

2008-2013

Action Plan

**for the Global Strategy for the
Prevention and Control of
Noncommunicable Diseases**

**PREVENT
CARDIOVASCULAR DISEASES
CANCERS
&
CHRONIC RESPIRATORY DISEASES
DIABETES
CONTROL**



World Health
Organization

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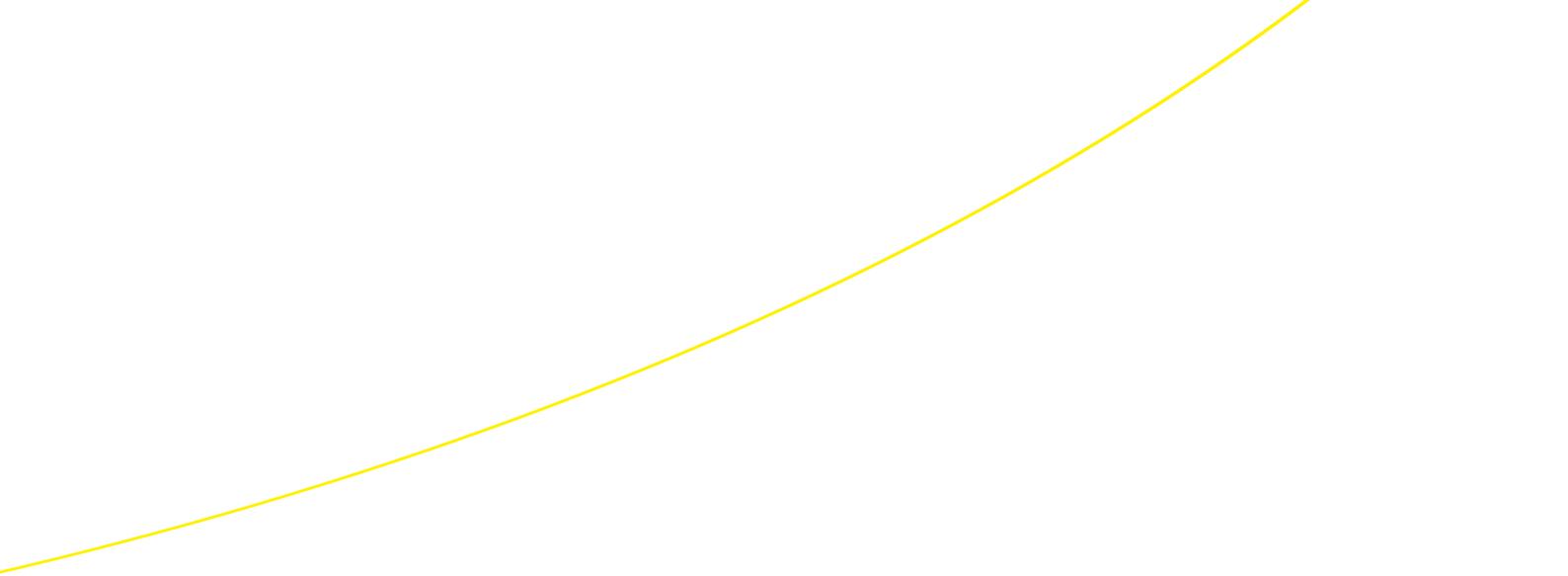
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Foreword

"We know what works, we know what it costs and we know that all countries are at risk. We have an Action Plan to avert millions of premature deaths and help promote a better quality of life for millions more."

TACKLING THE WORLD'S BIGGEST KILLERS AND ADDRESSING KEY CHALLENGES TO GLOBAL DEVELOPMENT IN THE 21st CENTURY

Today, noncommunicable diseases (NCDs), mainly cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, represent a leading threat to human health and development. These four diseases are the world's biggest killers, causing an estimated 35 million deaths each year - 60% of all deaths globally - with 80% in low- and middle-income countries.

These diseases are preventable. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

Unless addressed, the mortality and disease burden from these health problems will continue to increase. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years. The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%). The highest absolute number of deaths will occur in the Western Pacific and South-East Asia regions.

We have the right vision and knowledge to address these problems. Proven cost-effective strategies exist to prevent and control this growing burden. However, high-level commitment and concrete action are often missing at the national level. NCD prevention and control programmes remain dramatically under-funded at the national and global levels and have been left off the global development agenda. Despite impacting the poorest people in low-income parts of the world and imposing a heavy burden on socioeconomic development, NCD prevention is currently absent from the Millennium Development Goals. However, in all low- and middle-income countries and by any

measure, NCDs account for a large enough share of the disease burden of the poor to merit a serious policy response.

Working closely with Member States, WHO has, therefore, developed this Action Plan to prevent NCDs from occurring and to help the millions who are already affected to cope with these lifelong illnesses. This Action Plan, endorsed at the Sixty-first World Health Assembly in May 2008, is based on the sound vision of the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the Fifty-third World Health Assembly in May 2000. It also aims to build on the WHO Framework Convention on Tobacco Control and the WHO Global Strategy on Diet, Physical Activity and Health. The Action Plan provides Member States, WHO, and the international community with a roadmap to establish and strengthen initiatives for the surveillance, prevention and management of NCDs.

Furthermore, the Plan highlights the pressing need to invest in NCD prevention as an integral part of sustainable socioeconomic development. NCD prevention is an All-Government responsibility. Considerably more gains can be achieved by influencing policies of non-health sectors than by health policies alone. All stakeholders will need to intensify and harmonize their efforts to avert these preventable conditions and to save millions from suffering needlessly and dying prematurely.

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Introduction

This document is written primarily for the community of international development partners, as well as those in government and civil society concerned with urgent action to address the rapidly increasing burden of noncommunicable diseases (NCDs) in low- and middle-income countries and its serious implications for poverty reduction and economic development.

This document:

- makes the case for urgent action between 2008–2013 which, when performed collectively in accordance with the Action Plan for the Global Strategy for the Prevention and Control of NCDs, will tackle the growing public health burden imposed by NCDs.
- provides the Action Plan's political framework endorsed in May 2008 by delegations from all 193 Member States, including requirements to report on global progress in 2010 and 2012.
- presents the overriding Global Strategy for the Prevention and Control of NCDs which urges Member States to develop national policy frameworks, establish programmes, share their experiences and build capacity to address NCDs.

