outreach services provided by the Villages Health Committees into family medicine;
• Adding NCD prevention and treatment schemes and mechanisms into health professionals training programmes;
• Ensuring the integration of NCDs as a priority focus into the future national health system development programs;
• Using co-morbidities as an opportunity to better diagnose and control NCDs;
• Implementing the “best buys” actions to achieve better control of NCDs.

WHO/Europe will provide, at request, technical assistance on the above.

13. **Stronger advocacy and awareness to NCDs and their risk factors.** The Joint Mission recommends that:

• The Government ensures delivery of NCD-sensitive messages through public TV and Radio channels, including through “free of charge prime time slots”;
• The Local authorities are actively engaged in actions on NCDs aimed at improving the access for physical activity, supporting Village health committees in managing information campaigns, improving the quality of the food for school children, creating green zones, providing free TV and Radio channels;
• There is an effort to build on best practices of community actions on NCDs (in particular Healthy Villages and School Initiatives).

The UNCT, with support from regional and HQ offices, will provide technical support for the above at request.

14. **Using specific groups as entry points to the NCD epidemic.** The Joint Mission recommends that the Government:

• Undertakes a review of gender equality and women’s empowerment in the areas of NCDs;
• Improves awareness and increases access of men to prevention and healthcare services;
• Increases awareness and involvement of children and youth in NCD promotion activities.

The UNCT can play a convening role and provide technical support for the above and catalyse change.

**Wider Observations of the Joint Mission**

**National response**

15. In 2013, Kyrgyzstan published a comprehensive National NCD Programme (2013-2020) and an NCD Action Plan (2013-2020) for its population which since 2015 exceeded 6 million people. National NCD targets (expected results) have been developed and are aligned with global and regional NCD action plans. The action plan is fully costed and developed in an inclusive manner with input from several government agencies, professional and academic societies. This puts Kyrgyzstan
in a good position for moving ahead on preventing and controlling NCDs and tracking the impact of its actions. The next steps are to ensure that (i) funds are available for the Ministry of Health and other parts of government to implement the plan, (ii) the inter-ministerial coordination mechanism is consolidated with a clear division of responsibilities and defined areas for collaboration, (iii) an accountability mechanism is set up and functional, and (iv) communication strategy for the NCD action plan is developed.

16. The Government of Kyrgyzstan established the National Coordination Council on Public Health under the leadership of the Vice Prime Minister responsible for social affairs. The broad mandate of the Council, which is formed by merging former councils on tobacco control and on reproductive health, provides a good basis for whole-of-government efforts to implement the Health Protection and Promotion Strategy (Health 2020) and the National NCD programme and Action Plan. The Ministry of Health, in the capacity of Secretariat of the Council, sets the agenda for the Council and facilitates implementation of the Council’s decisions.

17. There is good awareness about the NCD epidemic across government with clear understanding among a number of the non-health ministries of their roles and responsibilities in NCD prevention and control. There is now an opportunity to build on this political enthusiasm among the selected line ministries and establish an informal (technical) inter-ministerial group for NCDs, which would catalyse involvement of broader stakeholders, including non-health sectors and non-state actors.

18. The Government of Kyrgyzstan continuously improves health care with support provided by development partners and the Government plans to further focus on improving the quality of services and care. Remarkable steps have been undertaken to shift away from a highly specialized system to strong primary health care with the role of gatekeeper. The Joint Mission learnt about the results of the pilot on PEN protocols on diabetes, cardio-vascular diseases and chronic respiratory disease which are planned to be scaled up throughout the country together with the establishment of a quality control mechanism. Currently, about 10% of overall budget goes to the health sector with an overwhelming part allocated for secondary and tertiary health care mainly for maintaining health systems and salaries. Limited funds are allocated for prevention and treatment of NCDs.

19. Out of 180 000 diabetic patients in Kyrgyzstan (global approximation), only 48 000 are diagnosed, meaning that more than 100 000 diabetes patients remain undetected. The UNCT has capacity to provide technical support to the Government in the implementation of the diabetes control program, including broader diagnostic coverage. Civil society and NGOs could be instrumental in reaching out to the population. The law on diabetes which has been adopted should be enforced.

