WHO Secretariat
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Process: Steps to date

- **2012**
  - Regional consultations

- **2012**
  - WHO Discussion Paper
    (published on 26 July 2012)

- **2012**
  - 16-17 August 2012 - First Informal Consultation
    with Member States and UN Agencies

- **2012**
  - 'Zero Draft' Global NCD Action Plan
    (published on 10 October 2012)

- Outline of the Action Plan
- Feedback points 1-19
- Input on feedback points
Current evidence continues to indicate that four types of NCDs make the largest contribution to the NCD burden and require concerted, coordinated action:

- Cardiovascular diseases
- Cancers
- Chronic respiratory diseases
- Diabetes

These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely:

- Tobacco use
- Unhealthy diet,
- Physical inactivity and
- Harmful use of alcohol.

Cost effective disease management is also needed to reduce morbidity, disability, and mortality and contributes to better health outcomes.
Lessons learnt from the Global NCD Action Plan 2008-2013
High-level Meeting of the UNGA on NCDs
Moscow Declaration on Healthy Lifestyles and NCD Control
Rio Declaration on Social Determinants of Health
WHO Framework Convention on Tobacco Control
WHO strategies and tools on tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity
Regional and country initiatives on NCDs
WHO 12th General Programme of Work 2014–2019 (under development)
WHO reform (under debate)
**Vision:**
To reduce the avoidable global NCD burden and its impact so that people can reach the highest achievable levels of health and productivity

<table>
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<th>Overarching principles</th>
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<td>Human rights</td>
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<td>Evidence-based practice</td>
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<td>Empowerment of people</td>
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**Goal:**
To reduce the burden of avoidable morbidity, disability and premature mortality due to NCDs

**Overarching global target:**
For discussion
**Objectives**

<table>
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<th>Objective 1:</th>
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<td>To strengthen advocacy and to raise the priority accorded to prevention and control of NCDs in the UN development agenda</td>
<td>To strengthen capacity, leadership, governance and accountability to accelerate country response for prevention and control of NCDs</td>
<td>To promote a whole-of-government approach for multisectoral action and partnerships for NCD prevention and control</td>
<td>To reduce modifiable risk factors for NCDs and create health promoting environments</td>
<td>To strengthen and reorient health systems to address NCD prevention and control through people-centred primary care and universal coverage</td>
<td>To monitor NCD trends and determinants and evaluate progress of prevention and control of NCDs</td>
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Cross-cutting objective: research, development and innovation

Objectives

Objective 1: To strengthen advocacy and to raise the priority accorded to prevention and control of NCDs in the development agenda

Objective 2: To strengthen capacity, leadership, governance and accountability to accelerate country response

Objective 3: To promote a whole of government approach to multisectoral action and partnerships

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

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

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

Goal
### "Zero Draft" Global NCD Action Plan 2013-2020

**Targets and expected outcomes**

| **Targets:** |
| Under development |

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

- Reduction in the prevalence of modifiable risk factors for NCDs
- Healthier population distribution of blood pressure, blood cholesterol and blood sugar and lower cardiovascular risk patterns
- Reduction of hospitalizations due to complications of NCDs and the need for costly interventions
- Improved productivity and quality of life and healthy ageing
- Reduction in premature mortality due to major NCDs and healthy ageing
Feedback point 1:
Guidance is sought from Member States on the proposed goal for the Action Plan

Proposed Goal:
To reduce the burden of avoidable morbidity, disability and premature mortality due to NCDs
Feedback point 2:

Member States are invited to provide further guidance on the coherence of the proposed objectives for the Action Plan.
Feedback point 3:
Guidance is sought from Member States on how the decision of the Sixty-fifth World Health Assembly to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025 should be reflected in the Action Plan covering the period 2013-2020.

Proposed Overarching Global Target:
12.5% reduction in premature mortality from NCDs by 2020
Feedback point 4:

Guidance is sought from Member States on the role of the private sector in the Action Plan, taking into account, inter alia, paragraph 44 of the Political Declaration on NCDs, while safeguarding public health from any potential conflict of interest and recognizing the fundamental conflict of interest between the tobacco industry and public health.
Feedback points 5, 7, 9, 11, 13, 15:

Guidance is sought from Member States on appropriate indicators to monitor global trends and to assess global progress made in the implementation of objectives 1 to 6

Feedback points 6, 8, 10, 12, 14, 16:
Guidance is sought from Member States on possible modifications required concerning the proposed actions for Member States, international partners and the Secretariat in support of objective 1 to 6
Feedback point 17: Member States are invited to provide guidance as to whether the suggested actions for Member States, international partners and the Secretariat included under each of the six objectives should be further elaborated in a separate Annex.
Feedback point 18:

Member States are invited to provide feedback as to whether the ‘Zero Draft’ Action Plan sufficiently reflects all commitments included in the Political Declaration on NCDs
Feedback point 19:

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

voluntary global targets may not cover the full scope of the Action Plan.

