



**ZERO DRAFT**

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*ZERO DRAFT*

**GLOBAL ACTION PLAN  
FOR THE PREVENTION AND CONTROL OF  
NONCOMMUNICABLE DISEASES  
2013-2020**

## Abbreviations

|                                  |  |
|----------------------------------|--|
| AIDS                             | acquired immunodeficiency syndrome   |
| FAO                              | Food and Agriculture Organization of the United Nations  |
| FCTC                             | Framework Convention on Tobacco Control  |
| Global NCD Action Plan 2013–2020 | WHO Global Action Plan for Prevention and Control of Noncommunicable Diseases 2013–2020  |
| HIV                              | human immunodeficiency virus   |
| IAEA                             | International Atomic Energy Agency   |
| ILO                              | International Labour Organization  |
| ITU                              | International Telecommunication Union  |
| NCD                              | noncommunicable disease  |
| NGO                              | nongovernmental organization   |
| Political Declaration            | Political Declaration of the United Nations General Assembly 2011 High-level Meeting on the Prevention and Control of Noncommunicable Diseases |
| UN                               | United Nations   |
| UNAIDS                           | Joint United Nations Programme on HIV/AIDS   |
| UNDAF                            | UN Development Assistance Framework  |
| UNDP                             | United Nations Development Programme   |
| UNECE                            | United Nations Economic Commission for Europe  |
| UNEP                             | United Nations Environment Programme   |
| UNFPA                            | United Nations Population Fund   |
| UN-HABITAT                       | United Nations Human Settlements Programme   |
| UNICEF                           | United Nations Children’s Fund   |
| UNRWA                            | United Nations Relief and Works Agency   |
| UNWOMEN                          | United Nations Entity for Gender Equality and the Empowerment of Women   |
| WFP                              | United Nations World Food Programme  |
| WHA                              | World Health Assembly  |
| WHO                              | World Health Organization  |
| WTO                              | World Trade Organization   |

## Context

The global burden and threat of noncommunicable disease (NCDs) constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals in low- and middle-income countries. An estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to NCDs, comprising mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%).<sup>1</sup> In 2008, around 80% of all NCD deaths (29 million) occurred in low- and middle-income countries. A higher proportion (48%) of NCD deaths in low- and middle-income countries is premature (under the age of 70), compared to high-income countries (26%). The probability of dying from an NCD between the ages of 30 and 70 is highest in Sub-Saharan Africa, Eastern Europe and parts of Asia. According to World Health Organization (WHO) projections, the total number of annual NCD deaths will increase to 55 million by 2030, if business as usual continues.<sup>1</sup>

Toll of morbidity, disability and premature mortality due to NCDs can be greatly reduced if preventive and curative interventions already available are implemented effectively. Most premature deaths from NCDs are preventable by influencing public policies in sectors outside health, than by making changes in the health policy alone. Governments have recognized that quick gains against the NCD epidemic can be achieved through modest investments in interventions. While there are no blueprints and one size does not fill all, what is needed for widespread implementation of these interventions is active engagement of sectors beyond health and a whole-of-government approach.

A number of developments have led to the development of this 'Zero Draft' 2013-2020 Global NCD Action Plan at this juncture:

- There is a growing international awareness that the three main pillars --surveillance, primary prevention and strengthened health systems --of the global strategy for the prevention and control of NCDs (WHA53.17) remain largely relevant. The global strategy is directed at reducing premature mortality and improving quality of life.
- Since 2000, several resolutions have been adopted by the World Health Assembly in support of specific tools for the global strategy:
  - WHO Framework Convention on Tobacco Control (WHA56.1)
  - Global Strategy on Diet, Physical Activity and Health (WHA57.17)
  - Global Strategy to Reduce the Harmful Use of Alcohol (WHA63.13).
- In 2008, the World Health Assembly endorsed the Action Plan for the Global Strategy for the Prevention and Control of NCDs covering the period 2008-2013. It comprised a set of actions which, when performed collectively by Member States and other stakeholders, would tackle the growing public-health burden imposed by NCDs. In order for the plan to be implemented successfully, high-

level political commitment and the concerted involvement of governments, communities and health-care providers were required.

- The High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs and the adoption of the Political Declaration (A/RES/66/2) represented a breakthrough in the global struggle against NCDs. For the first time, all Member States of the United Nations agreed that NCDs constitute a major challenge to socioeconomic development, environmental sustainability and poverty alleviation. The UN Political Declaration on NCDs makes a clear call for including NCDs in health-planning processes and the development agenda of each Member State. It also commits governments to a series of multisectoral actions and to explore the provision of adequate, predictable and sustained resources through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;
- Recognizing the leading role of WHO as the primary specialized agency for health, and reaffirming the leadership role of WHO in promoting global action against NCDs, the World Health Assembly requested the WHO Secretariat to prepare a follow-up plan for the outcomes of the High-level Meeting (WHA61.11 and EB130.R7), consistent with existing WHO strategies, building on lessons learned from the 2008–2013 Action Plan and taking into account the outcomes of the High-level Meeting, the Moscow Declaration on Healthy Lifestyles and NCD Control<sup>7</sup> and the Rio Declaration on Social Determinants of Health<sup>9</sup>

This 'Zero Draft' Global NCD Action Plan covering the period 2013-2020 seeks to consolidate the contours of an implementation and follow-up plan for the outcomes of the High-level Meeting, as well as an updated Action Plan for the Global Strategy for the Prevention and Control of NCDs covering the period 2013-2020 into one document.

The 'Zero Draft' Action Plan will be discussed during a second informal consultation with Member States and UN agencies on 1 November 2012. The outcome of the discussions at the informal consultation will serve as an input to the work of the Secretariat to prepare a 'First Draft' Action Plan, for consideration by Member States at the 132<sup>nd</sup> session of the WHO Executive Board in January 2013.

Based on the outcomes of the 'Formal WHO Meeting with Member States to conclude the work on a comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of NCDs (Geneva, 5-7 November 2012) and discussions at the United Nations General Assembly, before the end of 2012, on the 'Note by the Secretary-General transmitting the report of the Director-General of the WHO on options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership', WHO will develop an 'Second Draft' Action Plan for discussion with Member States during a third informal consultation in March or April 2013. The WHO Secretariat will submit a final draft action plan to the Sixty-sixth World Health Assembly for consideration by Member States.