As this document demonstrates, the importance of addressing NCDs has gained increased recognition over the past decade. NCDs are increasingly dominating health care needs in low- and middle-income countries.

The Global Strategy's political framework, endorsed in May 2000, asked the WHO Director-General to continue giving priority to the prevention and control of NCDs, with special emphasis on developing countries. To this end, the Global Strategy has three main objectives:

- to map the emerging epidemics of noncommunicable diseases and to analyse their social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- to reduce the level of exposure of individuals and populations to the common risk factors for noncommunicable diseases, namely tobacco consumption, unhealthy diet and physical inactivity, and their determinants;

- to strengthen health care for people with noncommunicable diseases by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

Further, the Global Strategy sets out the roles of the main players in the struggle against noncommunicable diseases, namely: Member States, the Secretariat and international partners.

The World Health Assembly gave WHO an important additional set of mandates in 2003 and 2004 when it adopted the WHO Framework Convention on Tobacco Control, and the Global Strategy on Diet, Physical Activity and Health, respectively. In September 2008, there were 160 Parties to the WHO Framework Convention on Tobacco Control, making it one of the most successful treaties in the United Nations' history, having entered into force for its first 40 Parties on 27 February 2005. Good progress has also been made on the implementation of the recommendations of the Global Strategy on Diet, Physical Activity and Health: more than 30 countries have already implemented policy options recommended by the global strategy.

In 2007, the World Health Assembly requested the Director-General to translate the Global Strategy for the Prevention and Control of NCDs into concrete action. Accordingly, an action plan was developed in collaboration with Member States based on comments made at the 122nd session of the WHO Executive Board (January 2008) and at informal consultations with WHO Member States and other stakeholders (February–March 2008).

In 2008, the World Health Assembly passed resolution WHA61.14¹ endorsing The Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases². The plan sets out objectives, actions to be implemented over the six-year period of 2008–2013, and performance indicators to guide the work of WHO at national, regional and global levels, with a particular focus on low and middle-income countries and vulnerable populations.

¹See page 21

²See page 1



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Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

World Health Assembly document A61/8
(18 April 2008)

INTRODUCTION

1. The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century. Noncommunicable diseases, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, caused an estimated 35 million deaths in 2005. This figure represents 60% of all deaths globally, with 80% of deaths due to noncommunicable diseases occurring in low- and middle-income countries, and approximately 16 million deaths involving people under 70 years of age. Total deaths from noncommunicable diseases are projected to increase by a further 17% over the next 10 years. The rapidly increasing burden of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As noncommunicable diseases are largely preventable, the number of premature deaths can be greatly reduced. As requested by the Health Assembly in resolution WHA60.23, the Secretariat drew up a draft action plan in order to guide Member States, the Secretariat and international partners in working towards the prevention and control of noncommunicable diseases. The draft plan was discussed by the Executive Board at its 122nd session in January 2008, and during an informal consultation with Member States, held in Geneva on 29 February 2008. In addition, the views of nongovernmental organizations and representatives of the food and non-alcoholic beverages industry were gathered at two other meetings organized for that purpose. The following plan incorporates the contributions provided by Member States and other stakeholders and will support achievement of the goals of the global strategy for the prevention and control of noncommunicable diseases.

PURPOSE

2. In leading and catalysing an intersectoral, multilevel response, with a particular focus on low- and middle-income countries and vulnerable populations, the plan has the overall purpose of:

- mapping the emerging epidemics of noncommunicable diseases and analysing their social, economic, behavioural and political determinants as the basis for providing guidance on the policy, programmatic, legislative and financial measures that are needed to support and monitor the prevention and control of noncommunicable diseases;

- reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases – namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health; and

- strengthening health care for people with noncommunicable diseases by developing evidence-based norms, standards and guidelines for cost-effective interventions and by reorienting health systems to respond to the need for effective management of diseases of a chronic nature.

3. The plan is based on current scientific knowledge, available evidence and a review of international experience. It comprises a set of actions which, when performed collectively by Member States and other stakeholders, will tackle the growing public-health burden imposed by noncommunicable diseases. In order for the plan to be implemented successfully, high-level political commitment and the concerted involvement of governments, communities and health care providers are required; in addition, public-health policies will need to be reoriented and allocation of resources improved.

SCOPE

4. Current evidence indicates that four types of noncommunicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes.

5. The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control. This is not to imply, however, that all the risk factors are associated in equal measure with each of the diseases. Details of disease-related causal links and interventions are provided in the relevant strategies and instruments, namely: the WHO Framework Convention on Tobacco Control, and the WHO Global Strategy on Diet, Physical Activity and Health. A similar approach to diseases and health conditions is being followed as part of WHO's work to reduce the harmful use of alcohol.¹

¹ Actions proposed in this plan are in accordance with existing WHO resolutions and strategies to reduce alcohol-related harm including, at regional level, resolution SEA/RC59/R8, resolution EUR/RC55/R1, resolution EM/RC53/R5, resolution WPR/RC57.R5. Further work will be guided by the outcome of current global processes for tackling harmful use of alcohol.

6. Within any country, there will be a range of diseases, disabilities and conditions for which the risk factors and the needs for screening, treatment and care overlap with those for noncommunicable diseases considered in this action plan. Among these are blindness, deafness, oral diseases, certain genetic diseases, and other diseases of a chronic nature, including some communicable diseases like HIV/AIDS and tuberculosis. The demands that noncommunicable diseases place on patients, families and health-care systems are also similar to those imposed by some communicable diseases, and comparable strategies are effective for their management.¹

7. The priorities for action cut across all WHO regions, reflecting similar challenges in many areas: intersectoral collaboration, partnerships and networking, capacity strengthening in countries and in WHO country offices, resource mobilization, and strategic support for collaborative research.

RELATIONSHIP TO EXISTING STRATEGIES AND PLANS

8. The foundation for this action plan is the global strategy for the prevention and control of noncommunicable diseases, whose aim to reduce premature mortality and improve quality of life was reaffirmed by the Health Assembly in 2000 (resolution WHA53.17). The plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1), and the Global Strategy on Diet, Physical Activity and Health, endorsed by the Health Assembly in 2004 (resolution WHA57.17). The plan also focuses on the harmful use of alcohol as a risk factor for noncommunicable diseases on the basis of continuing work in WHO and the resolutions of its governing bodies, including the regional committees. The plan is also guided by the Medium-term strategic plan 2008–2013 and the Eleventh General Programme of Work. The actions for the Secretariat set out in the plan are aligned with strategic objective 3 and strategic objective 6 in the Medium-term strategic plan 2008–2013, which provide details of expected results, targets and indicators for the Organization's work on prevention and control of noncommunicable diseases.