11 voluntary global targets presented in the revised WHO Discussion paper

- Premature mortality from NCDs: 25% reduction
- Raised blood pressure: 25%
- Tobacco smoking: 30%
- Salt/sodium intake: 30%
- Physical inactivity: 10%
- Obesity: 0%
- Fat intake: 15%
- Alcohol: 10%
- Raised cholesterol: 20%
- Generic medicines and technologies: 80%
- Drug therapy and counseling: 50%

Target adopted by the World Health Assembly
Comments and views received so far from:

- Member States
- UN Agencies
- WHO Collaborating Centers
- NGOs
- Academic institutions
- Private sector
In general: Member States are pleased with the draft as it now stands

More emphasis on:
- On equity perspective, including social determinants stronger
- That NCD prevention will ease the burden on health budgets
- Time line of the Action Plan: Why 2013-2020? Not aligned with the upcoming 6-year planning and budget cycle for WHO (i.e. 2014-2019)
Suggestions:

- Replace "proposed actions for Member States" by "Policy options for Member States"
- Should be shorter and another annex is not needed.
- Global target too ambitious should not be added.
- Para 44 provides adequate guidance on the role of the private sector `taking into account existing national legislation and policies`.
- Objective 1 should not pre-empt that NCD should explicitly figure as an indicator in the post MDG Development Agenda.
Objective 1: Not necessary to establish an interagency taskforce for monitoring. Should be reported to the WHA.

Objective 2: Not necessary to establish a high level interministerial committee under the leadership of the Head of State.

Limit the burden of reporting for MS.

Action Plan should be a tool to achieve voluntary targets.

Feedback points 6, 7, 8, 12, 13, 14 rephrase actions (for discussion).
Question:
What is the relationship between the NCD Action Plan and ongoing efforts to follow-up the commitments of the Political Declaration?

Replies from Member States:
In the Political Declaration on NCDs, the Member States agreed that WHO should be the leading organization for global health, including for technical support to Member States to address NCDs. It is important that the Global NCD Action Plan contribute to this goal, and thus reduce the likelihood of possible future initiatives in terms of establishing new and separate entities outside of the WHO for this purpose.
"The document is of high quality"

Suggestions

- Add a list of definitions e.g. conflict of interest
- More emphasis on child and adolescent overweight/obesity
- Need to clarify the role of the business sector
- Add United Nations Standing Committee on Nutrition to the list of UN agencies in the annex
- Mention that priority should be given to local solutions e.g. local food and local industries in promoting healthy diet
Comments received from WHO Collaborating Centers

- Well designed and quite inclusive

- Give more emphasis:
  - Occupational risk factors such as stress and office work environment related sedentary life
  - The ingestion of high carbohydrate diets as a causative factor of obesity
  - Co-morbidities (currently only in the annex)
  - Health education/health promotion at community level
  - High quality academic training of human resources
  - People centered primary health care
  - Research on integrated and people centered care
WHO Collaborating Centres regarding Private Sector engagement:

- Suggest "not to involve the private sector in the decision making process on how to reduce mortality from NCDs. Private companies are acting from a commercial point of view and will always strive for more consumption (be it alcohol, tobacco, food or drugs). The conflict of interest is evident"

- "The single-disease oriented alliances are vulnerable to the infiltration of pharma-industry with a hidden explicit commercial goal to incorporate daily drug intake in the treatment of chronic patients. This creates a clear conflict of interest."

- Define international partners and private sector

- Provide definition of conflict of interest to safeguard public health
Views received from NGOs

- "Significant advance on the WHO discussion paper"

Suggestions:

- The Action Plan should be seen as the overarching framework within which other processes fit (e.g. monitoring framework).
- All objectives should have indicators
- Add flow chart to show interrelationship of objectives
- More emphasis on the exposure of women and children to second hand smoke and indoor air pollution
- Research should result in innovative and low cost solutions
- Provide more specific guidance for policies in objective 4 (diet) and multisectoral action
Include private sector in multisectoral action and partnerships

Focus of action should be reduction of hazardous and harmful drinking not of overall alcohol consumption

Remove "Best Buy" interventions related to alcohol

Do not want bans on alcohol advertising endorsed
Thank You