Mid-term evaluation of implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025

This report provides a midterm overview of implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025. It is submitted to the WHO Regional Committee for Europe at its 70th session in September 2020, in line with resolution EUR/RC66/R11.
Introduction and background

1. In resolution EUR/RC66/R11, the WHO Regional Committee for Europe urged Member States to implement the priority and supporting actions presented in the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region and requested the WHO Regional Director for Europe to monitor its implementation and report thereon, in a mid-term evaluation, to the Regional Committee at its 70th session in 2020.

2. The goal of the Action Plan is to avoid premature death and significantly reduce the disease burden from noncommunicable diseases (NCDs) by taking integrated action, improving quality of life and making healthy life expectancy more equitable within and between Member States. Implementation of the Action Plan has been monitored in line with the WHO NCD Global Monitoring Framework (GMF)\(^1\) (comprising nine voluntary global targets and 25 indicators), adopted by the World Health Assembly in May 2013, and the WHO Noncommunicable Diseases Progress Monitor\(^2\) (comprising 19 indicators), which was published in 2015 and updated in 2017 and 2020. The overarching target is Sustainable Development Goal (SDG) target 3.4: to reduce premature mortality from NCDs by one third by 2030, through prevention and treatment and the promotion of mental health and well-being.

Overall evaluation

3. In general, the WHO European Region has good news to report. The GMF target on relative reduction of premature mortality from four NCDs (25% by 2025) and the abovementioned SDG target 3.4 are well on their way to being achieved for the Region as a whole. And, for practically all countries where robust mortality data are available, there has been a clear decline in premature deaths from NCDs since 2010, the baseline year for measurement of progress towards these two targets. This decline has been fastest in the countries with the highest mortality, and the Region is converging at a steady rate, leading to a reduction in east–west differences. There has been stagnation of progress in recent years, especially among high-income countries (HICs), yet it should be noted that the HIC average reduction is already lower than the 2030 target for the Region as a whole. Currently, 28 countries in the Region are on track to achieve the one third reduction of premature mortality, 18 are off track, and for seven lack of data makes judgement difficult. The regional average rate of decline is 1.9% annually, similar for men and women.

4. Apart from the NCD premature mortality target, there has been mixed progress on the other eight voluntary global targets within the GMF. Prevalence of raised blood pressure is decreasing and is likely to just reach the 2025 target of achieving a 25% relative reduction in the prevalence of raised blood pressure or containing the prevalence of raised blood pressure, according to national circumstances. Per capita alcohol consumption was reduced by 9% between 2010 and 2016, and the 2025 target (of at least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context) was achieved nine years ahead of time. Nevertheless, the Region still has the highest alcohol consumption in the world, and progress has been uneven between countries: greatest for the countries of the

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\(^1\) Available at: [https://www.who.int/nmh/global_monitoring_framework/en/](https://www.who.int/nmh/global_monitoring_framework/en/).

\(^2\) Available at: [https://www.who.int/publications-detail/ncd-progress-monitor-2020](https://www.who.int/publications-detail/ncd-progress-monitor-2020).
Commonwealth of Independent States, limited in countries that became members of the European Union (EU) from May 2004 (EU13) and no progress in countries that were members of the EU before May 2004 (EU15).

5. There has been some progress in the reduction of tobacco use, but rates do not seem to be fast enough to reach the GMF target of a 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years. The prevalence of tobacco use among women in the European Region (20.7%) is the highest rate of all WHO regions. The European Region is failing to halt the rise in diabetes and obesity (GMF target 7); the prevalence of diabetes was estimated to be 7.3% in 2014 for the European Region (latest WHO estimates), compared with 6.9% in 2010, and no country is decreasing the prevalence of obesity; rather, it has reached 23.3% in 2016 for the European Region compared with 20.8% in 2010. There is not sufficient data to judge regional progress on the targets for physical activity (target 3 – a 10% relative reduction in the prevalence of insufficient physical activity); salt intake (target 4 – a 30% relative reduction in the mean population intake of salt/sodium); treatment for high-risk patients (target 8 – at least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes); and access to medicines and technologies (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). Analysis of surveys carried out using the WHO STEPwise approach to NCD risk factor surveillance (STEPS) indicates that six out of the 11 countries with such surveys have achieved target 8. A proxy for measuring progress towards target 9 comes from the WHO NCD Country Capacity Survey (CCS) 2019, which indicates that essential NCD medicines are generally available in 44 Member States (83%), but affordability is not known, and essential NCD technologies are generally available in 43 Member States (81%).

6. Data from the WHO NCD CCSs conducted in 2015 (the baseline year for this Action Plan) and 2019 indicate that the implementation of priority actions has improved, as shown by an overall increase in achievement of the 19 progress monitoring indicators (PMIs). While 34% of Member States had fully achieved the PMIs in 2015, this share increased to 46% by 2019; however, achievements and progress are uneven between different indicators and Member States.