## Overview: Global Action Plan for Prevention and Control of NCDs 2013–2020

|   |  |   |  |   |   |  |
|---|--|---|--|---|---|--|
| <b>Vision</b>   |  |   |  |   |   |  |
| To reduce the avoidable global NCD burden and its impact so that people can reach the highest achievable levels of health and productivity      |  |   |  |   |   |  |
| <b>Overarching principles</b>   |  |   |  |   |   |  |
| Human rights  | Universal coverage and equity  | Life-course approach  | Evidence-based practice  | Empowerment of people   |   |  |
| <b>Goal</b>   |  |   |  |   |   |  |
| To reduce the burden of avoidable morbidity, disability and premature mortality due to NCDs   |  |   |  |   |   |  |
| <b>Overarching global target</b><br><i>Under development<sup>1</sup></i>  |  |   |  |   |   |  |
| <b>Objectives</b>   |  |   |  |   |   |  |
| <i>Objective 1:</i><br>To strengthen advocacy and to raise the priority accorded to prevention and control of NCDs in the UN development agenda | <i>Objective 2:</i><br>To strengthen capacity, leadership, governance and accountability to accelerate country response for prevention and control of NCDs | <i>Objective 3:</i><br>To promote a whole-of-government approach for multisectoral action and partnerships for NCD prevention and control | <i>Objective 4:</i><br>To reduce modifiable risk factors for NCDs and create health promoting environments | <i>Objective 5:</i><br>To strengthen and reorient health systems to address NCD prevention and control through people-centred primary care and universal coverage | <i>Objective 6:</i><br>To monitor NCD trends and determinants and evaluate progress of prevention and control of NCDs |  |
| Cross-cutting objective: research, development and innovation   |  |   |  |   |   |  |

<sup>1</sup> The WHO Secretariat will convene a formal meeting of Member States, to be held between 5-7 November 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of NCDs

**Targets**  
*Under development*

**Expected outcomes from implementation of the Global NCD Action Plan 2013–2020**

- Reduction in the prevalence of modifiable risk factors for NCDs (e.g. tobacco, physical inactivity, obesity, intake of salt, saturated fat and harmful use of alcohol)
- Healthier population distribution of blood pressure, blood cholesterol and blood sugar and lower cardiovascular risk patterns
- Reduction of heart attacks, strokes, cancer, chronic respiratory disease and hospitalizations due to complications of NCDs
- Reduction in the need for costly interventions (e.g. cardiac bypass surgery, renal dialysis, amputations due to diabetes)
- Improved productivity and quality of life, and reduction in tertiary hospital care costs
- Reduction in premature mortality due to cardiovascular disease, cancer, chronic respiratory disease and diabetes and healthy ageing

**Feedback point 1:**

Guidance is sought from Member States on the proposed goal for the Action Plan

**Feedback point 2:**

Member States are invited to provide further guidance on the coherence of the proposed objectives for the Action Plan

## Scope

Four categories of NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – make the largest contribution to NCD morbidity and mortality and are the main focus of the Global Action Plan for the Prevention and Control of NCDs covering the period 2013-2020 (Global NCD Action Plan 2013–2020). The four categories of NCDs can be largely prevented or controlled by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol as well as through early detection and treatment. These major NCDs and their risk factors are considered together in the Global NCD 2013–2020 Action Plan in order to emphasize shared aetiological factors and common approaches to prevention. 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. There are many other NCD conditions of public health importance that are closely associated with the

four major NCDs, including: (i) other NCDs (renal, endocrine, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases); (ii) mental disorders; (iii) disabilities, including blindness and deafness; and (iv) violence and injuries. Some of these conditions are the subject of other WHO strategies and WHA resolutions. NCDs and their risk factors are also linked to communicable diseases, maternal and child health, reproductive health, ageing and social, environmental and occupational determinants of health. The Global NCD Action Plan 2013–2020 explores potential synergies between NCDs and interrelated conditions to maximize opportunities and efficiencies for mutual benefit (Annex 1).

## Relationship to WHO assignments, reform, existing strategies and plans

The actions for the Secretariat aim to fulfil the assignments given to WHO in the Political Declaration<sup>6</sup> (paragraphs 13, 43, 45, 46, 51, 61–64). The actions for the Secretariat are also in keeping with the reform agenda, which requires WHO to engage an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector, in work related to prevention and control of NCDs. The roles and responsibilities between the three levels of WHO – country offices, regional offices and headquarters – in the implementation of the Global NCD Action Plan 2013–2020 will be reflected in WHO biennial workplans for prevention and control of NCDs. This action plan also builds on the implementation of the WHO Framework Convention on Tobacco Control (FCTC),<sup>3</sup> the Global Strategy on Diet, Physical Activity and Health,<sup>4</sup> the Global Strategy to Reduce Harmful Use of Alcohol<sup>5</sup> and has close conceptual and strategic links to the Global Mental Health Action Plan (to be considered for adoption by the Sixty-sixth World Health Assembly). The Global NCD Action Plan 2013–2020 is also guided by the WHO Twelfth General Programme of Work (2014–2019).

The Global NCD Action Plan 2013–2020 is intended to support coordinated and comprehensive implementation of strategies across individual diseases and risk factors, with emphasis on integration. The aim is to provide an overall direction to support the implementation of national strategies and action plans, where they have been developed and the development of sound and feasible national action plans where none exist. The Global NCD Action Plan 2013–2020 will, therefore, support and strengthen implementation of existing regional resolutions and plans.

## Vision

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To reduce the avoidable global NCD burden and its impact so that people can reach the highest achievable levels of health and productivity.

## Overarching principles

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The Global NCD Action Plan 2013–2020 relies on the following overarching principles:

- **Human rights**  
NCD prevention and control strategies must be formulated and implemented in accordance with international human rights conventions and agreements.

- **Universal coverage and equity**  
All people should have full access to health care and opportunities for prevention and control of NCDs based on need regardless of age, gender, social status, presence of disabilities and the ability to pay.
- **Life-course approach**  
A life-course approach is key to prevention and control of NCDs. It starts with maternal health, including preconception, antenatal and postnatal care and maternal nutrition. In addition, proper infant feeding practices, including promotion of breastfeeding and health promotion of children, adolescents and youth, followed by promotion of a healthy working life, healthy ageing and care of NCDs for people in later life are integral components of a life-course approach.
- **Evidence-based practice**  
Strategies for prevention and control of NCDs need to be based on scientific evidence and public health principles.
- **Empowerment of people**  
People should be empowered and involved in activities for prevention and care of NCDs.

## Goal

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To reduce the burden of avoidable morbidity and disability and to reduce premature mortality.

### Overarching global target

*Under development: The WHO Secretariat will convene a formal meeting of Member States, to be held between 5-7 November 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of NCDs.*

### Time frame

The updated Global NCD Action Plan will be implemented over the period 2013–2020 and WHO will support its implementation through biennial organization-wide workplans.

### Feedback point 3:

Guidance is sought from Member States on how the decision of the Sixty-fifth World Health Assembly to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025 should be reflected in the Action Plan covering the period 2013-2020.

## Objectives of the Updated Global NCD Action Plan for Prevention and Control of Noncommunicable Diseases 2013–2020

The Global NCD Action Plan 2013–2020 has six objectives and comprises multilevel actions for Member States, the Secretariat and international partners mainly to support implementation at the country level. The aim is to operationalize commitments of the Political Declaration, building on what has already been initiated and achieved through the implementation of the WHO 2008–2013 Action Plan for the Global Strategy for Prevention and Control of NCDs.<sup>8</sup>

The specific actions proposed for Member States are to be considered and adapted, as appropriate, to national priorities and specific circumstances in order to accomplish the objectives.

### **Feedback point 4:**

Guidance is sought from Member States on the role of the private sector in the Action Plan, taking into account, inter alia, paragraph 44 of the Political Declaration on NCDs, while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health.

