

REVISED DRAFT

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

Introduction

1. The global burden and threat of noncommunicable diseases constitute a major challenge for development in the twenty-first century, one that undermines social and economic development throughout the world and threatens the achievement of internationally-agreed development goals in low-income and middle-income countries. An estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to noncommunicable diseases, comprising mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%).¹ In 2008, around 80% of all deaths (29 million) from noncommunicable diseases occurred in low-income and middle-income countries, and a higher proportion (48%) of the deaths in the latter countries are premature (under the age of 70) compared to high-income countries (26%). The probability of dying from a noncommunicable disease between the ages of 30 and 70 years is highest in sub-Saharan Africa, eastern Europe and parts of Asia. According to WHO's projections, the total annual number of deaths from noncommunicable diseases will increase to 55 million by 2030, if business as usual continues. The increase in noncommunicable diseases is having a profound effect on disability trends. Noncommunicable diseases are estimated to account for about two thirds of all years lived with disability in low-income and middle-income countries.

2. The toll of morbidity, disability and premature mortality due to noncommunicable diseases can be greatly reduced if preventive and curative interventions already available are implemented effectively. Most premature deaths from noncommunicable diseases are preventable by influencing public policies in sectors other than health, rather than by making changes in health policy alone. Governments have recognized that quick gains against the epidemic of noncommunicable diseases can be made through modest investments in cost effective interventions. Widespread implementation of these interventions needs active engagement of sectors beyond health and a whole-of-government, whole-of-society and health-in-all policies approach.

3. The following developments have led to the elaboration of this revised draft action plan for the prevention and control of noncommunicable diseases 2013–2020.

- There is a growing international awareness that the three main pillars (surveillance, prevention and health care delivered through strengthened health systems) of the global strategy for the prevention and control of noncommunicable diseases (reaffirmed in resolution WHA53.17) remain largely relevant. The global strategy is directed at reducing premature mortality and improving quality of life.
- Since 2000, several Health Assembly resolutions have been adopted or endorsed in support of the key components of the global strategy, including:
 - WHO Framework Convention on Tobacco Control (resolution WHA56.1)
 - Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17)
 - Global strategy to reduce harmful use of alcohol (resolution WHA63.13)
 - Sustainable health financing structures and universal coverage (resolution WHA64.9).

¹ World health statistics 2012. Geneva, World Health Organization, 2012.

- In 2008, the Health Assembly, in resolution WHA61.14, endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases, covering the period 2008–2013. That plan comprised a set of actions that, when performed collectively by Member States and other stakeholders, would tackle the growing public health burden imposed by noncommunicable diseases.
- The High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases and the adoption of the Political Declaration (United Nations General Assembly resolution 66/2)² represented a breakthrough in the global struggle against these diseases. For the first time, all Member States of the United Nations agreed that noncommunicable diseases constitute a major challenge to socioeconomic development, environmental sustainability and poverty alleviation. The UN Political Declaration on Noncommunicable Diseases makes a clear call for including noncommunicable diseases in health-planning processes and the development agenda of each Member State. It acknowledges the importance of promoting patient empowerment for self care, rehabilitation and palliative care for persons with Noncommunicable diseases, and a life course approach, given the often chronic nature of Noncommunicable diseases. It also commits governments to a series of multisectoral actions and to exploring 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 noncommunicable diseases, the Health Assembly requested the Secretariat to prepare a follow-up plan for the outcomes of the High-level Meeting (resolutions WHA64.11), consistent with WHO's existing strategies, building on lessons learnt from the 2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases, recognizing that provision of universal health coverage is mutually reinforcing with the implementation of the UN Political Declaration on Noncommunicable Diseases, and taking into account the outcomes of the Moscow Declaration on promoting healthy lifestyles and control of noncommunicable diseases. In resolution WHA65.8 the Health Assembly also endorsed the Rio Declaration on Social Determinants of Health and urged implementation of the pledges made therein.

4. The draft action plan for the period 2013–2020 seeks to consolidate the contours of a plan for implementation and follow-up of the outcomes of the High-level Meeting with an updated global action plan for the prevention and control of noncommunicable diseases into one document. The global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of noncommunicable diseases, have been

² United Nations General Assembly resolution 66/2 http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf.

integrated into the draft action plan. Successful implementation of the plan would need high-level political commitment, predictable and sustainable resources and the concerted involvement of governments and the whole of society.

Structure of the Action Plan

5. Table 1 provides a conceptual overview of the main elements of the draft action plan.

Table 1. Conceptual overview and main elements of the action plan

<p>Vision</p> <ul style="list-style-type: none"> • A world in which all countries and partners sustain their political and financial commitments to reduce the avoidable global burden and impact of noncommunicable diseases, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to socioeconomic development
<p>Overarching principles and approaches</p> <ul style="list-style-type: none"> • Human rights • Noncommunicable diseases are a challenge to social and economic development • Universal access, equity and gender equality • Life-course approach • Evidence-based strategies • Empowerment of people and communities
<p>Goal</p> <ul style="list-style-type: none"> • To reduce the burden of preventable morbidity and disability and avoidable mortality due to noncommunicable diseases
<p>Objectives</p> <ul style="list-style-type: none"> • Objective 1 To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of noncommunicable diseases in the development agenda and in internationally-agreed development goals • Objective 2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of noncommunicable diseases • Objective 3 To reduce exposure to modifiable risk factors for noncommunicable diseases through creation of health promoting environments • Objective 4 To strengthen and reorient health systems to address prevention and control of noncommunicable diseases through people-centered primary care and universal health coverage • Objective 5 To promote and support national capacity for quality research and development for prevention and control of noncommunicable diseases • Objective 6 To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

Set of 9 voluntary global targets for the prevention and control of noncommunicable diseases to be achieved by 2025

Mortality and morbidity
Premature mortality from noncommunicable diseases
1. A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Risk factors
<i>Behavioural risk factors</i>
Harmful use of alcohol³
2. At least a 10% relative reduction in the harmful use of alcohol ⁴ , as appropriate, within the national context
Physical inactivity
3. A 10% relative reduction in prevalence of insufficient physical activity
Salt/sodium intake
4. A 30% relative reduction in mean population intake of salt/sodium intake ⁵
Tobacco use
5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
<i>Biological risk factors</i>
Raised blood pressure
6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances
Diabetes and obesity⁶
7. Halt the rise in diabetes and obesity
National systems response
Drug therapy to prevent heart attacks and strokes
8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes. Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases
Essential medicines and basic technologies to treat major noncommunicable diseases
9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

³ Countries will select indicator(s) of harmful use as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality among others

⁴ In WHO's global strategy to reduce the harmful use of alcohol the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes

⁵ WHO's recommendation is less than 5 grams of salt or 2 grams of sodium per person per day

⁶ Countries will select indicator(s) appropriate to national context

Scope

6. Four categories of disease – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – make the largest contribution to morbidity and mortality due to noncommunicable diseases and are the main focus of the draft action plan. These four noncommunicable diseases 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 noncommunicable diseases and their risk factors are considered together in the draft action plan in order to emphasize shared aetiological factors and common approaches to prevention. This conjunction does not 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 conditions of public health importance that are closely associated with the four major noncommunicable diseases, including: (i) other noncommunicable diseases (renal, endocrinal, neurological, haematological, hepatic, gastroenterological, musculoskeletal, skin and oral diseases); (ii) mental disorders; (iii) disabilities, including blindness and deafness; and (iv) violence and injuries. Noncommunicable diseases and their risk factors are also linked to communicable diseases, maternal, child and adolescent health, reproductive health, ageing, and social, environmental and occupational determinants of health. Despite the close links, one action plan to address all of them in equal detail will be unwieldy. Further some of these conditions are the subject of other WHO strategies, action plans and Health Assembly resolutions. As such, the four noncommunicable diseases that share common risk factors remain the main focus of the action plan. Appendix 1 emphasizes potential synergies and linkages between major noncommunicable diseases and interrelated conditions to maximize opportunities and efficiencies for mutual benefit. Linking the action plan in this manner also reflects WHO's responsiveness to the organization's reform agenda on the issue of working in a more cohesive and integrated manner.

Relationship to the calls made upon WHO and its existing strategies, reform and plans

7. The actions for the Secretariat set out in the action plan aim to respond to the calls made upon WHO in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (paragraphs 43(e), 51, 61–63 and 65). The UN Political Declaration on Noncommunicable Diseases also recognizes the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirms its leadership and coordinating role in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant organizations in the United Nations system, development banks and other regional and international organizations in tackling these diseases in a coordinated manner.

8. The actions for the Secretariat are also in keeping with WHO's reform agenda, which requires the Organization 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 noncommunicable diseases. The roles and responsibilities of the three levels of the Secretariat –country offices, regional offices and headquarters – in the implementation of the action plan will be reflected in WHO’s biennial workplans for the prevention and control of noncommunicable diseases. This action plan also builds on the implementation of the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce Harmful Use of Alcohol, and has close conceptual and strategic links to the draft comprehensive mental health action plan 2013–2020⁷ (under development) and the draft action plan for the prevention of avoidable blindness and visual impairment 2014– 2019⁸ (under development), which will be considered by the Sixty-sixth World Health Assembly. The draft action plan will also be guided by draft WHO’s twelfth general programme of work 2014–2019⁹ (under development).

Aim

9. The action plan is intended to support coordinated and comprehensive implementation of strategies across noncommunicable diseases and risk factors, with an emphasis on integration across the life course and recognizing the mutually reinforcing nature of universal health coverage and prevention and control of noncommunicable diseases. The aim is to provide an overall direction to support the implementation of national policies, strategies and action plans, where they have been developed, and the development of sound and feasible national action plans where none exist. The action plan will, therefore, provide a framework to support and strengthen implementation of existing regional resolutions, strategies and plans.

Vision

10. The vision behind the action plan is of a world in which all countries and partners sustain their political and financial commitments to reduce the avoidable global burden and impact of noncommunicable diseases, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to socioeconomic development.