20. The Parliament of Kyrgyzstan recognizes the challenge of the growing burden of NCDs and the leading role of the health sector among other sectors in reducing avoidable deaths caused by NCDs. The Joint Mission encourages the Parliament to consider accelerating the implementation of cost-effective interventions such as reducing the affordability and availability of tobacco and alcohol products and increasing the affordability of fruits and vegetables through tax policies, legislative and regulatory frameworks and engagement of all sectors and society.

21. The Mission was informed that there are a number of good laws and policies in place, which are not enforced and implemented, like the Tobacco Control Law. To facilitate the enforcement and implementation, a cross sectoral effort is required led by the National Coordination Council on Public Health and the Ministry of Health. Supportive regulatory documents are needed that establish responsibilities and roles of different actors in implementation of legislative documents and set up accountability mechanism.
22. The Joint Mission noted good progress on tobacco control with implementation of the law banning direct and indirect tobacco advertisement on TV and public places, recently implemented pictorial warnings on cigarette packages, and provision of advice through smoking quit lines. These achievements provide a good basis for the full implementation of the WHO Framework Convention on Tobacco Control (FCTC), ratified by Kyrgyzstan in 2006. But permissive legislation, as an exception, allows advertisement at points of sale (and their placement and number is not limited), smoking in special allocated indoor areas and other represent areas for improvement. These generally weaken implementation of the FCTC and delay the expected health gains. The key now is to focus on the full implementation and enforcement of the Tobacco Control Law and consider its revision in the near future.

23. Compared to other CIS countries, tobacco taxes in Kyrgyzstan are very low (a bit higher than in Tajikistan, Armenia and Azerbaijan, but lower than in the other CIS countries). Attempts to establish tobacco sin taxes were not welcomed by the Government. Currently all cigarettes are imported into Kyrgyzstan with an import tax for 2015-2016 of 9 EURO for 1000 cigarettes, which is planned to be raised in 2017 to 12.30 EURO for 1000 cigarettes. In order to have good public health impact and to reduce consumption of tobacco products, tax rates should increase annually, tacking into consideration inflation and economic growth development, hence, the government should consider increasing excise taxes in 2016 as well.

24. Consumption of nasvai (chewing tobacco) is rapidly growing, especially among young groups (boys and girls) and socially vulnerable population. With price increase on cigarettes, tobacco users tend to switch to cheaper options, one of which is nasvai. The challenge with nasvai is that it is unofficially produced and that there is a lack of regulation. Another threat is shisha, which is becoming more popular among the young population. The Government is initiating the endorsement of the new edition of the Tobacco control Law which includes strengthening tobacco control legislation in order to regulate all types of tobacco products and reduce overall tobacco consumption. WHO and FCTC CSO provide advisory support to Kyrgyzstan to align national legislative and regulatory documents to the WHO FCTC.

25. The mission was informed about the continuous decline in alcohol production (decreased by one-fourth in last 2 years) and sales, which proofs the positive trends of the reduction of alcohol consumption (unfortunately, no data on volume of alcohol production in shadow market). The Joint Mission urges the Government to approve the draft action plan on alcohol control, which, before adoption, requires to be fully costed and to be consulted with a broad range of stakeholders. 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 the availability of alcohol.

26. The mission noted the efforts of the Government of Kyrgyzstan to improve the quality of food for children in schools and in pre-school institutions. The Ministry of Education also plans to expand the Healthy School interventions, covering education on healthy behaviours, re-establishing of medical units at schools with dedicated medical staff ensuring annual medical check-ups, and increasing the levels of physical activity in schools.

27. The Mission witnessed with satisfaction that the Government of Kyrgyzstan plans to extend the mandate of the National Council (chaired by the First Vice Prime Minister) on food security to nutrition. The main working bodies of this Council are the ministries of agriculture, health, economy, and social affairs, the veterinary inspection and the members of the SUN Movement. FAO, UNICEF, WFP, WHO/Europe and the SUN Movement are expected to support the Government in broadening the mandate of the Council into areas like better affordability of food to end malnutrition and better access to healthy food in the country, in particular to fruits and vegetables.
28. The Joint mission was informed that physical norms for children and adolescents were recently developed and ready to be implemented in all schools. Sports infrastructure also exists (gyms, playing fields), but there is an overall lack of trainers and instructors. In general, the environment does not engage people to be physically active – this includes the limited number of places for jogging, biking and other forms of physical activity. This highlights the need for a multisectoral governmental approach, which, in particular, takes on board mayors of cities and heads of municipalities. An immediate step could be the evaluation of the physical activity environment and development plans of the biggest cities (Bishkek and Osh).