9. This plan is intended to support coordinated, comprehensive and integrated implementation of strategies and evidence-based interventions across individual diseases and risk factors, especially at the national level. The aim is to provide an overall direction to support the implementation of national and regional strategies and action plans, where these have been elaborated, and the development of sound and feasible action plans where none exist. The action plan will, therefore, support the continued and strengthened implementation of regional resolutions and plans.²

¹ There are many other noncommunicable conditions of public-health importance. They include osteoporosis, renal diseases, oral diseases, genetic diseases, neurological diseases, and diseases causing blindness and deafness. Many of these conditions are the subjects of other WHO strategies, action plans and technical guidance and are therefore not considered directly by this plan. Similarly, mental health disorders are not included here despite the heavy burden of disease that they impose, as they do not share the same risk factors (other than the harmful use of alcohol), and because they require different intervention strategies. Public-health considerations in the area of mental health are covered in the WHO mental health gap action programme, the implementation of whose strategies, programmes and policies was recognized as a need in resolution WHA55.10.

² The following are included: resolution AFR/RC50/R4, "Noncommunicable diseases: strategy for the African Region"; resolution CD47.R9, "Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases, including diet, physical activity"; resolution SEA/RC60/R4, "Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region"; resolution EUR/RC56/R2, "Prevention and Control of Noncommunicable Diseases in the WHO European Region"; resolution EM/RC52/R7, "Noncommunicable diseases: challenges and strategic directions"; and resolution WPR/RC57/R4, "Noncommunicable disease prevention and control".

RESOURCES

10. The Programme budget 2008–2009 describes the financial resources required by the Secretariat for the current biennium in respect of work undertaken to meet strategic objective 3 and strategic objective 6. For the next bienniums, additional resources will be required and allocation and mobilization of resources will be re-examined. In order for the plan to be implemented effectively at the national and global levels, considerable efforts will be required to mobilize resources, and strong, highly coordinated regional and global partnerships will be vital. One aim of the plan is to ensure that concerted action can be conducted on a global scale. This will require all partners – including intergovernmental and non-governmental organizations, academic and research institutions, and the private sector – to play a stronger role in a global network for noncommunicable disease prevention and control.

TIME FRAME

11. This action plan will be implemented over the same period as the Medium-term strategic plan 2008–2013. Actions to be completed or initiated during the first two years are specifically identified in the following pages. The implementation of the plan will be reviewed towards the end of the first biennium, in 2009, and reprogrammed with a detailed time frame for the second and third bienniums.

OBJECTIVES AND ACTIONS

12. This section sets out the six objectives of the plan and gives details of the respective actions and performance indicators for the stakeholders at all levels, namely, domestic, national and international.

OBJECTIVE 1: To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.

13. The international public health advocacy in this area must be driven by one key idea: **noncommunicable diseases are closely linked to global social and economic development**. These diseases and their risk factors are closely related to poverty and contribute to poverty; they should, therefore, no longer be excluded from global discussions on development. If the high mortality and heavy burden of disease experienced by low- and middle-income countries are to be tackled comprehensively, global development initiatives must take into account the prevention and control of noncommunicable diseases. Instruments such as the Millennium Development Goals provide opportunities for synergy, as do mechanisms that harmonize development aid and strategies for poverty alleviation.

14. At the national level, key messages should explain that:

- National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases, and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.
- Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases. Global and national action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equity and building on the findings of the Commission on Social Determinants of Health.

15. Proposed action for Member States

It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States should undertake the actions set out below.

- a** Assess and monitor the public-health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.
- b** Incorporate the prevention and control of noncommunicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies.
- c** Adopt approaches to policy development that involve all government departments, ensuring that public-health issues receive an appropriate cross-sectoral response.
- d** Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to the following: health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services.

16. Action for the Secretariat

- a** Raise the priority given to the prevention and control of noncommunicable diseases on the agendas of relevant high-level forums and meetings of national and international leaders [2008–2009].¹
- b** Work with countries in building and disseminating information about the necessary evidence base and surveillance data in order to inform policy-makers, with special emphasis on the relationship between noncommunicable diseases, poverty and development [2008–2009].¹
- c** Develop and disseminate tools that enable decision-makers to assess the impact of policies on the determinants of, risk factors for, and consequences of noncommunicable diseases; and provide models of effective, evidence-based policy-making [2008–2009].¹
- d** Draw up a document in support of policy coherence, pointing out connections between the findings of the Commission on Social Determinants of Health and the prevention and control of noncommunicable diseases; and take forward the work on social determinants of health as it relates to noncommunicable diseases.

17. Proposed action for international partners

- a** Include the prevention and control of noncommunicable diseases as an integral part of work on global development and in related investment decisions.²
- b** As appropriate, work with WHO to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public-health problems posed by noncommunicable diseases, and of the fact that tackling the determinants of and risk factors for such diseases has the potential to be a significant method of prevention.
- c** Support WHO in creating forums where key stakeholders – including nongovernmental organizations, professional associations, academia, research institutions and the private sector – can contribute and take concerted action against noncommunicable diseases.

OBJECTIVE 2: To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

- 18.** Countries need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the following three components, with special attention given to dealing with gender, ethnic, and socioeconomic inequalities together with the needs of persons with disabilities:

¹See paragraph 11 above

²Specific examples of this action include the first CARICOM Regional Summit on Chronic, Non-Communicable Diseases (Port-of-Spain, 15 September 2007), following which the heads of government of the Caribbean Community released a joint declaration; and the work of the WHO European Region, which has helped the World Bank and other international agencies to accord greater priority to noncommunicable diseases, and which signed a joint declaration to support countries of the Commonwealth of Independent States.

• the development of a national multisectoral framework for the prevention and control of noncommunicable diseases;

• the integration of the prevention and control of noncommunicable diseases into the national health development plan;

• the reorientation and strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic diseases, in line with the WHO-developed strategy for strengthening health systems.