Overarching principles and approaches

11. The action plan relies on the following overarching principles and approaches:
- Human rights: Respect for and promotion and protection of human rights is an integral part of effective work for prevention and control of noncommunicable diseases. Strategies to prevent and control noncommunicable diseases must be formulated and implemented in accordance with international human rights instruments.
 - Noncommunicable diseases are a challenge to social and economic development: Strategies for prevention and control of noncommunicable diseases must be formulated bearing in

⁷ http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_8-en.pdf

⁸ http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_9-en.pdf

⁹ http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf

mind that these constitute a major challenge to social and economic development throughout the world. The adoption of the UN Political Declaration on Noncommunicable Diseases was a defining moment for development cooperation. The UN Political Declaration on Noncommunicable Diseases sets out a new global agenda that presents a historic opportunity to ensure that globalization becomes a positive force for present and future generations.

- Universal access, equity and gender equality: All persons with noncommunicable diseases should have equitable access to health care and opportunities to achieve the highest attainable standard of health, regardless of age, gender, ethnicity, disability or socioeconomic position.
- Life-course approach: A life-course approach is key to prevention and control of noncommunicable diseases. It starts with maternal health, including preconception, antenatal and postnatal care and maternal nutrition, and continues through proper infant feeding practices, including promotion of breastfeeding and health promotion for children, adolescents and youth followed by promotion of a healthy working life, healthy ageing and care for people with noncommunicable diseases in later life.
- Evidence-based strategies: Strategies for prevention and control of noncommunicable diseases need to be based on scientific evidence and public health principles.
- Empowerment of people and communities: People and communities should be empowered and involved in activities for the prevention and care of noncommunicable diseases.

Goal

12. The goal of the action plan is to reduce the burden of preventable morbidity and disability and avoidable premature mortality due to noncommunicable diseases.

Time frame

13. The action plan will be implemented over the period 2013–2020 and the Secretariat will support its implementation through biennial organization-wide workplans.

Objectives

14. The action plan has six interconnected and mutually reinforcing objectives and proposes multilevel actions for Member States, international partners and the Secretariat. Actions in Objective 1 aim to maintain global, regional and national momentum, mobilize multisectoral action and resources for prevention and control of noncommunicable diseases. Objective 2 focuses on strengthening governance and capacity for a robust country led response. Actions to reduce exposure of populations to risk factors for prevention and health systems interventions for disease and risk factor management are addressed in objectives 3 and 4, respectively. Objective 5 focuses on operational research and finally, objective 6 addresses monitoring based on an agreed global monitoring framework. The overall aim is to operationalize the commitments included in the UN Political Declaration on Noncommunicable Diseases, building on what has already been initiated and achieved through the implementation

of the action plan for the global strategy for the prevention and control of noncommunicable diseases for 2008–2013. Actions listed under all objectives will collectively help to achieve the voluntary global target of a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.

15. The framework provided in this action plan needs to be adapted at regional level taking into account region- specific situations. The actions proposed for Member States are to be considered and adapted, as appropriate, to national priorities and specific national circumstances in order to accomplish the objectives. There is no blueprint action plan that fits all countries, as countries are at different points with respect to progress in prevention and control of noncommunicable diseases.

Global monitoring framework, including indicators, and a set of voluntary global targets

16. The voluntary global targets relate to premature mortality from major noncommunicable diseases, behavioural and biological risk factors, and the response of the health system to the epidemic of noncommunicable diseases. Achievement of these targets by 2025 would indicate major progress in the prevention and control of noncommunicable diseases. The global monitoring framework includes 25 indicators and a set of 9 voluntary global targets (see Appendix 2, Table 2). The action plan offers a comprehensive set of actions geared to accelerating the reduction in the burden of noncommunicable diseases so that sufficient progress is made by 2020 in reaching the global targets set for 2025. What exactly can be done at the country level in a sustainable manner depends on the level of socioeconomic development, competing public health priorities, budgetary allocations for noncommunicable diseases, an enabling political and legal climate, and national capacity. The mismatch between resources needed and what is available is the single most important barrier that will impede the progress in achieving the ambitious global targets. On a positive note, there are specific actions and high-impact interventions across the six objectives , which if implemented to scale, would enable even low-income countries to make a tangible contribution to the 25 by 25 voluntary global target (see Appendix 3, Table 3). WHO estimates show that these interventions are very cost effective. It is also feasible to implement them to scale as they are affordable even for resource-constrained settings. Governments, particularly of low- and middle-income countries, who wish to adopt a pragmatic phased approach to prevention and control of noncommunicable diseases, could consider prioritizing them, adapting them as appropriate for national contexts.¹⁰

¹⁰ Scaling up action against noncommunicable disease: how much will it cost? Geneva, World Health Organization, 2011
http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf

Objective 1. To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of noncommunicable diseases in the development agenda and in internationally-agreed development goals

17. In the UN Political Declaration on Noncommunicable Diseases, Heads of State and Government and representatives of States and Governments committed themselves to “strengthen and integrate, as appropriate, noncommunicable disease policies and programmes into health-planning processes and the national development agenda” (paragraph 45(a)). The Rio+20 Declaration on Sustainable Development¹¹ acknowledged that the global burden of noncommunicable diseases constitutes one of today’s major challenges for development. Equally, the first report of the UN Task Team on the post-2015 UN Development Agenda¹² has identified noncommunicable diseases as a priority for social development and investment in people. Better health outcomes from Noncommunicable diseases is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development: economic development, environmental sustainability, and social inclusion.

18. Poverty, rapid urbanization, population ageing, the effects of globalization of marketing and trade, and the social determinants of health are among the contributing factors to the rising incidence and prevalence of noncommunicable diseases. Noncommunicable diseases and their risk factors lead to increased burdens on individuals, families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States. Consequently, noncommunicable diseases are contributory to poverty and hunger, which may have a direct impact on the achievement of the internationally-agreed development goals, including the Millennium Development Goals. Health inequities in noncommunicable diseases arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health for noncommunicable diseases. These include early years’ experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health. Better health outcomes from noncommunicable diseases can be achieved much more readily by work across different sectors and levels of government influencing public policies in sectors like agriculture, communication, education, employment, energy, environment, finance, industry, labour, sports, trade, transport, urban planning, and social and economic development than by making changes in health policy alone. The *Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership*¹³ describes the need to work across different sectors and levels of government, taking into account their contribution to health and health equity, and to pursue all necessary efforts to strengthen nationally driven efforts with the full and active participation of civil society and the private sector, as appropriate, while safeguarding public health from any potential conflict of interest.

¹¹ United Nations General Assembly resolution 66/288.

¹² www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf.

¹³ Document A/67/373 available at <http://www.who.int/nmh/events/2012/20121128.pdf>

The report also recognizes that national multisectoral action could be advanced by establishing effective partnerships at the regional and global levels that would support national efforts in this area.

19. Innovative approaches are needed to strengthen advocacy to raise public awareness about the links between noncommunicable diseases and sustainable development, support governments in integrating noncommunicable diseases into the health-planning processes and development agenda of each Member State, and increase and prioritize budgetary allocations for addressing noncommunicable diseases. International cooperation and assistance also are crucial to support governments in their national efforts to set national targets and measure results, and develop national multisectoral plans and policies for the prevention and control of noncommunicable diseases. Universal health coverage is a key requirement for effective prevention and control of noncommunicable diseases. The vicious link between noncommunicable diseases and impoverishment cannot be severed in the absence of universal health coverage in national health systems, especially people centered primary health-care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population.

20. The action plan provides a global platform that will enable countries, civil society and international organizations to jointly respond to the challenges of reducing the burden of noncommunicable diseases in a coherent manner. Actions listed under this objective will be essential for creating enabling environments at the global, regional and country levels so that all countries are empowered to make progress in reducing the burden of noncommunicable diseases.

Proposed actions for Member States

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

a) **Governance:** Integrate prevention and control of noncommunicable diseases into health-planning processes and development plans with special attention to social determinants of health and the health needs of vulnerable and marginalized populations, including indigenous peoples and people with mental and psychosocial disabilities.

b) Advocacy:

- Evidence for advocacy: Generate more evidence and disseminate information about the linkages between noncommunicable diseases and sustainable development, including other related issues such as poverty alleviation, sustainable cities, non-toxic environment, food security, climate change, disaster preparedness, peace and security, and gender equality based on national situations.
- Advocacy for action: Strengthen advocacy to sustain the interest of Heads of State and Government for implementation of the commitments of the UN Political Declaration on Noncommunicable Diseases, for instance by involving all relevant sectors, civil society

and communities, as appropriate within the national context, with the full and active participation of people living with these diseases.

- c) **Sustained resources:** Strengthen the provision of adequate, predictable and sustained resources for action against noncommunicable diseases and for universal health coverage through an increase in domestic budgetary allocations, voluntary innovative financing mechanisms and other means, including multilateral financing, bilateral sources and private sector and/or nongovernmental sources.
- d) **Broader health and development agenda:** Mobilize the United Nations Country Teams in order to raise public awareness about the links between noncommunicable diseases, universal health coverage and sustainable development, integrate them, according to country context and priorities, into the United Nations Development Assistance Framework's design processes and implementation, and secure upstream policy advice on integrating noncommunicable diseases into the national health-planning processes and development agenda.
- e) **Partnerships:**
 - Forge multisectoral partnerships to prevent and control noncommunicable diseases; develop and support a mechanism for a coordination mechanism with a set of functions as described in the Note by the Secretary-General and develop an accountability mechanism with the United Nations system for noncommunicable diseases.
 - Forge partnerships to promote cooperation at all levels among governmental agencies, inter-governmental organizations and nongovernmental organizations, as well as civil society, including academic institutions and the private sector, in order to promote the inclusion of universal health coverage as a means of prevention and control of noncommunicable diseases as an important element in the international development agenda and in the internationally-agreed development goals.

Action for the Secretariat

22. It is envisaged that the Secretariat will take the following actions:

- a) **Leading and convening:** Facilitate through a global coordinating mechanism (see Appendix 4, Figure 1), collaboration and interaction between the main stakeholders for prevention and control of noncommunicable diseases, including Member States, civil society, other organizations in the United Nations system and human rights agencies guided by the Note by the Secretary-General. Facilitate a Taskforce for UN Funds, Programmes and Agencies on the Implementation of the UN Political Declaration on Noncommunicable Diseases.
- b) **Technical cooperation:** Offer technical assistance to raise public awareness about the links between noncommunicable diseases and sustainable development, to integrate prevention and control of noncommunicable diseases into national health-planning processes and

development agenda, the United Nations Development Assistance Framework and poverty-alleviation strategies.