### **Objective 1: To strengthen advocacy and to raise the priority accorded to prevention and control of NCDs in the UN Development Agenda.**

### **Feedback point 5:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 1

The Political Declaration committed governments to “strengthen and integrate, as appropriate, NCD policies and programmes into health-planning processes and the national development agenda” (paragraph 45a). The Rio+20 Declaration on Sustainable Development<sup>9</sup> acknowledged that the global burden of NCDs constitutes one of today’s major challenges for development. Equally, the first report of the United Nations Task Team on the post-2015 UN Development Agenda, *Realizing the Future We Want*,<sup>10</sup> has identified NCDs as a priority for social development and investments in people, a priority that needs to be included in the post-2015 UN Development Agenda. Prevention of NCDs is a precondition for and an outcome of sustainable human development and is interdependent of social, economic and environmental dimensions of development.

Since NCDs are mediated to a great extent by a host of factors that determine social positions such as income, education, occupation, gender and ethnicity, among others, a social determinants approach that addresses social inequalities and health-system inequalities needs to be adopted to effectively

deal with NCDs. Furthermore, poverty alleviation and prevention and control of NCDs should be simultaneous national efforts because poverty and NCDs are intertwined. NCDs contribute to catastrophic spending, high out-of-pocket expenditure, loss of income due to chronic ill-health and costs of caring for sick family members, all of which can impoverish households. The cost of NCDs to health-care systems, businesses and governments and loss of productivity due to premature NCD deaths add up to major macroeconomic impacts.

Innovative approaches are needed to strengthen advocacy to sustain the interest of heads of state and government in the long term, including by involving all relevant sectors, civil society and communities, as appropriate.

The Global NCD Action Plan 2013–2020 provides a global platform for countries, civil society and international organizations to become aware of the above interrelationships and NCDs and to provide a coherent cross-sectoral response to reduce the NCD burden, in order to enhance the social and economic development, particularly in low- and middle-income countries.

**Proposed action for Member States:**

- a. ***NCD policy framework:*** Establish/strengthen a multisectoral NCD policy framework as an integral part of the broader national development agenda with special attention to social determinants of health and the health needs of vulnerable populations.
- b. ***Evidence for advocacy:*** Generate more evidence and disseminate information about the evidence base on the relationship between NCDs and poverty alleviation, sustainable development/sustainable cities, non-toxic environment, food security, climate change, disaster preparedness, peace and security and gender equality based on national situations.
- c. ***Advocacy for action:*** Strengthen advocacy to sustain the interest of heads of state and government and implementation of the commitments of the Political Declaration, including by involving all relevant sectors, civil society and communities, as appropriate, and creating a NCD social movement with the full and active participation of people living with these diseases.
- d. ***Resources:*** Persuade finance and planning ministers of the need to increase domestic budgetary allocations for NCD prevention and control based on benefits to national productivity (productivity uplift).
- e. ***Financing:*** Ensure predictable and sustainable financing to address NCDs through an increase in domestic budgetary allocations and voluntary innovative financing mechanisms.

**Action for the Secretariat:**

- a. **Technical support:** Offer technical assistance to integrate NCD prevention and control into national health and development planning processes, the UN Development Agenda and poverty alleviation strategies, including through the United Nations Development Assistance Framework (UNDAF).
- b. **Policy coherence:** Provide technical guidance to address in a coherent manner the interrelationships between prevention and control of NCDs and initiatives on poverty alleviation and sustainable development (e.g. green economies, decent work, access to energy, adaptation to climate change, healthy cities) and to minimize conflicts among policy objectives.
- c. **Coordination:** Establish an interagency task force on NCDs to report to the United Nations Economic and Social Council (ECOSOC).
- d. **Research:** Expand the evidence base of interventions that addresses NCD prevention and control through a social determinants approach.

**Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry) :**

- a. **UN Development Agenda:** Include NCDs in development cooperation agendas and initiatives with emphasis on national ownership, alignment and mutual accountability.
- b. **Post-2015 development goals:** Advocate for health (including prevention of NCDs) to be incorporated in the post-2015 development goals, including through liaison with the intergovernmental working groups tasked to design sustainable development goals.
- c. **Sustainable human development:** Incorporate measures to protect health of populations, including prevention of NCDs, in economic development and sustainable development policies/frameworks and poverty-reduction strategies.
- d. **Research:** Support intersectoral and multidisciplinary research to understand and influence the relationship between social determinants, sustainable development, poverty and NCDs.

**Feedback point 6:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 1

## **Objective 2: To strengthen capacity, leadership, governance and accountability to accelerate country response for prevention and control of NCDs**

### **Feedback point 7:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 2

The Political Declaration on NCDs recognizes the primary role and responsibility of governments in responding to the challenge of NCDs and commits governments to “promote, establish or support and strengthen by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of NCDs” (paragraph 45).

Accelerating country response for prevention and control of NCDs is a complex undertaking involving multiple stakeholders and sectors within and outside health. As the ultimate guardian of a population’s health, governments have the lead responsibility to ensure that appropriate institutional, legal, financial and service arrangements are provided for prevention and control of NCDs.

Multiple challenges and barriers make it difficult for low- and middle-income countries to respond effectively to the NCD epidemic. These constraints include: (i) shortage of human and financial resources; (ii) lack of reliable data; (iii) market forces driving risk factors; (iv) weak multisectoral response; (v) under-resourced health systems; (vi) unaddressed social determinants of health; and (vii) limited country capacity. These constraints need to be systematically addressed to accelerate progress in NCD prevention and control.

Leadership, political commitment and predictable and sustainable financing are prerequisites for accelerated country responses. Governance and accountability of the government and its relationship with nongovernmental organizations (NGOs) and civil society are key requirements. Governments need to enshrine rights to health and its determinants in national constitutions, and ensure that they are enforced in a fair manner. A strong civil society, particularly grass-roots organizations representing persons with NCDs and caregivers, can help to empower society and create more effective and accountable public health policies, regulations and services that are acceptable, address needs and respect human rights. This presumes, however, an enabling socioeconomic and political legal climate that respects freedom of speech and association and where civil society organizations can make positive and constructive contribution in partnership with the government and other stakeholders.

A national multisectoral NCD policy and plan are required to define the vision for the future, establish a broad framework for action and generate resources for implementation. Without a cohesive NCD policy and plan in place, actions to address NCDs can become fragmented, leading to the inefficient use of scarce human and financial resources. In preparation for the UN High-level Meeting on NCDs, WHO identified and estimated the cost of implementation of a set of evidence-based best buy interventions,

with compelling evidence for cost effectiveness, feasibility, affordability and appropriateness to implement within the constraints of local health systems.<sup>11,12</sup> These interventions can be an appropriate first step for accelerating national NCD scale-up initiatives in low- and middle-income countries, while recognizing that no single set of interventions will suit all countries.

