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

VIET NAM

12-16 SEPTEMBER 2016
Contents

Summary 3
Key findings 4
Recommendations for Action 5
Preparing for the 2018 High level meeting on NCDs 8
Wider Observations 10

Annex 1. Joint Mission Terms of Reference 14
Annex 2. Members of the Joint Mission 18
Annex 3. Joint Mission Programme 19
Annex 4. Examples of UN activities other than WHO in Viet Nam in the area of NCDs 22
Annex 5. Evidence-based cost-effective interventions for the prevention and control of NCDs 23
Executive Summary

A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Viet Nam was held on 12-16 September 2016. Viet Nam has over the last few decades demonstrated outstanding economic development but now at grave risk of the socioeconomic effects of noncommunicable diseases (NCDs) – principally cardiovascular disease, cancer, diabetes and chronic respiratory disease. Preliminary estimates undertaken suggest that the direct and indirect costs to the Viet Nam economy from tobacco use alone are over USD 1 billion per annum.

NCDs now account for 73% of all deaths in Viet Nam and 43% of NCD mortality took place before the age of 70. Cardiovascular diseases (stroke and heart disease) cause over a third of all deaths. The epidemic of NCDs in Viet Nam is being driven by tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. Forty five percent of men in Viet Nam use tobacco. Forty four percent of men consume excessive amounts of alcohol. There has been an increase in percentage of the population that are overweight or obesity over the last 5 years from 12% to 16%. Salt consumption is twice that of WHO recommended levels and this has contributed to increasing levels of hypertension – and currently 1 in 5 adults suffer from hypertension.

Despite this, the Joint Mission was of the view that Viet Nam’s strong commitment to health and health care means that there is every chance that Viet Nam can demonstrate to the world that it can tackle NCDs. But in order to do this, NCDs need to be undertaken in a much more developmental approach focusing on a two-pronged strategy that should consist of: (i) strengthening inter-sectoral actions to regulate NCD risk factors; and (ii) orientation of the way NCD management is provided in order to ensure equitable access to NCD services at primary care level.

Over the next few years Viet Nam, priority interventions for Viet Nam should be to reduce tobacco use, harmful use of alcohol and salt intake of the population, in order to prevent NCDs. These require an urgent and sustained whole-of-government and whole-of-society response, including support from political, social, professional and mass organizations (PSPMOs)\(^1\) – and the Joint Mission encourages a legally more permissive environment for the establishment and operation of these organizations. With regards NCD management, the Joint Mission considers it critical that lessons are learnt from the current pilots that have been established to scale up the primary care response to NCDs and that rollout is undertaken as a priority.

The Joint Mission provides a set of recommendations for the Government of Viet Nam, the UN and other development partners to prioritise action to reduce the burden of NCDs and contribute to the Sustainable Development Goals. These recommendations focus on: (i) strong governance for policy coherence and multisectoral action to tackle NCDs; and (ii) evidence-based, feasible and cost effective interventions to reduce tobacco use, harmful use of alcohol, the high intake of salt; and (iii) strengthening primary care.

In 2017, Viet Nam, alongside all Member States will be invited to provide data to WHO to report at the 2018 Third High-level Meeting on NCDs at the UN General Assembly on progress against commitments made in 2014, including 18 specific targets. Responding to the recommendations of the Joint Mission will enable Viet Nam to be in a strong position when reporting against these targets.

\(^1\) For simplicity this report refers to PSPMOs as non-governmental organisations or NGOs.

1. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases (NCDs) to Viet Nam was held on 12-16 September 2016. In alphabetical order, the following seven agencies participated in the mission: Food and Agriculture Organization (FAO), International Labour Organization (ILO), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), the World Bank and the World Health Organization (WHO). 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 parliamentarians 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. The Joint Mission also thanks the Government of Japan for their support in enabling the attendance of the President of Japan’s National Institute of Public Health at the high-level panel discussion on 12 September in order to share the experience of Japan in responding to NCDs.

Key Findings

Outstanding economic development but now at grave risk of the socioeconomic effects of NCDs...

2. Viet Nam (population 91.7 million in 2015) is a country with rapid economic development in recent decades. Government policy has a strong emphasis on equity and social inclusion and Viet Nam is one of the few countries in the world to achieve consistent high growth in recent decades. Inevitably the forces of globalization, urbanisation and population ageing are contributing to the rise in tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity and as a result of epidemic of NCDs – principally cardiovascular diseases, cancers, diabetes and chronic respiratory diseases.

3. NCDs now account for 73% of all deaths in Viet Nam and 43% of NCD mortality took place before the age of 70. Cardiovascular diseases cause over a third of all deaths. Stroke is the single biggest killer in Viet Nam. Forty five percents of men in Viet Nam use tobacco, although the Joint Mission noted significant progress in the reduction in cigarette smoking among men in urban areas from 45.2 to 38.7 over the last 5 years. Forty four percent of men consume excessive amounts of alcohol and 45% percent of drinkers drive after consuming alcohol. There has been an increase on in percentage of the population that are overweight or obesity over the last 5 years from 12% to 16%. Salt consumption is twice that of WHO recommended levels and this has contributed to increasing levels of hypertension. Currently 1 in 5 adults suffer from hypertension.

