WHO WE ARE
and why we are here

There is growing international awareness that premature deaths from noncommunicable diseases; mental, neurological, and substance use disorders; malnutrition; violence and injuries cause untold suffering, reduce productivity, curtail economic growth and pose a significant social challenge in most countries.

There is now unequivocal evidence that “best buy” interventions to address these conditions are workable solutions that are also excellent economic investments – including in the poorest countries.

The WHO Noncommunicable Diseases and Mental Health Cluster (NMH) is responding to the challenges of the new health landscape: supporting countries to tackle noncommunicable diseases; mental, neurological and substance use disorders; malnutrition; violence and injuries. NMH is one of six clusters at WHO Headquarters, working with regional and country offices.

OUR MISSION

To provide global leadership in improving health by reducing the burden of noncommunicable diseases; mental, neurological, and substance use disorders; malnutrition; violence and injuries and enhancing the lives of people with disabilities.

OUR OBJECTIVES

In the areas of noncommunicable disease, mental, neurological and substance abuse disorders, malnutrition, violence, injuries and disabilities:

⇒ To provide effective and timely epidemiological and public health data to support evidence-based public health action
⇒ To work with countries on approaches to policy development that involve all government departments and non-state actor.
⇒ To lead the development of global public health policies and plans and support broader international development objectives
⇒ To provide technical assistance to countries
⇒ To raise priority given to NCDs on national and international agendas
⇒ To provide effective and timely public health policy advice to countries
⇒ To work in a way that encourages universal health coverage
⇒ To be accountable to the UN General Assembly and WHA
The world is going through an unprecedented transition: globalization of marketing and trade, rapid urbanization and population ageing are among the drivers of rising disability and premature deaths from noncommunicable diseases; mental, neurological and substance use disorders; malnutrition; injuries and violence.

**GLOBAL CALLS TO ACTION**

protecting this and future generations

NMH’s work has seen tremendous progress in the last ten years. The challenge for the coming decades is to rethink development, raising the priority given to noncommunicable diseases; mental health; malnutrition; injuries; violence and disability on the national and international development agendas.

The world leaders have committed to address these issues in a coordinated manner. Global action plans set out agreed ways of doing this.

**THE GLOBAL NCD ACTION PLAN 2013-2020**

The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 is a road map for the way that Member States, international partners and the WHO Secretariat come together to reduce the burden of cardio-vascular diseases, cancer, diabetes and chronic respiratory disease and reduce the risk factors including harmful use of alcohol, physical inactivity, tobacco use, and unhealthy diet. It includes a comprehensive global monitoring framework with nine global targets and 25 indicators.

**WHO COMPREHENSIVE MENTAL HEALTH ACTION PLAN**

WHO’s comprehensive Mental Health Action Plan 2013-2020 is the first global action plan that has been developed for mental health. Its objectives include governance and leadership, community-based health and social services, mental health promotion and prevention of mental disorders including suicides, and timely availability of information, evidence and research. It highlights the importance of human rights. The action plan emphasizes the need for governments to empower those with mental disabilities and the need to develop a strong civil society. The document describes specific actions for countries, partners and the WHO secretariat and includes specific targets and indicators.
COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION

Adequate nutrition, beginning in early stages of life, is crucial to ensure good physical and mental development and long-term health, including those related to obesity and diet-related NCDs. This action plan illustrates five areas for action by governments, development partners and other actors to address the challenges of the double-burden of malnutrition and achieve, by the year 2025, six global nutrition targets, based on the assessment of the evidence of effective interventions and an analysis of the implementation challenges. It refers to policies and programmes in multiple relevant sectors beyond health as well as required resources and monitoring frameworks.

WHO GLOBAL DISABILITY ACTION PLAN 2014-2021

Better health for all people with disabilities

The WHO Global Disability Action Plan 2014–2021: Better health for people with disabilities provides a clear way for the world to come together to enhance the quality of life of the one billion people across the globe with disabilities. People with disabilities are more than twice as likely to find healthcare providers’ skills and facilities inadequate; nearly three times more likely to be denied health care; and four times more likely to be treated badly than their non-disabled peers. The WHO Global Disability Action Plan 2014-2021 seeks to address these disparities.