### **Proposed action for Member States**

- a. **Leadership:** Establish a high-level interministerial committee under the leadership of the head of state to incorporate health in all policies and to facilitate and monitor multisectoral action for NCD prevention and control.
- b. **National NCD unit:** Set up/strengthen a national NCD unit in the Ministry of Health with expertise, resources and responsibility for needs assessment, strategic planning, policy development, multisectoral coordination, implementation and evaluation.
- c. **Needs assessment:** Conduct an epidemiological and resource needs assessment in order to inform the development of national NCD policy/plan and budget.
- d. **Multisectoral policy/plan:** Develop/update a national multisectoral NCD policy/action plan with emphasis on prevention, based on national priorities and, where appropriate, consistent with the global/regional NCD action plans and harmonized and aligned with international cooperation in health.
- e. **Accountability:** Improve accountability for implementation by setting up a monitoring framework with national targets adapting the global NCD targets to national contexts.
- f. **National response:** Allocate a budget that is commensurate with identified human and other resource needs to implement the national action plan for prevention and control of NCDs.
- g. **Advocacy:** Strengthen advocacy and community awareness and mobilize a social movement engaging and empowering a broad range of actors who can support and contribute to the national NCD response (e.g. human rights organizations, faith-based organizations, labour organizations and organizations focused on children, youth, women and patients, NGOs and the private sector).
- h. **Health protection and promotion:** Create a supportive environment that protects health and promotes healthy behaviour using taxation, laws, regulatory and fiscal measures, policy options, incentives and disincentives as appropriate, with a special focus on children, adolescents and youth.
- i. **Research:** Develop and implement a shared national research agenda jointly with academic and research institutions, with emphasis on strengthening research capacity, research ethics, translation research to strengthen the links between generation of scientific evidence and policy-making and implementation research to increase the knowledge base on how to tailor effective

interventions to different settings using the guidance provided in the WHO Prioritized Research Agenda for Prevention and Control of Major Noncommunicable Diseases.<sup>13</sup>

- j. **Workforce:** Ensure an adequately trained and appropriately deployed workforce and strengthen workforce skills and capacity to implement actions to achieve objectives 1 and 3–6, including through revision and reorientation of curricula in medical, nursing and public health institutions for NCD prevention and control.

#### **Action for the Secretariat**

- a. **Planning:** Develop a “One WHO biennial workplan for prevention and control of NCDs” to ensure synergy and alignment of activities across the three levels of WHO based on country needs.
- b. **Leadership:** Lead and facilitate coherence of NCD activities of all stakeholders using country cooperation strategies, NCD strategies that have been the subject of resolutions adopted by the World Health Assembly and legal instruments.
- c. **Norms and standards:** Develop, where appropriate, technical tools and information products for advocacy, communication and engaging the social media as well as implementation of cost-effective interventions tailored to the capacity and resource availability of countries.
- d. **Technical support:** Assist countries to strengthen their capacities, including addressing NCD needs during disasters and emergencies by establishment/strengthening of national reference centres, WHO collaborating centres and knowledge-sharing networks for prevention and control of NCDs.
- e. **Research agenda:** Collaborate with partners and the research community, including WHO collaborating centres, and engage major relevant constituencies in funding research initiatives based on the WHO Prioritized Research Agenda for Prevention and Control of Major Noncommunicable Diseases to strengthen capacity for research and to incentivize innovation.

#### **Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry)**

- a. **Resources:** Facilitate the mobilization of adequate, predictable and sustained financial resources for NCD prevention and control and fulfil official development assistance commitments, including the commitments by many developed countries to achieve the target of 0.7% of gross national product for official development assistance to developing countries by 2015.
- b. **Stakeholder collaboration:** Work collaboratively and provide support for the actions set out for Member States and the Secretariat to accelerate country response for prevention and control of NCDs.

- c. **Solidarity:** Support and be part of the social movement to support prevention and control of NCDs and promote health and equity.
- d. **Research:** Strengthen and support South–South, North–South and triangular cooperation as an effective modality to build capacity for NCD research and development with emphasis on implementation research.

**Feedback point 8:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 2

**Objective 3: To promote a whole-of-government approach for multisectoral action and partnerships for NCD prevention and control**

**Feedback point 9:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 3

The Political Declaration recognizes that effective prevention of NCDs requires multisectoral approaches at the government level, including, as appropriate, health in all policies and whole-of-government approaches across relevant sectors. Increasingly, governments in low- and middle-income countries are making efforts to address NCDs, but their efforts have rarely translated into multisectoral action at national scale.

Prevention of NCDs requires due attention to the health impact of public policies in non-health sectors such as education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic policies. In addition, multisectoral action needs to recognize the contribution and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations, civil society, faith-based organizations, academia, media and industry, in support of national efforts for NCD prevention and control.

Multisectoral partnerships are central for supporting the enactment of multisectoral NCD prevention policies, raising financial resources, capacity strengthening, supporting research and advocating for prevention and control of NCDs. Strong political leadership, responsible stewardship and management of conflict of interest and workforce capacity for forging a collaborative response are prerequisites for the success of multisectoral action for NCD prevention and control.

## Proposed action for Member States

- a. **Leadership and commitment:** Provide political leadership, sustained commitment and a conducive environment for policy innovation for multisectoral action and implementation of health in all policies and whole-of-government approaches to increase the accountability of public policies for NCD prevention and control.
- b. **Multisectoral strategy:** Formulate a national strategy for multisectoral action for prevention and control of NCDs and establish a coordinated mechanism and process to develop and implement policies across sectors that place health equity as a shared goal.
- c. **Joint budget:** Explore participatory budgeting that can contribute to increasing both responsiveness and performance of multisectoral partnerships for NCD prevention and control.
- d. **Human resources:** Strengthen human resources in all relevant sectors so that appropriate skills and knowledge are available to assess the impact of public policies on NCDs and health.
- e. **Policy coherence:** Ensure policy consistency between different spheres of policy-making that have a bearing on NCDs (e.g. education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, social and economic policies).

## Action for the Secretariat

- a. **Technical support:** Provide technical assistance for health impact assessment of public policies and for maximizing intersectoral synergies, including across environmental health, agriculture, education, food manufacture and processing, chemical safety and occupational health programmes to strengthen prevention of NCDs.
- b. **Norms and standards:** Design tools to monitor multisectoral action for NCD prevention and control, in both the process and its outcomes, to ensure accountability of all actors for decisions made in terms of the shared goals identified for health and health equity.
- c. **Coordination:** Coordinate the NCD-related activities of UN funds, programmes and agencies (Annex 2) to develop a coherent response to support the NCD activities of ministries of health.
- d. **Partnerships:** Provide guidance for countries to develop strategies that support the work of the global partnership model to be recommended by the United Nations Secretary-General for NCD prevention and control.
- e. **Research:** Encourage WHO collaborating centres to incorporate the WHO Prioritized Research Agenda for Prevention and Control of Major Noncommunicable Diseases<sup>13</sup> into their plans,

facilitate collaborative research through bilateral and multilateral collaboration and strengthen the scientific basis for multisectoral action to support NCD prevention and control.

**Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry)**

- a. **Intersectoral collaboration:** Support the implementation of multisectoral projects for addressing key determinants of NCDs related to labour, environment, urban development, food, agricultural and transport.
- b. **Environment, employment and NCDs:** Support the full use of existing international conventions in the area of environment and labour and for mainstreaming prevention of NCDs in their implementation.
- c. **Partnerships:** Promote international cooperation and forge results-oriented partnerships at global, regional and country levels to promote multisectoral action for NCD prevention and control.
- d. **Research:** Support and work jointly to conduct multidisciplinary research to develop and evaluate effective approaches for multisectoral action for NCD prevention and control.

**Feedback point 10:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 3

**Objective 4: To reduce modifiable risk factors for NCDs and create health-promoting environments.**

**Feedback point 11:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 4

The Political Declaration recognizes the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for NCDs, namely, tobacco use, unhealthy diet, 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 adopt behaviours that foster good health.