4. Globally NCDs are causing huge losses in economic productivity and unless additional action is taken this is estimated to amount to USD 47 trillion between 2010 and 2030, USD 30 trillion due to 4 major NCDs and USD 17 trillion due to mental illness. Similar methods have been used to calculate the loss in productivity from NCDs in China, India and Indonesia. The results show that on average in the next 20 years NCDs will cause a yearly productivity loss of USD1465 billion, USD323 billion and

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Nevertheless, Viet Nam’s strong commitment to health through universal health coverage means that there is every chance that Viet Nam can demonstrate to the world that it can tackle NCDs...

5. The country’s national NCD strategy 2015-2025 is aligned with the voluntary global NCD targets and includes five action plans in which 12 agencies are involved as well as the People’s Committees of Provinces and cities. The strategy emphasises multisectoral action and such action is already being demonstrated through Viet Nam’s tobacco and alcohol steering committees as well as in the area of road safety. The action plans led by MOH will be funded under the Viet Nam’s Health and Population Programme 2016-2020.

6. Viet Nam is committed to innovation and the Joint Mission saw examples of this through the Viet Nam Tobacco Control Fund, newly established pilots for strengthening prevention and control of NCDs in primary care. Viet Nam is also committed to robust data collection: its last STEPS and GATS (Global Adult Tobacco Surveys) were conducted in 2015.

And tackling NCDs is crucial for Viet Nam’s socioeconomic development in the future...

7. The Joint Mission’s report noted the February 2016 World Bank report that charts a path for Viet Nam to reach upper-middle income country status in 2035. The report highlights the risk to the country’s socioeconomic development from NCDs and the importance of having policies in place that reduce premature mortality and ill health from NCDs, both in terms of their burden on the national economy and the escalating costs to the health system.

8. The Joint Mission report recognizes the progress of Viet Nam in NCDs and draws attention to critical steps that can sustain this progress. The recommendations are based on the Joint Missions observations in country and on the Task Force’s observation of international experiences and good practices among other countries it has visited and engaged with. The recommendations in this report are evidence-based, cost-effective and feasible. But they require political commitment, stronger enforcement of laws and regulations, including the need for a considerably more robust approach to managing interference from industry when it comes to the Government’s legislation, regulation and policy that impact on public health.

9. The prevention and control of NCDs requires strong political commitment. The Joint Mission found evidence of some political commitment but there needs to be more.

Recommendations for Action

10. The Joint Mission has prioritised recommendations in five selected areas. The first is governance. The second, third and fourth are tobacco control, tackling harmful use of alcohol and reducing salt intake in the population. The fifth is around strengthening the prevention and management of NCDs at the primary health care level. The recommendations are in line with a

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6 National Strategy on prevention and control of cancer, cardiovascular diseases, diabetes, chronic obstructive pulmonary diseases, asthma and other NCDs period 2015 – 2025. No. 376/QĐ-TTg
broader set of highly cost effective, evidence based, feasible interventions described in the WHO Global NCD Action Plan, 2013-2020 (Annex 5) and the Viet Nam NCD strategy.

A. Governance

The Joint Mission recommends:

i. The tobacco and alcohol control ministerial steering committees should be merged in order to form an inter-ministerial committee on NCDs prevention and control. It should be chaired by a senior member of the Government in order to provide the strongest possible leadership for the multisectoral action that is required to combat NCDs;

ii. The law on prevention of alcohol related harms should be promulgated as soon as possible;

iii. A Health Promotion Fund should be formed by expanding the Tobacco Control Fund;

iv. A multistakeholder NCD forum to strengthen coordination and action across government and its partners should be formed by expanding the tobacco control working group. The forum should include NGOs and academia. A key activity of this forum should be to convene regular national meetings between NGOs, academia and professional societies in order to encourage action from these groups in support of Viet Nam’s NCD response.

v. An NCD sensitization programme should be carried out by the MoH and Social Affairs Committee for Parliamentarians, ministers and senior policy makers in government;

vi. An investment case should be undertaken to show the return on investment of highly cost effective, evidence based, feasible interventions to prevent and control NCDs. This should build on recent work already undertaken by WHO in Viet Nam.

vii. Joint Mission recommends that for the five current and future NCD strategy projects/action plans:

- interventions are costed and adequately funded;
- time bound targets and indicators to chart progress are in place;
- support is provided through a new Health Promotion Fund.

viii. Joint Mission also recommends that a National Healthy Movement similar to the Health Japan 21 should be developed and implement in Viet Nam in the coming years in order to generate health promotion actions at community level in all provinces. The Healthy Movement should also benefit from the Health Promotion Fund to be establish based on the TC Fund.

B. Tobacco control

The Joint Mission recommends that Viet Nam:

ix. Reduces the affordability of tobacco products through a year-on-year increase in the tax on tobacco products so that tobacco excise taxes are at least 70% of the final retail price. The impact of this will be to reduce tobacco use and generate revenue for the government. Some of this revenue should be used for the Health Promotion Fund.

x. Enforces regulation to ensure that indoor workplaces, public places and public transport are completely smoke-free environments. Exceptions to 100% smoke-free indoor environments
– such as permitting smoking in designated areas or installing ventilation systems – do not protect health. In addition, exceptions to 100% smoke-free environments undermine the impact of such smoke-free regulations.