19. Proposed action for Member States

National multisectoral framework for the prevention and control of noncommunicable diseases

- a** Develop and implement a comprehensive policy and plan for the prevention and control of major non-communicable diseases, and for the reduction of modifiable risk factors.
- b** Establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health.
- c** Conduct a comprehensive assessment of the characteristics of noncommunicable diseases and the scale of the problems they pose, including an analysis of the impact on such diseases of the policies of the different government sectors.
- d** Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing modifiable risk factors and their determinants.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- a** Establish an adequately staffed and funded noncommunicable disease and health promotion unit within the Ministry of Health or other comparable government health authority.
- b** Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEPwise approach to risk factor surveillance.
- c** Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems¹

- a** Ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.
- b** Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for common conditions like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, integrating whenever feasible, their management into primary health care.
- c** Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors.
- d** Strengthen human resources capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care.
- e** Take action to help people with noncommunicable diseases to manage their own conditions better, and provide education, incentives and tools for self-management and care.
- f** Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

20. Action for the Secretariat

National multisectoral framework for the prevention and control of noncommunicable diseases

- a** Conduct a review of international experience in the prevention and control of noncommunicable diseases, including community-based programmes, and identify and disseminate lessons learnt [2008–2009].²
- b** Recommend, based on a review of international experience, successful approaches for intersectoral action against noncommunicable diseases.
- c** Provide guidance for the development of national policy frameworks, including evidence-based public health policies for the reduction of risk factors, and provide technical support to countries in adapting these policies to their national context [2008–2009].²

¹ These actions are proposed in view of the fact that in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with noncommunicable diseases are rarely dealt with successfully.

² See paragraph 11 above

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- a** Expand, over the time frame of this plan, the technical capacity of WHO's regional and country offices and develop networks of experts and collaborating or reference centres for the prevention and control of noncommunicable diseases in support of national programmes.
- b** Develop norms for surveillance and guidelines for primary and secondary prevention, based on the best available scientific knowledge, public-health principles and existing WHO tools [2008–2009].¹
- c** Review and update diagnostic criteria, classifications and, where needed, management guidelines for common noncommunicable diseases [2008–2009].¹
- d** Provide support to countries, in collaboration with international partners, in strengthening opportunities for training and capacity-building with regard to the public-health aspects of the major noncommunicable diseases [2008–2009].¹

Reorientation and strengthening of health systems

- a** Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.
- b** Provide technical guidance to countries in integrating cost-effective interventions against major noncommunicable diseases into their health systems [2008–2009].¹
- c** Provide support to countries in enhancing access to essential medicines and affordable medical technology, building on the continuing WHO programmes promoting both good-quality generic products, and the improvement of procurement, efficiency and management of medicine supplies [2008–2009].¹
- d** Assess existing models for self-examination and self-care, and design improved affordable versions where necessary, with a special focus on populations with low health awareness and/or literacy.

¹ See paragraph 11 above

21. Proposed action for international partners

- a** Support the development and strengthening of international, regional, and national alliances, networks and partnerships in order to support countries in mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by non-communicable diseases [2008–2009].¹
- b** Support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes.

OBJECTIVE 3: To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

22. Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health system organization and delivery, legislation and regulation. As the underlying determinants of non-communicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport. Different settings may be considered for action, for example, schools, workplaces, households and local communities. Surveillance of the four major behavioural risk factors and associated biological risk factors (including raised blood pressure, raised cholesterol, raised blood glucose, and overweight/obesity) is an important component of action to assess prevalence and is considered in detail under objective 2 and objective 6.

23. Member States may wish to enact or strengthen, as appropriate according to national contexts, interventions to reduce risk factors for noncommunicable diseases, including ratifying and implementing the WHO Framework Convention on Tobacco Control, implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies through national strategies, policies and action plans.

¹ See paragraph 11 above

24. Proposed action for Member States

Tobacco control

Consider implementing the following package of six cost-effective policy interventions (the MPOWER package), which builds on the measures for reducing demand contained in the WHO Framework Convention for Tobacco Control:¹

- a** monitor tobacco use and tobacco-prevention policies
- b** protect people from tobacco smoke in public places and workplaces
- c** offer help to people who want to stop using tobacco
- d** warn people about the dangers of tobacco
- e** enforce bans on tobacco advertising, promotion and sponsorship²
- f** raise tobacco taxes and prices.

Promoting healthy diet

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- a** promote and support exclusive breastfeeding for the first six months of life and promote programmes to ensure optimal feeding for all infants and young children;
- b** develop a national policy and action plan on food and nutrition, with an emphasis on national nutrition priorities including the control of diet-related noncommunicable diseases;
- c** establish and implement food-based dietary guidelines and support the healthier composition of food by:
 - **reducing salt levels**
 - **eliminating industrially produced trans-fatty acids**
 - **decreasing saturated fats**
 - **limiting free sugars**

¹ Implementation of other measures contained in the WHO Framework Convention on Tobacco Control may be considered as part of national comprehensive tobacco-control programmes.

² In Article 13 of the WHO Framework Convention on Tobacco Control, paragraph 1 states that: "Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products." At the same time, Article 13 recognizes that the ability of some countries to undertake comprehensive bans may be limited by their constitution or constitutional principles.

- d** provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- e** prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible marketing of foods and non alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

Promoting physical activity

Implement the actions recommended in, but not limited to, the Global Strategy on Diet, Physical Activity and Health in order to:

- a** develop and implement national guidelines on physical activity for health;
- b** implement school-based programmes in line with WHO's health-promoting schools initiative;
- c** ensure that physical environments support safe active commuting, and create space for recreational activity, by the following:
 - ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;
 - introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces, such as walking or cycling;
 - improving sports, recreation and leisure facilities;
 - increasing the number of safe spaces available for active play.

Reducing the harmful use of alcohol¹

In order to respond effectively to the public-health challenges posed by harmful use of alcohol – in accordance with existing regional strategies and guided by the outcome of current and future WHO global activities to reduce harmful use of alcohol – Member States may wish to:

- a** consider the following areas:
 - under-age drinking (as defined in the country);
 - the harmful use of alcohol by women of reproductive age;
 - driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol);
 - drinking to intoxication;
 - alcohol-use disorders;
 - the consumption of alcoholic beverages that have been illegally produced and distributed;
 - the impact of harmful use of alcohol on other health conditions, in particular on cancers, liver and cardiovascular diseases, and injuries.
- b** adopt measures in support of an appropriate monitoring system for the harmful use of alcohol.