THE GLOBAL ACTION PLAN FOR UNIVERSAL EYE HEALTH 2014-2019

The WHO Global Action Plan for Universal Eye Health 2014–2019 calls for support to build sustainable, permanent eye care systems after decades of vertical, time-bound actions. It contains an integrated set of actions to evaluate, plan and monitor the development of accessible and high quality national eye care service delivery systems. It includes a set of targets for countries and relevant indicators to evaluate achievement.
WORKING WITH MEMBER STATES
country-level action, community impact

Working in concert across all levels of the Organization, we support countries in:

→ promoting health;

→ preventing premature death and disability from noncommunicable diseases; mental, neurological, and substance use disorders; malnutrition; violence and injuries;

→ improving the lives of people with disabilities.

We develop tools to catalyze actions at the country level.

The health in all policies approach is considered a key to effective NCD prevention and control. This Framework serves as a “starter kit” for applying Health in All Policies (HiAP). It can be easily adapted for use in different country contexts and at the regional and global levels. In the Framework, what HiAP is, why it matters and how to apply HiAP are featured.

http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf?ua=1
ESSENTIAL NUTRITION ACTIONS

A comprehensive life course approach is needed to tackle malnutrition in all its forms, with focus in particular on the first 1,000 days of life. WHO is regularly developing and updating its guidance on effective nutrition actions to be delivered through primary health care and other sectors. "Essential Nutrition Actions" provides a compact list of WHO guidance on nutrition interventions targeting the first 1000 days of life. Focusing on this package of essential nutrition actions (ENA), policy-makers could reduce infant and child mortality, improve physical and mental growth and development, and improve productivity, as well as prevent the development of obesity and diet-related NCDs later in life. The eLENA web platform has also been developed to allow policy-makers easy access to all relevant information for decision making. www.who.int/nutrition/en/eLENA

PACKAGE OF ESSENTIAL NCD INTERVENTIONS FOR PRIMARY HEALTH CARE

The Package of Essential NCD Interventions for Primary Health Care: cancer, diabetes, heart disease and stroke, chronic respiratory disease (PEN) describes how to strengthen equitable and efficient primary health care for NCDs in low-resource settings. It outlines a set of cost-effective interventions in resource-constrained settings. It should be considered as an important first step for integration of NCDs into primary health care. WHO PEN defines a minimum set of NCD interventions for any country that wants to initiate a process of universal coverage reforms to ensure that health systems contribute to health equity, social justice, community solidarity and human rights.

WHO MENTAL HEALTH GAP ACTION PROGRAMME

The WHO Mental Health Gap Action Programme (mhGAP) aims to scale up services for mental, neurological and substance use disorders, especially in low and middle-income countries. The mhGAP Intervention Guide describes how to integrate management of depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders and self-harm/suicide in non-specialized health care settings.
THE WHO STEPWISE APPROACH TO SURVEILLANCE

The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analysing and disseminating data on noncommunicable disease (NCD) risk factors and conditions in countries. The STEPS approach focuses on obtaining core data on the established risk factors and NCD conditions that determine the major NCD burden, including tobacco use, harmful use of alcohol, unhealthy diet, insufficient physical activity, overweight and obesity, raised blood pressure, raised blood glucose, and abnormal blood lipids. By using the same standardized questions and protocols, all countries can use STEPS to monitor progress in their own country, as well as make comparisons with other countries. At the same time, the STEPS approach is sufficiently flexible to allow each country to expand on the core variables and risk factors, and to incorporate optional modules related to local or regional interests. The STEPS approach provides an entry point for low and middle income countries to get started on NCD surveillance activities, and it is also designed to help countries build and strengthen their capacity to conduct surveillance. Conducting STEPS also enables countries to collect the data needed to report on 7 of the 9 Global NCD Targets.

We support countries in their actions to improve lives: a few examples

CASE STUDY: DROWNING PREVENTION

There are an estimated 359,000 annual drowning deaths, making it the third leading cause of death from unintentional injury worldwide. In the Philippines, a WHO-supported project in Lucao village, Dagupan City, engaged villagers in researching and choosing suitable drowning prevention measures. The project – culturally appropriate and site specific – identified local risks and implemented measures through the community’s new drowning prevention committee, including community education, redesigning community wells, developing playpens, using barriers around water and training community workers. In Cambodia, a WHO-supported programme in Kampong Chhnang province targeted populations who were at high risk of drowning. As this same population is also at risk for many water-borne diseases, water sanitation and health measures were carried out concurrently. The village health support group and commune council members promoted awareness of drowning and data collection on drowning.
CASE STUDY: WHO PROGRAMME TO REDUCE THE TREATMENT GAP FOR EPILEPSY

Despite the fact that epilepsy is easily and affordably treatable, in many countries many people do not receive treatment. NMH is working in partnership with governments to overcome the stigma associated with epilepsy and address existing treatment gaps.