- c) **Policy advise and dialogue:** Provide guidance:
- to address in a coherent manner the interrelationships between prevention and control of noncommunicable diseases and initiatives on poverty alleviation and sustainable development in order to promote a high degree of policy coherence to combat noncommunicable diseases.
 - to strengthen governance, including management of potential conflicts of interest in engaging the private sector in collaborative partnerships for implementation of the action plan.
 - for domestic resource mobilization and budgetary allocations to noncommunicable diseases, ideally linked to the strengthening of primary health care systems and the provision of universal health coverage, and to adopt or expand tobacco and other taxes or surcharges and to apply some or all of the revenues to health care, as appropriate within the national context.
- d) **Dissemination of best practices:** Promote and facilitate international and intercountry collaboration for exchange of best practices in the areas of health in all policies, whole-of-government and whole-of-society approaches, legislation, regulation, health system strengthening and training of health personnel so as to learn from the experiences of Member States in meeting the challenges.

Proposed action for international partners

23. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

- a) **International cooperation:**
- Galvanize national efforts and support countries to contribute to the voluntary global targets by means of international cooperation and partnerships that create enabling environments for implementing the action plan (i.e. coordination mechanisms, advocacy, awareness-raising and accountability, health financing for universal health coverage and resource mobilization, capacity-strengthening and technical support, product access and market shaping, product development/innovation), guided by the Note by the Secretary-General.
 - Encourage the inclusion of prevention and control of noncommunicable diseases, in development cooperation initiatives, internationally-agreed development goals, economic development policies, sustainable development frameworks and poverty-reduction strategies.
- b) **Partnerships:** Foster partnerships between government and civil society, building on the contribution of health-related nongovernmental organizations, faith-based organizations,

organizations of persons with disabilities and patients-organizations to support, as appropriate within the national context, the provision of services for the prevention and control of noncommunicable diseases.

- c) **Resource mobilization** : Facilitate the mobilization of adequate, predictable and sustained financial resources and the necessary human and technical resources for prevention and control of noncommunicable diseases and fulfill official development assistance commitments, including the commitments by many developed countries to reach the target of providing 0.7% of gross national product for official development assistance to developing countries by 2015.

Objective 2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for prevention and control of noncommunicable diseases

24. As the ultimate guardians 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 noncommunicable diseases. The UN Political Declaration on Noncommunicable Diseases and the subsequent Note by the Secretary-General recognizes that their effective prevention requires multisectoral approaches at the government level. Increasingly, governments in low- and middle-income countries are making efforts to deal with noncommunicable diseases, but their efforts have rarely translated into multisectoral action at the national scale.

25. Many obstacles make it difficult for low-income and middle-income countries to launch a multisectoral response including a lack of coordination, advocacy and awareness-raising, financing, national capacity and access to technical support, product access and product development and innovation. These obstacles need to be systematically addressed to accelerate progress bearing in mind that implementation will be driven largely by countries' domestic budgets being directed towards noncommunicable diseases.

26. The full and active participation of civil society in pursuit of national efforts to address noncommunicable diseases, particularly grass-roots' organizations representing people living with noncommunicable diseases and carers, can help to empower society and create more effective and accountable public health policies, regulations and services that are acceptable, respond to needs and respect health as a human right. Such an outcome presumes, however, the existence of an enabling socioeconomic and political legal climate that respects freedom of speech and association and where civil society organizations can make positive and constructive contributions in partnership with the government and other stakeholders.

27. Multisectoral partnerships are crucial to the realization of multisectoral policies for the prevention of noncommunicable diseases, raising financial resources, capacity strengthening, supporting research and advocating for their prevention and control. 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. Actions listed under this objective will be essential for creating enabling environments at the country level, so that all countries can make tangible contributions to achieving the 9 voluntary global targets including the overarching 25 by 25 mortality target shown below.

Framework element	Target
Premature mortality from noncommunicable disease	A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Proposed action for Member States

28. The actions listed under this objective are to assess gaps and strengthen country capacity for implementation of specific interventions that address prevention and control of noncommunicable diseases.

- a) **Establish a national noncommunicable diseases unit** : Set up and/or strengthen a national unit on noncommunicable diseases in the health ministry with suitable expertise, resources and responsibility for needs assessment, strategic planning, policy development, multisectoral coordination, implementation and evaluation.
- b) **Conduct needs assessment**: Conduct periodic need assessments of epidemiological and resource needs, including the health impact of policies in sectors beyond health (e.g. agriculture, communication, education, employment, energy, environment, finance, industry and trade, labour, social policies and economic policies, sports, transport, and urban planning) on noncommunicable diseases, in order to inform national action for prevention and control of noncommunicable diseases, including the required budget.
- c) **Develop a national plan and allocate budget**: Establish or strengthen a national multisectoral noncommunicable disease policy and plan and allocate a budget that is commensurate with identified human and other resource needs for strengthening implementation capacity.
- d) **Set up a national multisectoral mechanism**: As appropriate for national context, set up a national multisectoral mechanism — commission, agency or task force —reporting to the Head of State or his/her delegate, to plan, guide, monitor and evaluate the enactment of the multisectoral national policies and plans with close links to the unit within the Ministry of health, to facilitate the effective involvement of relevant sectors beyond health, convene multisectoral and multi-stakeholder working groups to oversee the development, implementation and periodic evaluation of multisectoral national noncommunicable disease policies and plans and to secure budgetary allocations to implement the plans.

- e) **Set national targets:** Improve accountability for implementation by setting up a monitoring framework with national targets and indicators consistent with the global monitoring framework and options for applying it at the country level.
- f) **Address health in all policies:** As appropriate for national circumstances set up a high-level mechanism to ensure policy coherence and accountability of different spheres of policy-making that have a bearing on noncommunicable diseases for the implementation of health in all policies and whole-of-government and whole-of-society approaches for prevention and control of noncommunicable diseases.
- g) **Forge partnerships :** Lead collaborative partnerships to address implementation gaps (e.g. in the areas of training of health personnel, development of appropriate health-care infrastructure, sustainable transfer of technology for the production of affordable, safe and quality diagnostics, essential medicines and vaccines), as appropriate for national contexts, guided by the Note of the Secretary-General.
- h) **Empower communities and people:** Mobilize a social movement engaging and empowering a broad range of actors to shape a systematic society-wide national response to address noncommunicable diseases, social environmental and economic determinants of health and health equity (e.g. human rights organizations, faith-based organizations, labour organizations, organizations focused on children, adolescents, youth, elderly, women, patients and people with disabilities, indigenous groups, intergovernmental and nongovernmental organizations, civil society, academia, media and the private sector).
- i) **Strengthen the workforce:** Ensure an adequately trained and appropriately deployed health workforce, and strengthen workforce skills and capacity for implementing the national action plan, through for instance revision and reorientation of curricula in medical, nursing and allied health personnel and public health institutions to deal with the complexity of issues relating to noncommunicable diseases (e.g. multisectoral action, advertising, human behaviour, health economics, food and agricultural systems, law, business management, psychology, trade, commercial influence and urban planning).

Action for the Secretariat

29. It is envisaged that the Secretariat will take the following actions:

a) Leading and convening:

- lead and facilitate coherence of activities to prevent and control noncommunicable diseases by all stakeholders using country-cooperation strategies, strategies that have been adopted by the Health Assembly, and legal instruments.
- coordinate the proposed activities related to noncommunicable diseases of United Nations Funds, Programmes and Agencies (Appendix 5, Table 4).
- support United Nations country team, including through a United Nations Task Force on Noncommunicable Diseases, to integrate noncommunicable diseases into the United

Nations Development Assistance Framework processes, and provide upstream policy advice and technical assistance to support governments in conducting national capacity assessments and establish national coordination mechanisms.

- b) **Technical cooperation:** Provide support to countries in evaluating and implementing evidence-based options that suit their needs and capacities, health impact assessment of public policies, including trade and for maximizing intersectoral synergies for prevention and control of noncommunicable diseases (i.e. for instance, across programmes for environmental health, occupational health, and for addressing noncommunicable diseases during disasters and emergencies), by establishing/strengthening national reference centres, WHO collaborating centres and knowledge-sharing networks.
- c) **Policy guidance and dialogue :** Provide guidance for countries in developing partnerships for multisectoral action to address functional gaps in the response to prevention and control of noncommunicable diseases guided by the Report of the Secretary-General, in particular to address the gaps identified in the report, including advocacy, awareness-raising and accountability, financing and resource mobilization, capacity strengthening and technical support, product access and market shaping and product development/innovation.
- d) **Norms and standards:** Develop, where appropriate, technical tools and information products for advocacy, communication and engaging the social media as well as for implementation of cost-effective interventions and monitoring of multisectoral action for prevention and control of noncommunicable diseases tailored to the capacity and resource availability of countries.
- e) **Capacity strengthening:**
 - strengthen the capacity of the Secretariat particularly at the country level, for supporting Member States to implement the action plan, recognizing the key role played by WHO Country Offices working directly with relevant Ministries, different agencies and nongovernmental organizations at the country level.
 - examine the capacity of Member States through capacity assessment surveys to identify needs, and tailor the provision of support from the Secretariat and other agencies.
 - Develop a “One-WHO workplan for prevention and control of noncommunicable diseases” to ensure synergy and alignment of activities across the three levels of WHO based on country needs.

Proposed action for international partners

30. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

- a) **International cooperation :** Provide support to countries in the implementation of evidence-based multisectoral approaches for implementation of cost-effective

interventions and for dealing with the main determinants of noncommunicable diseases related to urban development, food, agriculture and transport and support the mainstreaming noncommunicable diseases in the implementation of existing international conventions in the areas of environment and labour.

- b) **Partnerships:** Promote international cooperation to strengthen country capacity, within the framework of North–South, South-South and triangular cooperation and facilitate multisectoral action to address functional gaps in the response to noncommunicable diseases (i.e. in the areas of advocacy, strengthening of health workforce, product development , access and innovation).
- c) **Resource mobilization:** Support and be part of the social movement aimed at directing national and global resources towards multisectoral policies and plans for prevention and control of noncommunicable diseases and in order to promote health and equity.