Governments need to provide leadership in the development of a national policy framework for reducing risk factors through multisectoral action. In setting the national policy framework,

governments should be the key stakeholders and may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflict of interest.

The actions outlined under this objective aim to reduce the prevalence of current tobacco smoking, insufficient physical activity and obesity and reduce the population intake of salt and the proportion of total energy intake from saturated fatty acids, and to reduce the overall alcohol consumption by focusing on hazardous and harmful drinking. The population distribution of blood pressure and total cholesterol will shift so that more people are at lower risk of cardiovascular disease.

#### **Proposed action for Member States: Tobacco control**

- Accelerate implementation of the WHO FCTC and its protocol to eliminate illicit trade in tobacco products (pending adoption by the Conference of the Parties to the WHO FCTC), including measures to reduce consumption and availability, recognizing the importance of substantially reducing tobacco consumption and that price and tax measures are an effective and important means of reducing tobacco consumption.
- All States that have not yet become party to the WHO FCTC should accelerate their consideration to ratify, accept, approve, formally confirm or accede to the Convention at the earliest opportunity, in accordance with resolution WHA56.1, Operative Paragraph 3.
- In order to reduce tobacco use, increase attention and prioritize action to accelerate the implementation of guidelines produced by the WHO FCTC.

#### **Proposed action for Member States: Promoting healthy diet**

***Advance the implementation of global strategies and recommendations:*** Member States should consider developing or strengthening national nutrition policies and action plans and implementation of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, the implementation of the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children and other relevant strategies, including the introduction of policies and actions aimed at promoting WHO best buys and emerging good buys for healthy diets in the entire population in order to:

- a. ***Promote and support exclusive breastfeeding*** for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
- b. ***Develop policy measures*** directed at food producers and processors:
  - to reduce the level of sodium in food
  - to eliminate industrially produced trans-fatty acids from food and to replace them with polyunsaturated fatty acids
  - to decrease the level of saturated fatty acids in food

- to reduce the content of free sugars.
- c. **Develop policy measures** directed at food retailers and caterers to improve the accessibility and affordability of healthier food products (fruit and vegetables, products with reduced sodium content, saturated fatty acids, trans-fatty acids, sugar).
- d. **Ensure the provision of healthy food** in all public institutions and in workplaces.
- e. **Consider economic tools**, including taxes and subsidies, to improve the affordability of healthier food products and to discourage the consumption of less healthy options.
- f. **Conduct public campaigns and social marketing initiatives** to inform consumers about healthy dietary patterns and to facilitate healthy behaviours.
- g. **Conduct nutrition education** in schools and ensure the provision of dietary counselling in worksites, clinics and hospitals.
- h. **Develop policies for nutrition labelling** of processed food and meals and provide accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices.
- i. **Implement the WHO set of recommendations** on marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.

#### **Proposed action for Member States: Promoting physical activity**

**Advance the implementation of the Global Strategy on Diet, Physical Activity and Health** and other relevant strategies with a focus on policies and actions across multiple settings and emphasis on children and adolescents and promoting WHO best buys and emerging good buys to increase participation in physical activity in the entire population. Specific areas of action include:

- a. **Adopt and implement national guidelines** on physical activity for health.
- b. **Promote physical activity** through activities of daily living, including through “active transport” as well as through recreation, leisure and sport.
- c. **Consider multisectoral national committee** or coalitions to provide strategic leadership and coordination.
- d. **Develop partnerships** with agencies outside of health and identify and promote the co-benefits of physical activity such as educational achievement, clean air, less congestion, social and mental health, and child health development.

- e. **Increase physical activity** both through programme and policy level interventions and in multiple settings; planning and urban design are important sectors to involve to improve the built environment.
- f. **Develop leadership** at multiple levels by different agents, including within professional groups (in health and outside of health) in the community and for young people.
- g. **Implement mass media and social marketing strategies** that are cost effective to address the cultural norms, raise awareness and education and motivation (intention) towards physical activity, linking them to supporting actions for maximum benefit and impact.

### **Proposed action for Member States: Reducing the harmful use of alcohol**

Develop and implement, as appropriate, comprehensive and intersectoral national policies and programmes to reduce the harmful use of alcohol addressing the general level, pattern and local contexts of alcohol consumption in a population.

- a. **Advance the implementation of the Global Strategy to Reduce the Harmful use of Alcohol** by developing and implementing, as appropriate, comprehensive and intersectoral national policies and programs to reduce the harmful use of alcohol addressing the general level, pattern and local contexts of alcohol consumption in a population. Specific areas for action as recommended in the Global Strategy to reduce the harmful use of alcohol include:
  1. Leadership, awareness and commitment
  2. Health services' response
  3. Community action
  4. Drink-driving policies and countermeasures
  5. Availability of alcohol
  6. Marketing of alcoholic beverages
  7. Pricing policies
  8. Reducing the negative consequences of drinking and alcohol intoxication
  9. Reducing the public health impact of illicit alcohol and informally produced alcohol
  10. Monitoring and surveillance.
- b. **Ensure that public health policies and interventions** to reduce the harmful use of alcohol are guided and formulated by public health interests and the best available evidence.
- c. **Consider prioritisation of policy options and interventions** aimed at reducing availability of alcohol, restricting or banning alcohol advertising and increasing taxes on alcoholic beverages as the most cost-effective approaches to reduce harmful use of alcohol in populations.

- d. **Ensure a crucial role of ministries of health** in bringing together other ministries and stakeholders, as appropriate, for effective policy development and implementation as well as coordination across different areas of public policies and health care.

**Proposed action for Member States: Other modifiable risk factors**

- a. **Occupational and environmental risk factors:** Reduce exposure and eliminate/substitute occupational and environmental carcinogens (e.g. asbestos, cancer causing pesticides, radon, sun beds) and reduce outdoor and indoor air pollution and increase access to clean energy, including clean cookstoves.
- b. **Policy options:** Develop and implement policies for integrated chemicals management and occupational safety to reduce exposure through air, water and food to chemical hazards that cause NCDs.
- c. **Conducive environment:** Promote the development of safe, climate-resilient and energy-efficient built environments, housing, urban planning and cities to foster healthy behaviours to support NCD prevention.

**Action for the Secretariat: Tobacco control, promoting healthy diet, physical activity and reducing the harmful use of alcohol**

- a. **Leadership:** Work with other UN agencies to reduce modifiable risk factors at the country level as part of integrating NCD prevention into the UNDAF design processes and implementation at the country level.
- b. **Norms and standards:** Support the Conference of the Parties of the WHO FCTC in developing guidelines and protocols; develop normative guidance and technical tools to support the implementation of the WHO global strategies addressing modifiable risk factors.
- c. **Evidence-based policy options:** Publish and disseminate guidance (“toolkit”) on how to operationalize the implementation and evaluation of best and good buy interventions at the country level for reducing the prevalence of tobacco use, promotion of healthy diet and physical activity and reduction of harmful use of alcohol.
- d. **Technical support:** Provide technical assistance to strengthen national capacity to: (i) reduce the demand and supply of tobacco products, and counter the tobacco industry interference in accordance to the WHO FCTC and its guidelines; and (ii) reduce modifiable risk factors through implementing health promoting policy options, workplace initiatives, healthy cities initiatives, health sensitive urban development and social and environment protection initiatives, including through engagement of local/municipal councils.