Xi. Rotates the current set of pictorial health warnings which is already more than 2 years old.

xii Invites the FCTC Secretariat to undertake a Joint Needs Assessment.\(^7\)

C. Harmful use of alcohol

The Joint Mission recommends that Viet Nam:

xiii. Legislates for a year-on-year increases in the excise tax on all alcoholic beverages. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce harmful use of alcohol.

xiv Strengthens the licensing system on retail sales, including restrictions on hours that alcohol can be sold and the ensuring that the legal age of selling alcohol only to those over 18 years is enforced. This prevents easy access to alcohol by vulnerable and high-risk groups.

 xv. Ensures that the full set of regulations of marketing for alcohol is in place with an effective system for detecting infringements. Reducing the impact of marketing, particularly on young people and adolescents, is an effective way to reduce the harmful use of alcohol.\(^8\)

D. Dietary salt

The Joint Mission recommends that Viet Nam:

xvi. Develops and implements a national salt reduction action plan, using the SHAKE Technical Package for Salt Reduction as a resource for action.\(^9\) Key elements should be: (i) establishing an effective surveillance system to measure, monitor and evaluate population salt consumption patterns and the major sources of salt in the diet; (ii) promoting reformulation of foods and meals to contain less salt in order to reduce salt content across the food supply; (iii) the introduction of effective and accurate nutrition labelling systems and non-misleading marketing of foods so that consumers can easily identify foods that are low or high in salt; (iv) public education in order that people have the required knowledge and awareness of the health risks of salt and changes in behaviour; and (v) promoting healthy eating in settings such as schools, work and restaurants.

E. Primary care

The Joint Mission recommends that Viet Nam:

xvii. Re-orient the primary health care delivery system from the current focus on communicable diseases to one that provides long-term and continuing care for patients with NCDs and chronic diseases. Roll out of current pilots that have been established to strengthen NCD

\(^7\) This can be done by sending an official request to the Head of the Convention Secretariat to fctcsecretariat@who.int. Governments that have conducted joint needs assessments are provided with post-needs assessment technical assistance.

http://www.who.int/fctc/implementation/needs/en/

\(^8\) More detailed guidance is available in the WHO Global strategy to reduce the harmful use of alcohol.

http://apps.who.int/iris/bitstream/10665/44395/1/9789241599931_eng.pdf?ua=1

prevention and management in primary care should be a priority with a focus on: (i) ensuring that guidelines for the management of all 4 NCDs are available and being delivered by trained staff across all levels of health system; (ii) that CVD risk assessment among the population is established with treatment of those at high risk of a heart attack or stroke; and (iii) that a core set of medicines and basic equipment for NCD management are available throughout primary care.

Ensure that the cap of health insurance at the CHS is removed and health insurance sufficiently cover NCD management at these facilities in order to reduce the current overload of NCD patients in hospitals.

*The UN system through the UN Country Team with the support of its regional and global offices should provide technical support in all the recommendations above. This includes WHO, through the One-WHO integrated support to countries for NCDs.*

**Preparing for the 2018 High level meeting on NCDs**

*Rapid scale up of action is required in order for Viet Nam to demonstrate significant progress at the Third High level meeting on NCDs during the 2018 UN General Assembly in 2018...*

11. In 2017, Member States will be invited to provide data to WHO to report at the 2018 Third High-level Meeting on progress on four key commitments and 18 specific targets. Meeting these targets is crucial to delivering on the Voluntary Global Targets on the Prevention and Control of NCDs for 2025 (Annex 6) and the 2030 Agenda for Sustainable Development.

12. Based on the WHO NCD Progress Monitor 2015 and observations during the mission, the Joint Mission considers progress in Viet Nam in meeting the four time-bound commitments agreed upon by Member States at the 2014 High-level review meeting in New York (Annex 7), is as follows:

<table>
<thead>
<tr>
<th>By 2015, develop national multisectoral policies and plans.</th>
<th>A national multisectoral strategy on NCD prevention and control (2015-2025) is in place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2015, set national targets.</td>
<td>These are in place.</td>
</tr>
<tr>
<td>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.</td>
<td>Progress in some areas, such as tobacco control, but significant opportunities to make further gains in this and other areas.</td>
</tr>
<tr>
<td>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.</td>
<td>A primary health care system is in place and a national health insurance fund covers more than 70% of population. However primary care is poorly resourced (financial and human resources) and additional action is required to meet this target.</td>
</tr>
</tbody>
</table>