Objective 3. To reduce exposure to modifiable risk factors for noncommunicable diseases through creation of health-promoting environments

31. The UN Political Declaration on Noncommunicable Diseases recognizes the vital importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases, while strengthening the capacity of individuals and populations to make healthier choices and adopt behaviours that foster good health.

32. Cost-effective prevention strategies that address modifiable risk factors will reduce the burden of noncommunicable diseases and result in cost savings in the long term, owing to a lesser need for costly treatments.

33. Governments need to provide leadership in the development of a national policy framework for reducing risk factors through multisectoral action. In setting such a framework, governments should be the key stakeholders and may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflicts of interest. Further supportive environments that protect physical and mental health and promote healthy behaviour need to be created using incentives and disincentives, regulatory and fiscal measures, laws and other policy options, and health education, as appropriate within the national context, with a special focus on maternal health (including preconception, antenatal and postnatal care, and maternal nutrition), oral health, children, adolescents and youth.

34. Effective implementation of the actions outlined under this objective will enable countries to contribute directly to 6 of the 9 voluntary global targets listed below, as well as to the overarching mortality target.

Framework element	Target
Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
Physical inactivity	A 10% relative reduction in prevalence of insufficient physical activity
Salt/sodium intake	A 30% relative reduction in mean population intake of salt/sodium intake
Tobacco use	A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
Raised blood pressure	A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
Diabetes and obesity	Halt the rise in diabetes and obesity

Proposed action for Member States: tobacco control

35. The proposed actions are as follows:

- a) Accelerate implementation of the WHO Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products (adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control. All Member States that have not yet become a Party to the Framework Convention should consider action to ratify, accept, approve, formally confirm or accede to it at the earliest opportunity, in accordance with resolution WHA56.1.
- b) In order to reduce tobacco use, encourage the implementation at the highest level of the following specific measures, at a minimum, which include very cost effective measures for reducing tobacco use and for which guidelines produced by the WHO Framework Convention on Tobacco Control exist:
 - raise taxes and inflation-adjusted prices on all tobacco products, bearing in mind the significance of revenues gained from taxes on tobacco products. In doing so, consider the set of guiding principles and recommendations for implementation of Article 6 (Price and tax measures to reduce demand for tobacco) of the WHO Framework Convention on Tobacco Control (pending adoption by the Conference of the Parties to the WHO Framework Convention on Tobacco Control).
 - legislate for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In doing so, consider the guidelines of Article 8 (Guidelines on the protection from exposure to tobacco smoke) of the WHO Framework Convention on Tobacco Control.
 - warn people about the dangers of tobacco, including through hard-hitting mass-media campaigns and large, clear, visible and legible health warnings. In doing so, consider the guidelines of Articles 11 (Packaging and labelling of tobacco products) and 12 (Education,

communication, training and public awareness) of the WHO Framework Convention on Tobacco Control.

- implement comprehensive bans on tobacco advertising, promotion and sponsorship. In doing so, consider the guidelines of Article 13 (Tobacco advertising, promotion and sponsorship) of the WHO Framework Convention on Tobacco Control.
- offer help to people who want to stop using tobacco. In doing so, consider the guidelines of Article 14 (Demand reduction measures concerning tobacco dependence and cessation) of the WHO Framework Convention on Tobacco Control.
- regulate the contents and emissions of tobacco products and require manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. In doing so, consider the partial guidelines of Articles 9 (Regulation of the contents of tobacco products) and 10 (Regulation of tobacco product disclosures) of the WHO Framework Convention on Tobacco Control.

c) In order to facilitate the implementation of measures described above, the following actions will be helpful:

- protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law. In doing so, consider the guidelines of article 5.3 of the WHO Framework Convention on Tobacco Control.
- monitor tobacco use and the implementation of tobacco control policies.
- establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control.
- establish or reinforce and finance mechanisms to enforce adopted tobacco control policies.

Proposed action for Member States: promoting a healthy diet

36. The proposed action is to 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 comprehensive implementation plan on maternal, infant and young child nutrition and the implementation of WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, and other relevant strategies to promote healthy diets in the entire population, based on emerging favourable cost-effectiveness data. such policies and programme would aim 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 food¹⁴
 - to eliminate industrially produced trans-fatty acids from food and to replace them with polyunsaturated fatty acids¹⁵
 - to decrease the level of saturated fatty acids in food and to replace them with polyunsaturated fatty acids¹⁶
 - to reduce the content of free sugars in food and non-alcoholic beverages.
- 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 content of sodium, saturated fatty acids, trans-fatty acids, free sugars)¹⁷.
- d) ensure the provision of healthy food in all public institutions and in workplaces¹⁸.
- e) consider economic tools, including taxes and subsidies, to improve the affordability of healthier food products and to discourage the consumption of less healthy options¹⁹.
- f) conduct public campaigns and social marketing initiatives to inform consumers about healthy dietary patterns and to encourage healthy behaviours.
- g) create health and nutrition promoting environment in schools, work sites, clinics and hospitals, including nutrition education.
- h) implement the Codex Alimentarius international food standards for the labelling of pre-packaged foods as well as the Codex Guidelines on Nutrition Labelling in order to provide accurate and balanced information for consumers and enable them to make well-informed, healthy choices²⁰.
- i) implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.

Proposed action for Member States: promoting physical activity

37. The proposed action is to 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 cost effective

¹⁴ For example, by negotiating benchmarks for salt content by food category

¹⁵ For example, through regulatory approaches restricting the use of fat, oil, shortening or other ingredients used in food preparation containing industrially produced trans-fatty acids (or partially hydrogenated vegetable oils); regulations limiting the sales of food products containing trans-fatty acids in restaurants and food-vending establishments; and voluntary approaches, based on negotiations with food manufacturers

¹⁶ For example, by providing incentives to manufacturers to use healthier vegetable oils or investing in oil crops with healthier fat profiles

¹⁷ For example, by providing incentives to the food distribution system and negotiating with caterers to offer food products with healthier fat profiles

¹⁸ For example, e.g. through nutrition standards for public sector catering establishments

¹⁹ For example, taxation of categories of products to disincentivate consumption; taxation based on nutrient content; tax incentives to manufacturers engaged in product reformulation; price subsidies for healthier food products

²⁰ For example, colour coded front-of-the-pack nutrition labels based on nutrient profiling models

interventions. Favorable cost effectiveness data are emerging on interventions to increase participation in physical activity of 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 establishing multisectoral national committee or coalitions to provide strategic leadership and coordination.
- d) develop partnerships with agencies outside the health sector and identify and promote the additional benefits of physical activity, such as educational achievement, clean air, less congestion, increased functional independence, social and mental health, and child and adolescent health and development.
- e) increase physical activity both through programmatic and policy-level interventions and in multiple settings (for example, planning and urban design are important sectors to involve to improve the built environment and programmes for healthy workplaces can prevent sedentary work and stimulate physical activity).
- f) develop leadership at multiple levels by different agents, including within professional groups (both within and outside the health sector) in the community and for adolescents and youth and all age groups to promote healthy and active ageing across the life course.
- g) implement mass media and social marketing strategies that are cost-effective to raise awareness and provide 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

38. Proposed action is to advance the adoption and implementation of the global strategy to reduce the harmful use of alcohol and to mobilize political will and financial resources for that purpose:

- a) **Multisectoral national policies:** Developing, adopting and implementing, as appropriate, comprehensive and multisectoral national policies and programmes to reduce the harmful use of alcohol addressing the general levels, patterns and contexts of alcohol consumption and the wider social determinants of health in a population. Recommended target areas for national policies and programmes include:
 - leadership, awareness and commitment
 - health services’ response
 - community action
 - drink-driving policies and countermeasures

- availability of alcohol
 - marketing of alcoholic beverages
 - pricing policies
 - reducing the negative consequences of drinking and alcohol intoxication
 - reducing the public health impact of illicit alcohol and informally produced alcohol
 - monitoring and surveillance.
- b) **Public health policies:** Ensure that public health policies and interventions to reduce the harmful use of alcohol are guided and formulated by public health interests and are based on existing best practices and the best available evidence of effectiveness and cost-effectiveness of strategies and interventions generated in different contexts.
- c) **Leadership:** Ensuring that health ministries assume a crucial role in bringing together other ministries and stakeholders as appropriate for effective policy development and implementation while protecting alcohol control policies from undue influence of commercial and other vested interests.
- d) **Capacity:** Increasing capacity of health-care services to deliver prevention and treatment interventions for hazardous drinking and alcohol use disorders, including screening and brief interventions at primary care and other settings providing treatment and care for noncommunicable diseases.
- e) **Monitoring:** Developing effective frameworks for monitoring the harmful use of alcohol, as appropriate to national context, based on a set of indicators included in the comprehensive global monitoring framework for noncommunicable diseases and in line with the global strategy to reduce the harmful use of alcohol and its monitoring and reporting mechanisms.

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

39. It is envisaged that the Secretariat will take the following actions:

- a) **Leading and convening:** Work with other organizations in the United Nations system (see Appendix 5, Table 4) to reduce modifiable risk factors at the country level as part of integrating prevention of noncommunicable diseases into the United Nations Development Assistance Framework's design processes and implementation at the country level.
- b) **Technical cooperation:** Provide technical assistance to reduce modifiable risk factors through implementing health-promoting policy options including the WHO Framework Convention on Tobacco Control and its guidelines, healthy workplace initiatives, health-promoting schools, healthy-cities initiatives, health-sensitive urban development and social and environment protection initiatives, for instance through engagement of local/municipal councils.

- c) **Policy advise and dialogue:** Publish and disseminate guidance (“toolkits”) on how to operationalize the implementation and evaluation of interventions at the country level for reducing the prevalence of tobacco use, promoting a healthy diet and physical activity, and reducing harmful use of alcohol.
- d) **Norms and standards:** Support the Conference of the Parties of the WHO Framework Convention on Tobacco Control in developing guidelines and protocols; develop normative guidance and technical tools to support the implementation of WHO’s global strategies for addressing modifiable risk factors; further develop a common set of indicators and data collection tools for tracking modifiable risk factors in populations, including the work on the feasibility of composite indicators for monitoring the harmful use of alcohol at different levels.

