Briefing Note
Breakout session 2
Achieving the global targets for the NCD-related risk factors
Tuesday, 16 February 2016, from 09:00 to 12:00

Context

Reducing the global burden of NCDs and premature NCD-related deaths is a public health priority of the highest level, and a necessary condition for sustainable development. The prevention and reduction of modifiable NCD risk factors is a core pillar of WHO’s NCD strategy and a key component of the response to NCDs agreed by Heads of State and Government at the first UN High-level Meeting in 2011. NCD targets 2, 3, 4, 5 and 7 constitute five of the nine global NCD voluntary targets that focus on the prevention and reduction of modifiable risk factors, such as tobacco, alcohol, unhealthy diet and physical inactivity.

At the second UN High-level Meeting on NCDs in July 2014, Ministers of Health adopted four time-bound actions and collectively committed to prioritize the most cost-effective and affordable preventive interventions set out in the WHO Global NCD Action Plan 2013-2020, over the following two years.

The 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), emphasize the need to ensure healthy lives and health promoting environments through prevention and wider action on underlying social determinants. Specific NCD-related targets to be attained by 2030, explicitly refer to NCD prevention and risk factor reduction. These include:

- Reduce by one third the premature mortality from NCDs through prevention and treatment and promote mental health and well-being (target 3.4)
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5)
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate (target 3.a)

Four out of the 10 WHO NCD Progress Monitor indicators refer directly to the reduction of NCD risk factors and, as the table below shows, significant progress is still required for countries to implement the time-bound commitments by 2016.
Table showing the number of countries achieving the progress indicators for NCD risk factor reduction by 2015:

<table>
<thead>
<tr>
<th>Progress Indicator</th>
<th>Fully met</th>
<th>Partially met</th>
<th>Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.a. Tobacco taxation</td>
<td>3</td>
<td>65</td>
<td>117</td>
</tr>
<tr>
<td>5.b. Tobacco smoke-free policies</td>
<td>48</td>
<td>76</td>
<td>70</td>
</tr>
<tr>
<td>5.c. Tobacco health warnings</td>
<td>42</td>
<td>93</td>
<td>59</td>
</tr>
<tr>
<td>5.d. Tobacco advertising bans</td>
<td>29</td>
<td>106</td>
<td>59</td>
</tr>
<tr>
<td>6.a. Alcohol availability regulations</td>
<td>30</td>
<td>146</td>
<td>3</td>
</tr>
<tr>
<td>6.b. Alcohol advertising and promotion bans</td>
<td>38</td>
<td>84</td>
<td>57</td>
</tr>
<tr>
<td>6.c. Alcohol pricing policies</td>
<td>42</td>
<td>98</td>
<td>37</td>
</tr>
<tr>
<td>7.a. Salt/sodium policies</td>
<td>62</td>
<td></td>
<td>98</td>
</tr>
<tr>
<td>7.b. Saturated fatty acids and trans-fats policies</td>
<td>40</td>
<td></td>
<td>118</td>
</tr>
<tr>
<td>7.c. Marketing to children restrictions</td>
<td>42</td>
<td></td>
<td>118</td>
</tr>
<tr>
<td>7.d. Marketing of breast-milk substitutes restrictions</td>
<td>72</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>8. Public awareness on diet and/or physical activity</td>
<td>119</td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

Objectives

To understand the challenges and constraints faced by NCD leaders in implementing cost-effective and affordable interventions, including the WHO ‘best buys’, to contribute to the attainment of the global NCD targets 2, 3, 4, 5 and 7 and explore ways of overcoming them.

The session will specifically:

- Review WHO risk reduction policy options on tobacco control, unhealthy diet, physical inactivity and harmful use of alcohol contained in the WHO Global NCD Action Plan 2013 – 2020
- Discuss how to fully utilize the WHO Framework Convention on Tobacco Control (WHO FCTC) as a legally binding instrument to reduce tobacco use and contribute to the prevention and control of NCDs
- Discuss the relevant policy actions recommended in the Second International Conference on Nutrition (ICN2) Framework for Action for promoting healthy diet.
- Learn about the mechanism of assistance and collaboration available for the different risk factors.
- Identify opportunities for increased multisectoral collaboration on interventions to reduce exposure to risk factors.
- Provide guidance on developing enforceable legislation, regulatory and public policy measures to
reduce exposure to risk factors and promote healthy lifestyles.

**Expected outcome**

Following the session, it is expected that participants will be able to:

- Identify common approaches and pathways to accelerate progress in the prevention and reduction of modifiable risk factors and demonstrate improvement in WHO NCD Progress Monitor indicators and the global NCD targets 2, 3, 4, 5 and 7.
- Identify what additional support, from WHO and other partners, would be required to achieve the NCD targets 2, 3, 4, 5 and 7.