13. With regards the 18 targets, the Joint Mission considers progress in Viet Nam as follows:

<table>
<thead>
<tr>
<th>Target</th>
<th>2015 Progress Monitor assessment</th>
<th>Joint Mission assessment (September 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National NCD targets and indicators</td>
<td>Fully achieved</td>
<td>Key NCD indicators have been included in the National NCD Strategy 2015-2025.</td>
</tr>
<tr>
<td>2. Mortality data</td>
<td>Not achieved</td>
<td>There is a system in place to record mortality data by CHS (A6 book) then key information is synthesized and report to provincial department of health and then to Ministry of Health. However, the current system data reporting is not having enough details for calculation of probability of death by NCD before the age of 70. In addition, the recording cause of mortality is of questionable quality.</td>
</tr>
<tr>
<td>3. Risk factor surveys</td>
<td>Partially achieved</td>
<td>By 2016, STEPS and GATS survey have been completed for two rounds of 2010 and 2015. Therefore Viet Nam should be qualified for fully achieved for this indicator.</td>
</tr>
<tr>
<td>5. Tobacco demand-reduction measures a. Taxation</td>
<td>Not achieved</td>
<td>Tobacco tax: There is an increase of tobacco tax in 2016, from 65% to 70% of factory price. However, tax as percentage of retail price is still very low (about 41%).</td>
</tr>
<tr>
<td></td>
<td>Partially achieved</td>
<td>Smoke-free policies: Viet Nam has a law with provision for comprehensive smoke-free environment. In term of enforcement there had been significant progresses in all settings as reported in the recent GATS survey 2015 compared with GATS 2010. However, the level of exposure is still high, especially in restaurants, bars and cafes.</td>
</tr>
<tr>
<td></td>
<td>Fully achieved</td>
<td>Pictorial health warnings are fully compliant with the WHO FCTC so it is fully achieved. However, the set of warnings is now more than 2 years old. Therefore it should be updated with a new set to make the warnings refresh to the public.</td>
</tr>
<tr>
<td></td>
<td>Partially achieved</td>
<td>Advertising ban: Viet Nam has a comprehensive ban of tobacco advertising and promotion. In term of implementation, there is good compliant in mass media. However, there are still common violations at point of sales.</td>
</tr>
<tr>
<td>6. Harmful use of alcohol reduction measures a. Availability regulations</td>
<td>Partially achieved</td>
<td>Viet Nam currently has legislation regulating the density of distributors, wholesalers, and retailers, however, very limited enforcement of this policy in practice.</td>
</tr>
</tbody>
</table>
### Unhealthy diet reduction measures

#### a. Salt/sodium policies
- **Partially achieved**
- There are currently no policies on the regulation of salt usage.

#### b. Saturated fatty acids and trans-fats policies
- **Not achieved**
- No policies have been developed to limit the consumption of saturated fat and trans-fats.

#### c. Marketing to children restrictions
- **Not achieved**
- No specific regulations exist for limiting the marketing of products to children.

#### d. Marketing of breast-milk substitutes restrictions
- **Fully achieved**
- The regulation on restriction of marketing of breast-milk substitutes is in place and enforcement is good.

### Public awareness on diet and/or physical activity

- **Fully achieved**
- There have been national communication activities on appropriate nutrition and healthy diet, but more frequent campaigns are needed.

### Guidelines for the management of major NCDs

- **Partially achieved**
- Guidelines have been developed but not all are consistently available at commune health stations.

### Drug therapy/counselling for high risk persons

- **Not achieved**
- Available at district hospital level but only a few and only few commune health stations. The NCD strategy aims to ensure that drug therapy/counselling for high risk persons is available at commune health level.

### Wider Observations

#### Government of Viet Nam response

14. The Government of Viet Nam has a number of policies, strategies, plans, programmes and coordination mechanisms for responding to NCDs. The National Programme for NCD Prevention and Control, 2002-2010 was approved by the Prime Minister. The Programme focused on cardiovascular disease, diabetes, cancer and mental and neurological disorders.

15. In 2012, the Prime Minister approved the National Target Programme for 2012-2015 which includes the prevention and control of NCDs. The later has helped strengthen capacity for health workers, mainly in NCD diagnosis and management in a number of communes. However, a long-term comprehensive, integrated approach for NCD prevention and control at the local level remains lacking. A communication programme has helped raise the awareness of the population to NCDs.

16. The National Strategy on Prevention and Control of NCDs, 2015-2025 was approved in 2015 and provides a strong basis for NCD prevention and control in Viet Nam. The strategy is in line with the WHO Global NCD Action plan, 2013-2020.

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11 Decision 1208/QĐ-TTg dated 04/09/2012
17. The Third National Occupational Safety and Health Programme, 2016-2020 and the enacted law highlights Viet Nam’s commitment to occupational safety and health in a country with growing numbers of enterprises and increasing labour force. Vietnam has for example been moving towards phasing out the use of chrysotile asbestos by 2020 in order to tackle pneumoconiosis including asbestos-related diseases.

18. A Steering Committee on Tobacco Control was established by Prime Minister in 2001. The committee is chaired by Minister of Health with membership across relevant ministries. The Ministry of Health provides the secretariat. In addition, a Steering Committee for Alcohol Prevention and Control was recently established under a Prime Minister Decision as part of the National Policy on Prevention of Alcohol Abuse. There is an effective Traffic Safety Committee which is chaired by a Deputy Prime Minister. The need now is for a steering committee on NCDs. The Joint Mission’s view is that this should be chaired by a senior political figure in government.

19. Viet Nam’s goal is to reduce the prevalence of tobacco smoking from 47% in 2014 to 39% in 2017. The government has indicated a willingness to increase levels of taxation and the Joint Mission considers this essential with current levels of taxation (70% of production price – equivalent to 40% of sales price) well below the WHO recommended levels of 70% of retail price. The Government’s plan to conduct an evaluation to evaluate the impact of tobacco taxation on tobacco use will be helpful in showing the importance of raising taxes. In addition to raising tobacco tax, there is an urgent need to fully implement other tobacco control measures including the removal of indoor smoking areas under smoke-free legislation; Replace the current set of coloured pictorial health warnings with a new set to make it refresh to the public; and intensifying mass media campaigns to warn against the dangers of tobacco use.