¹ See resolution WHA61.4

25. Action for the Secretariat

- a** Use existing strategies such as the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies that have been the subject of resolutions adopted by the Health Assembly, in order to provide technical support to countries in implementing or strengthening nationwide action to reduce risk factors for noncommunicable diseases and their determinants [2008–2009].¹
- b** Guide the development of pilot or demonstration community-based programmes of intervention.
- c** Support the development of networks of community-based programmes at the regional and global levels [2008–2009].¹
- d** Provide support to countries in implementing the MPOWER package and provide technical support to implement other measures contained in the WHO Framework Convention on Tobacco Control in response to specific national needs [2008–2009].¹
- e** Ensure synergy with the work of the Convention Secretariat and the implementation of the WHO Framework Convention on Tobacco Control in applying the tobacco-control component of this plan [2008–2009].¹

26. Proposed action for international partners

Provide support for and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for noncommunicable diseases.

OBJECTIVE 4: To promote research for the prevention and control of noncommunicable diseases

- 27.** A coordinated agenda for noncommunicable disease research is an essential element in the effective prevention and control of noncommunicable diseases. In establishing such an agenda, the aim is to enhance international collaboration to promote and support the multidimensional and multisectoral research that is needed in order to generate or strengthen the evidence base for cost-effective prevention and control strategies. Priority areas include the analytical, health system, operational, economic and behavioural research that are required for programme implementation and evaluation.

¹ See paragraph 11 above.

28. Proposed action for Member States

- a** Invest in epidemiological, behavioural, and health-system research as part of national programmes for the prevention of noncommunicable diseases and develop – jointly with academic and research institutions – a shared agenda for research, based on national priorities.
- b** Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, the cost-effectiveness of interventions, affordable technology, health system reorientation and workforce development.

29. Action for the Secretariat

- a** Develop a research agenda for noncommunicable diseases in line with WHO's global research strategy¹, collaborate with partners and the research community and involve major relevant constituencies in prioritizing, implementing, and funding research projects. A prioritized research agenda for noncommunicable diseases should generate knowledge and help to translate knowledge into action through innovative approaches in the context of low- and middle-income countries. Such an agenda could include:
 - the assessment and monitoring of the burden of noncommunicable diseases and its impact on socioeconomic development;
 - the monitoring of the impact of poverty and other indicators of socioeconomic disparity on the distribution of risk factors;
 - the assessment of national capacity for the prevention and control of noncommunicable diseases and the evaluation of approaches to fill existing gaps in capacity;
 - the evaluation of impact of community-based interventions on risk factor levels, and on morbidity and mortality associated with noncommunicable diseases in different populations;
 - the assessment of the cost–effectiveness of clinical and public-health interventions for improving health behaviours and health outcomes;
 - the evaluation of different strategies for early detection and screening of noncommunicable diseases in different populations, with an emphasis on cancers, diabetes and hypertension;
 - the evaluation of interventions for secondary prevention on cardiovascular disease outcomes in different settings;
 - the study of the effectiveness of different organizational patterns in health-care institutions in improving health care for chronic conditions, with a special focus on primary health care;
 - the analysis of research on factors affecting consumer behaviour and dietary choices, including marketing;

¹ Action to elaborate the research agenda for noncommunicable diseases will be initiated in 2008, in close coordination with ACHR and other partners.

- the study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care; and of approaches for improving the development of affordable new drugs for neglected diseases like Chagas disease, and for rheumatic fever, together with vaccines like that against human papillomavirus;
- the assessments of the role, efficacy, and safety of traditional medicines in the management of noncommunicable diseases [2008–2009].¹

b Encourage WHO collaborating centres to incorporate the research agenda into their plans and facilitate collaborative research through bilateral and multilateral collaboration and multicentre projects.

30. Proposed action for international partners

- a** Support low- and middle-income countries in building capacity for epidemiological and health-systems research, including the analytical and operational research required for programme implementation and evaluation in the area of noncommunicable diseases.
- b** Support, and work jointly on, priority research on noncommunicable diseases at the global, regional and subregional levels, particularly research on socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, equity, reorientation of health systems and primary health care, together with research that explores models of care that are applicable to resource-poor settings.
- c** Strengthen and support WHO collaborating centres and national reference centres and monitor initiatives and partnerships involved in research related to the prevention and control of noncommunicable diseases.

OBJECTIVE 5: To promote partnerships for the prevention and control of noncommunicable diseases

31. Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community.

32. Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

¹ See paragraph 11 above

33. Proposed action for Member States

- a** Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.
- b** Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate.

34. Action for the Secretariat

- a** Establish an advisory group in 2008 in order to provide strategic and technical input and conduct external reviews of the progress made by WHO and its partners in the prevention and control of noncommunicable diseases [2008–2009].¹
- b** Encourage the active involvement of existing regional and global initiatives in the implementation and monitoring of the global strategy for the prevention and control of noncommunicable diseases, and of related strategies.
- c** Support and strengthen the role of WHO collaborating centres by linking their plans to the implementation of specific interventions in the global strategy [2008–2009].¹
- d** Facilitate and support, in collaboration with international partners, a global network of national, regional, and international networks and programmes such as the WHO regional networks for noncommunicable disease prevention and control.²

35. Proposed action for international partners

- a** Collaborate closely with and provide support to Member States and the Secretariat in implementing the various components of the global strategy for the prevention and control of noncommunicable diseases.
- b** Give priority to noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.
- c** Support the establishment and strengthening of coordinated global, regional and subregional networks for the prevention and control of noncommunicable diseases.

¹ See paragraph 11 above

² The network of African noncommunicable disease interventions (NANDI) in the African Region; Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles (the CARMEN network) in the Region of the Americas; the South-East Asia network for NCD prevention and control (SEANET–NCD) in the South-East Asian Region; the countrywide integrated noncommunicable diseases intervention (the CINDI programme) in the European Region; the eastern Mediterranean approach to noncommunicable disease (EMAN) in the Eastern Mediterranean Region; and the Western Pacific noncommunicable disease network (MOANA) in the Western Pacific Region.