**Key messages**

- Sustained political commitment, multisectoral action and societal support, as well as concerted investment in research and information production, surveillance and monitoring systems, are all critical to effective implementation by governments of interventions to reduce NCD risk factors.

- The Sustainable Development Goals (SDGs) include targets on NCDs, tobacco use and harmful use of alcohol as important means of achieving health and other development goals. These provide a great opportunity for countries to integrate NCDs and risk factors into national development frameworks and health agenda.

- The Addis Ababa Action Agenda on Development Financing recognizes that price and tax measures on tobacco represent a revenue stream of financing for development in many countries. Taxation on tobacco, alcohol and sugar-sweetened beverages offer a win-win policy option for governments and increasing such taxes can bring in important revenue to finance the SDGs.

- Full implementation of the WHO FCTC as well as action to ratify and implement the Protocol to Eliminate Illicit Trade in Tobacco Products is urgently needed. Full compliance with Article 5.3 and its guidelines to prevent interference from tobacco industry is crucial.

- Five years have passed since the endorsement of the WHO Global Strategy to Reduce the Harmful Use of Alcohol. Progress is slow and increased efforts to build capacity at national level to implement effective strategies are crucial.

- Insufficient physical activity is an independent risk factor for NCDs and appropriate emphasis and support should be given to implement programs and create a supportive environment in order to achieve the 10% physical inactivity reduction target.

- Salt reduction is one of the most cost-effective public health intervention and the keys are:
  - Measure and monitor salt use
  - Reformulation of products
  - Labelling of nutrients
  - Public education and creation of settings for promoting healthy diets.
- Obesity and diabetes prevention requires population-based policies and strategies that promote healthy diet and physical activity, e.g. implementing fiscal policies that encourage healthy diets and discourage the consumption of unhealthy food items, including sugar-sweetened beverages.

- Taxes on sugar-sweetened beverages, restrictions on marketing of unhealthy foods and beverages to children, and promotion of physical activity in schools.

**Key actions required to attain targets 2, 3, 4, 5 and 7**

**Target 2:** At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

- Increased implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the 10 areas for national action with a particular focus on:
  - Pricing policies
  - Availability and marketing of alcoholic beverages
  - Health service responses
  - Drink-driving policies and countermeasures.
  - Countering alcohol industry interference with public health-oriented formulation of policies to reduce the harmful use of alcohol.

**Target 3:** A 10% relative reduction in the prevalence of insufficient physical activity

- Develop a budgeted national physical activity plan and convene a task force with resources and high-level support
- Advocate for physical activity through political engagement and mobilize communities through social marketing and mass media campaigns
- Strengthen links between physical activity, sports and health and implement joint programs
- Strengthen implementation of physical activity programs in settings of schools, workplace and communities
- Create supportive natural and built environment to promote physical activity including urban design and use of sustainable transport.

**Target 4:** A 30% relative reduction in mean population intake of salt/sodium

- Multisectoral mechanism for action
- Measure and monitor salt use
- Establish platforms for intersectoral collaboration and targets for reformulation of processed foods
- Develop national legislation for implementing nutrition labelling in line with the guidelines developed by the Codex Alimentarius Commission
- Public awareness and community-mobilization campaigns on reducing salt intake.
Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

- Strengthening full implementation of the WHO FCTC, including the best buy measures included in the MPOWER package\(^1\), at the highest level of achievement.
- Enhancing multisectoral coordination mechanisms and integrating tobacco control into national development and health agenda and strategies/plans
- Countering tobacco industry interference
- Develop national legislation compliance with the provisions of the WHO FCTC and enhance enforcement
- Ratify and implement the Protocol to Eliminate Illicit Trade in Tobacco Products.

Target 7: Halt the rise in diabetes and obesity

- Implement multisectoral policies, plans or strategies
- Implementation of restrictions on marketing of foods and beverages that are high in sugars, salt and fat to children
- Establishment and implementation of food-based dietary guidelines in line with WHO recommendations
- Provision of healthy food in public institutions, particularly in schools
- Implementation of fiscal policies that encourage healthy diets and discourage the consumption of unhealthy food items, including sugar-sweetened beverages
- Research to generate evidence on the effectiveness of individual and population-wide interventions to prevent and control obesity and diabetes.

WHO tools


---

\(^1\) See [http://www.who.int/tobacco/mpower/en/](http://www.who.int/tobacco/mpower/en/)