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

ZAMBIA

5–9 DECEMBER 2016
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Executive Summary

The United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (NCDs) visited Zambia from 5-9 December 2016 to support Zambia tackle NCDs and road traffic injuries. Ten UN system agencies participated in the joint programming mission. The mission was timed in order to hold discussions on a new multisectoral NCD action plan.

NCDs - principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases - cause 23% of all deaths in the country with nearly 1 in 5 people dying prematurely from these conditions. 24% of Zambian men smoke and more than a third of men have hypertension. Current tobacco taxes are 21.36% of a sales cigarette package price while globally the recommended ratio is 70%.

Road traffic injuries and their associated impacts constitute an important health and development challenge in Zambia. Road crashes are the third leading cause of death in Zambia after malaria and HIV/AIDS, accounting for 2,000 deaths per year, with many thousands being injured each year. Road traffic accidents in Zambia thus constitute a disproportionate threat to life and cause of premature death.

The Task Force met with high-level officials from a number of ministries across government in order to explain how NCDs present a challenge to their sectors and the national development agenda and to identify concrete steps that can be taken in their sectors to tackle NCDs. The Task Force also met with the First Lady of Zambia, parliamentarians, as well as development partners and representatives of civil society and academia.

The Joint Mission reviewed Zambian achievements against the WHO NCD Progress Monitor 2015 and commitments set out in the Outcome Document of the 2014 High-level Meeting on NCDs. The findings showed that some indicators were less positive than the assessment published in the progress monitor mainly due to the fact that whilst policies are in place, they are not fully translated into action. This is primarily due to the lack of enforcement of relevant policies and laws, which remains a major challenge to progress.

The Joint Mission reviewed the draft UN Development Partnership Framework for 2016-2021 with UN agencies in country, noting that NCD-related Sustainable Development Goals (SDGs) are an integral part of the Framework and discussed the contributions that resident UN agencies can make in providing technical support to the Government of Zambia.

The Joint Mission provided a roadmap for reducing the burden of NCDs, including a set of recommendations for the Government of Zambia, 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) governance; (ii) surveillance; (iii) NCD risk factors; (iv) road safety, and (v) integration of lessons learned from HIV into NCDs.


2 World Health Statistics 2015

3 The Central Statistics Office (CSO), Ministry of Finance, 2012,
At the end of 2017, Zambia, alongside all Member States will be invited to provide data to the World Health Organization (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 Zambia to be in a strong position when reporting against these targets.

The UN system is well placed to provide technical assistance to Zambia in preventing and controlling NCDs. The UN Development Partnership Framework 2017-2021 includes NCDs in its results-based framework. The United Nations Resident Coordinator and the UN Country Team have prioritized NCDs as a key issue to consolidate all resident agencies efforts on supporting the review of the current NCD action plan and development of the new one, establishing of a national NCD coordination mechanism, developing the business case for NCDs and engaging development partners to support national NCD response.


2. Members of the Joint Mission, Terms of Reference, and the programme are in Annexes 1, 2 and 3. The Joint Mission is grateful to the First Lady of Zambia, the Ministry of Health and other government ministries, the Parliamentary Committee on Health, the United Nations Country Team (UNCT) and Civil Society Organizations that took time to meet with the Mission. The Mission also expresses its gratitude to other development partners that participated in discussions during the week.

Key Findings

3. Zambia (population 14.5 million in 2015) is a politically stable country with uninterrupted peace and continuous improvement of social-economic conditions since independence in 1964. The Government through Vision 2030 is working towards Zambia becoming a prosperous middle-income country by 2030.

4. Zambia is experiencing rapid urbanization with the number of people living in cities rising from 3.5 million in 2000 to 5.1 million in 2010. The average life expectancy at birth has increased from 40.5 years in 1998 to 58 years in 2014, whilst the fertility rate stands at 5.7 children per woman in 2013.

5. 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 in Zambia and as a result Zambia is seeing an epidemic of NCDs – principally cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. The country is now facing the double burden of communicable diseases and NCDs. NCDs currently account for 23% of all deaths in Zambia with an individual having an 18% probability of dying from NCDs before the age of 70.

6. Twenty percent of males use tobacco, with rapidly growing numbers of tobacco users among school students, both male and female aged 13-15 years. Harmful use of alcohol is a cause of 42% of all mental health admissions with 76% of men and 23% of women consuming alcohol regularly. Currently 1 in 3 men suffer from hypertension. Around 8% of the population has raised blood glucose levels, with 3% diabetes prevalence in males and 4% in females. Consumption of

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5 Zambia: WHO statistical profile
National HIV prevalence is 13.3% while the TB prevalence is 638 cases per 100,000 in the adult population, ranking Zambia one of the thirty high TB burden countries. Malaria remains endemic throughout the country with 336 cases per 1000 population in 2015. The country is also prone to outbreaks of anthrax, cholera, dysentery, konzo, measles, meningitis and plague.
7 World Health Organization - NCD Progress Monitor, 2015.
8 STEPS survey 2008
fruits is suboptimal with less than one quarter of the population consuming 5 fruits/vegetables a day. Up to 14.2% of the population is obese (5.1% of males, and 18.6% of females).  

7. After malaria and HIV/AIDS, road traffic accidents are the third leading cause of all deaths in Zambia. Road traffic accidents in Zambia thus constitute a disproportionate threat to life and cause of premature death.

8. 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 with USD 30 trillion due to the four major NCDs. 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 USD 1465 billion, USD 323 billion and USD 235 billion respectively. While the total economic impact of NCDs for Zambia is not available, it is expected to be a significant part of country’s GDP.