OBJECTIVE 6: To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

36. Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

37. An evaluation of the implementation of the plan and of progress made will be carried out at the mid-point of the plan's six-year time frame and at the end of the period. The mid-term assessment will offer an opportunity to learn from the experience of the first three years of the plan, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

38. Proposed action for Member States

- a** Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using existing WHO tools.
- b** Contribute, on a routine basis, data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.

39. Action for the Secretariat

- a** Develop and maintain an information system to collect, analyse and disseminate data and information on trends in respect of mortality, disease burden, risk factors, policies, plans and programmes using currently available data sources like the WHO Global InfoBase and other existing global information systems.¹ This database will be expanded to handle new information on subjects such as health services coverage, related costs, and quality of care [2008–2009].²
- b** Establish a reference group for noncommunicable diseases and risk factors, made up of experts in epidemiology, in order to support the work of the Secretariat and advise countries on data collection and analysis [2008–2009].²
- c** Strengthen technical support to Member States in improving their collection of data and statistics on risk factors, determinants and mortality.
- d** Convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan. The group will set realistic and evidence-based targets and indicators for use in both the mid-term and final evaluations [2008–2009].²
- e** Prepare progress reports in 2010 and 2013 on the global status of prevention and control of noncommunicable diseases.

¹ Data sources and global information systems include the WHO's statistical information system (for age standardized mortality data), the Global Burden of Disease Project, the Health Metrics Network, the Global Tobacco Surveillance System surveys, data on diet and physical activity from national and sub-national surveys, the Global Information System on Alcohol and Health, the WHO STEPwise approach to risk factor surveillance and the WHO surveys on national capacity for the prevention and control of noncommunicable diseases.

² See paragraph 11 above

40. Proposed action for international partners

- a** Work collaboratively and provide support for the actions set out for Member States and the Secretariat in monitoring and evaluating, at the regional and global levels, progress in prevention and control of noncommunicable diseases.
- b** Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

INDICATORS

41. There is a need for measurable process and output indicators to permit accurate monitoring and evaluation of actions taken and their impact. Indicators are essential in order to measure progress in implementing the plan and will focus on actions taken by the Secretariat and on the actions of Member States, including in resource-poor settings.

42. Each country may develop its own set of indicators, based on priorities, and resources; however, in order to track prevention and control of noncommunicable diseases at global and regional levels, there is a need to collect data and information in a standardized manner.

43. The indicators mentioned below are examples of measurements that WHO will use in monitoring and reporting on the global status of the prevention and control of noncommunicable diseases. Baseline values are available in WHO for many of the indicators; however, where baselines are not currently available, mechanisms will be established in 2008 and 2009 to collect relevant data.

- Number of countries that have an established unit for the prevention and control of non-communicable diseases (with dedicated staffing and budget) in the Ministry of Health or equivalent national health authority.
- Number of countries that have adopted a multisectoral national policy for noncommunicable diseases in conformity with the global strategy for the prevention and control of non-communicable diseases.
- Number of countries with reliable, nationally representative mortality statistics by cause
- Number of countries with reliable standardized data on the major noncommunicable disease risk factors (based on WHO tools).
- Number of countries with reliable population-based cancer registries.
- Number of countries that have excise tax rates of at least 50% of the retail price of a pack of the most commonly-used cigarettes.

- Number of countries with complete smoke-free legislation covering all types of places and institutions, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries with bans on tobacco advertising, promotion and sponsorship, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have incorporated smoking cessation support (including counselling and/or behavioural therapies) into primary health care, as defined in the WHO Report on the Global Tobacco Epidemic, 2008.¹
- Number of countries that have adopted multisectoral strategies and plans on healthy diet, based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have adopted multisectoral strategies and plans on physical activity based on the WHO Global Strategy on Diet, Physical Activity and Health.
- Number of countries that have developed national food-based dietary guidelines.
- Number of countries that have developed national recommendations on physical activity for health.
- Number of countries that have developed policies, plans and programmes for preventing public-health problems caused by harmful use of alcohol.
- Number of countries with a national research agenda and a prioritized research plan for noncommunicable diseases and their risk factors in line with WHO's global research strategy.
- Number of countries that provide early detection and screening programmes for cardiovascular risk.
- Number of countries with comprehensive national cancer-control programmes, covering priorities in prevention, early detection, treatment and palliative care.
- Number of countries providing early detection and screening programmes for cervical cancer and/or breast cancer.
- Number of countries in which patients have access to affordable essential medicines for pain relief and palliative care, including oral morphine.
- Number of radiotherapy devices per 100 000 population.
- Number of countries in which essential medicines for management of chronic respiratory diseases, hypertension, and diabetes are affordable and accessible in primary health care.
- Prevalence of tobacco use among adults aged 25–64 years.²
- Prevalence of low consumption of fruit and vegetables among adults aged 25–64 years.²
- Prevalence of low levels of physical activity among adults aged 25–64 years.²
- Prevalence of overweight/obesity among adults aged 25–64 years.²
- Prevalence of raised blood pressure among adults aged 25–64 years.²
- Prevalence of raised fasting blood glucose concentration among adults aged 25–64 years.²

¹ WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package. Geneva, World Health Organization, 2008.

² As defined in the WHO STEPwise approach to risk factor surveillance.



2

Resolution of the 61st World Health Assembly: Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy

World Health Assembly resolution WHA61.14
(24 May 2008)

The Sixty-first World Health Assembly,

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to the aim of the global strategy for the prevention and control of noncommunicable diseases¹ to reduce premature mortality and improve quality of life;

Reaffirming also its commitment to addressing key risk factors for noncommunicable diseases through the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Health Assembly in 2003 (resolution WHA56.1) and the global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17) and the evidence-based strategies and interventions to reduce the public health problems caused by the harmful use of alcohol (resolution WHA58.26);

Deeply concerned that the global burden of noncommunicable diseases continues to grow, in particular in low-income and middle-income countries, and convinced that global action is necessary, including by effectively addressing the key risk factors for noncommunicable diseases;

Reaffirming the leadership role of WHO in promoting global action against noncommunicable diseases, and the need for WHO to continue to cooperate with regional and international organizations in order to reduce effectively the impact of noncommunicable diseases,

1. ENDORSES the action plan for the global strategy for the prevention and control of noncommunicable diseases;

2. URGES Member States:

(1) to strengthen national efforts to address the burden of noncommunicable diseases;

(2) to consider the proposed actions in the action plan for the prevention and control of noncommunicable diseases and implement relevant actions, in accordance with national priorities;

(3) to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

(4) to increase provision of support to the work of the Secretariat to prevent and control noncommunicable diseases, including the implementation of the action plan;

(5) to give high priority to the implementation of the elements of the WHO Framework Convention on Tobacco Control;

3. REQUESTS the Director-General:

(1) to continue to give suitably high priority to the prevention and control of noncommunicable diseases and to consider within the framework of the Medium-term strategic plan 2008–2013 allocating a higher proportion of budget to their prevention and control, with a focus on the development of core capacity of the Member States and increased technical capacity of the WHO Secretariat;

(2) to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of non-communicable diseases and the action plan.