29. The Joint Mission was presented with controversial opinions on the health-related consequences for Kyrgyzstan linked to membership in the Eurasian Economic Union (EEU). In the coming years, the country will harmonise tobacco and alcohol legislation with EEU norms. This should lead to a gradual raise in taxes on alcohol and tobacco, but at the same time might limit Kyrgyzstan in more ambitious tax increases (Kyrgyzstan would be limited in its capacity to increase taxes by a maximum of 10%, and, at the same time, will have the opportunity to decrease tobacco taxes by up to 45%). Also, it is not quite clear how EEU membership might affect policies addressing the use of smokeless tobacco. An immediate step in this regard could be to evaluate positive and negative effects on the national NCD response of EEU rules and regulations and to find ways of ensuring that tobacco, alcohol and unhealthy foods taxation measures will take into consideration the interests of Kyrgyzstan.

30. Kyrgyzstan has robust data that document the mortality and the prevalence of risk factors in the population. The first STEPS survey was conducted in 2013 and the next STEPS survey is planned for 2017. The Joint Mission did not manage to find data on the consumption of salt, and on unsaturated and trans-fats.

31. The Joint Mission noted that the prevalence of indoor pollution is high in Kyrgyzstan, especially in rural mountainous areas where pollution is 20-30 times higher than the official norm. The population, especially children, suffers from chronic obstructive pulmonary disease and according to Ministry of Health data mortality from lung disease is one of highest in the world. There is a need to raise awareness among the population on managing indoor pollution and to consider ways of switching from fossil fuels to electrical heating or improving existing cooking and heating systems.

32. The Ministry of Agriculture is aware of the challenge of obsolete pesticides and antimicrobial resistance. The Task Force noted the need for Kyrgyzstan to invest additional financial resources to ensure safe use of antibiotics and elimination of obsolete, expired pesticides, in compliance with the International Code of Conduct on Pesticide Management (2014).

United Nations response

33. The following eighteen UN agencies, programmes and funds are resident in Kyrgyzstan: FAO, ILO, UNAIDS, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, UNICEF, UNIDO, UNOCHA, OHCHR, UNODC, UNRCCA, UNV, UN WOMEN, WFP and WHO.

34. The current UN Development Assistance Framework (UNDAF) 2012-2016 describes health as one of the fundamental rights. Whilst the UNDAF refers to challenges of access to health care services and maternal health, there is no reference to NCDs. The Joint Mission emphasized the great opportunity for the UN Country Team (UNCT) through its UNDAF working group, to consider incorporation of NCDs and addressing relative risk factors into the new UNDAF 2018-2022.
35. The UNCT is clearly committed to working as one and supporting the Government to respond to NCDs. There is strong leadership through the Resident Coordinator and the commitment to establish a health working group with a permanent agenda item on NCD prevention and control. Members of the UNCT presented to the Joint Mission their NCD-related activities implemented in collaboration with governmental counterparts. There are clear linkages (win-win situations) between work in the health- and non-health sectors that impact on NCDs. This provides a powerful force for future actions in supporting efforts of Kyrgyzstan to tackle NCDs.

36. The Joint Mission was made aware that media is able to provide free slots in a prime time for health and social-oriented messages, but such opportunities are currently not sufficiently used. The Joint mission considers this as a good opportunity to promote healthy behaviors and broadly communicate the risks of tobacco smoking, harmful use of alcohol, consuming unhealthy foods and beverages. The UNCT could use its convening role to bring together the government and the media to raise awareness on NCDs and the need to tackle NCD risk factors at both the population and the individual level.

Civil society response
37. The Joint Mission met with a large number of civil society partners working on a broad range of NCD-specific diseases and risk factors. Most of the NGOs are financed through development partners and a few are receiving support from the Government of Kyrgyzstan.