9. The strategic long-term focus of Government for sustainable development looks to address low levels of employment in the economy, to invest in rural development and to reduce widening inequalities in the economy. Together with that, documents provide a roadmap to ensure a healthy population with reduced incidence of major diseases by 2030, including through continuous developing of health facilities, increasing annual health expenditure per capita to average USD 150 and ensuring universal access to healthcare. Zambia is well-placed to adopt and localize the Sustainable Development Goals (SDGs) to reflect Zambia’s own context and priorities. Alongside more than 20% of Zambians who share more than half of the total national income, Zambia has pervasive extreme poverty of around 60%.

10. The health system in Zambia is shaped to ensure equal access to cost effective community based health care aiming to achieve universal health coverage. The Government’s resolve is to achieve universal health coverage in line with SDG number 3 to ensuring healthy lives and promote well-being for all by 2030. The focus therefore, is on strengthening health systems with emphasis on primary health care and promoting innovative health financing strategies and rehabilitation of health facilities and training schools.

11. In 2017, the Government plans to update the Zambian strategic Plan 2013-2016 on NCDs and their risk factors for the next five years. The new plan will be multi-sectoral and fully costed.

**Recommendations for Action**

12. The Joint Mission has prioritised recommendations in five selected areas. The first is governance. The second is surveillance, third is NCD risk factors, including, tobacco control, tackling harmful use of alcohol and reducing salt intake in the population. The fourth is road safety, and fifth is on integration of lessons learned from HIV into NCDs.

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13 Living Conditions Monitoring Survey, Central statistical Office, 2010
A. Governance

To ensure multisectoral NCD policies and mechanism are in place, the Join Mission recommends:

i. Establish national NCD coordinating committee (or equivalent) with membership by all ministries chaired at the senior level (e.g. Vice President) in 2017, with proper subcommittee to serve a coordination platform for civil society, NGOs and academia.

ii. Establish provincial and district level NCD coordinating committees with membership by all municipal authorities chaired by heads of local administrations.

iii. Develop national multisectoral NCD Action Plan 2017-2021 with full participation of non-health ministries and non-state actors in 2017. The Joint Mission recommends that:

- An inter-ministerial group of technical experts is established to undertake a rapid review of the impact of the 2013-2016 strategic action plan and lessons learnt and then rapidly move forward on drafting the new Plan;
- The plan prioritises a small number of interventions, that are in line with the WHO set of highly cost-effective, evidence-based and feasible interventions (Annex 4), and that the plan is costed and fully funded;
- Time bound targets and indicators to chart progress are in place;
- A communication strategy for NCD Action Plan 2017-2021 is developed and implemented.

iv. An investment case be undertaken to show the burden of NCDs (with special focus on tobacco use effects) and return on investment of feasible cost-effective interventions in 2017.

v. Strengthen capacity to enforce existing legislation and regulations. The possibility of expanding the fast track courts for violation of traffic laws to other offences such as on tobacco, alcohol and food should be explored.

UN roles and responsibilities

- UNCT (WHO AFRO, HQ and Country Office) should provide technical and convening support for establishing a national and provincial and district level coordination mechanisms.
- WHO, UNDP and WB should provide support for updating the NCD action plan, including costing and prioritization, as well as developing the business case.
- Resident UN agencies should establish a UN Country Team thematic group (or equivalent) to provide joined up multisectoral technical support to assist the Government in delivering the action plan including enhanced collaboration across the UN.
- Engage development partners to assess their interest in funding NCDs, highlighting in particular how NCDs impact the poor.

B. Surveillance

The Joint Mission recommends that Zambia:

vi. Conduct and finalize country wide STEPS survey in 2017 to ensure that Zambia can report on all the NCD targets and indicators. Consider including NCDs of most concern on the national list of notifiable diseases.

vii. Include NCD-related indicators into the district- and hospital-level information systems, and into the next demographic health survey 2018.
ix. Include NCD-related indicators into the community level primary health care to ensure basic NCD health services coverage for those who are not able to visit health facilities.

ix. Strengthen national vital registration system to ensure quality routine based cause specific mortality data.

**UN roles and responsibilities**

- WHO Country Office in Zambia with support from regional and HQ offices should provide technical support for the above.

C. NCD risk factors.

The Joint Mission recommends that:

x. NCD risk factor modules are introduced at a primary, secondary and tertiary education institutions to raise NCD awareness among population.

xi. National Health Week launched twice a year to stimulate a whole-of-government and whole-of-society efforts in health promotion and tackling of NCDs.

**Tobacco**

*All recommendations on tobacco control goes in line with the provisions of the WHO Framework Convention on Tobacco Control (FCTC) ratified by Zambia in 2008. These require urgent actions in 2017, if the country wants to get on the right trajectory in achieving SDGs and national development goals.*

xii. Tobacco Control Law (initially proposed in 2010) to be finalised submitted to the National Assembly for debate and adoption in 2017.

xiii. Ensure annual increase in excise taxes on tobacco products to reach the recommended level of at least 70% of the retail package price. This reduces the affordability of tobacco products. Also consider reallocating the part of the tobacco tax revenue for the implementation of the national NCD action plan 2017-2021.

xiv. Regulation to ensure that indoor workplaces, public places and public transport are completely smoke-free environments to be enforced.

xv. Ban all forms of advertising, promotion and sponsorship of tobacco products, and ban the sale of single cigarettes.

xvi. Implement the pictorial health warnings on cigarette packs and implement consistent public education campaigns on harms of tobacco use, using mass media.