20. The Joint Mission was impressed with the Tobacco Control Fund and considers that its mandate could be widened to an Health Promotion Fund. This could be resourced from health-harming products such as alcohol and sugary beverages in addition to surcharge that has been funding the Tobacco Control Fund.

21. Between 2011 and 2015, government funding for NCD prevention and control was allocated through a National Health Targeted Program, divided into single disease prevention and control sub-programs, managed by different institutions. For the period 2016 to 2020, two Health Targeted Programs were approved by the Prime Minister in 2016: (i) Target Program for Health and Population; and (ii) Target Program for Development Investment of Local Health Systems. NCD prevention and control activities are under the Health and Population Program with target indicators extracted from the NCD strategy. The total budget for the whole program is VND 20,000 billion (approximately US$ 1 billion) with no specific budget allocation for individual sub-programs.

22. NCD treatment is predominately funded from the Health Insurance Fund which covers more than 70% of the population. The MoH is currently reviewing the health insurance benefit package to ensure that the essential medicines to treat NCDs are universally available in primary care. A review of treatment at tertiary level is also being undertaken.

23. Strengthening the grassroots health network, primary health care and universal health coverage has been given high priority through Party, National Assembly and the Government policy,

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12 NCD indicators under the Health and Population Program include the following: Early recognition of at least 20% of prevalence of oral cancer, breast cancer, cervical cancer and megarectal cancer; 50% of people with hypertension to be detected, including 30% to receive management and care; 40% of people with diabetes to be detected, including 40% to receive management and care; 35% of people with Chronic obstructive pulmonary diseases and bronchial asthma to receive early recognition and care; reduction by a minimum of 30% of the incidence of school-based illnesses relative to that of 2015; There are other sets of indicators for Tuberculosis, EPI, population, Food Safety, HIV/AIDS, and Safe Blood Transfusion.
including the National Strategy on the Protection, Care and Promotion of the People’s Health, 2011-2020. Moving towards universal health coverage by expanding health insurance is a priority as 30% of the population still have to pay out-of-pocket.

24. The Joint Mission visited a primary care demonstration site in Ha Nam province and was impressed with the commune and other health care centres. However, the Joint Mission was concerned that even in this pilot province, commune health centres do not have all the basic medicines and equipment that WHO recommends should be available at this level to treat NCDs. The Viet Nam NCD country capacity survey showed that most of the 12,000 commune health stations in the country still cannot provide drug therapy and counselling for patients with high risk of cardiovascular diseases. Adequate reimbursement through health insurance for providing NCD care at the commune health level is an issue. There is a budget ceiling on the percentage of health insurance fund that can be used at commune health level which is an obstacle for NCD management at this level. The overstretched workload in hospitals highlights the need to maximise the impact and effectiveness of primary care: as this is where NCDs can be managed most cost-effectively.

**United Nations Response**

25. Viet Nam is a ‘Delivering as One’ country, which aims to increase coherence and effectiveness of the UN development system. The following 15 UN agencies, programmes and funds are resident in Viet Nam: FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHR, UN Habitat, UNICEF, UNIDO, UN Women, UNODC, UNV, and WHO. NCDs were included in the UN OnePlan 2012-2016 with FAO, UNICEF, UNODC and WHO as the key implementing agencies. NCDs were taken forward under a sub-group of the Health Joint Programming Group which is convened by WHO. The sub-group on NCDs, chaired by WHO has provided support to Government in a number of areas, including the development and approval of the Tobacco Control Law, the Tobacco Control Fund, the National Policy on Prevention and Control of Alcohol Abuse, and the National NCD Strategy 2015-2025.

26. Equity in health, with attention to prevention and control of NCDs is an outcome of the One Strategic Plan 2017-2021. The Joint Mission noted the UN Country Team’s commitment to support Government implement multisectoral policy and the UN Country Team highlighted linkages of NCDs across its wider objectives: health systems strengthening, equity and access in health service delivery, ageing, demographic change and reproductive health maternal child health and nutrition, education, environmental and air pollution, governance and legislation occupational health, including prevention of pneumoconiosis including asbestos-related diseases. Examples of NCD activities that UN agencies other than WHO are involved in in Viet Nam are shown in Annex 4.

**NGO response**

27. In Viet Nam the term “civil society” has not been recognised in the system, and currently the term “political, social, professional and mass organizations (PSPMO)” is used. The environment for PSPMOS in Vietnam is challenging and there is more that needs to be done to create a legally permissive environment which allows for the existence of PSPMOS and allows for these organisations to raise local funds and to be publically recognised. A strong PSPMOs response is imperative to Viet Nam’s 2030 Agenda for Sustainable Development agenda and an integral part of the whole of society approach to NCDs. PSPMOS have an important role to play in Viet Nam’s NCD response through advocacy, raising awareness and educating the public, service delivery and holding government and the international community to account. PSPMOS have already played an important role, for example in advocating for increases in tobacco taxation, advocating for the passing and
implementation of the alcohol law and will have an important role to play in expanding the Tobacco Control Fund to the Health Promotion Fund as well as through the broader NCD coordination mechanisms recommended by the Joint Mission.

28. The Joint Mission met with a number of PSPMO partners, working on a broad range of NCD-specific diseases and risk factors and members of the newly established NCD-Viet Nam Alliance. The NCD-Viet Nam Alliance, formed in July 2015 has received significant support by the global NCD Alliance and other international partners working in the areas of tobacco and alcohol control and the Joint Mission welcomed NCD Alliance’s participation in the meeting. The NCD Vietnam alliance can play an important role in coordinating and mobilizing the PSPMO response in Viet Nam.