38. There are some examples of civil society NCD-related activities at the local level, e.g. the Village Health Committees established in 1600 villages. These mainly consist of active members of the communities - young women, who handle in the capacity of health volunteers delivering health information to the general population and working closely with the primary health care facilities at the community level. In addition, these Committees mobilize municipal authorities to implement tobacco and alcohol control measures.

39. The Joint Mission found that there are a number if NGOs and civil society organizations actively working at the local level and providing support to patients with CVDs, improving access to medicines, tackling harmful use of alcohol, etc. In addition, the Mission witnessed a few examples of platforms which already unite NGOs (e.g. on mental health). Building on this, the UNCT could provide further support to the Government of Kyrgyzstan with establishing a broader platform convening NGOs, civil society and academia with interest in NCDs. Also private sector engagement in this platform may bring advantages.

International donor community
40. The Joint Mission met with the German Technical cooperation Agency (GTZ), the Swiss Development Cooperation Agency and the World Bank. While there were some examples of NCDs being included into a few projects funded by these agencies and there is an overall understanding of NCD burden in the country, there is clearly a substantial need to formalize the priority of NCD prevention and control on the agendas of these partners in order to adequately respond to NCDs as part of the SDG agenda. A number of State donors working in the country, like Kuwait, China, South Korea and the Russian Federation, as well as the European Union, the United States Agency for International Development and Asian Development Bank could be further engaged in NCDs through donor project portfolios funded in Kyrgyzstan.

41. The development partners cooperate actively on health-related programmes including CVDs, but doesn’t have a formal inter-sectorial coordination mechanism on NCDs in place. There is a large opportunity for the United Nations Country Team and the Government of Kyrgyzstan to raise
awareness for a coordinated strategic approach to catalyse action on NCDs within the broader development framework and the donor community. Immediate steps for action could include the development of the NCD investment case intended to raise sustainable domestic investments in the national NCDs response and potentially to access catalytic financing from development partners.

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Background and rational

The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF) and all members affirm the right to health as a human right, as enshrined in the Universal Declaration of Human Rights and the Constitution of the World Health Organization (WHO). In September 2011, Heads of State and Government adopted the Political Declaration on NCDs at the High-level Meeting of the General Assembly and called upon WHO, as the lead UN specialized agency for health, and all other UN system agencies 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 have committed to take action by: (i) developing national targets and indicators based on national situations; (ii) developing, allocating and implementing budgets for national multisectoral NCD policies and plans; (iii) prioritizing the implementation of cost-effective and affordable interventions; and (iv) strengthening national surveillance systems for NCDs and measuring results.

In order to realize the commitments made in the 2011 Political Declaration, WHO developed the Global NCD Action Plan 2013-2020 that was endorsed by the World Health Assembly in May 2013. The global action plan comprises a set of actions which, when performed collectively by Member States, international partners and the WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025.

The Global NCD Action Plan calls on United Nations Country Teams (UNCTs) to provide technical support to countries in strengthening nationwide actions for the prevention and control of NCDs. In particular, the Global Action Plan calls on WHO and other UN Agencies to mobilize the UNCTs to strengthen the links among NCDs, universal health coverage (UHC) and sustainable development, integrating them into the United Nations Development Assistance Framework's (UNDAF's) design processes and implementation.

The need for a coherent UN System response to scale up technical assistance in support of national efforts to address NCDs in line with the Global NCD Action Plan gave rise to formation of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs. The UNIATF, which the UN Secretary-General established in July 2013 and placed under the leadership of the WHO, has started to provide support to national efforts to respond to the NCD problem. The Task Force has completed its missions in to Barbados, Belarus, Democratic Republic of Congo, India, Kenya, Mongolia, Mozambique, Paraguay and Sri Lanka. Subsequent missions to priority countries are planned to take place in the second part of 2016.