**Harmful use of alcohol**

xvii. The comprehensive bill on alcohol to be developed and submitted to the parliament as soon as possible for debate and adoption before enactment in 2017.

xviii. Increase excise tax on all alcoholic beverages in 2017 and beyond on an annual basis. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce the harmful use of alcohol.
Unhealthy Diets

ix. In line with the commitment of the Government of Zambia, develop and introduce Food Safety Bill to the Parliament in 2017-2018, which should include the following components:

• setting up import taxes for the foods rich of sugar, salt and unhealthy fats;
• promoting reformulation of foods and meals to contain less sugar, salt and unhealthy fats across the food supply;
• promoting production, processing, preserving and consumption of local foods to stimulate healthy eating, coordinated by relevant line ministries with due involvement of civil society.
• 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;

Physical Activity

xx. Raise awareness around physical activity, through the media, through education and through workplaces/other settings in 2017 and beyond.

xxi. Implement interventions that make physical activity easy and safe, i.e. bettering road safety, embedding space for physical activity in infrastructure development and improving affordable access to safe green spaces by 2021.

xxii. Enforce physical activity requirements in schools and build upon youth and sport programmes (being sensitive to children who may be undernourished), and enforce road safety interventions to protect non-motorists in 2017 and beyond.

D. Road Safety

xxiii. Review the status of implementation of the current national road safety strategy to determine what is being done well and what needs to be improved, and strengthen its implementation. The current national road safety strategy can be revised to reflect the results of the review, particularly the strategic direction and specific measures that need to be strengthened in the next five years.

xxiv. Consider drawing on WHO's Save lives: a road safety technical package (speed management, infrastructure design and improvement, enforcement of traffic laws, leadership on road safety, vehicle safety standards and survival after a crash) to identify key measures for updating the national strategy.

xxv. Ensure that the road safety component is included in the National NCD Action Plan 2017-2021 and that ministries of Transport and Communication, Justice and High Court are part of national NCD coordination mechanism to implement the plan and convey the NCD-related elements of road safety to local governments, development partners and civil society.

UN roles and responsibilities

➢ The resident UN agencies should provide technical support for the above in collaboration with UN partners at regional and global level.
E. Integrate lessons learned from HIV into NCDs

xxvi. Consider links between HIV/AIDS and NCDs in health sector responses and overlapping social determinants, in particular include NCD examination and NCD-related indicators in the standard package for HIV/AIDS patients.

xxvii. Approach development partners that have traditionally worked on HIV to assess their interest in supporting work on co-morbidities. The Global Fund has actually approved a framework for financing comorbidities in 2015, and is already supporting cervical cancer work in Zambia.

xxviii. Explore how NCD civil society can be supported in line with how HIV civil society networks are being supported.

UN roles and responsibilities

- The resident UN agencies should provide technical support for the above in collaboration with UN partners at regional and global level, including due advocacy among development partners to support national efforts on NCDs.

Preparing to 2018 Third High-level Meeting on NCDs

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

<table>
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<th>Commitment</th>
<th>Progress</th>
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<tr>
<td>By 2015, develop national multisectoral policies and plans.</td>
<td>A national NCD action plan (2013-2016) is in place.</td>
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<td>By 2015, set national targets.</td>
<td>In place.</td>
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<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, but significant attention required to meet this target by 2017, in particular in the areas of legislation and enforcement.</td>
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<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>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 2017.</td>
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14. 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 Zambia is as follows:

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<th>National NCD targets and indicators</th>
<th>Progress Monitor assessment</th>
<th>Joint Mission assessment</th>
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<tbody>
<tr>
<td>1</td>
<td>National NCD targets and indicators</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>2</td>
<td>Mortality data</td>
<td>Not achieved</td>
<td>Partially 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>
</tr>
<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>Not 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>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>d. Advertising bans</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>6</td>
<td>Harmful use of alcohol reduction measures</td>
<td>Partially achieved</td>
<td>Not achieved</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>Partially achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>c. Pricing policies</td>
<td>Partially 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>Data not available</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>b. Saturated fatty acids and trans-fats policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td></td>
<td>c. Marketing to children restrictions</td>
<td>Data not available</td>
<td>Fully achieved</td>
</tr>
<tr>
<td></td>
<td>d. Marketing of breast-milk substitutes restrictions</td>
<td>Data not available</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>8</td>
<td>Public awareness on diet and/or physical activity</td>
<td>Not 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>Fully achieved</td>
</tr>
<tr>
<td>10</td>
<td>Drug therapy/counselling for high risk persons</td>
<td>Not achieved</td>
<td>Partially achieved</td>
</tr>
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15. The Mission’s assessment was for some indicators less positive than the assessment published in the progress monitor mainly due to 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.

**Wider Observations**

**Government of Zambia response**

16. The Government of Zambia has a National Strategic Plan on NCDs and their risk factors 2013-2016 and plans to update it to make it multisectoral and develop national mechanism to implement the plan (national NCD committee or equivalent) to cover tobacco, alcohol and road safety.

17. Consistent investment in the health budget has been made in the recent years, but NCD component remains underfunded. Against the background of rapidly growing GDP, the share of health sector is slightly decreasing (from 9.6% in 2015 to 8.9% of total budget which is equivalent to 762.03 million USD). Social Health Insurance Bill, intended to ensure Universal Health Coverage in Zambia, is developed and will be presented to Parliament at the beginning 2017. Primary Health Care basic services at community level are free to general population through Government Health Facilities, although PHC is more tailored to combat communicable disease rather than NCDs. Treatment and diagnostic services for range of NCDs are available at all levels, however a lot still needs to be done to make these services optimal.

18. Zambia is currently experiencing a rapid increase in the burden of NCDs. Although reliable and consistent country-level data on certain NCDs is a major challenge, there is sufficient evidence
that NCDs are increasingly becoming a major public health problem in the country. According to Health Management Information System of Zambia (2010-2013), it has been observed that Zambia has high prevalence of diabetes and hypertension mainly affecting provinces that have been conducting mining activities, namely, Copperbelt, Central and North-Western Provinces. Other remaining seven provinces also are showing marginal steady increase in both diabetes and hypertension though the burden is relatively low compared to the three provinces that have had mining activities for several years now.