- e. **Research:** Promote implementation research to translate cost-effective interventions (best buys and good buys) into efficient action adapted to regional and national contexts.

**Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry)**

- a. **Support Global Strategies:** Provide support for implementation of the WHO FCTC, the Global Strategy to Reduce Harmful Use of Alcohol, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding and the implementation of the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children.
- b. **Collaboration:** Contribute to expediting the reduction of modifiable risk factors, including through best and good buys for reducing tobacco use, promoting healthy diet and physical activity and reducing harmful use of alcohol, by supporting and participating in shaping the research agenda, the development and implementation of technical guidance and mobilizing financial support as appropriate.
- c. **Enabling environments:** Support national authorities to create enabling environments to reduce modifiable risk factors of NCDs through health promoting policies in agriculture, education, sports, food, trade, transport and urban planning.
- d. **Research:** Support and work jointly to promote implementation research to translate cost-effective interventions (best buys and good buys) into efficient action adapted to national contexts.

**Feedback point 12:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 4

**Objective 5: To strengthen and reorient health systems to address NCD prevention and control through people-centred primary care and universal coverage.**

**Feedback point 13:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 5

The Political Declaration calls to “pursue, as appropriate, strengthening of health systems that support primary health care, deliver effective, sustainable and coordinated responses and evidence-based,

cost-effective, equitable and integrated services for addressing NCD risk factors and for the prevention, treatment and care of noncommunicable disease” (paragraph 45b).

Comprehensive care of NCDs encompasses primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care. Concrete action is needed to address major gaps that exist across all building blocks of the health system (governance, finance, health workforce, health information, medicines and technologies), develop policy directions for moving towards universal coverage and provide NCD services through a people-centred primary health care approach.

A reoriented and strengthened health system aims to improve early detection of cardiovascular disease, cancer, chronic respiratory disease, diabetes and other NCDs, prevent complications, reduce the need for hospitalization and costly high technology interventions and prevent premature death. For example, in the case of cardiovascular disease and diabetes, early detection and treatment of people with high cardiovascular risk through targeted screening for hypertension and diabetes has the potential to prevent a vast majority of heart attacks, strokes, renal dialysis, amputations and blindness. Likewise, early detection/screening and early diagnosis are essential for reducing cancer morbidity and mortality since cancer stage at diagnosis is the most important determinant of treatment options and patient survival.

### **Proposed action for Member States**

- a. **Leadership:** Actions to ensure effective governance and accountability:
  - exercise responsibility and accountability for ensuring the availability of NCD services within the context of overall health-system strengthening
  - use participatory community-based approaches in designing, implementing, monitoring and evaluating NCD programmes across the continuum of care to enhance and promote effectiveness of an equity-based NCD response
  - integrate NCD services into health-sector reforms/plans for improving health-systems performance and, oriented to address social determinants of health and universal coverage.
- b. **Financing:** Actions to establish sustainable and equitable health financing<sup>14</sup>
  - shift from reliance on user fees levied on the ill to the solidarity and protection provided by pooling and prepayment, including for NCD services
  - make progress towards universal coverage through a combination of domestic revenues, innovative financing and external financial assistance giving priority to financing cost-effective prevention and treatment interventions for heart attacks, strokes, hypertension, cancer, diabetes, asthma and chronic obstructive pulmonary disease
  - develop local and national initiatives to ensure financial risk protection and other forms of social protection (e.g. through health insurance, tax funding, cash transfers), covering prevention, treatment and rehabilitation for all NCDs and other areas and for all people, including for those who are not in formal sector employment.

- c. **Scaled-up coverage:** Actions to improve efficiency, coverage and quality of NCD services with a special focus on cardiovascular disease, cancer, chronic respiratory disease and diabetes and their risk factors:
- ensure that NCD services and referral systems are organized and strengthened around close-to-client and people-centred networks of primary care that are fully integrated with the rest of the health-care delivery system, including specialized ambulatory and inpatient care facilities
  - provide avenues to all providers to equitably address NCDs (e.g. NGOs, for-profit and not-for-profit, and a range of services), while safeguarding consumer protection and also harnessing the potential of a range of services to address NCDs (e.g. traditional medicine, rehabilitation and palliative care and social services)
  - determine standards for organization and set targets for increasing the coverage of cost-effective, high-impact interventions (best buys and good buys)<sup>11,12</sup> to address cardiovascular disease, cancer, chronic respiratory disease and diabetes in a phased manner, integrating NCD services with the rest of the disease-specific programmes around people's needs
  - address long-term and multimorbidity NCD care needs through innovative and effective models of care connecting occupational health services and community health resources with primary care and the rest of the health-care delivery system
  - establish quality-assurance and continuous quality improvement systems for management of NCDs with emphasis on primary care, including the use of WHO guidelines and tools for the management of major NCDs adapted to national contexts
  - take action to help people with NCDs to manage their own condition better and provide education, incentives and tools for self-care and self-management, including through information and communication technologies.
- d. **Human resource development:** Actions to ensure sufficient and competent human resources for prevention and control of NCDs:
- identify competencies required and invest in improving the knowledge, skills and motivation of the current health workforce to address NCDs and plan to address projected health workforce needs for the future
  - incorporate NCD prevention and control in the training of all health workers, professional and non-professional (technical, vocational), with an emphasis on primary care
  - provide adequate compensation and incentives for health workers, paying due attention to attracting and retaining them in underserved areas
  - develop career tracks for health workers through strengthening postgraduate training, with a special focus on NCDs, in various professional disciplines (medicine, nursing, pharmacy, public health administration, nutrition, health economics, etc.) and career advancement for non-professional staff
  - strengthen capacities for planning, monitoring and evaluating service delivery for NCDs through government, professional associations and self-care groups.
- e. **Access:** Actions to improve access to essential medicines and technologies, with emphasis on medicines and technologies required for delivery of essential NCD interventions for cardiovascular

disease, cancer, chronic respiratory disease and diabetes through a primary health-care approach:<sup>15,16</sup>

- include essential NCD medicines and essential NCD technologies in national essential medicines and medical technologies lists, and improve efficiency in the procurement, supply management and access to these products
- adopt strategies to improve affordability of medicines (separate prescribing and dispensing, control the wholesale and retail mark-ups through regressive mark-up schemes, exempt medicines required for essential NCD interventions from import tax and other forms of tax);
- promote procurement and use of generic medicines for prevention and control of NCDs by quality assurance of generic products, preferential registration procedures, generic substitution, financial incentives and education of prescribers and consumers.

### **Actions for the Secretariat**

- a. **Leadership:** Ensure that the response to NCDs is placed at the forefront of efforts to strengthen health systems.
- b. **Integrated and responsive care:** Use existing strategies that have been the subject of resolutions adopted by the World Health Assembly to provide people-centred primary health care and achieve universal health coverage.
- c. **Technical support:** Assist countries to integrate cost-effective interventions for NCDs and risk factors into their health systems and to enhance access to essential medicines and affordable medical technology.
- d. **Norms and standards:** Develop affordable and evidence-based models of self-care, with a special focus on populations with low health awareness and/or literacy.
- e. **Research:** Promote health-system research for national application of proven cost-effective NCD interventions, including best buys and good buys.