In Ghana, initial results show over 3,000 epilepsy cases have been seen by participating districts in 2014. Of these, 290 are new patients accessing epilepsy treatment for the first time. Viet Nam has trained 209 non-specialist health care providers in epilepsy management. 81 mental health specialists, who can now act as both trainers and supervisors of non-specialists, have also been trained. In Myanmar, over 150 primary health care providers have been trained to recognize, diagnose and treat epilepsy. Testimonials show that patients accessing treatment as a result of the project are experiencing increased quality of life.

14 mental health specialists have recently been trained in Mozambique to act as trainers in epilepsy management and supportive supervisors for non-specialists. Plans for 2014 include carrying out training of non-specialists for epilepsy management in each province.

CASE STUDY: IMPROVING ROAD SAFETY IN COUNTRIES

As part of the Bloomberg Philanthropies Global Road Safety Programme, WHO has worked with a consortium of international partners and government agencies to make roads safer in Brazil, Cambodia, China, India, Kenya, Mexico, Russian Federation, Turkey and Viet Nam. Since 2010 strengthened legislation and enforcement, reinforced by strong social marketing campaigns informing the public about the tragic consequences of failing to abide by the law, have led to changes in behavior in project sites such as:

- increased seat-belt wearing in the Russian Federation and Turkey
- greater use of standard quality motorcycle helmets in Viet Nam
- increased use of child restraints in the Russian Federation
- decreased average speeds in China, Kenya and the Russian Federation
- reductions in drinking and driving in China and Viet Nam
WORKING WITH PARTNERS
Uniting around a common agenda

Effective use of synergies, partnerships, inter-departmental and cross-cluster collaboration enables us to address gaps and accelerate progress in countries.

To meet the challenges of noncommunicable diseases, mental health, nutrition, injuries and violence and to improve the lives of people with disabilities, NMH is reaching out to old and new partners, within and outside of WHO, to collaborate, share experiences and learn lessons.

LANDSCAPE ANALYSIS OF COUNTRIES’ READINESS TO ACCELERATE ACTION IN NUTRITION

Landscape Analysis aims to serve as a “readiness analysis” to assess countries’ readiness to accelerate action in nutrition. “Readiness analysis” is frequently used in the private sector for assessing where investing resources is likely to give the greatest return and for determining how best to invest in order to yield the maximum benefits. But an analysis of readiness to act has not been systematically developed across a broad spectrum of countries in the area of food and nutrition programmes. Landscape Analysis was therefore developed, in close collaboration and participation with partner agencies and through multisectoral collaboration, to systematically assess such readiness, not only the readiness to act, but also the readiness to change. As such, it also explores attitudes and perceptions of stakeholders, old versus new skill sets required, and existing levels of risk and insecurity, institutional cohesiveness, incentives and effective communication.

THE GLOBAL COORDINATION MECHANISM FOR NCDS

In 2014, a new global coordination mechanism on the prevention and control of NCDs (GCM/NCD) was established. The GCM/NCD facilitates and enhances the coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020. The GCM/NCD also ensures that efforts are not duplicated, resources are used in an efficient and results-oriented way, and WHO and public health are safeguarded from any undue influence by any form of real, perceived or potential conflicts of interest.
UN INTERAGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NCDS

Convened by WHO, a new Task Force has been established to coordinate the activities UN funds, programmes and specialized agencies and other intergovernmental organizations, to support countries in delivering commitments made by Heads of State and Government in the UN Political Declaration on NCDs and the WHO Global NCD Action Plan 2013–2020.

BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE

The Bloomberg Initiative to Reduce Tobacco Use (BI) is scaling up tobacco control efforts in developing countries where the health burden from tobacco use is highest. As a core partner, WHO assists countries to develop national tobacco control plans, pass and enforce key laws and implement effective tobacco control interventions in line with best evidence and policies.

With the support of BI, WHO regularly publishes the WHO Report on the Global Tobacco Epidemic. In its 2009 report, WHO introduced MPOWER1 to assist countries in reducing the demand for tobacco, in support of the WHO Framework Convention for Tobacco Control, the first treaty negotiated under the auspices of WHO.

1. The MPOWER measures support scale up of specific provisions of the WHO Framework Convention on Tobacco Control including: Monitoring tobacco use and prevention policies; Warning about the dangers of tobacco; Protecting people from tobacco smoke; Enforcing bans on tobacco advertising; promotion and sponsorship; Offering help to quit tobacco use; Raising tobacco taxes.