Review of developments four years into the implementation of the 2011 Political Declaration on NCDs revealed that much had been achieved at the global level, namely the endorsement by the World Health Assembly of a Global Action Plan for the Prevention and Control of NCDs 2013-2020, and the adoption of a comprehensive global monitoring framework; establishment of the UNIATF
and of a Global Coordination Mechanism on NCDs. However, despite some clear improvements, overall progress at the country level has remained insufficient and uneven. Despite the increase of national multisectoral plans and NCD units in many countries, a large number of developing countries still lack the capacity to move from commitment to action.

The terms of reference for the Task Force, endorsed by the ECOSOC in its resolution E/RES/2014/10, includes division of tasks and responsibilities for members of the Task Force (Annex 1).

**NCDs in Kyrgyzstan**

In November 2015 the population of Kyrgyzstan reached 6,000,000. The non-communicable diseases (NCDs) play the leading cause for morbidity and premature mortality (appr. 70% of deaths in mortality structure) of the population. The CVDs constitute 51% in the mortality structure (2015) and there is a tendency on decrease of the mortality from CVDs (from 342 per 100,000 in 2009 till 306,9 in 2014). Almost 80% of patients with hypertension are not aware and not getting proper treatment. The functional and laboratory diagnosis of laboratory tests for CVDs are weak, particularly in the districts. The implementation of the evidence based clinical protocols and guidelines at PHC level facilities and hospitals are poor due to the low salaries and poor motivation of the health professionals (appr. 190 USD per month at hospital level, 167USD at PHC level).

The first STEPS report was conducted in 2013-2014 and shows that 48.2% of men are smoking and 22.8% of men are engaged in heavy drinking. 74% of people are not getting proper amount of fruits and vegetables, no looking that the country produces large amount of them. 70% of the population is not using intensive physical exercises and 65% of population have overweight. The commitment of the population to healthy lifestyles is weak as well as the access to the sport facilities is limited.

MoH reported about 47561 cases of diabetes in 2105 (5562 detected first time). The diabetes affects more elder people, who have limited access to medical services due to low financial opportunities. The Government procures insulin from public budget but the overall spending for the patients with diabetes are less than in other NIS countries. In 2015 the Government allocated 109 mln KGZ soms for the procurement of the insulin for 2016-2017 when the actual needs are apr. 400 mln Soms. The country has implemented the register of patients with diabetes nationwide.

The situation with the cancer diseases is very acute – the services are poor due to the lack of funding – the current public funding covers only 13% of the needs. The rest of the funds are covered by the patients. The recent IAEA Impact assessment conducted in early 2015 shows that the early detection of the cancer is particularly poor in the rural places. The majority of patients who need the palliative care patients rely on family/relatives support. The lung cancer is the most common cancers in the country, and this requires more strong efforts on implementation of the WHO FCTC recommendations within the country, including further increasing of the taxes, ban for smoking in public place, establishment of the hot line and wide information campaign.

Taking this situation, MoH has developed and approved and implementing the national strategy on control on NCDs (2013-2020) and the national strategy on Health protection and Promotion (H2020) and stated the control of NCD’s as a priority for the country. CVD’s are of 4 priority programs in the national Den Sooluk health program. To follow the FCTC recommendations strong efforts done to strengthen the control on Tobacco (taxes increased, the Law on control of Tobacco is in place and
the new revision of the Law in coming, the pictorial warning implemented in 2015) but still the more control mechanisms need to be implemented. MoH with WHO technical assistance to strengthen the PHC services and implementation is on-going. WHO PEN tool was piloted in 2015 and the scaling up is on-going to implement the essential intervention to control NCDs at the PHC level. The new Action Plan to control harmful use of Alcohol was drafted and will be discussed at the Round Table on 17 March. The Health Promotion Centre organizes regular campaign to check the blood pressure among the population and distributes the booklets and leaflets. NCDs included into the revised curricula of the Kyrgyz Institute of continuing education and for the community based Village health Committees. Number of the information programs broadcasted at the local TV and Radio on healthy life styles. The situation in health and the progress of the national Den Sooluk program are regularly discussed at the different health policy dialogue events and Joint annual Reviews with participation of all involved SWAP partners and governmental officials.

The Government has established the new coordination mechanism in 2014 – Coordinating Council on Public Health issues under the Vice Prime Minister, to promote the intersectoral approach for health.