19. The Joint Mission noted the lack of recently updated data on NCDs. The last STEPs survey conducted in 2008 covered only four (out of seventy-four) districts, and therefore did not provide complete information on NCDs in Zambia. The Joint mission was informed of plans to conduct a STEPs survey in early 2017. According to the WHO STEPs, 38% of the male adult urban population are hypertensive, 13% of females had moderate to severe hypertension and 20% had mild hypertension. 8% of the studied population had raised blood glucose, with 3% diabetes prevalence in males and 4% in females. It is projected that, the number of people suffering from diabetes mellitus in the country, will increase from the estimated 70,000 in 2000 to 186,000 by 2030.16

20. The Service Availability and Readiness Assessment (SARA) survey conducted by Ministry of Health in 2015 shows that only 25% of health facilities offer services for diabetes while the readiness score was at 58%. Availability of guidelines for diabetes diagnosis and treatment was at a lower level (33%), with training of at least one staff for diabetes diagnosis and treatment even lower (13%). In terms of equipment, adult scales were found in all the facilities (100%) while measuring tapes had the least score of 88%. Diagnosis was lowest for blood glucose (52%) and highest for urine-dipstick-protein (83%). The medicines mostly found for diabetes was glucose 50% injectable.

Coordination and legislation

21. The Joint Mission noted the inadequate legislation and regulations on key risk factors including tobacco, alcohol and healthy diets. Also there is no mechanism for non-health sectors engagement in health and NCDs, although there is some obvious progress seen in the area of road safety and mobile health. Current NCD action plan involves only some non-health sectors.

22. There is inadequate legislation and regulations on key risk factors including tobacco, alcohol and diet. Mission members were informed that capacity for law and regulations enforcement are weak due to two main challenges, which are inadequate human resource capacity (not enough policemen and inspectors) and insufficient financial resources.

23. Task Force mission witnessed Tobacco Act of 1972, though still relevant and does not provide adequate protection of the population from exposure to some of the risk factors. The drafting of the Tobacco Control Bill 2010 has not been finalized due to consultations which are pending with key stakeholders.

24. Parliamentary Committee on Health oversees the work of the Ministries of Health, Commerce and Education, and enacts draft bills that are submitted to the Parliament by the mentioned line ministries. The committee can only legislate once the bills are brought to the Parliament. Legislation on tobacco, alcohol and food safety has not yet been submitted to the Parliament. The quicker the Parliament receives the bills, the quicker the enactment of the relevant laws will happen.

16 Report of the STEPs survey of the four districts
25. Members of Parliament informed the Mission that awareness of NCDs and their risk factors is low particularly in rural areas. Sensitization especially in rural areas is required, including appropriate messages in local language.

26. Mission members were told that there is a need to enforce existing laws while at the same time enacting new laws that are required to prevent exposure to risk factors such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity.

27. In Zambia taxes on alcohol have been lowered recently and tobacco taxes stand at 25 percent, far below the WHO recommended level of 75 percent (specific excise 70 percent plus general taxes). Narratives advanced by industry – but not actually supported by evidence – will need close scrutiny. Consideration should be given to apportioning revenue from these taxes to health promotion.

28. Joint Mission was informed about the cases of tobacco and alcohol industry attempts to affect decision making processes and use false arguments against existing laws and draft new regulations. In addition the alcohol industry exerts some influence. It was therefore suggested that an investment case for addressing tobacco control be conducted. WHO could provide technical support for the investment case.

Tobacco

29. Prevalence of tobacco use is 19.3% among males and 1.6% among females aged 15-49 years.\textsuperscript{17} Tobacco use prevalence among school going students aged 13-15 years is 25.6%.\textsuperscript{18} Lower education and lower socio-economic status were found to be significant predictors of tobacco use.

30. Zambia has national legislation banning smoking in public places (1992 Public Health Act), but not all public places are completely smoke-free. Act also bans sales to minors and advertisements in mass media. Tobacco control bill drafted in 2010 has not yet been adopted. Ban on all forms of direct and indirect advertising is in place, but is not adequately enforced. Health warnings do not cover front/back of the cigarette package.

31. Mission members were made aware of the trend to increase tobacco taxation over time though there was one year when taxation was reduced. To date excise tobacco tax is only 22% of retail price, which is much less than recommended 70% international standard.

32. Task Force mission was made aware of numerous cases of industry interference in the policy making process, in particular in regards to tobacco and alcohol policy.

33. Zambia is signatory to the WHO FCTC and has made some good steps towards implementation of the Convention, e.g. sensitized small-scale farmers on alternative crops to tobacco growing (Article 17), trained health care workers on management of tobacco cessation and dependence (Article 14), trained law enforcement agents on how to use the manual on smoking ban in public places and learning materials for schools targeting primary prevention for young people. However Zambia has not yet enacted a comprehensive Tobacco Legislation which is compliant with the FCTC.

\textsuperscript{17} Zambia Demographic and Health Survey 2013-2014
\textsuperscript{18} The Global Tobacco Youth Survey report for Zambia 2011 (GTYS)
34. Zambia is a tobacco growing country and there are many tobacco farmers whose livelihood depends on tobacco growing. There is a need to support farmers in diversifying their crops in line with Article 22 of WHO FCTC and to provide evidence of the benefits of tobacco control versus income obtained from growing and selling tobacco.