Proposed action for international partners

40. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

- a) **International cooperation:** Facilitate the implementation of the WHO Framework Convention on Tobacco Control, 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 for the implementation of WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children.
- b) **Capacity strengthening:**
- Contribute to expediting the reduction of modifiable risk factors for reducing tobacco use, promoting healthy diet and physical activity, and reducing the 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.
 - Support national authorities to create enabling environments to reduce modifiable risk factors of noncommunicable disease through health-promoting policies in agriculture, education, labour, sports, food, trade, transport and urban planning.

Objective 4. To strengthen and reorient health systems to address prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage.

41. The UN Political Declaration on Noncommunicable Diseases 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 noncommunicable disease risk factors and for the prevention, treatment and care of noncommunicable diseases” (paragraph 45(b)).

42. Comprehensive care of noncommunicable diseases encompasses primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care and attention to improving mental health. Actions listed under this objective aspire to strengthen the health system and to develop policy directions for moving towards universal health coverage and people-centred primary health care. The aim is to ensure that all people have access, without discrimination to a nationally determined set of the needed promotive, preventive, curative and rehabilitative basic health services for prevention and control of noncommunicable diseases while making sure that the use of these services does not expose the users to financial hardship, including ensuring the continuity of care in the aftermath of emergencies and disasters.

43. A reoriented and strengthened health system should aim to improve early detection of cardiovascular disease, cancer, chronic respiratory disease, diabetes and other noncommunicable diseases, including mental disorders, 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 the vast majority of heart attacks, strokes, amputations and blindness and the need for renal dialysis. Likewise, early detection/screening and early diagnosis are essential for reducing the morbidity and mortality of many cancers, including cancer of the cervix and breast, since cancer stage at diagnosis is the most important determinant of treatment options and patient survival. The actions outlined under this objective contribute directly to achieving the voluntary global targets 8 and 9 shown below as well as to the overarching mortality target.

Framework element	Target
Drug therapy to prevent heart attacks and strokes	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases	An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities

Proposed action for Member States

44. The proposed actions are as follows.

- a) **Leadership:** Actions to ensure effective governance and accountability include:
- exercise responsibility and accountability for ensuring the availability of noncommunicable disease services within the context of overall health-system strengthening.
 - use participatory community-based approaches in designing, implementing, monitoring and evaluating noncommunicable disease programmes across the life course and continuum of care to enhance and promote effectiveness of an equity-based response.
 - integrate noncommunicable disease services into health-sector reforms and/or plans for improving health systems' performance and orient health systems towards addressing social determinants of health and universal health coverage.
- b) **Financing:** Actions to establish sustainable and equitable health financing include:
- shift from reliance on user fees levied on ill people to the solidarity and protection provided by pooling and prepayment, with inclusion of noncommunicable disease services.
 - make progress towards universal health coverage through a combination of domestic revenues, innovative financing and external financial assistance, giving priority to financing a combination of preventive and curative cost effective interventions at different levels of care covering heart attacks, strokes, hypertension, cancer, diabetes, asthma and chronic respiratory disease and comorbidities.
 - develop local and national initiatives to ensure financial risk protection and other forms of social protection (for example, through health insurance, tax funding and cash transfers), covering prevention, treatment and rehabilitation for all conditions including noncommunicable diseases and for all people, including for those who are not employed in the formal sector.
- c) **Expanded coverage:** Actions to improve efficiency, equity, coverage and quality of noncommunicable disease services with a special focus on cardiovascular disease, cancer, chronic respiratory disease and diabetes and their risk factors, include:
- ensure that the services and referral systems are organized and strengthened around close-to-client and people-centered networks of primary care that are fully integrated with the rest of the health-care delivery system, including rehabilitation and specialized ambulatory and inpatient care facilities.
 - enable all providers (e.g. nongovernmental organizations, for-profit and not-for-profit providers, and involving a range of services) to address noncommunicable diseases equitably while safeguarding consumer protection and also harnessing the potential of a range of other services to deal with noncommunicable diseases (e.g. traditional medicine, prevention, rehabilitation and palliative care, and social services).

- determine standards for organization of service delivery and set national targets consistent with voluntary global targets for increasing the coverage of cost-effective, high-impact interventions to address cardiovascular disease, diabetes, cancer, and chronic respiratory disease in a phased manner, linking noncommunicable disease services with other disease-specific programmes, including mental health.
- meet the needs for long-term care of people with noncommunicable diseases, related disabilities and comorbidities 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 noncommunicable diseases with emphasis on primary care, including the use of evidence based guidelines and tools for the management of major noncommunicable diseases and comorbidities adapted to national contexts.
- take action to empower people with noncommunicable diseases to manage their own condition better and provide education, incentives and tools for self-care and self-management, based on evidence-based guidelines including through information and communication technologies.
- review existing programmes, such as the nutrition, HIV, tuberculosis and reproductive health, for opportunities to integrate service delivery for prevention and control of noncommunicable diseases.
- improve coverage of:
 - HepB 3 dose in those countries that have not yet achieved high 3 dose coverage for HepB vaccine.
 - HepB birth dose (administration of HepB to an infant within 24 hours of birth) to eliminate mother-to-infant and close household contact HBV transmissions for those countries that have 90% or greater HepB 3 coverage.
 - cervical cancer screening programmes and identify activities to be done related to HPV vaccine introduction.

d) **Human resource development:** Actions to ensure sufficient and competent human resources for prevention and control of noncommunicable diseases include:

- identify competencies required and invest in improving the knowledge, skills and motivation of the current health workforce to address noncommunicable diseases, including common comorbid conditions (e.g. mental disorders) and plan to address projected health workforce needs for the future, also in light of population ageing.
- incorporate prevention and control of noncommunicable diseases 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 noncommunicable diseases, in various professional disciplines (for example, medicine, allied health professionals, nursing, pharmacy, public health

administration, nutrition, health economics, and medical education) and career advancement for non-professional staff.

- strengthen capacities for planning, implementing, monitoring and evaluating service delivery for noncommunicable diseases through government, public and private academic institutions, professional associations, patients' organizations and self-care groups.

e) **Access:** Actions to improve equitable access to prevention programmes (e.g. health information), essential medicines and technologies, with emphasis on medicines and technologies required for delivery of essential interventions for cardiovascular disease, cancer, chronic respiratory disease and diabetes through a primary health care approach:

- include essential medicines and technologies specifically for noncommunicable diseases in national essential medicines and medical technologies lists, and improve efficiency in the procurement, supply management and access to these products including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities.
- adopt country-based strategies to improve affordability of medicines (for example, separate prescribing and dispensing; control the wholesale and retail mark-ups through regressive mark-up schemes, and exempt medicines required for essential noncommunicable disease interventions from import and other forms of tax, where appropriate within the national context).
- promote procurement and use of generic medicines for prevention and control of noncommunicable diseases by quality assurance of generic products, preferential registration procedures, generic substitution, financial incentives and education of prescribers and consumers.
- ensure the availability of life-saving technologies and essential medicines for managing noncommunicable diseases in the initial phase of emergency response.
- facilitate access to preventive measures, treatment and vocational rehabilitation, as well as financial compensation of occupational noncommunicable diseases, such as cancer and chronic respiratory disease, consistent with international and national laws and regulations on occupational diseases.

Actions for the Secretariat

45. It is envisaged that the Secretariat will take the following actions:

a) **Leading and convening:** Ensure that the response to noncommunicable diseases is placed at the forefront of efforts to strengthen health systems.

b) **Technical cooperation:**

- Provide support to countries in integrating cost-effective interventions for noncommunicable diseases and their risk factors into health systems, including essential primary health care packages, and improve access to prevention programmes, essential medicines and affordable medical technology.

- Deploy an inter-agency emergency health kit for treatment of noncommunicable diseases in humanitarian disasters and emergencies.
- c) **Policy advise and dialogue:** Provide policy guidance using existing strategies that have been the subject of resolutions adopted by the World Health Assembly to advance the agenda for people-centred primary health care and universal health coverage.
- d) **Norms and standards:** Develop guidelines, tools and training material (i) to strengthen the implementation of cost-effective noncommunicable diseases interventions for early detection, treatment, rehabilitation and palliative care, (ii) to facilitate affordable and evidence-based self-care with a special focus on populations with low health awareness and/or literacy, (iii) to establish diagnostic and exposure criteria for early detection, prevention and control of occupational noncommunicable diseases, (iv) to support patient/family centered self-management of noncommunicable diseases, including mobile phone based tools, and (v) on the use of the Internet for prevention and control of noncommunicable diseases, including health education and promotion, communication among support groups, and for making health records accessible by multiple care providers.
- e) **Dissemination of best practices:** Facilitate exchange of lessons, experiences and best practices, adding to the global body of evidence to enhance the capacity of countries to sustain achievements and face challenges, as well as to develop new solutions to address noncommunicable diseases and to progressively realize sustainable universal health coverage.

Proposed action for international partners

46. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

- 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 noncommunicable diseases.
- b) **Capacity strengthening:**
- Strengthen capacity and support implementation of cost effective interventions to tackle noncommunicable diseases and facilitate dissemination of lessons learned from successful programmes for prevention and control of noncommunicable diseases among stakeholders.
 - Strengthen the technological and innovative capacities of countries, remove obstacles to development, and to the transfer of technology to low- and middle-income countries for the manufacture of medicines, vaccines, medical technologies and information and

electronic communication technologies (eHealth) and the use of mobile and wireless devices (mHealth) for the prevention and control of noncommunicable diseases.

- Provide support to governments to ensure that they enjoy maximum flexibility to produce or import low-cost, good-quality medicines and medical technologies for prevention and control of noncommunicable diseases and assistive devices for people living with associated disability, consistent with their international legal obligations.

Objective 5. To promote and support national capacity for high quality research and development for prevention and control of noncommunicable diseases

47. Although effective interventions exist for prevention and control of noncommunicable diseases, their implementation is inadequate worldwide. Comparative, applied and operational research, integrating both social and biomedical sciences, is required to scale-up and maximize the impact of, existing interventions in order to meet all 9 voluntary global targets.