OTHER GLOBAL TOBACCO CONTROL PARTNERSHIPS

The Bill and Melinda Gates Foundation supports WHO in scaling up tobacco control in Sub Saharan Africa. As part of the project, WHO has set up the first knowledge hub for tobacco control in the Centre for Tobacco Control in Africa (CTCA) in Kampala, Uganda.

WHO also partners with US CDC Atlanta for building the Global Tobacco Surveillance Systems (GTSS).

WHO QUALITYRIGHTS

WHO QualityRights works with countries to improve the quality and human rights conditions in mental health and social care facilities. Central to this work is the promotion of human rights, recovery and independent living in the community for people with mental health problems.
UN ROAD SAFETY COLLABORATION

Nearly 3,400 people die on the world’s roads every day and tens of millions are injured or disabled every year. Children, pedestrians, cyclists and the elderly are among the most vulnerable road users. WHO, working in close cooperation with UN regional commissions, facilitated the creation of the UN Road Safety Collaboration in 2004 bringing together more than 80 agencies to address the global road safety crisis.

To ensure optimal support for the Decade of Action for Road Safety (2011-2020), a series of collaborative projects promote road safety management, safer roads and mobility, safer vehicles and road users and post-crash response.

THE VIOLENCE PREVENTION ALLIANCE

The Violence Prevention Alliance (VPA), part of the Global Campaign for Violence Prevention, is a network of some 60 international, governmental and non-governmental organizations, private foundations, research institutions and universities. VPA participants share an evidence-based, public health, and multi-sectoral approach to violence prevention and are committed to implementing the recommendations of WHO’s 2002 World Report on Violence and Health. In 2012 the VPA published its Plan of Action for the Global Campaign for Violence Prevention 2012-2020.

BE HE@LTHY, BE MOBILE

There are almost 7 billion mobile subscriptions worldwide. WHO and the UN International Telecommunication Union (ITU) have joined forces to support countries in unlocking the potential of mobile technologies to improve NCD prevention (e.g. mCessation, mPhysical activity, mHealthy diet) and treatment (e.g. mDiabetes, mHypertension).

BUILDING BACK BETTER MENTAL HEALTH CARE AFTER EMERGENCIES

WHO works with governments and other partners to help build back better mental health care in the aftermath of emergencies. In Indonesia, following the 2004 tsunami, Aceh’s mental health services were transformed from a sole mental hospital to a basic system of mental health care. Significant progress has been made in Iraq where 80-85% of psychiatrists, more than 50% of general practitioners, and 20-30% of nurses, psychologists, and social workers have received mental health training.

Following the conflict in Kosovo, a comprehensive system of community-based mental health care is now available. In the aftermath of the 2004 tsunami, Sri Lanka made rapid progress in developing basic mental health services, now extending beyond tsunami-affected zones to most parts of the country.
LOOKING TO THE FUTURE
Addressing one of the major challenges for
development in the 21st century

Governments have recognized that quick gains can be achieved through modest investments. We have an opportunity as we look to the post-2015 agenda.

We are an integrated, horizontal, cross-cutting team that aims to work seamlessly with regional and country offices to support countries to achieve better health outcomes. Evidence-based strategies, multisectoral national action, international cooperation, solidarity, gender equity and human rights and universal coverage are principles highlighted throughout our work.

The Political Declaration on NCDs, UN Decade of Action for Road Safety 2011-2020 and the Rio Declaration are significant achievements by the global community. NMH will build on these and other key global commitments. While maintaining political momentum at the global level is crucial, the priority is our work with regional and country offices and responding to requests from governments to strengthen their national capacity.
A PARADIGM SHIFT IN THE WAY WE WORK

To achieve the best possible outcomes, we have developed a “One-WHO workplan on NCDs” to align policy, strategy and activities across WHO to maximize human and financial resources. The workplan lays out the method of work for the Organization in line with the WHO reform, defining managerial responsibilities and establishing an accountability for our work.

A new web portal provides access to WHO-wide tools for NCDs which may support countries in their national efforts to address NCDs and implement the actions included in the WHO Global NCD Action Plan 2013-2020. The portal can be accessed at: http://www.who.int/nmh/ncd-tools

A second web portal – WHO MiNDbank (http://www.who.int/mental_health/mindbank/en/) – provides access to important tools and national/regional level policies, strategies, laws and service standards for mental health, substance abuse, disability, general health including NCDs, human rights and development.

The paradigm shift in the way we work will better equip WHO in supporting countries to move from commitment to action, reaffirm their political commitment, further shape the global NCD agenda, and raise priority given to NCDs on national and international agendas well into the post-2015 era.