Response of international development partners

29. There are only a few development partners supporting tobacco control and NCDs in Viet Nam. The Bloomberg Initiative to reduce tobacco has been a key partner for tobacco control since 2007. It has contributed to policy development, capacity building and mass media communication. The Melinda & Gates Foundation and the CDC Foundation have supported the Global Adult Tobacco Survey. The World Bank, Asian Development Bank and European Union have funded health sector programmes that have included NCDs. The Sanofi Foundation has supported small scale projects on mental health and there is commitment by the Danish Embassy to support an NCD primary health care project in one province.
Annex 1. Terms of Reference for the Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases to Viet Nam

Background and Rationale

The global NCD agenda and Member State Commitments

Over 14 million people die each year from NCDs prematurely (aged 30 to 70 years), 85 per cent of whom live in developing countries. Up to two thirds of these deaths are linked to exposure to risk factors - namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – with the remaining third are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. Most of these premature deaths from NCDs can be prevented by implementing a set of simple, effective and affordable solutions that could be tailored to each country’s needs.

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 multi-sectoral 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.

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 role of the UN System in supporting Member States

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 the East European country of Belarus, Kenya in East Africa, India in Asia, Barbados in Americas, Tonga in Polynesia and Jordan in Middle East. Subsequent missions to priority countries are planned to take place in the second part of 2015.
Regional Action

WHO Regional Committee for Western Pacific in its resolution WPR/RC64.R6 of 24 October 2013 has approved Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020). This Action Plan is intended to operationalize the Global Action Plan for the prevention and control of noncommunicable diseases, envisioning “a Region free of avoidable NCD deaths and disability”.

Action in Viet Nam

In 2010, Viet Nam attained lower middle-income country status, testament to the rapid economic growth and poverty reduction the country has achieved over the past two decades. Viet Nam is on track to meet, or has met, a majority of the Millennium Development Goals (MDGs) at a national level. The country’s institutions are more sophisticated and mature after two decades of renovation reform and Viet Nam is also increasingly engaged in global and regional institutions.

Yet, in common with other middle-income countries that have achieved rapid growth and poverty reduction, Viet Nam also faces significant challenges. The transformation of Viet Nam’s economic structure has brought into sharp relief the need to achieve better quality, sustainable growth and ensure a greater balance between economic, human and sustainable development.

The NCD situation in Viet Nam

Like other developing countries, Viet Nam is undergoing a rapid epidemiological transition resulting in an increase in burden of chronic diseases. Chronic diseases have been shown to be major causes of morbidity and mortality in hospitals for the whole country. In 2014, NCD accounted for about 73% of total deaths in Viet Nam. Tobacco use remained at high rate of 47.4% among males. Even though some good policies such as pictorial health warnings being introduced in recent years, it will take time to show impact in the future. Alcohol consumption has been increasing fast: alcohol per capita (15+) consumption (in liters of pure alcohol) has increased from 3.8 liters to 6.6 liters during 2004-2009 period. The rate of hypertension has increased quickly from 16% in 2002 to 25% in 2010. (National Heart Institute). The rate of diabetes has increased from 2.7% in 2002 to 5.7% in 2010. The population ages rapidly in Viet Nam: the proportion of population aged 65 and above is estimated to double by 2030 from the current rate of about 7%. Economic impact of NCDs has not yet been estimated. However, tobacco alone has been estimated to result in annual losses of over one billion USD.

WHO has been supporting the development and implementation of the National Strategy on NCD Prevention and Control 2015-2025. The Strategy was approved by the Prime Minister in March 2015. Action Plans to implement the strategy are under development. The Strategy is aimed to guide the restructuring and capacity building of the health system to provide effective and continuing management and treatment of NCDs at the primary healthcare level and, at the same time, strengthen the multisectoral actions to address key NCD risk factors.

In terms of multisectoral coordination, Viet Nam has committees on tobacco and alcohol control, and management board of the Tobacco Control Fund chaired by the Minister of Health and Vice Minister of Finance. It is planned to establish a multisectoral Committee on NCD prevention and control by merging existing committees on tobacco and alcohol control.

One UN Plan in Viet Nam 2012-2016 was developed in partnership with the Government. NCDs are included in this plan as outputs under Outcome 2.2 on health with the participation of 4 agencies: FAO, UNICEF, UNODC and WHO. WHO NCD team coordinates activities under this output as a sub-team under the Health Joint Programming Group (health JPG) co-chaired by WHO.

Overall approach of the Mission

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between the WHO County Office for Viet Nam and different line ministries of the Government of Viet Nam in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies and international development partners to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets.
UNIATF programming mission to Viet Nam, 12–16 September 2016


At the country level, the mission is coordinated by the Country Office for Viet Nam and WHO WPRO in close collaboration with the Ministry of Health and the Office of the UN Resident Coordinator in Viet Nam.

The joint UNIATF mission is intended to enhance the support of UN agencies, individually and through the UN Country Team, to the Government of Viet Nam to scale up the National Multisectoral Response to NCDs, in line with the WHO Global NCD Action Plan 2013-2020 and the Regional Action Plan.