3

Global Strategy for the Prevention and Control of Noncommunicable Diseases

World Health Assembly document A53/14
(22 March 2000)

A CHALLENGE AND AN OPPORTUNITY

- 1.** The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.
- 2.** In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (31.7 million) of deaths in the world and 43% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
- 3.** Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries.
For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low- and middle-income countries.
- 4.** There now exists, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.

ADDRESSING COMMON RISK FACTORS

5. Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Addressing the major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

LESSONS LEARNED

6. Much is known about the prevention of noncommunicable diseases. Experience clearly shows that they are to a great extent preventable through interventions against the major risk factors and their environmental, economic, social and behavioural determinants in the population. Countries can reverse the advance of these diseases if appropriate action is taken. Such action may be guided by the lessons learned from existing knowledge and experience, which are summarized below.

7. Strategies to reduce exposure to established risk factors and to lower the risk for individuals who present clinical signs of further progression of these diseases, even when implemented together, do not achieve the full potential for prevention. A comprehensive long-term strategy for control of noncommunicable diseases must therefore necessarily include prevention of the emergence of risk factors in the first place.

8. In any population, most people have a moderate level of risk factors, and a minority have a high level. Taken together, those at moderate risk contribute more to the total burden of noncommunicable diseases than those at high risk. Consequently, a comprehensive prevention strategy needs to blend synergistically an approach aimed at reducing risk factor levels in the population as a whole with one directed at high-risk individuals.

9. Review of studies has shown that, for substantial reductions in the levels of risk factors and in disease outcomes, delivery of interventions should be of appropriate intensity and sustained over extended periods of time. However, even modest changes in risk factor levels will have a substantial public health benefit.

10. Experience indicates that success of community-based interventions requires community participation, supportive policy decisions, intersectoral action, appropriate legislation, health care reforms, and collaboration with nongovernmental organizations, industry and the private sector.

11. Decisions made outside the health sector often have a major bearing on elements that influence the risk factors. More health gains in terms of prevention are achieved by influencing public policies in domains such as trade, food and pharmaceutical production, agriculture, urban development, and taxation policies than by changes in health policy alone.

12. The long-term needs of people with noncommunicable diseases are rarely dealt with successfully by the present organizational and financial arrangements of health care. Member States need to address the challenge in the context of overall health system reform.

TOWARDS A GLOBAL STRATEGY FOR SURVEILLANCE, PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

13. The global threat posed by noncommunicable diseases and the need to provide urgent and effective public health responses were recognized in resolution WHA51.18, in which the Health Assembly requested the Director-General to develop a global strategy for the prevention and control of noncommunicable diseases. The global strategy presented below is based on the lessons learned in prevention and control and on the recommendations of the WHO consultation on future strategies for prevention and control of noncommunicable diseases (Geneva, 27-30 September 1999).

Goal

14. The goal is to support Member States in their efforts to reduce the toll of morbidity, disability and premature mortality related to noncommunicable diseases.

Objectives

15. The global strategy has three main objectives:

• to map the emerging epidemics of noncommunicable diseases and to analyse the latter's social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;

• to reduce the level of exposure of individuals and populations to the common risk factors for noncommunicable diseases, namely tobacco consumption, unhealthy diet and physical inactivity, and their determinants;

• to strengthen health care for people with noncommunicable diseases by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

Key components

16. To achieve the above objectives, the following components require the support of the global community and WHO as a whole in order to give shape to a global strategy.

- Surveillance is essential to quantify and track noncommunicable diseases and their determinants, and it provides the foundation for advocacy, national policy and global action.
- Promotion of health across the life course and prevention are the most important components for reducing the burden of premature mortality and disability due to such diseases, and are seen as the most feasible approach for many Member States.
- Health care innovations and health sector management that address needs arising from the epidemics are essential. Equally important is the provision of cost-effective and equitable interventions for the management of established noncommunicable diseases.

17. WHO has the unique authority and the clear mandate to lead the development and implementation of the global strategy for the prevention and control of noncommunicable diseases and thereby to create a better environment for world health in 2020 and beyond. As outlined below, implementation of the strategy will require action at every level, from global and regional organizations and agencies to Member States and individual communities.

Roles of the main players

International partners

18. The role of international partners is of paramount importance in the global struggle against noncommunicable diseases in order to achieve the necessary leverage and synergy to meet the challenge.

An innovative mechanism is needed to ensure joint work within the United Nations system and with major international agencies, nongovernmental organizations, professional associations, research institutions and the private sector. Concerted action against these diseases on a global scale requires all partners to play a stronger role in a global network that targets areas such as advocacy, resource mobilization, capacity-building and collaborative research. Developing such a global network will be a major part of the global strategy. International institutions for prevention and control of noncommunicable diseases and WHO collaborating centres will play a key role in supporting implementation and evaluation of the global strategy.

WHO

19. WHO will provide the leadership and the evidence base for international action on surveillance, prevention and control of noncommunicable diseases. It will set the general direction and priorities for the four-year period 2000-2003, consonant with the corporate strategy for the WHO Secretariat,¹ and will focus on the four broad interrelated areas described below.

20. Global partnerships. WHO will take the lead in strengthening international partnerships for surveillance, prevention and control of noncommunicable diseases.

21. Global networking. A global network of national and regional programmes for prevention and control of non-communicable diseases will be established in order to disseminate information, exchange experiences, and support regional and national initiatives.