35. Health warnings were introduced in 1993, requiring all tobacco packages to be clearly labelled with the text warning "Warning: Tobacco is Harmful to Health". This law was amended in 2008, requiring the warning to appear on both sides of the larger surface area of the package, in bold letters against a contrasting background and not in a pack where it is at risk of being damaged when package is opened. Article 11 of FCTC requires the ban of false, misleading, or deceptive terms such as "light", "mild", or "low tar" on tobacco packages. However, Zambia does not have such legislations in place.

Alcohol

36. Mission members witnessed the Liquor Licensing Act providing regulation of alcohol use including restriction of opening hours. At the same there are effective fast track courts established by the high court to speed up the trial of offenders to enforce existing laws on road safety. There are plans to make same courts for offenders of tobacco and alcohol regulations.

37. Joint Mission was informed the Government of Zambia has initiated the National Alcohol policy draft and Liquor Licensing Act, and existing ban of spirits packaged in small packets (tujilijili). Although there are examples of industry interference on taxation policy (arguing taxes will increase illicit trade and loss of revenue) which led to the decrease in excise tax on all alcoholic beverages recently. There are bars near schools and houses which are open 24/7.

Healthy Diets

38. Mission was made aware that consumption of fruits/vegetables is suboptimal with less than one quarter of the population consuming 5 fruits/vegetables a day, due to the relatively high price of fruits. The mean number of fruit servings per day is 0.7 and 1.9 for vegetables (Lusaka, 2008). Mission members also heard that rates of consumption of salt, sugar and unhealthy fats are quite high, although there is not enough quality data on that due to lack of research.

39. The percentage of obese women with Body Mass Index over 25 increased from 12% in 1992 to 19% in 2007. This contributes to the growing number of NCDs in the country, including cardiovascular diseases and diabetes among women. NCDs are estimated to account for 23 to 26% of total deaths. Between 2009 and 2011 the number of prevalence of diabetes grew fourfold from 5,632 to more than 22,000 cases with the same scale of growth of cervical cancers. Hypertension prevalence also grew 42% over the same period of time (from 100 to 144 thousand people).

40. Mission raised awareness that Government of Zambia is planning to finalize the National Food Safety Quality Bill and submit it to the Parliament in 2017.

Road Safety

41. Mission witnessed that Zambia is facing an increase in the number of road traffic accidents. Road safety is a major and growing problem in Zambia, affecting motorists and pedestrians/non-motorists alike. About 2,100 people die each year as a result of road traffic crashes, which makes road safety accidents the third leading cause of death in Zambia (30 fatalities per 100,000 residents). A particular problem is drink-driving, which is only made worse by bars being open 24/7 and traffic regulations being under-enforced. Meanwhile, responses to road traffic accidents, from ambulances to hospitalization to rehabilitation, all need a boost.
42. Zambia has a strong political commitment to tackle this problem and a number of plans and strategies, including the Road Traffic Act of 2002, the Road Safety Strategy 2020, and an Infrastructure Development Plan for the next 20 years are in place. The President pays particular attention to road safety and ministries of health and transport, and some other line ministries cooperate on road safety under the MoU, in particular an emergency call system is being conceptualized and a night time driving ban from 7 pm to 5 am has been recently implemented for public transport vehicles.

43. Mission members were made aware that the road safety plans and strategies are not adequately financed. The Ministry of Communications and Transport has increased efforts to respond to road safety as a multisectoral issue, expressing a willingness to engage the Ministry of Health.

44. Among other causes of the poor road safety are inadequate road safety management structures, lack of education and awareness, lack of road safety laws as deterrence, corruption in police, and lack of credible enforcement. These result in bad driver behaviors, poorly trained drivers, lack of adequate infrastructure, more deaths for vulnerable road users and increasing number of fatalities.

45. Joint mission witnessed growing interest of civil society to engage in the road safety area. The main road safety NGO in Zambia, Zambian Road Safety Trust (ZRST), focuses on the following several key areas: child road safety education, pedestrians and cyclists safety education, seatbelt usage, over speeding and impaired driving.

**Physical activity**

46. Lack of physical activity is a growing problem for Zambia, particularly in urban areas. Many parks in Zambia are not free to access and roads are not safe for pedestrians who walk to/from work and children who walk to/from school. This discourages walking, cycling, jogging and other elements of physical activity. At the same time there are some good examples of compulsory physical education in schools and programmes put forth by youth and sport. However, the physical activity requirement in schools is not well enforced.

**HIV and NCDs**

47. The links between HIV and NCDs are well understood in Zambia but not necessarily reflected in health system responses, aspects of multisectoral action (i.e. harnessing lessons from HIV governance), or civil society support (i.e. learning from the power and arrangements of HIV advocacy). It is important for the Ministry of Health to examine overlapping risk factors, shared social determinants and where integrated responses to HIV/NCDs is best suited.

48. First Lady of Zambia is supportive for the actions led by the Ministry of Health to ensure smart usage of HIV-related infrastructure for NCDs.

**United Nations Response**

49. The UN Development Partnership Framework 2017-2021 includes NCDs in its results-based framework, and the United Nations Resident Coordinator and the UN Country Team have prioritized NCDs as a key issue. Greater involvement of the United Nations Country Team (UNCT), particularly in supporting implementation of the mission’s recommendations, is essential to enforce national NCD response in Zambia work.
50. UNCT is expected now to provide technical assistance to update and implement Zambia’s 2017-2021 multisectoral NCD strategic plan, and to support alignment of this plan with the Global NCD Action Plan 2013-2020, Vision 2030, the SDGs targets 2030 and the Seventh National Development Plan 2017-2021. The UNCT is also expected to make due advocacy among development partners for greater support to NCD efforts in Zambia. To facilitate this work the UNCT established a platform (Working Group or equivalent) on health, with NCDs being a permanent agenda item.

Civil Society Response

51. The Joint Mission met with a number of civil society partners working on some NCD-specific diseases and risk factors. Most of the NGOs are financed through the Ministry of Health and few are receiving support from development partners.