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 Viet Nam, including through 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.

Major areas of NCD intervention in Viet Nam, including tobacco control, harmful use of alcohol, and health promotion relevant for NCDs and their risk factors will be highlighted during the mission. In addition, NCD management at the commune level will be emphasized. Most importantly, NCD and development topic and financing for NCD prevention and control will be a key theme of the mission.

Purpose and objectives of the mission

The Purpose of the joint UNIATF mission to Viet Nam is to support UN agencies and the UN Country Team to:

- understand the relevance of NCDs to their individual human development efforts in the country and support their implementation;
- integrate NCDs and their determinants into their bilateral plans with the Government of Viet Nam, and jointly review progress in implementation of bilateral plans;
- strengthen a functional mechanism to coordinate support by the UNCT on NCD to the Government’s efforts to address NCDs;
- highlight progress made to date in laying the foundation for a national multisectoral response to NCDs through WHO support at country level;
- draw lessons from ongoing efforts by WHO and other UN Agencies working with the Government of Viet Nam in the area of NCD prevention and control, including implementation of the WHO Framework Convention on Tobacco Control (FCTC) in Viet Nam, in order to inform other countries in the region and beyond.
- and to Position NCD in the development agenda in Viet Nam and to advocate NCD investment as an investment for development.

Specific objectives of the joint mission are to support the Government of Viet Nam:

1. Map ongoing bilateral and multilateral processes to support the Government in their efforts to address NCDs within the context of the One Plan (2012-2016) and the country cooperation strategies of respective UN agencies and advocate for integration of NCDs and their determinants into the new UN Strategic Plan 2017-2021. The joint mission will facilitate:
   (i) contribution of key UN agencies (Asian Development Bank, FAO, ILO, UNAIDS, UNDP, UNFPA, UNICEF, WHO and World Bank), individually or collectively through the UNCT/One Plan Joint Programming Group, to implementation of the national multisectoral response to NCDs,

2. Advocate for effective multisectoral response and increased multi-sectoral investment for NCDs at the country level. The joint mission will:
   (i) To position NCD in the development agenda of Viet Nam.
   (ii) highlight approaches for effective coordination of national multisectoral response to NCDs;
(iii) identify barriers which prevent effective coordination of the national multisectoral response to NCDs, and provide relevant recommendations;
(iv) identify support needed by Government from WHO, other UN agencies, the World Bank and international partners;
(v) advocate for health promoting policies across government line-ministries, and help drive the inter-ministerial commission initiative which is underway in the country;

3. Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs;

(i) finalization, dissemination and implementation of the first year action plan with the necessary costing and financing elements.
Annex 2. Members of the Joint Mission (agencies and individuals in alphabetical order)

FAO
Pawin PADUNGTOD, Senior Technical Coordinator, Emergency Centre for Transboundary Animal Diseases, Hanoi

ILO
Nguyen Hoang HA, Hanoi

UNDP
Nadia Rasheed, Team Leader, HIV, Health & Development, Asia-Pacific, Bangkok

UNFPA
Nguyen NGOC QUYNH, Social Protection Analyst, Population and Development, Hanoi

UNICEF
Friday NWAIGWE, Health Chief, Hanoi
Dr Chris HIRABAYASHI, Regional Health Advisor, EAPRO

WHO
Nick BANATVALA, Senior Adviser to the Assistant Director General, NCDs and Mental Health, Geneva
Jeremias N. PAUL Jr., Coordinator, Tobacco Control Economics, Prevention of NCDs, Geneva
Dr Warrick Junsuk KIM, Medical Officer, NCDs and Health Promotion, WPRO, Manila
Dr Alexey KULIKOV, External Relations Officer, UN Interagency Task Force on NCDs, Geneva
Mrs Sophie GENAY-DILIAUTAS, Technical Officer, Global Coordination Mechanism, Geneva
Ms Saki NARITA, Volunteer, Noncommunicable Diseases and Health Promotion, WPRO

World Bank
Mrs Dao Lan HUONG, Senior Health Specialist, Health, Nutrition & Population, Hanoi
### Annex 3. Joint Mission Programme

#### Finalized Programme

**Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Viet Nam, 12-16 September 2016**

### Monday 12 Sept, (Day 1)

<table>
<thead>
<tr>
<th>Items No</th>
<th>Time</th>
<th>Meeting</th>
<th>Venue</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8.30 – 9.00</td>
<td>Meeting with WR/OIC</td>
<td>Green One UN House</td>
<td>Set up the scene, share roles for the mission</td>
</tr>
<tr>
<td>2</td>
<td>9.00 – 10.30</td>
<td>Meeting with UN Resident Coordinator and UN Country Team</td>
<td>Green One UN House</td>
<td>Overview of mission and objectives and involvement of other UN agencies</td>
</tr>
<tr>
<td>3</td>
<td>10.30 – 12.00</td>
<td>Courtesy visit and briefing with Minister of Health and senior officials</td>
<td>MoH</td>
<td>Overview of mission and objectives</td>
</tr>
<tr>
<td>4</td>
<td>12.00 – 13.30</td>
<td>Lunch</td>
<td></td>
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</tbody>
</table>
| 5        | 13.30 – 16.10| High-level Round table forum with Ministries, UN, DPs, and Embassies. Chair by Minister of Health and RC. On the topic of NCD and development in Viet Nam. | In Melia Hotel | - introduction of UNIATF mission  
- background of NCD burden and control in Viet Nam  
- A high profile international speakers on NCD and development in Viet Nam  
- Investment for NCD in the context of NCD and development.  
- HP fund |
| 6        | 16.30 – 18.00| A Reception                            | In the same hotel            |                                                                           |

