As of 11 June 2014

Progress of noncommunicable diseases prevention and control in the WHO Western Pacific Region


Introduction

1. Noncommunicable diseases (NCDs) impose a major and growing burden on health and development in the Western Pacific Region, home to more than one third of the world’s population. The four major NCDs—namely, cardiovascular disease, cancer, diabetes and chronic respiratory disease—account for more than 80% of deaths in the Region. Of particular concern is the high level of premature mortality from NCDs (deaths before 70 years of age) in several low- and middle-income countries. If current trends continue, NCD-related morbidity and mortality will continue to rise.

2. The 2001 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases provided global impetus to scale up NCD prevention and control efforts. A comprehensive review and assessment of the progress achieved in this regard will be undertaken by the United Nations General Assembly from 10-11 July 2014.


4. To get inputs from Member States, the WHO Regional Office for the Western Pacific invited comments using the following questions: (a) “Where do we stand?”; (b) “From bottlenecks to solutions”; (c) “Accelerating progress”; (d) and “UNGA-NCD Review 2014 and beyond”. This report summarizes the findings compiled from Member States’ responses, highlights the progress in countries and identifies options for accelerating progress.

Where do we stand? (progress since 2011)
5. Multisectoral NCD plans are being developed with national targets aligned with the voluntary global targets.

6. Aiming to reduce the prevalence of tobacco use by 10% every 5 years, as agreed upon in the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region 2010-2014*, approximately half of Member States have reached this target. The health ministers of Pacific island countries have agreed to attempt to reduce tobacco use prevalence to less than 5% in adults by 2025.

7. Ten countries implemented "best buy" interventions under "Actions that make a difference" which helped to operationalize the "very cost effective interventions". In addition to salt reduction programmes in various Member States, including reductions in bread salt content by 10% in Mongolia and by 15% for popular noodles in Fiji, a regional salt reduction network has been initiated to share good practices and disseminate the salt advocacy pack.

8. Cities, schools and workplaces in many Member States have implemented NCD programmes in advance of national programmes. For example, in the Philippines and the Lao People's Democratic Republic, "Action for healthier families" has been introduced to link and strengthen community and primary health-care activities for NCDs and maternal and child health. The Western Area Health Initiative in China, covering three provinces, has served as a platform for multiple NCD interventions. Healthy Cities programmes have begun in the Pacific with Tobacco Free cities as an entry point.

9. Member States are working to adapt the WHO Package of Essential NCD interventions (PEN) by way of a phased implementation. A knowledge network on NCD management is being initiated.

10. All Member States are carrying out NCD risk factor surveys and can report on the global voluntary targets. Mortality registration and cause of death certification is not optimal in low- and middle-income countries.

**Bottlenecks to solutions**

11. While NCDs have become a national health priority in most Member States, NCDs are not yet a national development priority among low- and middle-income Member States. For this reason, NCDs are not adequately integrated into related national health and development programmes. Furthermore, engagement with and actions of non-health
sectors are weak in many Member States, where institutional mechanisms at the national level are often not available to drive a sustainable whole-of-government approach.

12. Fiscal measures and legal interventions, including legislative and regulatory frameworks, are not adequately implemented to reduce NCD risk factors and to promote healthy behaviours in most Member States. For example, the marketing of unhealthy food and non-alcoholic beverages to children is prevalent and largely unregulated. Local evidence is needed to advocate cost-effective legal interventions that can drive and support sustainable NCD policies.

13. In Member States with decentralized governance, and where health governance is at the subnational level, implementation of national NCD policies and programmes varies widely. Frequent changes in leadership may hinder sustained action.

14. The capacities for developing and implementing NCD policies are lacking both in ministries of health and in other sectors in many Member States. Insufficient and inconsistent allocation of human and financial resources leads to ineffective, sporadic, and fragmented approaches.

15. NCDs are not appropriately positioned within Universal Health Coverage and primary health care services in most Member States. Financial protection for management of NCDs faces many challenges that lead to inequities.

**Accelerating progress**

16. A high-level national mechanism empowered to harness all relevant stakeholders, such as a “Health in All Policies” approach, is a prerequisite to multisectoral actions to promote more effective and sustainable NCD policies. NCDs must be placed on the national development agenda. Sustained resources at the national level to reflect a true national commitment are essential. Capacities across sectors and at all levels must be enhanced, including new interdisciplinary skill mixes to recognize, develop, and implement fiscal, legislative, and regulatory interventions. Health, especially NCDs, should become a part of trade negotiations and economic discussions.

17. Efforts in HIV prevention and tobacco control can offer lessons for this approach.

18. United Nations agencies, funds and programmes, and other donor and development partners should align their actions at the country level and provide coordinated support in a national context. The United Nations interagency task force is a new beginning
towards this alignment. Inclusion of NCDs in the United Nations Development Assistance Framework can help actions at the country level.

19. Innovations are needed in all areas of NCD prevention and control. Context-specific primary health-care models and care in the community for NCDs should be developed and disseminated. Improving access to essential medicine and medical technologies, as part of Universal Health Coverage, is an important component for strengthening NCD management. People whose health is compromised by NCDs are more vulnerable to the stresses and disruptions of disasters, which must be addressed through resilient health infrastructure.

20. Surveillance and monitoring are integral components of NCD prevention and control. Resources must be earmarked to ensure sustainability of efforts. Simple tools are needed. Progress towards the achievement of the voluntary global targets and the implementation of the global action plan should be measured to develop a defined set of indicators that are easy to use at national level.

UNITED NATIONS GENERAL ASSEMBLY-NCD Review 2014 and beyond

21. The outcome document of the United Nations General Assembly review 2014 should focus on providing high-level guidance while showcasing best practices and innovations. The outcome document could cover progress on NCD prevention and control, as defined by the global targets and Global Action Plan indicators.

22. The United Nations General Assembly review should help to raise NCDs as a development issue and should call on governments to designate NCDs as a national priority. The document should call for an unwavering political commitment, along with better coordination and accountability among different ministries.

23. The post-2015 development agenda should include NCDs to help to sustain momentum and accelerate progress. The process for the United Nations General Assembly review and the post-2015 agenda should be made more transparent and visible, from the top down to the level of NCD units in ministries of health.

24. Ministries of foreign affairs, of development and of planning should review government commitments on NCDs. They should identify partners and donors to address technical and funding gaps.