52. Despite the fact that there is Zambia CSO health partnership (ZCSHP) as an umbrella organisation in charge of coordinating all CSOs active that have signed MoUs with the MoH, there is still lack of coordination and communication.

53. There are some examples of civil society NCD-related activities at the country level, e.g. the Zambia Road Safety Trust (ZRST) which receives support from private sectors to raise awareness about road safety. Some stand-alone activities on tobacco control were witnessed by the Zambia Consumers Association (ZACA) and Tobacco-Free Association of Zambia (TOFAZA).

54. The Joint Mission found that there are poor presence of NGOs and civil society organizations at the local level, although CSOs are interested in scaling up their actions on the ground and coordinating with each other to unite their efforts to be more effective and to jointly mobilise resources needed. There are plans for the NCD alliance in Zambia and to strengthen the existing ZCSHP by adding a department in charge of NCDs.
Annex 1.

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

**FAO**
George Okech
Country Representative

**ILO**
Alexio Musindo
Director of ILO/Zambia

**UNAIDS**
Narmada Acharya Dhakal
Strategic Intervention Adviser, UNAIDS/Zambia

**UNDP**
Roy Small
Consultant, Health & Innovative Financing, UNDP HQ

Sergio Valdini
Deputy Country Director, United Nations Development Programme

Ian Milimo
Assistant Resident Representative / Advisor – Poverty Reduction
United Nations Development Programme

**UNICEF**
Paul Ngwakum
UNICEF Chief of Health and Nutrition

**UNFPA**
Joy Masheke Manengu
Adolescent Sexual Reproductive Health and Youth Programme Specialist
UNFPA/Zambia

**UN HABITAT**
Alexander Chileshe
National Technical Adviser UN-Habitat/Zambia

**UNHCR**
Jonathan Calbayan
Medical Coordinator

**WFP**
Emily Heneghan
WFP/Country Office

**WHO Country Office**
Jacob Mfunda
WHO Representative in Zambia

**Peter Ngalama Songolo**  
National Professional Officer, WHO Country Office

**WHO Regional Office**  
**Steven Shongwe**  
Regional Adviser for Non-Communicable Diseases

**Patrick Musavuli**  
WHO Consultant

**WHO Headquarters**  
**Nick Banatvala**  
Senior Adviser, Office of ADG, NCDs & Mental Health, Geneva

**Alexey Kulikov**  
External Relations Officer, WHO Office to the United Nations

**Meleckidzedeck Khayesi**  
Technical Officer, HQ/NMH/NVI/UIP
Terms of Reference

Noncommunicable diseases (NCDs) are the leading causes of death globally. In 2012, 38 million deaths were caused by the four major NCDs, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The majority (85%) of deaths were from low- and middle-income countries and were largely preventable. 48% of NCD deaths in low- and middle-income countries occurred in people below the age of 70 years. The four main NCDs are linked to the four risk factors: tobacco use, harmful use of alcohol, unhealthy diets and lack of physical activity.

NCDs have adverse human, social and economic consequences in all countries, particularly in low and middle income countries. NCDs act as a barrier to poverty alleviation and sustainable development. Goal 3 of the Sustainable Development Goals (SDGs) focuses on good health and well-being and includes several NCD targets: (i) by 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being; (ii) strengthen prevention and treatment of substance abuse, including narcotic abuse and harmful use of alcohol and (iii) strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

The United Nations Political Declaration on NCDs, which was endorsed by Heads of State and Government in September 2011, recognised that NCDs constitute one of the main developmental challenges of the 21st century and called for a “whole of government and a whole of society effort”.

The WHO Global Action plan for the Prevention and Control of Noncommunicable Disease 2013-2020, which was endorsed by the 66th World Health Assembly in May 2013, sets out a road map and policy options for member states and development partners. When implemented collectively between 2013 and 2020, it will contribute to progress on nine global voluntary targets to be attained in 2025, including a 25% reduction in premature mortality by 2025.

In July 2014, a comprehensive review and assessment of the progress made since the Political Declaration of 2011 was conducted by the United Nations General Assembly High Level meeting on NCDs. The High Level meeting noted that progress in developing countries had been slow and uneven. The major challenge was a lack of capacity to address NCDs. The High Level meeting adopted the UN Outcome Document 2014 in which member states committed to: (i) set national targets for 2025; (ii) develop multi-sectoral NCD policies and plans to achieve the targets and integrate NCDs into health planning and national development plans; (iii) implement the “best buys” to reduce exposure to the risk factors for NCDs; and (iv) strengthen health systems to respond.
The WHO Director-General will, by the end of 2017, submit a report on the progress achieved in the implementation of these commitments to the UN General Assembly, in preparation for a comprehensive review of the progress made at the third UN High Level meeting of the General Assembly in 2018. To promote accountability, WHO has defined 10 indicators which the WHO Director-General will use to report to the UN General Assembly. Published in 2015, the status of each of the 10 indicators provides a snapshot of achievements and challenges for each country, including Zambia.\(^{19}\)

The United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) was established by the United Nations Economic and Social Council (ECOSOC) in 2013 to coordinate the contribution of UN Agencies to the prevention and control of NCDs. Terms of reference were agreed upon in 2014.\(^{20}\) Since 2014, the Task Force has conducted joint programming missions to Belarus, Kenya, India, Tonga, Barbados, Jordan, the Democratic Republic of Congo, Mongolia, Sri Lanka, Mozambique, Paraguay, Kyrgyzstan, Oman, Turkey and Viet Nam. These missions have provided an opportunity for Resident United Nations Country Teams (UNCTs) to support government efforts in integrating NCD prevention and control into national development strategies and plans.