Action on NCD prevention and control in the European Region since 2016

Priority action areas

7. By 2019, two thirds (64%) of WHO’s European Member States had fully achieved an operational, multisectoral national strategy or action plan that integrates the major NCDs and their shared risk factors, up from 43% in 2015. The development and implementation of a set of national targets and indicators is another important instrument, and 43% of Member States had established a full set of these by 2019 (up from 23% in 2015).

8. During the last two bienniums, the WHO Regional Office for Europe has actively supported Member States in developing NCD policies and action plans, for example through technical support for their development, implementation and evaluation and for multisectoral dialogues within countries. Both the WHO European Meeting of National NCD Directors and Programme Managers, held in Moscow, Russian Federation, on 8–9 June 2017, and the WHO European High-level Conference on Noncommunicable Diseases, held in Ashgabat,
Turkmenistan, on 9–10 April 2019, were opportunities to review the progress made in the European Region towards attainment of the SDG targets, to intensify countries’ efforts and to strategize the next steps to achieve the global goals on NCDs. Furthermore, since 2016, the Regional Office has worked with the United Nations Development Programme and the United Nations Interagency Task Force on NCDs to develop NCD investment cases in eight countries, with a view to assessing the potential return on investment of multisectoral interventions that have an impact on NCDs.

9. Assessment of progress in surveillance, monitoring and evaluation is based on whether Member States have a functioning system for generating reliable cause-specific mortality data on a routine basis, and whether a WHO STEPS survey or a comprehensive health examination survey is conducted every five years. Four fifths (81%) of Member States in the Region had fully achieved such a cause-specific mortality data system in 2019. Although most Member States conduct surveys on at least one NCD, surveys integrating the four main risk factors are less common. The proportion of Member States achieving this PMI fell from 40% in 2015 to 36% in 2019.

10. During the last two bienniums, WHO has supported numerous countries and areas in carrying out a wide range of NCD risk factor surveys: STEPS (14 countries and areas); the WHO European Childhood Obesity Surveillance Initiative (44 countries); Health Behaviour in School-aged Children (44 countries); FEEDCities (a study to assess the nutrient composition of foods sold in local markets in low- and middle-income countries) (seven countries); and salt surveys (27 countries and areas). Together with the United States Centers for Disease Control and Prevention, WHO has also supported two countries in carrying out Global Adult Tobacco Surveys and nine countries in carrying out Global Youth Tobacco Surveys. NCD CCSs were conducted in 2017 and 2019, and a 100% response rate was achieved in both rounds. Additionally, WHO and the International Agency for Research on Cancer have supported multiple countries in implementing cancer registration methods and strengthening cancer registries, through training and capacity-building workshops (organized within countries or on an intercountry basis) or the provision of tailored assistance.

11. Addressing and reducing exposure to the main behavioural NCD risk factors (such as alcohol consumption, tobacco use, unhealthy diet and physical inactivity) is a fundamental aspect of disease prevention and health promotion. These areas of work are described in more detail in the sections below on priority and supporting interventions. Furthermore, the WHO European Action Network on Health Literacy for Prevention and Control of Noncommunicable Diseases was launched in 2019 to accelerate ongoing activities in NCDs and showcase the added value of health literacy, and a capacity-building event on developing, implementing and evaluating national health literacy projects to prevent and control NCDs was held in 2019.

12. In order to address NCDs, people-centred health systems need to be strengthened so that quality, comprehensive and coordinated services can be provided across the continuum from prevention through early detection to treatment, rehabilitation and palliation. A significant cross-programme initiative on strengthening health systems for better NCD outcomes led to NCD health system assessments being carried out in 14 countries between 2013 and 2020; a synthetic report and a set of good practice briefs were launched at the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region, held in Sitges, Spain, on 16–18 April 2018. This event brought together evidence and experience on ways in which governments can adapt their health systems to effectively meet the growing challenge of NCDs.
**Priority interventions: population level**

13. In relation to fiscal and marketing policies for alcohol, tobacco and food, there has been mixed progress. For alcohol, only 13% of Member States fully implemented pricing policies, such as excise tax increases on alcoholic beverages, in 2019 (PMI 6c), and this indicator declined compared with 2015.³ On the other hand, there has been a significant increase in the proportion of Member States increasing tobacco excise taxes (PMI 5a): from 2% of Member States in 2015 to 47% by 2019. During the last biennium, with WHO support, 12 countries adopted and implemented new tobacco control policies, 20 countries have been empowered to take evidence-informed action related to novel tobacco products, and nine countries are now implementing plain packaging of tobacco products. The proportion of Member States fully implementing the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children (PMI 7c) increased from 42% in 2015 to 66% in 2019.

14. The European Region was the top-performing WHO region in 2019 for the proportion of Member States fully achieving PMIs 7a (38% adopted national policies to reduce population salt/sodium consumption); 7b (75% adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply); and 7c (66% adopted the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children).