### **Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry)**

- a. **Partnerships:** Support the development and strengthening of international, regional and national alliances, networks and partnerships in order to assist countries in strengthening health systems so that countries can meet the growing challenges posed by NCDs.
- b. **Capacity-strengthening:** Strengthen capacity and support implementation of intervention projects to address NCDs, exchange experience among stakeholders and include learning from successful programmes both within the NCD area and without such as HIV/AIDS experience.

- c. **Innovation:** Strengthen the technological and innovation capacities of countries and remove obstacles to development and transfer of technology to low- and middle-income countries for the manufacture of medicines, vaccines, medical technologies and information and communication technologies such as mHealth for NCD prevention and control.
- d. **Empowerment of governments:** support governments to review their intellectual property law frameworks to ensure that they enjoy maximum flexibility to produce or import low-cost, quality medicines and medical technologies for prevention and control of NCDs consistent with their international legal obligations.

**Feedback point 14:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 5

**Objective 6: To monitor NCD trends and determinants and evaluate progress of prevention and control of NCDs.**

**Feedback point 15:**

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objective 6

Monitoring NCDs, risk factors and their determinants provides the foundation for advocacy, policy development and national, regional and global action. Monitoring is not only limited to tracking data on the magnitude of and trends in NCDs, it also includes evaluating the effectiveness and impact of interventions and assessing progress made in the implementation of the Global NCD 2013–2020 Action Plan.

WHO is in the process of developing a comprehensive global monitoring framework,<sup>17</sup> including a set of indicators capable of application across regional and country settings as well as through multisectoral process to monitor trends and to assess progress made in the implementation of national strategies and plans on NCDs. The 2012 World Health Assembly adopted a global target of a 25% reduction in premature mortality from NCDs by 2025, and a further set of voluntary global targets for the prevention and control of NCDs are currently being negotiated.

An evaluation of the progress in implementation of the Global NCD 2013–2020 Action Plan will be carried out in 2015 and 2020. The 2015 assessment will offer an opportunity to learn from the experience of implementation, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

## Proposed action for Member States

- a. **Law:** Update legislation pertaining to health statistics, including vital registration.
- b. **Data collection:** Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, and country capacity to address NCDs using existing WHO tools.
- c. **Accountability for progress:** Define and adopt a minimum set of national targets and indicators for measuring progress of NCD prevention and control, including health-system performance indicators (disaggregated by level of service delivery and by the main health-sector functions), based on national situations and building on the technical support provided by WHO.
- d. **Disease registries:** Maintain disease registries, including for cancer, if feasible, and sustainable with appropriate indicators to better understand regional and national needs and inequities in the management of NCDs.
- e. **Strengthen capacity:** Strengthen capacity for data management, analysis and reporting at facility, district and provincial and national levels to support the collection and timely transmission of high-quality data related to NCDs.
- f. **Information for policy:** Contribute, on a routine basis, data and information on NCD trends with respect to morbidity, mortality, risk factors and determinants disaggregated by age, gender and socioeconomic groups and provide information on progress made in the implementation of national strategies and plans coordinating country reporting with global analyses.

## Action for the Secretariat

- a. **Technical support:** Assist capacity-strengthening in countries, especially least developed countries, to establish/strengthen national surveillance and monitoring systems, including improving collection of data on risk factors, determinants, morbidity and mortality through surveys that are integrated into existing national health information systems.
- b. **Assess progress:**
  - undertake periodic assessment of national capacity to assess and respond to NCDs, including global periodic reports such as the 2011 WHO Report on the Global Tobacco Epidemic and the 2011 WHO Global Status Report on Alcohol and Health;
  - review global progress made in prevention and control of NCDs; set intermediate targets in 2015 and 2020 based on linear progress towards the 2025 targets so that countries can address bottlenecks that hinder progress;

- convene a representative group of stakeholders, including Member States and international partners, in 2015 and 2020 in order to evaluate progress on implementation of this action plan;
- prepare progress reports in 2015, 2017 and 2019 on the global status of prevention and control of NCDs.

**Proposed action for international partners (including, as appropriate, the private sector when there is no conflict of interest and excluding the tobacco industry)**

- Stakeholder collaboration:** Work collaboratively and provide support for the actions set out for Member States and the Secretariat for monitoring and evaluating progress in prevention and control of NCDs at the regional and global levels.
- Resources and capacity:** Mobilize resources and strengthen capacity to support the system for national, regional and global monitoring and evaluation of progress in the prevention and control of NCDs.

**Feedback point 16:**

Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 6

**Feedback point 17:**

Member States are invited to provide guidance as to whether the suggested actions for Member States, international partners and the Secretariat included under each of the six objectives should be further elaborated in a separate Annex

**Feedback point 18:**

Member States are invited to provide feedback as to whether the 'Zero Draft' Action Plan sufficiently reflects all commitments included in the Political Declaration on NCDs

**Feedback point 19:**

Member States are invited to provide guidance on the role of the set of voluntary global targets (which may not cover the full scope of the Action Plan) in providing further focus to the action plan

## Annex 1: Synergies between major NCDs and other conditions

### **Comorbidities**

Major NCDs, being predominantly diseases of the middle-aged and elderly, often coexist with comorbidities. Thus, comorbidities play an integral role in the development, progression and response to treatment of major NCDs. Examples of comorbidities include mental disorders, cognitive impairment and other NCDs, including renal, endocrine, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases, disabilities and genetic disorders. The comorbidity burden is associated with higher rates of hospitalization and worsened health outcomes and need to be addressed through approaches that are integrated within NCD programmes.

### **Other modifiable risk factors**

The four main shared risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – are the most important NCD risk factors. In addition, environmental pollution, climate change and psychological stress contribute to morbidity and mortality from cancer, cardiovascular disease and chronic respiratory diseases. Exposure to carcinogens such as diesel exhaust gases, asbestos and ionizing and ultraviolet radiation in the living and working environment increases the risk of cancer. Air pollution with fumes from solid fuels, ozone, airborne dust and allergens causes chronic respiratory disease and lung cancer. Air pollution, heat waves and chronic stress related to work and unemployment are also associated with cardiovascular diseases. Similarly, indiscriminate use of agrochemicals in agriculture and discharge of toxic products from unregulated chemical industries can cause cancer and other NCDs. Simple, affordable interventions to reduce environmental and occupational health risks are available and prioritization and implementation of these interventions can contribute to reducing the NCD burden (UN General Assembly resolution 66/115, WHA resolutions WHA49.12, WHA58.22, WHA60.26 and WHA61.19).

### **Mental disorders**

Mental disorders are an important cause of morbidity and contribute to the global NCD burden, therefore, equitable access to effective programmes and health-care interventions is needed. Mental disorders affect, and are affected by, other NCDs: they can be a precursor or consequence of NCDs, or the result of interactive effects. For example, there is evidence that depression predisposes people to developing heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of NCDs such as sedentary behaviour and harmful use of alcohol also link NCDs with mental disorders. Close connections with characteristics of economically underprivileged population segments such as little schooling, lower social class and unemployment are shared by mental disorders as well as NCDs. Despite these strong connections, evidence indicates that mental health disorders in patients with NCDs and NCDs in patients with mental disorders are often overlooked.