In Zambia, the four major NCDs, namely cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, are the leading causes of mortality, accounting for 23% of all deaths in 2008. These deaths are linked to the relatively high prevalence of risk factors (14% prevalence of smoking and 32% prevalence of high blood pressure in 2008). The Government of the Republic of Zambia is committed to addressing NCDs through “a whole of government and society effort” and has developed a national NCD Strategic Plan 2011-2015 which is due to be reviewed to incorporate an integrated and multisectoral approach. Plans are underway to launch the “Be He@lthy, Be Mobile” programme in the country to focus on reducing the rate of cervical cancer.

There is now greater understanding of the complex relationship between HIV and NCDs. The widespread availability of anti-retroviral treatment has made HIV a chronic disease. People with HIV and AIDS now live longer though they are at higher risk of developing NCDs. In addition, a recent study\(^{21}\) shows that people living with HIV are more prone to develop cancers than those who are HIV-negative. Women living with HIV are at higher risk of HPV infection, thus at higher risk of acquiring cervical cancer.\(^{22}\) Addressing NCD co-morbidity in people living with HIV has become an important issue.

NCDs are one of the priorities in the National Health Sector Strategic Plan (2011-2016). The National NCD Strategic Plan 2013-2016 was developed by the Government in line with the Global NCD Action Plan 2013-2020. There is a need to review and update the Strategic Plan to make it multisectoral and to include national targets and prioritized interventions on prevention and control of NCDs. The UNCT is in the process of developing a UN Joint Programme on NCDs which aims to support the efforts of governments in NCD prevention,

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\(^{19}\) [http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459_eng.pdf](http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459_eng.pdf)

\(^{20}\) [http://www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1](http://www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1)


including through reviewing the NCD Strategic Plan, addressing NCD risk factors and strengthening management of NCDs, resource mobilization and surveillance.

The joint UNIATF mission to Zambia will support the UNCT in its work with the Government to scale up national efforts to address the prevention and control of NCDs. Key outputs of the mission will be to review and update the national multi-sectoral NCD Action Plan on NCDs, set national targets and work with the government to identify support for scaling up a set of prioritized interventions between 2016 and 2025 in order to contribute to a reduction of premature mortality from NCDs by 2025. As a follow up to the mission, the UNCT will establish a sustainable mechanism for joint work on NCDs (a thematic group on NCDs or equivalent) to ensure that coordinated action on NCDs is taken forward by the UNCT.

The agencies that will be invited to participate in the Joint Mission to Zambia include FAO, ILO, UNAIDS, UNDP, UNICEF, UNHCR, UNFPA, UNHABITAT, WFP, World Bank and WHO.

**Overall approach**

The mission is intended to support the UN Country Team and the Government to scale up the national multi-sectoral response to NCDs in line with the WHO Global NCD Action Plan 2013-2020 and relevant regional WHO action plans.

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 current national response and support from the UN Country Team to the Government of Zambia on the prevention and control of NCDs. This will include a review and assessment of existing structures for coordinating the NCD response, the prevention and control of tobacco, alcohol and other risk factors, as well as road safety, mental health, and the linkages between HIV and NCDs.

**Purpose and objectives of the UNIATF mission to Zambia**

The purpose of the Joint UNIATF mission to Zambia is to support the UN Country Team:

1. Assess how NCDs and their determinants have been integrated into the governmental development policies and plans and donor assistance programmes and review progress in the implementation of these policies and plans;
2. Ensure the United Nations Country Team has an effective coordination mechanism in place to coordinate its efforts on providing technical assistance to the Government of Zambia to increase national response to growing NCD burden, with particular focus on the road traffic injuries and mental health;
3. Assess progress made to-date in the national multisectoral response to NCDs;
4. Advocate for the sustainable targeted governmental financing of national NCD response, including through fiscal allocations from alcohol and tobacco taxes, auto insurance, toll road gates, etc.;
5. Develop a multisectoral roadmap with realistic targets on implementation of key NCD interventions in Zambia;
6. Assess linkages between HIV and NCDs, including financing of co-morbidities;
7. Create a national coordination structure for prevention and control of NCDs with a monitoring and evaluation framework aligned with SDGs and the health sector strategic plan 2017-2021 and;
8. Provide time bound recommendations for each of the above areas.

The specific objectives of the joint mission are to:

1. Map on-going action by the government and development partners to support the prevention and control of NCDs in Zambia;
2. Organize meetings with key stakeholders including the government, UN Agencies, NGOs, civil society, academia and research institutions to agree on the key elements of a national multi-sectoral NCD Action plan for Zambia including national targets which are aligned with the Global NCD Action Plan 2013-2020;
3. Work with the UNCT to review and update the national multi-sectoral NCD Action plan for Zambia and assist in setting national targets and objectives and selecting policy options for the prevention and control of NCDs between 2016 and 2021;
4. Make recommendations on the most effective governance mechanisms for coordinating the national response to NCDs in Zambia;
5. Advocate for effective multi-sectoral responses and increased multi-sectoral investment for NCDs in Zambia;
6. Establish a roadmap over the next 12 months which will enable significant progress in the national multi-sectoral response to NCDs
Annex 3.
Joint Mission Programme

Day 1

08.30-09.00 Meeting with WR
09.00-10.30 Meeting with UN Resident Coordinator and UN Country Team
10.30-12.00 Courtesy visit and briefing with Minister of Health, Senior Officials and NCD Secretariat
12.00-13.30 Lunch
14.00-15.00 Chainama Hills Hospital Visit
15.30-17.00 Meeting with Parliamentary committee on health