During the Midterm review of the UNDAF in 2015, it was agreed to include NCDs. UNCT recently established the UNDAF WG to coordinate the UNDAF evaluation, CCA and development.

**Overall approach**

The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Kyrgyzstan, including exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda. In advance of the mission the UNCT will consider options for a mechanism to take forward NCDs within the UNCT and the preferred approach will be shared with the Task Force during the mission.

Based on the recommendations of the UN High-level Meeting held in September 2011, the focus of the mission will be on cardiovascular diseases, diabetes, chronic respiratory disease and cancers. Major areas of primary NCD intervention in Kyrgyzstan, including tobacco control activities, use of alcohol, promoting physical activities and healthy diet and on-going the secondary and tertiary preventive NCD interventions will be highlighted during the mission.

The following members of the Task Force are invited to join the mission by delegating their representatives at the at the country, regional and HQ levels FAO (C), UNAIDS (C), UNDP (HQ, R,C), UNFPA (C), UNICEF (C), UNIDO (C), WFP (C), WHO (HQ, R, C) and WB (C).

**Purpose of the mission**

The purpose of the Task Force Mission to Kyrgyzstan is to support UN agencies and the UN Country Team in assisting national government to realize commitments made in the UN General Assembly Political Declaration on NCDs 2011, 2014 Outcome document of the UNGA High/level meeting on NCDs, in particular through the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.
Objectives of the Task Force Mission
The objectives of the joint mission are to support the national NCD team in accordance with the following considerations:

• To highlight approaches for effective coordination of the national multisectoral response to NCDs in Kyrgyzstan;
• Identify barriers to effective coordination of the national multisectoral responses to NCDs and provide relevant recommendations to the resident UN Country Team and the Government of Kyrgyzstan;
• Identify possibilities for domestic finance for NCDs and support needed by Government from WHO, other UN agencies, the World Bank and international partners;
• To advocate for inclusion of NCDs into the UNDAF 2018 – 2022 in Kyrgyzstan;
• To strengthen international cooperation in support of national 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 and the production of affordable, safe, effective and quality medicines and vaccines. Review the state of art on addressing NCDs under Ministry of Health leadership within health sector and the inter-sectorial actions;
• Facilitate the high level commitment to NCD agenda and development agenda;
• Engage the civil society organizations, private sector, academia and media to address the NCDs in Kyrgyzstan. Encourage and facilitate strategic collaborative arrangements and alliances among the members of the Task Force to enhance support to national-level efforts to realize the country efforts to control the NCDs in with the WHO Global Action Plan 2013-2020;
• Prepare mission summary report and make it available for the country and the Partners during 2 months’ time after the mission.
Annex 2. Members of the Joint Mission (agencies and individuals in alphabetical order)

**FAO**
Sarina Abdysheva  
Deputy Representative, Kyrgyzstan

**UNAIDS**
Meerim Sarybaeva  
UNAIDS Country Manager, Kyrgyzstan

**UNDP**
Lika GAMGEBELI  
Junior International Consultant, Istanbul

John MACAULEY  
Regional HIV, Health and Development Programme Specialist, Istanbul

**UNFPA**
Meder OMURZAKOV  
Assistant Representative, Kyrgyzstan

**UNICEF**
Cholpon IMANALIEVA  
Health and Nutrition Specialist, Kyrgyzstan

Yukie MOKUO  
Representative, Kyrgyzstan

Raoul De TORCY  
Deputy Representative, Kyrgyzstan

**UNIDO**
Marat USUPOV  
Head of Operations, Kyrgyzstan

**WFP**
Keiko IZUSHI  
Country Office, Kyrgyzstan

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

Angela CIOBANU  
National Professional Officer, WHO Country Office, Republic of Moldova

Jarno HABICHT  
Representative, Kyrgyzstan
Alexey KULIKOV
External Relations Officer, Secretariat of the UN Interagency Task Force on NCDs

Frederiek MANTINGH
Technical Officer (NCD), Integrated Prevention and Control of NCDs, WHO/Europe

Oskonbek MOLDOKULOV
National Professional Officer, WHO Country Office, Kyrgyzstan