### **Communicable diseases**

The role of infectious agents in the causation of NCDs, either on their own or in combination with genetic and environmental influences, has been increasingly recognized in recent years. Many NCDs are linked to communicable diseases in either aetiology or susceptibility to severe outcomes. An increasing number of cancers, including some with great global impact such as cancer of the cervix, liver, oral cavity and stomach, have been shown to have an infectious aetiology. In developing countries, infections are known to be the cause of about one fifth of cancers. High rates of other cancers in developing countries that are linked to infections/infestations include herpes virus and HIV in Kaposi sarcoma and liver flukes in cholangiocarcinoma. Some significant disabilities such as blindness, deafness and cardiac defects can derive from infectious causes. Strong population-based services to control infectious diseases through prevention, including immunization (e.g. hepatitis B, human papilloma virus/HPV, measles, rubella, influenza, pertussis, polio), diagnosis, treatment and control strategies will reduce both the burden and the impact of NCDs.

The interaction of NCDs and infectious diseases also increases the risk of infectious disease acquisition and susceptibility in people with pre-existing NCDs. Attention to this interaction would maximize the opportunities to detect and to treat NCDs as well as infectious diseases through alert primary and more specialized health-care services. For example, tobacco smokers and people with diabetes, alcohol use disorders, immunosuppression or exposed to second hand smoke have a higher risk of developing tuberculosis. The diagnosis of tuberculosis is often missed in people with chronic respiratory diseases, therefore, collaboration in screening for diabetes and chronic respiratory disease in tuberculosis clinics and for tuberculosis in NCD clinics could enhance case finding. Likewise, integrating NCD programmes or palliative care with HIV care programmes is a mutually beneficial situation since both cater to long-term care and support as a part of the programme and also because NCDs can be a side-effect of long-term HIV and AIDS treatment.

### **Healthy ageing and disabilities**

With respect to NCDs and healthy ageing, prevention of NCDs will increase the number and proportion of people who experience healthy ageing, and avoid high health-care costs and even higher indirect costs in older age groups. This is essential for successful management of the profound demographic transition the world is experiencing. Otherwise, health costs will outstrip pensions and cause financial catastrophe for a large segment of the population.

Approximately 15% of the population experiences disability and the increase in NCDs is having a profound effect on disability trends; for example, NCDs are estimated to account for about two thirds of all years lived with disability in low- and middle-income countries. NCD-related disability (such as amputation, blindness or paralysis) puts significant demands on social welfare and health systems, impacts productivity and impoverishes families. Rehabilitation needs to be a key health strategy in NCD programmes to address risk factors (e.g. obesity, physical activity) as well as loss of function due to NCDs (e.g. paralysis due to stroke, amputation due to diabetes). Access to rehabilitation services can decrease the effects and consequences of disease, hasten discharge from hospital and slow or halt deterioration in health and improve quality of life.

## Annex 2: Proposed action for other UN funds, programmes and agencies

| UN entity         | Proposed action   |
|-------------------|---|
| <b>UNDP</b>       | <ul style="list-style-type: none"> <li>- Support non-health governmental departments in their efforts to engage in a multisectoral national whole-of-government approach to NCDs</li> <li>- Support the Ministry of Planning to integrate NCDs in the development agenda of each Member State</li> <li>- Support the Ministry of Planning to integrate NCDs explicitly into poverty-reduction strategies</li> <li>- Support national AIDS commissions to integrate interventions to address the harmful use of alcohol into existing national HIV programmes</li> </ul> |
| <b>UNECE</b>      | <ul style="list-style-type: none"> <li>- Support the Transport, Health and Environment Pan-European Programme</li> </ul>  |
| <b>UN-ENERGY</b>  | <ul style="list-style-type: none"> <li>- Support global tracking of access to clean energy and its health impacts for the UN Sustainable Energy for All Initiative</li> <li>- Support the Global Alliance for Clean Cookstoves and the dissemination/tracking of clean energy solutions to households</li> </ul>  |
| <b>UNEP</b>       | <ul style="list-style-type: none"> <li>- Support the implementation of international environmental conventions</li> </ul>   |
| <b>UNFPA</b>      | <ul style="list-style-type: none"> <li>- Support the Ministry of Health to integrate NCDs into existing reproductive health programmes, with a particular focus on (i) cervical cancer and (ii) promoting healthy lifestyles among adolescents</li> </ul>   |
| <b>UNICEF</b>     | <ul style="list-style-type: none"> <li>- Strengthen the capacities of the Ministry of Health to reduce risk factors for NCDs among children/adolescents</li> <li>- Strengthen the capacities of the Ministry of Health to address malnutrition and childhood obesity</li> </ul>   |
| <b>UNWOMEN</b>    | <ul style="list-style-type: none"> <li>- Support the ministries of women and social affairs to promote gender-based approaches for addressing NCDs</li> </ul>   |
| <b>UNAIDS</b>     | <ul style="list-style-type: none"> <li>- Support the national AIDS commissions to integrate NCD interventions into existing national HIV programmes</li> <li>- Support the Ministry of Health to strengthen chronic care for HIV and NCDs (within the context of overall health-system strengthening) and to integrate HIV and NCD in health systems with a particular focus on primary care</li> </ul>   |
| <b>IAEA</b>       | <ul style="list-style-type: none"> <li>- Support the Ministry of Health to strengthen the treatment component within national cancer control strategies</li> <li>- Conduct a comprehensive assessment of the country's cancer control capacity needs and strengths.</li> <li>- Build model demonstration projects for radiation therapy treatment</li> </ul>  |
| <b>ILO</b>        | <ul style="list-style-type: none"> <li>- Support the WHO Global Occupational Health Network, Workplace Wellness Alliance of the World Economic Forum</li> <li>- Promote the implementation of international labour standards for occupational safety and health, particularly those regarding occupational cancer, asbestos, respiratory diseases and occupational health services</li> </ul>   |
| <b>UNRWA</b>      | <ul style="list-style-type: none"> <li>- Strengthen preventive measures, screening, treatment and care for Palestine refugees living with NCDs.</li> <li>- Improve access to affordable essential medicines for NCDs through partnerships with pharmaceutical companies</li> </ul>  |
| <b>WFP</b>        | <ul style="list-style-type: none"> <li>- Prevent nutrition-related NCDs, including in crisis situations</li> </ul>  |
| <b>ITU</b>        | <ul style="list-style-type: none"> <li>- Support the Ministry of Information to include NCDs in information and communication technology (ICT) initiatives for girls and women</li> <li>- Support the Ministry of Information to use mobile phones to promote healthy choices/warn about tobacco</li> </ul>   |
| <b>FAO</b>        | <ul style="list-style-type: none"> <li>- Strengthen the capacity of the Ministry of Agriculture to address food security, malnutrition and obesity.</li> <li>- Support the Ministry of Agriculture to align agricultural, trade and health policies</li> </ul>  |
| <b>WTO</b>        | <ul style="list-style-type: none"> <li>- Support the Ministry of Trade to address trade policies and NCDs, including the full use of trade-related aspects of intellectual property rights flexibilities (Agreement on Trade-Related Aspects of Intellectual Property Rights/ TRIPS)</li> </ul>   |
| <b>UN-HABITAT</b> | <ul style="list-style-type: none"> <li>- Support the Ministry of Housing to address NCDs in a context of rapid urbanization</li> </ul>  |



## References

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