48. The UN Political Declaration on Noncommunicable Diseases calls upon all stakeholders to support and facilitate research related to prevention and control of noncommunicable diseases and its translation into practice so as to enhance the knowledge base for national, regional and global action. The global strategy and plan of action on public health, innovation and intellectual property, adopted by the Health Assembly in resolution WHA61.21, encouraged needs-driven research to target diseases that disproportionately affect people in low- and middle-income countries, including noncommunicable diseases²¹. Accordingly, WHO's prioritized research agenda for prevention and control of noncommunicable diseases was elaborated through a participatory and consultative process to guide future investment in NCD research. It focuses on the four main Noncommunicable diseases, their risk factors and a set of cross-cutting issues (primary care, social determinants, genetics and getting research into practice). The agenda describes a set of 20 priority areas for NCD research.

49. A set of process indicators are proposed for assessing progress on objective 5 (see Appendix 6, Table 5).

Proposed action for Member States

50. The proposed actions are as follows:

- a) **Investment:** Increase investment in research and its governance as an integral part of the national response to noncommunicable diseases.
- b) **Policies and plans:** Develop, implement and monitor – jointly with academic and research institutions – a shared national research policy and plan on prevention and control of

²¹ A prioritized research agenda for prevention and control of noncommunicable diseases. Geneva, World Health Organization, 2011

noncommunicable diseases that prioritizes research in public health needs, implementation and innovation.

- c) **Capacity strengthening:** Strengthen national capacity for research and development, including research infrastructure, equipment and supplies in research institutions, and the competence of researchers to conduct good-quality research.
- d) **Innovation:** Make more effective use of academic institutions, multidisciplinary agencies and encourage the establishment of national reference centres and networks to conduct policy relevant research and incentivize innovation.
- e) **Evidence to inform policy:** Strengthen the scientific basis for decision-making with respect to prevention and control of noncommunicable diseases and enhance the interface between scientific evidence and policy-making.
- f) **Accountability for progress:** Track the domestic and international resource flows for research on noncommunicable diseases at a national level and national research output and impact related to their prevention and control.

Action for the Secretariat

51. It is envisaged that the Secretariat will take the following actions:

- a) **Leading and convening :** Engage WHO collaborating centres, academic institutions, research organizations and alliances to strengthen capacity for research on noncommunicable diseases at the country level based on key areas identified in the prioritized research agenda.
- b) **Technical cooperation:** Provide technical assistance upon request to strengthen national and regional capacity: (i) to incorporate research, development and innovation in national and regional policies and plans on noncommunicable diseases; (ii) to adopt and advance WHO's research agenda on prevention and control of noncommunicable diseases, taking into consideration national needs and contexts; and (iii) to formulate research and development plans, enhance innovation capacities and better use all the flexibilities that international legislation on intellectual property offers to support prevention and control of noncommunicable diseases.
- c) **Policy advise and dialogue:** Publish and disseminate guidance (“toolkits”) on how to strengthen links between policy, practice and products of research on prevention and control noncommunicable diseases.

Proposed action for international partners

52. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

a) **International cooperation:**

- Facilitate and support training of researchers to strengthen national research capacity including through creation of research fellowships and scholarships for international study in disciplines and interdisciplinary fields pertinent to the prevention and control of noncommunicable diseases.
- Strengthen countries' technological and innovation capacities and remove obstacles to development and transfer of technology to low-income and middle-income countries for all aspects of prevention and control of noncommunicable diseases.

b) **Partnerships:** Support the development and strengthening of international, regional and national alliances, networks and North-South, South-South, and triangular cooperation to strengthen institutional capacity for research, development and innovation on prevention and control of noncommunicable diseases.

c) **Capacity strengthening:** Provide support to governments in generating resources and strengthen human and infrastructure capacity for research with a special focus on priority areas for prevention and control of noncommunicable diseases.

Objective 6. To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

53. The actions listed under this objective serve to operationalize the global monitoring framework consisting of 25 indicators and 9 associated voluntary global targets (see Table 1). The framework will assist in monitoring global and national progress in prevention and control of noncommunicable diseases, provide internationally comparable assessments of the trends in noncommunicable diseases over time, and help to benchmark the situation in individual countries against others in the same region or development category.

54. Tracking the indicators and voluntary global targets will provide the foundation for advocacy and policy development. Global monitoring will also serve to raise awareness, reinforce political commitment and provide a mechanism for stronger and more coordinated global action by all key stakeholders.

55. The global monitoring framework for noncommunicable diseases covers three main areas: outcomes (mortality and morbidity), exposures (risk factors) and national system responses (see Table 1). A set of process indicators are also proposed for assessing progress towards achieving the objectives of the action plan (see Table 3). In addition to the indicators

outlined in the framework, countries and regions may include other indicators to monitor progress of national and regional strategies for the prevention and control of noncommunicable diseases, taking into account country- and region-specific situations.

56. The capacity of countries to collect, analyse and communicate data will be vital for global and national monitoring. Financial and technical support will need to increase significantly for institutional strengthening in order to conduct surveillance and monitoring.

57. In addition to tracking data on the magnitude and trends of noncommunicable diseases, monitoring will provide data on the state of progress towards targets that will help to evaluate the impact and effectiveness of the strategies and interventions recommended in this action plan. The progress evaluation schedule outlined below in paragraph 59(b) will offer an opportunity to learn from the experience of implementation, to take corrective measures where actions have not been effective and to reorient parts of the plan in response to unforeseen challenges and issues.

Proposed action for Member States

58. The proposed actions are as follows:

- a) **Legislation:** Update legislation pertaining to collection of health statistics, including vital registration.
- b) **Integration:** Integrate surveillance and monitoring systems for prevention and control of noncommunicable diseases into national health information systems.
- c) **National targets and monitoring framework:** Define and adopt a minimum set of national targets and indicators to contribute to the global targets and based on the global monitoring framework for measuring progress of prevention and control of noncommunicable diseases.
- d) **Vital registration:** Strengthen vital registration systems and cause of death registration.
- e) **Disease registries:** Maintain disease registries, including for cancer, if feasible and sustainable, with appropriate indicators to better understand regional and national needs .
- f) **Noncommunicable disease risk factor surveillance:** Undertake periodic data collection on the behavioural and metabolic risk factors (harmful use of alcohol, physical inactivity, tobacco use, unhealthy diet, overweight and obesity, raised blood pressure, raised blood glucose, and hyperlipidemia).
- g) **Capacity strengthening:** Strengthen technical capacity in country to manage and implement surveillance and monitoring systems that are integrated into existing health information systems' capacity, with a focus on capacity for data management, analysis and reporting in

order to ensure availability of high-quality data on noncommunicable diseases and risk factors.

- h) **Dissemination and use of results:** Contribute, on a routine basis, information on trends in noncommunicable diseases with respect to morbidity, mortality by cause, risk factors and other determinants, disaggregated by age, gender, disability and socioeconomic groups, and provide information on progress made in the implementation of national strategies and plans, coordinating country reporting with global analyses.
- i) **Budgetary allocation:** Increase and prioritize budgetary allocations for surveillance and monitoring systems for the prevention and control of noncommunicable diseases.

Action for the Secretariat

59. It is envisaged that the Secretariat will take the following actions:

- a) **Technical cooperation:** Provide support to Member States to:
 - establish or strengthen national surveillance and monitoring systems, including improving collection of data on risk factors and other determinants, morbidity and mortality, and national responses for prevention and control of Noncommunicable diseases.
 - develop national targets and indicators based on national situations, taking into account the global monitoring framework, including indicators, and a set of voluntary global targets, in order to assess the progress made in the prevention and control of noncommunicable diseases and their risk factors and determinants.
- b) **Knowledge generation and monitoring health situation and trends:**
 - Undertake periodic assessments of Member States' national capacity to prevent and control to noncommunicable diseases.
 - Review global progress made in the prevention and control of noncommunicable diseases, through monitoring and reporting on the attainment of the voluntary global targets, and set intermediate targets in 2015 and 2020 based on linear progress towards the 2025 targets so that countries can remove impediments to progress.
 - Monitor global trends in Noncommunicable diseases and their risk factors, and country capacity to respond, and publish periodic progress reports outlining the global status of prevention and control of noncommunicable diseases in 2015, 2017 and 2019, and publish risk factor specific reports such as reports on the global tobacco epidemic and on alcohol and health.

Proposed action for international partners

60. The following actions are proposed for international partners (while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health):

- a) **International cooperation:** 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 noncommunicable diseases at the national, regional and global levels.

- b) **Capacity strengthening:** 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 noncommunicable diseases.

Appendix 1

Synergies between major noncommunicable diseases and other conditions

Comorbidities

Major noncommunicable diseases, predominantly affecting middle-aged and elderly people, often coexist with other conditions. Thus, the presence of other diseases plays an integral role in the development, progression and response to treatment of major noncommunicable diseases. Examples of comorbidities include mental disorders, cognitive impairment and other noncommunicable diseases, including renal, endocrinal, neurological, haematological, hepatic, gastroenterological, musculoskeletal, cutaneous and oral diseases, disabilities and genetic disorders. This comorbidity burden results in higher rates of admission to hospital and worsened health outcomes and needs to be addressed through approaches that are integrated within noncommunicable disease 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 risk factors of noncommunicable diseases. 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 noncommunicable diseases. Simple, affordable interventions to reduce environmental and occupational health risks are available, and prioritization and implementation of these interventions can contribute to reducing the burden due to noncommunicable diseases (United Nations General Assembly resolution 66/115, Health Assembly resolutions WHA49.12 on WHO global strategy for occupational health for all, WHA58.22 on cancer prevention and control, WHA60.26 on workers' health – global plan of action, and WHA61.19 on climate change and health).