15. The European Region is also the leading region for the proportion of Member States fully achieving PMI 8 (implementation of at least one recent national public awareness programme for physical activity); this indicator increased from 75% in 2015 to 87% in 2019.⁴ WHO published physical activity factsheets for the 28 current members of the EU in 2018.

16. Air pollution (household and outdoor) was recognized as a fifth NCD risk factor at the third high-level meeting of the United Nations General Assembly on the prevention and control of NCDs in 2018 and is globally acknowledged to be the second leading cause of NCD deaths. In 2018, WHO launched the software tool AirQ+, which calculates the health impacts of air pollution, and has been supporting Member States in strengthening capacities with regard to air quality and health and use of the tool. Since 2016, WHO has been working on updating WHO global air quality guidelines.⁵

**Priority interventions: individual level**

17. Coverage of cardio-metabolic risk assessment and management is monitored through PMI 10, which measures the provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level. Full achievement of PMI 10 by Member States in the European Region more than doubled from 30% in 2015 to 64% in 2019, making it the top-performing WHO region. WHO has supported countries in implementation of a WHO package of essential NCD interventions (focused on cardiovascular diseases and diabetes) in primary health care through capacity-building workshops, feasibility projects and implementation research, particularly in countries in eastern Europe and central Asia.

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³ Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4) is reported on separately.
⁴ Midterm evaluation of the Physical Activity Strategy for the WHO European Region 2016–2025 (resolution EUR/RC65/R3) is reported on separately.
⁵ Progress on implementation of the European Environment and Health Process (resolution EUR/RC67/R4) is reported on separately.
18. By 2019, two thirds (66%) of Member States had fully implemented evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach recognized or approved by government or competent authorities (PMI 9), a significant increase from 45% in 2015. Since its International Conference on Cardiovascular Diseases in 2015, WHO has been supporting countries in reviewing and improving the quality of acute and rehabilitative services for heart attack and/or stroke.

19. With regard to cancer, support has been provided for the planning of control measures, treatment and/or palliative care (eight countries), as well as screening and early diagnosis (tailored support provided in 10 countries). Participants from 16 countries attended a large workshop on cancer screening organized by WHO and the International Agency for Research on Cancer in January 2019. Furthermore, experts from 11 countries participated in a regional meeting on childhood cancer in October 2019.

20. A further substantial cross-programmatic initiative since 2018 has been to increase the effectiveness of screening programmes for NCDs and the life course. The WHO European Conference on Screening took place in Copenhagen, Denmark, in February 2020 with the participation of 45 Member States, at which a technical guide and a high-level policy brief were launched.

21. Several forms of cancer are largely vaccine-preventable. WHO recommends that all countries provide human papillomavirus vaccination to girls as part of a comprehensive approach to cervical cancer prevention. The number of countries that provide routine human papillomavirus vaccination is growing and has now reached 38. Hepatitis B vaccination is the mainstay of hepatitis B prevention, thereby preventing the development of chronic liver disease and liver cancer. In 2018, 72% of countries in the Region achieved the target of 95% hepatitis B vaccine coverage.

**Supporting interventions**

22. Owing to a lack of resources, there has been limited progress in the promotion of oral health and musculoskeletal health. WHO has published several factsheets on oral health in relation to tobacco use, sugar intake and fluoridation, and work on rehabilitation has been scaled up.

23. Following the formal recognition by the United Nations General Assembly of mental health conditions as the “fifth NCD”, the case for integrating mental health into the NCD agenda was set out and discussed among Member States at the WHO European High-level Conference on Noncommunicable Diseases in April 2019. A 2017 background technical report on addressing comorbidity between mental disorders and major NCDs remains valid and can be useful for joint work in countries. Implementation of the European Mental Health Action Plan 2013–2020 will be reviewed in 2021.

24. WHO continues to support countries in promoting health in specific settings. The 5th European Conference on Health Promoting Schools was jointly organized by WHO and Schools for Health in Europe in November 2019. The Health in Prisons European Database was launched in early 2018, and a status report on prison health in the WHO European Region was published in 2019, as well as factsheets for 38 European countries. Lessons learned from age-friendly initiatives in Europe have been incorporated into a handbook of domains for policy action and an overview of measurement, monitoring and tailored communication tools. The WHO European Healthy Cities Network continues to support cities and local
governments in their crucial role in developing physical, socioeconomic and cultural environments that prevent NCDs and support people living with NCDs.

Conclusions

25. This report gives a brief overview of the progress and achievements in the Region over the last four years. While there is much to applaud, for example the progress made in reducing premature mortality from NCDs and improving certain process indicators, substantial shortcomings remain. Full implementation of the WHO Framework Convention on Tobacco Control and best buys in the prevention and management of NCDs is still a long way off, and a greater focus on gender and social inequalities is needed. Furthermore, it is important that the current COVID-19 pandemic does not derail these achievements, for example through disruptions to essential health services that lead to increases in avoidable mortality and disability from NCDs.