22. Technical support. WHO will support implementation of programmes at national or any other appropriate level by:

- providing norms and standards, including definition of key indicators of noncommunicable diseases and their determinants, diagnostic criteria, and classifications of the major diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases);
- providing technical support to countries in assessing the current situation, identifying strengths and constraints of existing activities, defining appropriate policies, building national capacity, and working to ensure effective programmes;
- leading and coordinating surveillance in order to map the epidemic and measure the effectiveness of interventions;
- strengthening and establishing systems for surveillance, and providing technical support for monitoring and evaluating standard indicators of the major risk factors;
- preparing state-of-the-art guidance on development of prevention and control programmes, incorporating recommendations based on the knowledge and experience gained on a global scale adapted to different national contexts;
- encouraging development of innovative organizational models for care of noncommunicable diseases to ensure the improvement of preventive and clinical care by cost-effective use of available resources.

¹Document EB105/3.

23. WHO will also collaborate with Member States in order to:

- foster the launching of pilot projects on prevention and health promotion based on integrated reduction of the three main risk factors: tobacco use, unhealthy diet and physical inactivity. The expected outcome is the creation of models in selected countries to demonstrate that community-based programmes for risk factor reduction can be effectively implemented in low- and middle-income countries;
- conduct a critical review of the global burden of noncommunicable diseases from the viewpoint of the poor in order to identify control policies that are particularly oriented to poorer populations in developing countries, taking into consideration the likely impact of globalization of trade and marketing on risk factors;
- help patients to manage better their own conditions by assessing and designing appropriate models for self-management education. Emphasis will be laid on diseases that affect women in particular, in order to promote women's health and gender equity.

24. Strategic support for research and development. WHO, in close collaboration with other partners, will promote and support research in priority areas of prevention and control, including analytical, operational and behavioural research to facilitate programme implementation and evaluation. Special attention will be given to innovative research on issues of poverty, gender, cost-effective care, and genetic approaches to prevention. WHO will strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy, particularly in coordinating collaborative research.

Member States

25. Implementation of the global strategy at country or any other appropriate level should be planned along the lines set out below and coordinated within the context of the national strategic framework.

- **Generating a local information base for action.** Assess and monitor mortality attributable to noncommunicable diseases, and the level of exposure to risk factors and their determinants in the population. Devise a mechanism for surveillance information to contribute to policy-making, advocacy and evaluation of health care.
- **Establishing a programme for promotion of health across the life course and prevention and control of noncommunicable diseases.** Form a national coalition of all stakeholders; develop a national, regional or other appropriate level plan, define the strategies, and set realistic targets. Establish pilot (demonstration) prevention programmes based on an integrated risk factor approach that may be extended countrywide. Build capacity at national and community levels for development, implementation and evaluation of integrated prevention programmes. Promote research on issues related to prevention and management.
- **Tackling issues outside the health sector which influence prevention and control of non-communicable diseases.** Assess the impact of social and economic development on the burden of the major noncommunicable diseases with a view to conducting a comprehensive, multidisciplinary analysis. Develop innovative mechanisms and processes to help coordinate government activity as it affects health across the various arms of government. Accord priority to activities that place prevention high on the public agenda, and mobilize support for the necessary societal action.
- **Ensuring health sector reforms are responsive to the challenge.** Design cost-effective health care packages and draw up evidence-based guidelines for the effective management of the major noncommunicable diseases. Transform the role of health care managers by vesting managers with responsibility not for institutions (e.g. hospitals) but for the effective management of resources to promote and maintain the health of a defined population.

ACTION BY THE HEALTH ASSEMBLY

26. The Health Assembly is invited to consider the resolution recommended by the Executive Board in resolution EB105.R12.



4

Resolution of the 53rd World Health Assembly: Prevention and Control of Noncommunicable Diseases

World Health Assembly resolution WHA53.17
(20 May 2000)

The Fifty-third World Health Assembly,

Recalling resolution WHA51.18 on noncommunicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of noncommunicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

Recognizing the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

Noting that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent noncommunicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet, physical inactivity, environmental carcinogens and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

Reaffirming that the global strategy for the prevention and control of noncommunicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

Recognizing the leadership role that WHO should play in promoting global action against noncommunicable diseases and its contribution to global health based on its advantages compared to other organizations,

1. URGES Member States:

(1) to develop a national policy framework taking into account several policy instruments such as healthy public policies creating a conducive environment for healthy lifestyles; fiscal and taxation policies towards healthy and unhealthy goods and services; and public media policies empowering the community;

(2) to establish programmes, at national or any other appropriate level, in the framework of the global strategy for the prevention and control of major noncommunicable diseases, and specifically:

- a** to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;
- b** to assess and monitor mortality and morbidity attributable to noncommunicable disease, and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;
- c** to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of noncommunicable diseases by according noncommunicable diseases priority on the public health agenda;
- d** to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
- e** to promote community-based initiatives for prevention of noncommunicable diseases, based on a comprehensive risk-factor approach;
- f** based on available evidence, to support the development of clinical guidelines for cost-effective screening, diagnosis and treatment of common noncommunicable diseases;
- g** appropriate health promotion strategies be included in school health programmes and in programmes geared to youth.

(3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic noncommunicable diseases and that their management is based on cost-effective health care interventions and equitable access;

(4) to share their national experiences and to build the capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to continue giving priority to the prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations;

(2) to ensure that the leadership provided by WHO in combating noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems;

(3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;

(4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;

(5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;

(6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases;

(7) to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;

(8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs to collectively treat major noncommunicable diseases and their determinants.

Eighth plenary meeting, 20 May 2000 A53/VR/8

Prevent and Control Cardiovascular Diseases, Cancers, Chronic Respiratory Diseases and Diabetes





TOBACCO USE
HARMFUL USE OF ALCOHOL

PROMOTE

HEALTHY DIET
PHYSICAL ACTIVITY

The global burden of noncommunicable diseases continues to grow; tackling it constitutes one of the major challenges for development in the twenty-first century.

Noncommunicable diseases, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases, caused an estimated 35 million deaths in 2005. This figure represents 60% of all deaths globally, with 80% of deaths due to noncommunicable diseases occurring in low- and middle-income countries.

These diseases are largely preventable by means of effective interventions that tackle four common risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

The rapidly increasing burden of these diseases is affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries. As noncommunicable diseases are largely preventable, the number of premature deaths can be greatly reduced.