### Tuesday 13th Sept, (Day 2)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
<th>Place</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 7 7h30 – 18:00| Visiting one province (proposed Ha Nam) (separate programme was developed.) | Ha Nam province              | - To learn about the local health system  
- NCD management and health promotion at primary healthcare level |
Wednesday 14th Sept, (Day 3)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
<th>Place</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9:00 – 12:00 Stakeholder forum with NGOs, Civil Society Organizations to be facilitated by the UNRC and WR</td>
<td>Green One UN House</td>
<td>Get in touch with the NGOs working on tobacco control and NCD</td>
</tr>
<tr>
<td>9</td>
<td>12.00 – 13.30 Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>13:30 – 15:00 Courtesy visit/meeting with the Social Affair Committee NA</td>
<td>Social Affairs Committee office</td>
<td>Advocacy for health in the law making agenda and HPF</td>
</tr>
<tr>
<td>11</td>
<td>15.00 – 17.00 Visiting TC fund</td>
<td>VN TC fund</td>
<td>To learn about a model of innovative funding for tobacco control. Use this as examples to recommend HP Fund</td>
</tr>
</tbody>
</table>

Thursday 15th Sept, (Day 4)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
<th>Place</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>09:00 – 11:30 Meeting with MOF</td>
<td>MOF</td>
<td>NCD investment and development HP Fund</td>
</tr>
<tr>
<td>13</td>
<td>12:00-13:30 Lunch</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>13.30 – 15.00 Meeting with Propaganda and Education Committee of the Communist Party</td>
<td>Office of the Committee at 2B Hoang Van Thu street, Ha Noi</td>
<td>Raise awareness on NCD and development in VN Party’s guiding on mass media communication for NCD control</td>
</tr>
<tr>
<td>15</td>
<td>15:00-17:00 Discussion with Minister of Education and Training (on Nutrition and Physical activities at schools)</td>
<td>TBD</td>
<td>NCD and development in school context: Raising healthy generations, especially healthy nutrition and physical activities.</td>
</tr>
<tr>
<td>16</td>
<td>17.00 – 18.00 Discussion on draft outcomes and the recommendations</td>
<td>Green One UN House</td>
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</table>
Friday 16th Sept, (Day 5)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
<th>Place</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>8.30 – 10.30 Meeting with MOH and key development partners.</td>
<td>MOH</td>
<td>Wrap up results and key recommendations for the way forward</td>
</tr>
<tr>
<td>18</td>
<td>11.00 – 12.00 Meeting with Press</td>
<td>UN House</td>
<td>Inform press about the UNIATF mission activities and recommendations for Viet Nam</td>
</tr>
<tr>
<td>19</td>
<td>12.30 – 13.30 Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Departure of participants</td>
<td></td>
<td></td>
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</tbody>
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Annex 4. Examples of UN activities other than WHO in Viet Nam in the area of NCDs

UNFPA has applied a life-cycle approach in responding to rapidly ageing population, which would create heavy burden on NCDs (including chronic and mental diseases), in Viet Nam. UNFPA’s work addresses issues of both older and young people, and promotes healthy and active ageing which employs integrated approaches across medical and social service sectors, specifically addressing cervical cancer issues, expanding social protection coverage and equity, and facilitating healthy lifestyle and active social participation of all generations.

UNICEF has supported the Government of Viet Nam through its multi-sectoral “Life Course” approach, which includes promotion of exclusive and continued breast feeding as well as appropriate nutrition in early life that all reduce the risk of overweight and type 2 diabetes later in life; strengthening immunization system that includes vaccination against hepatitis B; upholding early childhood development and parental involvement; and, promotion of life skills education at school to reduce harmful behaviours among young adolescents.

UNDP and the government of Viet Nam collaborate on 3 main areas: Inclusive and Equitable Growth, Governance and Participation, and Sustainable Development. In the context of sustainable development, UNDP and the Ministry of Natural Resources and Environment implement initiatives funded by the Global Environment Facility to manage harmful chemicals and reduce their impact on environmental and human health, including preventing NCDs. The ‘One Health’ initiative, funded by USAID and managed by UNDP, promotes cross-sectoral policy and coordination to deal with serious health threats arising from the animal-human-environment interface, together with WHO and FAO.

ILO has cooperated with MOLISA to launch a new project on “Building a Generation of Safe and Healthy Workers - Safe & Healthy Youth Project”, which support the Government to extend protection coverage to workers in the informal economy. These achievements are very significant and meaningful in the context of the rapid economic development, the growing numbers of enterprises and increasing labour force in the country. As for prevention of pneumoconiosis including asbestos-related diseases, Vietnam has been moving forward steadily towards phasing out the use of chrysotile asbestos by 2020 with ILO and WHO support. The ILO will continue to develop close cooperation with WHO and MOH on prevention of silicosis and asbestos-related diseases in Viet Nam.
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

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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13 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.

14 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 6. Voluntary Global Targets on the Prevention and Control of NCDs for 2025\textsuperscript{15}

**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

\textsuperscript{15} 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.

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