Mental disorders

As mental disorders are an important cause of morbidity and contribute to the global burden of noncommunicable diseases, equitable access to effective programmes and health-care interventions is needed. Mental disorders affect, and are affected by, other noncommunicable diseases: they can be a precursor or consequence of a noncommunicable disease, or the result of interactive effects. For example, there is evidence that depression predisposes people to heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of noncommunicable diseases such as sedentary behaviour and harmful use of alcohol also link noncommunicable diseases with mental disorders. Close connections with characteristics of economically underprivileged population segments such as lower educational level, lower

socioeconomic status, stress and unemployment are shared by mental disorders and noncommunicable diseases. Despite these strong connections, evidence indicates that mental disorders in patients with noncommunicable diseases as well as noncommunicable diseases in patients with mental disorders are often overlooked. The comprehensive mental health action plan (under development) will be implemented at the country level in close coordination with the action plan for prevention and control of noncommunicable diseases.

Communicable diseases

The role of infectious agents in the pathogenesis of noncommunicable diseases, either on their own or in combination with genetic and environmental influences, has been increasingly recognized in recent years. Many noncommunicable diseases including cardiovascular disease and chronic respiratory disease are linked to communicable diseases in either aetiology or susceptibility to severe outcomes. Increasingly cancers, including some with 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 or infestations include herpes virus and HIV in Kaposi sarcoma and liver flukes in cholangiocarcinoma. Some significant disabilities such as blindness, deafness and cardiac defects and intellectual impairment can derive from preventable infectious causes. Strong population-based services to control infectious diseases through prevention, including immunization (e.g. vaccines against hepatitis B, human papillomavirus, measles, rubella, influenza, pertussis, and poliomyelitis), diagnosis, treatment and control strategies will reduce both the burden and the impact of noncommunicable diseases.

The interaction of noncommunicable diseases and infectious diseases also increases the risk of infectious disease acquisition and susceptibility in people with pre-existing noncommunicable diseases. Attention to this interaction would maximize the opportunities to detect and to treat both noncommunicable and 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. As the diagnosis of tuberculosis is often missed in people with chronic respiratory diseases, collaboration in screening for diabetes and chronic respiratory disease in tuberculosis clinics and for tuberculosis in noncommunicable disease clinics could enhance case finding. Likewise, integrating noncommunicable disease programmes or palliative care with HIV care programmes would bring mutual benefits since both cater to long-term care and support as a part of the programme and also because noncommunicable diseases can be a side-effect of long-term treatment of HIV infection and AIDS.

Demographic change and disabilities

The prevention of noncommunicable diseases will increase the number and proportion of people who age healthily and avoid high health-care costs and even higher indirect costs in older age groups. About 15% of the population experiences disability and the increase in noncommunicable diseases is having a profound effect on disability trends; for example, these diseases are estimated to account for about two thirds of all years lived with disability in low-

income and middle-income countries. Noncommunicable disease-related disability (such as amputation, blindness or paralysis) puts significant demands on social welfare and health systems, lowers productivity and impoverishes families. Rehabilitation needs to be a central health strategy in noncommunicable disease programmes in order to address risk factors (e.g. obesity and physical activity), as well as loss of function due to noncommunicable diseases (e.g. amputation and blindness due to diabetes and stroke). 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.

Violence and unintentional injuries

Exposure to child maltreatment (which includes physical, sexual, and emotional abuse, and neglect or deprivation) is a recognized risk factor for the subsequent adoption of high-risk behaviours such as smoking, harmful use of alcohol, drug abuse, and eating disorders, which in turn predispose individuals to noncommunicable diseases. There is evidence that ischaemic heart disease, cancer and chronic lung disease are related to experiences of abuse during childhood. Similarly, experiencing intimate partner violence has been associated with increased alcohol misuse and drug abuse, smoking, and eating disorders. Programmes to prevent child maltreatment and intimate partner violence can therefore make a significant contribution to the prevention of noncommunicable diseases by reducing the likelihood of tobacco use, unhealthy diet, and harmful use of alcohol.

The lack of safe infrastructure for people to walk and cycle is an inhibitor for physical exercise. Therefore, well known road traffic injury prevention strategies such as appropriate road safety legislation and enforcement, as well as good land use planning and infrastructure supporting safe walking and cycling can contribute to the prevention of noncommunicable diseases as well as help address injuries.

Impairment by alcohol is an important factor influencing both the risk of all injuries. These include road traffic crashes, falls, drowning, burns and all forms of violence. Therefore, addressing harmful alcohol consumption will be beneficial for prevention of noncommunicable diseases and injuries.

Appendix 2

Table 2: Comprehensive global monitoring framework, including 25 indicators, and a set of 9 voluntary global targets for the prevention and control of noncommunicable diseases

Framework element	Target	Indicator
Mortality and morbidity		
Premature mortality from noncommunicable disease	(1) A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	(1) Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Additional indicator		(2) Cancer incidence, by type of cancer, per 100 000 population
Risk factors		
Behavioural risk factors		
Harmful use of alcohol ²²	(2) At least 10% relative reduction in the harmful use of alcohol ²³ , as appropriate, within the national context	(3) Total (recorded and unrecorded) alcohol per capita (aged 15 + years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context (4) Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context (5) Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context
Physical inactivity	(3) A 10% relative reduction in prevalence of insufficient physical activity	(6) Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily (7) Age-standardized prevalence of insufficiently physically active persons aged 18 + years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
Salt/sodium intake	(4) A 30% relative reduction in mean population intake of salt/sodium intake ²⁴	(8) Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18 + years

²² Countries will select indicator(s) of harmful use as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality among others

²³ In WHO's global strategy to reduce the harmful use of alcohol the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes

²⁴ WHO's recommendation is less than 5 grams of salt or 2 grams of sodium per person per day

Tobacco use	(5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	(9) Prevalence of current tobacco use among adolescents (10) Age-standardized prevalence of current tobacco use among persons aged 18+ years
Biological risk factors		
Raised blood pressure (6)	(6) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	(11) Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure
Diabetes and obesity ²⁵	(7) Halt the rise in diabetes and obesity	(12) Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18 + years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) (13) Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex) (14) Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m ² for overweight and body mass index ≥ 30 kg/m ² for obesity)
Additional indicators		(15) Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years ²⁶ (16) Age-standardized prevalence of persons (aged 18 + years) consuming less than five total servings (400 grams) of fruit and vegetables per day (17) Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration

²⁵ Countries will select indicator(s) appropriate to national context

²⁶ Individual fatty acids within the broad classification of saturated fatty acids have unique biological properties and health effects that can have relevance in developing dietary recommendations

National systems response		
Drug therapy to prevent heart attacks and strokes	(8) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	18) Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$, including those with existing cardiovascular disease) receiving drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases	(9) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	(19) Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities
Additional indicators		<p>(20) Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer</p> <p>(21) Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes</p> <p>(22) Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies</p> <p>(23) Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt</p> <p>(24) Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants</p> <p>(25) Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies</p>

Appendix 3

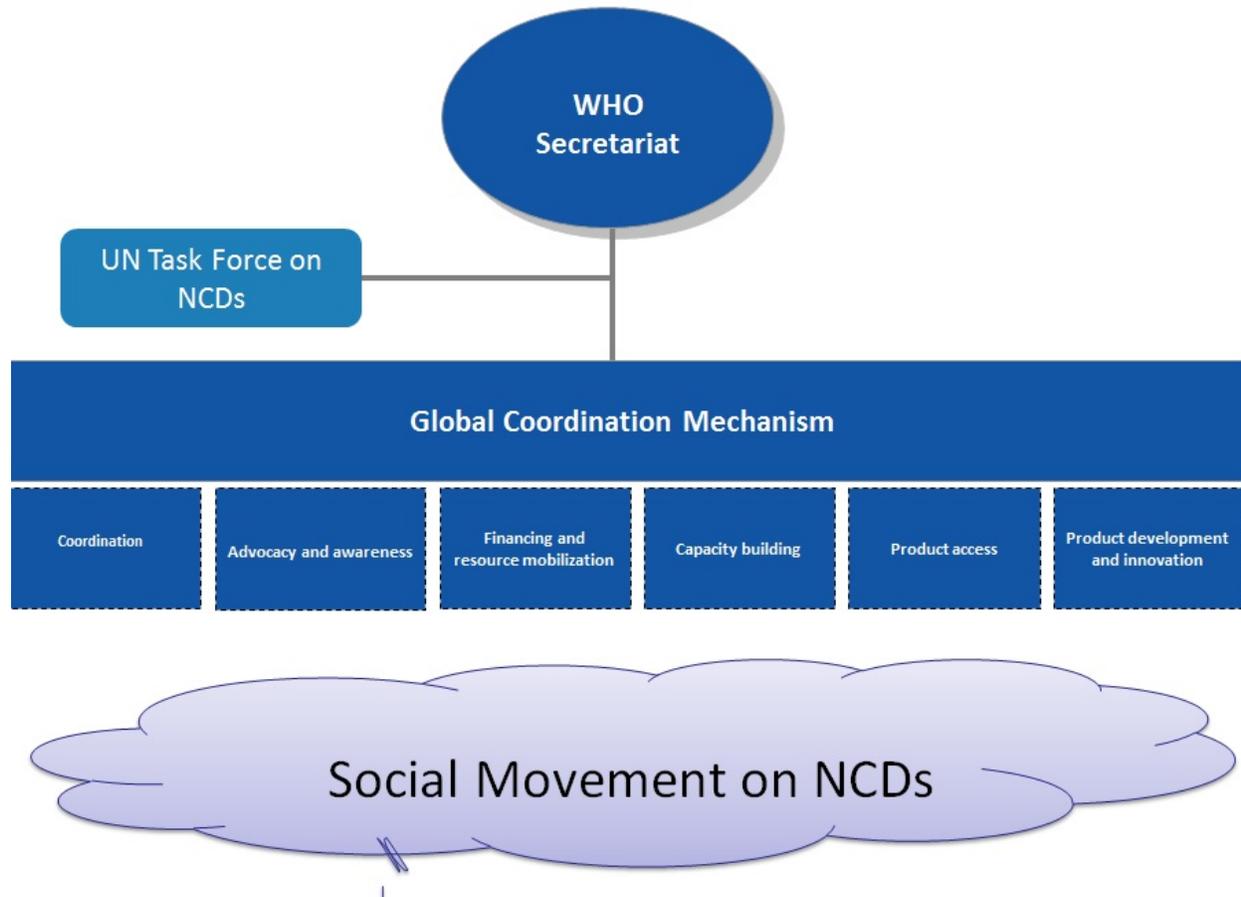
Table 3: A minimum set of actions that countries with resource constraints may wish to prioritize for prevention and control of noncommunicable diseases, as appropriate for national context.