Dr Lars Fodgaard MOLLER
Programme Manager Alcohol and Illicit Drugs, WHO/Europe

World Bank
Asel SARGALDAKOVA
Senior Health Specialist
Annex 3. Joint Mission Programme

<table>
<thead>
<tr>
<th>Monday, 14 March 2016 (Day 1)</th>
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<tbody>
<tr>
<td>14.30-15.00</td>
<td>Security briefing</td>
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<tr>
<td>15.00-15.45</td>
<td>Meeting with WR</td>
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<td>16.00-16.30</td>
<td>Meeting with UNRC a.c.</td>
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<td>16.30-17.30</td>
<td>Meeting with UNCT</td>
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<tr>
<td>18.00 – 19.00</td>
<td>Almaz Jeenaliev, head of the department of agriculture and ecology</td>
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<td>Office of the Prime Minister</td>
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<tr>
<td>19.00 – 20.00</td>
<td>Wrap up session</td>
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<tr>
<th>Tuesday, 15 March 2016 (Day 2)</th>
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<tr>
<td>08.30 – 9.30</td>
<td>Meeting with MOH and health professionals.</td>
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<td>09.45 -11.00</td>
<td>Visit to Bishkek outpatient department (PEN pilot)</td>
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<td>11:15 – 12:30</td>
<td>Visit to local Frunze Supermarket</td>
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<td>12:45 – 14:15</td>
<td>Lunch</td>
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<td>14.30-17.00</td>
<td>RT on Alcohol strategy</td>
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<td>14:30 – 16.00</td>
<td>Stakeholder forum with NGOs, Civil Society Organizations, Academia, Medical universities</td>
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<td>17.30 – 18.00</td>
<td>Wrap up session</td>
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<th>Wednesday, 16 March 2016 (Day 3)</th>
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<tr>
<td>08:30 – 10:00</td>
<td>Meeting with Minister of Health and Head of the unit on Education, Culture, Sports and Health, Office of the Prime Minister</td>
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<tr>
<td>10:15 – 11:15</td>
<td>State Agency on Environment and Forestry</td>
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<td>11:30 – 12:15</td>
<td>Meeting with Minister of Education and Science</td>
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<td>12.30 – 14.00</td>
<td>Lunch</td>
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<tr>
<td>14.00 – 15.00</td>
<td>Meeting with Minister of Agriculture</td>
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<tr>
<td>16.30-17.30</td>
<td>Meeting with Ministry of Finance</td>
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<tr>
<td>17.45 – 18.00</td>
<td>Wrap up meeting</td>
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<th>Thursday, 17 March 2016 (Day 4)</th>
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<tr>
<td>08:30 – 09:45</td>
<td>Press briefing with the journalists</td>
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<tr>
<td>10:00 – 10:45</td>
<td>Meeting with Director of the State Agency on Physical Culture and Sports</td>
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<tr>
<td>12.30 - 13.30</td>
<td>UNCT UNDAF WG</td>
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<tr>
<td>13:30 – 15:00</td>
<td>Lunch</td>
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<tr>
<td>16.30-18.00</td>
<td>Meeting with the Head of the Parliamentarian Committee on Social Affairs</td>
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Annex 4. 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

**Cardiovascular disease and Diabetes**

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid for acute myocardial infarction

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4 Taken from the WHO NCD Global Action plan 2013-2020 ([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), 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.

5 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 fulfil 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.
Cancer

- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

Chronic respiratory disease

- Access to improved stoves and cleaner fuels to reduce indoor air pollution
- Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos
- Treatment of asthma based on WHO guidelines
- Influenza vaccination for patients with chronic obstructive pulmonary disease
Annex 5. Voluntary Global Targets on the Prevention and Control of NCDs for 2025

Target 1
A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Target 2
At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

Target 3
A 10% relative reduction in prevalence of insufficient physical activity

Target 4
A 30% relative reduction in mean population intake of salt/sodium

Target 5
A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

Target 6
A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances

Target 7
Halt the rise in diabetes and obesity

Target 8
At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

Target 9
An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

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6 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, page 5). WHO "Global monitoring framework on NCDs" tracks implementation of the "NCD global action plan" through monitoring and reporting on the attainment of the 9 global targets for NCDs, by 2025, against a baseline in 2010.

(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.