Day 2

08.30 – 12.30 High-level Round table forum with Ministries, UN, DPs, Embassies, NGOs, Civil Society and Private sector. Chair by the Minister of Health and RC. On the topic of NCD and Development in Zambia
12.30-13.30 Lunch
13.30-15.30 Briefing (seminar-workshop) on road safety
15.30-17.00 Breakout session meetings for the various groups (Ministry of Finance, Ministry of Local Government and housing, Ministry of Justice, and Ministry of Information and Broadcasting, Nutrition, alcohol and tobacco)
17.30 – 19.00 Reception

Day 3

08.30-10.30 Two concurrent round table meetings for the different ministries (Meeting with Ministry of Finance, Ministry of Justice, Ministry of Commerce, Trade and Industry, Ministry of Development planning, Ministry of Local government and housing, and Ministry of Agriculture) and the other group will comprise (Ministry of Youth, sport and child development, Nutrition commission and Ministry of Education- General and Higher)
11.00 –13.00 Courtesy Call to the First Lady
13.00-14.00 Lunch
14.00 to 15.00 Press conference with UNRC/ UNCT and key development partners with MOH
15.30 – 17.00 Visitation to Cancer Diseases Hospital and

Day 4

06.15 – 15.00 Bilateral meetings with line ministries
16.00-17.00 Discussion on draft outcomes and the recommendations

Day 5

09.30-10.30 Concluding meeting with Minister of Health, Senior Officials and NCD Secretariat
13.00-14.00 Meeting with PEPFAR (US Embassy)

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

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 precancerous lesions

23 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.

24 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.
Annex 5.
National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs

(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.
Annex 6

Statement by Mr. Silvester Mwanza, First Secretary of the Mission of the Republic of Zambia to the United Nations at the High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mr. President,

Excellences, Ladies and Gentlemen

The adoption of the draft resolution yesterday re-affirms the Global commitment made by our Heads of State and Government in the Political Declaration on prevention and control of Non-Communicable Diseases in September 2011. It is worth noting that since 2011 significant progress has been made to prevent and control Non-Communicable Diseases but a lot more needs to be done.

The Chronic, non-communicable diseases (NCDs) are the number one cause of death and disability in the world. The Communicable diseases are no longer diseases of the affluent but affect all regardless of social economic status. Etiological causes are of course variable.

The threat of non-communicable diseases is a major challenge for any country’s development agenda and undermines the social and economic progress, especially in developing countries, including mine.

Therefore, fulfilling the commitments made in the September 2011 Political Declaration must remain top on our agenda through focused national and international multi-sectoral responses.

Mr. President,


In this regard, the Zambian Government has placed emphasis on combating Non-Communicable Diseases, including but not limited to Cancer, cardiovascular diseases, diabetes and chronic respiratory diseases. These services are linked to the government of Zambia’s strategy of universal health services access for all, provided as close to the family as possible. The Government of Zambia is developing a NCD strategic plan that includes; introducing and strengthening physical activities in all schools; promotion of healthy diets; strengthening enforcement of legislation on tobacco use and harmful use of alcohol. The government is putting up an additional 650 health posts in order to ensure delivery of health services as close to the families as possible.

While my country has very noble ambitions of universal health coverage, which is inclusive for all health conditions, we have various challenges of implementation. One example is:

High cost of commodities for NCDs in comparison to non-infectious diseases: Treatment which stabilizes HIV infection costs less than 50$ per month while drugs to stabilize Asthma is on average at 400$ per month.

For Universal health coverage to be a reality the following must be done:
1) Need for a broader definition of health care workers beyond the essential health care workers, include dieticians, social workers, physical therapist etc. at all levels of health care service delivery, more so for primary health care services. This further calls for investment in training/human.

2) Development in the required fields.

3) Enhanced Diagnostic services, so as to catch the conditions before debilitation worsens.

4) Enhanced Bilateral/multilateral and Public private partnerships for health

I thank you
Annex 7.

Commitment on Noncommunicable Diseases in Africa: Policies and Strategies to Address Risk Factors (AUC/WHO/2014/DOC.3, 17 April 2014)

We, the African Ministers of Health attending the first meeting jointly convened by the African Union Commission and World Health Organization in Luanda, Angola;

1. Deeply concerned that Africa has been experiencing growing adverse health and social economic consequences due to the double burden of communicable and noncommunicable diseases;

2. Recalling the declaration on the outcome of the Sixth Session of the AU Conference of African Ministers of Health held under the theme “The Impact of Noncommunicable Diseases (NCDs) and Neglected Tropical Diseases (NTD) on Development in Africa;” which recognizes the alarming burden of both death and disability from NCDs in Africa;

3. Noting the Political Declaration of the High-level Meeting of the United Nations General Assembly on Prevention and Control of NCDs (resolution 66/2), and the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (Document WHA 66/9);

4. Recognizing that inadequate numbers of health workers are an impediment to the full implementation of resolutions and declarations related to NCDs and their risk factors;

Hereby collectively and individually:

I. COMMIT to ensuring that prevention and control of NCDs and their risk factors are given the prominence they deserve and that the WHO global action plan for the prevention and control of NCDs 2013-2020 is fully implemented through the National NCD multisectoral plans, and mobilizing resources, both domestic and external, including the use of innovative financing;

II. FURTHER COMMIT to protecting public health policies from interference by vested interests of the alcohol, tobacco and food industries through comprehensive legislation and enforcement of national laws and policies;

III. UNDERTAKE to advocate to our governments for ministerial level representation at the 2014 United Nations General Assembly Comprehensive Review and Assessment of the progress achieved in the prevention and control of NCDs and to call for further action through a concise action-oriented outcome document;

IV. REQUEST the AUC and WHO and relevant stakeholders to support resource mobilization efforts and strengthening of countries’ capacity for prevention and control of NCDs and their risk factors, as well as human resource development.