(Note: This set of actions consist of high-impact interventions which are feasible and affordable for implementation in low-resource settings, that will contribute to voluntary global targets. WHO guidelines and tools are available for their implementation. The cost of implementing the interventions listed under objective 3 and 4 amounts to an annual per capita investment of under US\$1 in low-income countries, US\$1.50 in lower-middle-income countries and US\$3 in upper-middle-income countries. They are highly cost-effective, i.e. they generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.)

Objective	Set of actions	WHO tools
1	<ul style="list-style-type: none"> Raise public and political awareness and understanding about NCDs social marketing, mass-media and responsible media reporting Strengthen international collaboration for training the health workforce Integrate NCDs into the development agenda and poverty alleviation strategies 	<ul style="list-style-type: none"> Global status report on NCDs 2011 WHO Fact sheets Global Atlas on cardiovascular disease 2011 IARC GLOBOSCAN 2008 Existing Regional/national tools
2	<ul style="list-style-type: none"> Increase and prioritize budgetary allocations for NCDs Assess national capacity for prevention and control of NCDs Develop and implement a national multisectoral policy and plan 	<ul style="list-style-type: none"> Approaches to implementing multisectoral action NCD country capacity survey tool NCCP Core Capacity Assessment tool Existing Regional/national tools
3	<p>Tobacco use</p> <ul style="list-style-type: none"> Reduce affordability of tobacco products by increasing tobacco excise taxes; Create by law completely smoke-free environments in all indoor workplaces, public places and public transport; Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns; Ban all forms of tobacco advertising, promotion and sponsorship <p>Harmful alcohol use</p> <ul style="list-style-type: none"> Excise tax increases on alcoholic beverages; Comprehensive restrictions and bans on alcohol advertising and promotion; Restrictions on the availability of retailed alcohol <p>Unhealthy diet and physical inactivity</p> <ul style="list-style-type: none"> Salt reduction through mass media campaigns/reduced salt content in processed foods; Replacement of trans-fats with polyunsaturated fats; Public awareness programme about diet and physical activity 	<ul style="list-style-type: none"> MPOWER measures to reduce tobacco use Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14) Global recommendations on physical activity for health Global strategy to reduce the harmful use of alcohol (WHA63.13) Toolkit in support of implementation of the Global strategy to reduce the harmful use of alcohol Global status report on alcohol and health 2011, 2013 WHO Guideline on dietary salt and potassium Existing Regional/national tools
4	<ul style="list-style-type: none"> Integrate highly cost effective noncommunicable disease interventions into the basic primary health care package to advance the universal health coverage agenda Explore viable health financing mechanisms and innovative financing approaches like tobacco and alcohol taxation to generate resources to expand health coverage Scale-up coverage starting with very cost effective high impact interventions <p>Cardiovascular disease and diabetes</p> <ul style="list-style-type: none"> Multi-drug therapy (including glycaemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (> 30%) of a CVD event in the next 10 years Providing aspirin to people having an acute heart attack <p>Cancer</p> <ul style="list-style-type: none"> Prevention of liver cancer through hepatitis B immunization; Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions 	<ul style="list-style-type: none"> World Health Reports 2010, 2011 WHO Package of Essential Noncommunicable Disease interventions (WHO PEN) for primary care including costing tool Scaling – up NCD interventions WHO Guidelines: <ul style="list-style-type: none"> -Primary health care -Self care -Prevention of Cardiovascular disease, -Cervical cancer Integrated clinical protocols for primary care and WHO ISH risk prediction charts Modules cancer prevention and control Affordable technologies; blood pressure measurement devices Essential medicines list (2011) Existing Regional/national tools
5	<ul style="list-style-type: none"> Develop a national research agenda for NCDs and allocate a budget for priorities Strengthen research capacity through cooperation with research institutes 	<ul style="list-style-type: none"> Prioritized research agenda for prevention and control of noncommunicable diseases 2011 The world health report (2013) Existing regional and national tools
6	<ul style="list-style-type: none"> Develop national targets and indicators based on global monitoring framework Establish/strengthen a comprehensive NCD surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors, and monitoring national response, Integrate NCD surveillance/monitoring into national health information systems. 	<ul style="list-style-type: none"> Global monitoring framework Verbal autopsy instrument STEPwise approach to surveillance, Global Tobacco Surveillance System, Global Information System on Alcohol and Health, Global school based student health survey, The ICD-10 Training Tool Service Availability and Readiness (SARA)assessment tool. Existing regional and national tools

Appendix 4

Figure 1: Global coordination mechanism



Appendix 5

Table 4: Proposed action for United Nations Funds, Programmes and Agencies besides WHO²⁷

UNDP	<ul style="list-style-type: none"> • Support non-health governmental departments in their efforts to engage in a multisectoral national whole-of-government approach to noncommunicable diseases • Support the ministry of planning in integrating noncommunicable diseases in the development agenda of each Member State • Support ministries of planning to integrate noncommunicable diseases explicitly into poverty-reduction strategies • Support the national AIDS commissions to integrate interventions to address the harmful use of alcohol into existing national HIV programme
UNECE	<ul style="list-style-type: none"> • Support the Transport, Health and Environment Pan-European Programme
UN-ENERGY	<ul style="list-style-type: none"> • Support global tracking of access to clean energy and its health impacts for the United Nations' Sustainable Energy for All Initiative • Support the Global Alliance for Clean Cook stoves and the dissemination/tracking of clean energy solutions to households
UNEP	<ul style="list-style-type: none"> • Support the implementation of international environmental conventions
UNFPA	<ul style="list-style-type: none"> • Support health ministries in integrating noncommunicable diseases into existing reproductive health programmes, with a particular focus on (1) cervical cancer and (2) promoting healthy lifestyles among adolescents
UNICEF	<ul style="list-style-type: none"> • Strengthen the capacities of health ministries to reduce risk factors for noncommunicable diseases among children and adolescents • Strengthen the capacities of health ministries to tackle malnutrition and childhood obesity
UNWOMEN	<ul style="list-style-type: none"> • Support ministries of women or social affairs to promote gender-based approaches for the prevention and control of noncommunicable diseases
UNAIDS	<ul style="list-style-type: none"> • Support national AIDS commissions to integrate interventions for noncommunicable diseases into existing national HIV programmes • Support health ministries to strengthen chronic care for HIV and noncommunicable diseases (within the context of overall health system strengthening) • Support health ministries to integrate HIV and noncommunicable disease health system services, with a particular focus on primary care
UNSCN	<ul style="list-style-type: none"> • Facilitate United Nations harmonization of action at country and global levels for the reduction of dietary risk of noncommunicable diseases • Disseminate data, information and good practices on the reduction of dietary risk of noncommunicable diseases • Integration of the action plan into food and nutrition-related plans, programmes and initiatives (for example, UNSCN's Scaling Up Nutrition, FAO's Committee on World Food Security, and the Maternal, Infant and Young Child Health programme of the Global Alliance for Improved Nutrition)
IAEA	<ul style="list-style-type: none"> • Support health ministries to strengthen their capacities to evaluate interventions on physical activity and healthy lifestyle by using nuclear technology • Expand support to health ministries to strengthen treatment components within national cancer control strategies, alongside reviews and projects of IAEA's Programme of Action for Cancer Therapy that promote comprehensive cancer control approaches when implementing radiation medicine programmes

²⁷ To be elaborated further

ILO	<ul style="list-style-type: none"> • Support WHO's action plan on workers' health, Global Occupational Health Network and the Workplace Wellness Alliance of the World Economic Forum • Promote the implementation of international labour standards for occupational safety and health, particularly those regarding occupational cancer, asbestos, respiratory diseases and occupational health services
UNRWA	<ul style="list-style-type: none"> • Strengthen preventive measures, screening, treatment and care for Palestine refugees living with noncommunicable diseases • Improve access to affordable essential medicines for noncommunicable diseases through partnerships with pharmaceutical companies
WFP	<ul style="list-style-type: none"> • Prevent nutrition-related noncommunicable diseases, including in crisis situations
ITU	<ul style="list-style-type: none"> • Support ministries of information to include noncommunicable diseases in initiatives on information communications and technology and girls and women's initiatives • Support ministries of information to use mobile phones to encourage healthy choices and warn people about tobacco use
FAO	<ul style="list-style-type: none"> • Strengthen the capacity of ministries of agriculture to redress food insecurity, malnutrition and obesity • Support ministries of agriculture to align agricultural, trade and health policies
WTO	<ul style="list-style-type: none"> • Support ministries of trade in coordination with other competent government departments (especially those concerned with public health and intellectual property) to address trade policies and noncommunicable diseases, including the alignment of trade, agricultural and health policies and, where appropriate, the full use of flexibilities and policy options under the Agreement on Trade-Related Aspects of Intellectual Property Rights
UN-HABITAT	<ul style="list-style-type: none"> • Support ministries of housing to address noncommunicable diseases in a context of rapid urbanization

Appendix 6

Table 5: Proposed process indicators for monitoring progress of (country) implementation of the action plan

(Note: With the exception of indicator 5 (Operational research), all proposed process indicators are currently monitored and reported by the periodic WHO Country Capacity Survey on Noncommunicable Diseases).

Objective	Indicators
1	<ul style="list-style-type: none">Number of countries that include noncommunicable diseases in national health plans and/or national development agenda
2	<ul style="list-style-type: none">Number of countries with an operational multisectoral national noncommunicable diseases policy, strategy or action plan which integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013-2020
3	<ul style="list-style-type: none">Number of countries with an operational policy, strategy or action plan to reduce the four major behavioural risk factors (i.e. harmful use of alcohol, physical inactivity, tobacco use, and unhealthy diet).
4	<ul style="list-style-type: none">Number of countries which provide early detection and integrated management of major noncommunicable diseases and risk factors at the primary health care level
5	<ul style="list-style-type: none">Number of countries that have a national research agenda and a prioritized research plan with funding for prevention and control of noncommunicable diseases
6	<ul style="list-style-type: none">Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global targets. (i.e. mortality by cause, surveillance of risk factors and a cancer registry in place.)

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