

Prevention and control of noncommunicable diseases

Implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan

Report by the Secretariat

1. This report provides an overview of progress in implementing the action plan for the global strategy for the prevention and control of noncommunicable diseases¹ that was endorsed by the Sixty-first World Health Assembly in May 2008 (resolution WHA61.14). As the previous progress report covering the period 2008–2009 was considered by the Sixty-third World Health Assembly,² the present report refers to the period 2010–2011.

2. The action plan has six objectives: (1) to raise the priority accorded to noncommunicable diseases in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments; (2) to establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases; (3) to promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol; (4) to promote research for the prevention and control of noncommunicable diseases; (5) to promote partnerships for the prevention and control of noncommunicable diseases; and (6) to monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels.

PROGRESS BY OBJECTIVE

OBJECTIVE 1. To raise the priority accorded to noncommunicable diseases in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

3. Actions undertaken by the Secretariat include the following.

¹ Document WHA61/2008/REC/1, Annex 3.

² Documents A63/12 and WHA63/2010/REC/3, summary records of the seventh, eighth and ninth meetings of Committee A.

(a) The evidence linking noncommunicable diseases with socioeconomic development, poverty and the health-related Millennium Development Goals was reviewed. A summary of the findings was included in WHO's Global status report on noncommunicable diseases 2010.¹

(b) The Secretariat organized an expert consultation on Intersectoral action on health: impact on noncommunicable diseases through diet and physical activity (Helsinki, 6 and 7 September 2010) in order to review international experiences and lessons learnt. Global and regional workshops have been held on capacity strengthening for integration of noncommunicable disease interventions into primary care.

(c) As part of the preparatory process for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19–20 September 2011), the Secretariat and Member States convened regional multisectoral consultations. Their purpose was: to review the magnitude of the burden and the socioeconomic impact of noncommunicable diseases; to discuss the political and policy relevance of tackling noncommunicable diseases in all countries; and to identify the challenges, opportunities and recommended actions for putting noncommunicable disease prevention and control on the development agenda.²

(d) At the WHO Global Forum on addressing the challenge of noncommunicable diseases (Moscow, 27 April 2011) a wide group of stakeholders identified, and committed themselves to, priority actions to produce results at the global level.³ The sharing of different perspectives helped to prepare for the discussions at the subsequent ministerial conference.

(e) The outcomes of both the first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011; organized jointly by the Russian Federation and WHO), and the High-level meeting of the United Nations General Assembly are summarized in a separate report to the Board.⁴ The Moscow Declaration presents the rationale for and commitment to action at the national and international levels.

OBJECTIVE 2. To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

4. Actions undertaken by the Secretariat include the following.

(a) The Secretariat has supported the preparation of evidence-based guidance and simplified tools for the assessment and management of cardiovascular risk, early detection of cancer, and management of diabetes, asthma and chronic obstructive pulmonary disease in primary care in resource-constrained settings. It has also provided technical support to Member States to build national capacities to put noncommunicable disease interventions into practice through a primary health care approach.

¹ *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011.

² Reports on the outcomes of the regional consultations are available at <http://www.who.int/nmh/events/2011/en/index.html> (accessed 24 October 2011).

³ For a report of the Forum see http://www.who.int/nmh/events/global_forum_ncd/forum_report.pdf (accessed 19 October 2011).

⁴ Document EB130/6.

(b) Five international seminars on the public health aspects of noncommunicable diseases were held in Switzerland for managers of national noncommunicable disease programmes in 2010 and 2011 in order to strengthen country capacities.

(c) To support the formulation and implementation of cost-effective prevention and control interventions in low- and middle-income countries, the Secretariat has issued clear position statements and comprehensive technical guidance on surveillance, prevention and management of noncommunicable diseases and on integration of a core set of effective and affordable interventions for the major diseases into health systems through a primary health care approach. A tool to estimate the resources needed and costs of expanding a core intervention package in low- and middle-income countries¹ was also designed and disseminated to Member States.

(d) The effectiveness and core components of self-care models were systematically reviewed in order to provide the basis of recommendations for self-care and self-management of noncommunicable diseases.

(e) A training package has been prepared for facilitating the treatment of tobacco dependence in primary health-care systems. Technical support was provided to eight countries for integrating brief tobacco interventions into their primary health care systems.

OBJECTIVE 3. To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

5. Actions undertaken by the Secretariat include the following.

Tobacco control

(a) Technical support has been provided to Member States for implementing the WHO Framework Convention on Tobacco Control, including the measures intended to assist country-level implementation of the obligations in the Convention to reduce the demand for tobacco. Training packages relating to tobacco taxation, smoke-free environments, tobacco product packaging and labelling, imposing a comprehensive ban on tobacco advertising, promotion and sponsorship, and demand-reduction measures concerning tobacco dependence and cessation were developed and piloted. Technical support has been provided to eight countries in implementing measures on demand reduction. Eight capacity assessments were conducted in low- and middle-income countries in order to identify strengths and opportunities and barriers to implementation of selected provisions for reduction of demand and supply according to each country's priorities.

(b) A significant expansion of work has taken place in Africa. Direct technical assistance and support are being provided to countries in the African Region to build capacity for policy change and programmatic work. The Centre for Tobacco Control in Africa was set up, hosted by Makerere University School of Public Health in Kampala, Uganda. WHO started providing technical and financial resources to the Centre in July 2011 and donor funding is committed until July 2014.

¹ Available at www.who.int/nmh/publications/cost_of_inaction (accessed 19 October 2011).

(c) The Secretariat has provided finance ministries of 12 Member States across the WHO regions with technical support, expert advice and training to increase the efficiency and effectiveness of their national tobacco tax systems and administration. A further 31 ministries have collectively received training on tobacco taxation through regional meetings and technical workshops. A technical manual on tobacco tax administration¹ and a toolkit on the economic costs of tobacco use² have been published.

(d) Support and technical input have been provided to the Secretariat of the WHO Framework Convention on Tobacco Control for developing guidelines and protocols. The WHO and Convention Secretariats follow an agreed work programme in order to ensure complementarity and minimize duplication.

(e) In response to the recommendation of the High-level Taskforce on Innovative Financing for Health Systems to expand the solidarity levy on airline tickets and explore the technical viability of other solidarity levies on tobacco and currency transactions, the Secretariat has issued a discussion paper on the new concept of a Solidarity Tobacco Contribution.³

Promoting healthy diets and physical activity

(a) Global and regional capacity-building workshops on implementing the Global Strategy on Diet, Physical Activity and Health have been held in all WHO regions.

(b) Several tools have been designed for use by Member States and other stakeholders based on the recommendations contained in that Global Strategy (see resolution WHA57.17). Global recommendations on physical activity for health have been published,⁴ and work continues on a guide for their implementation. The Secretariat has been reviewing evidence of effectiveness of physical activity interventions in settings such as primary health care, schools, the community, and worksites and relating to transport, the environment and sports.

(c) As proposed by the WHO Forum and Technical Meeting on Population-based Strategies for Childhood Obesity (Geneva, 15–17 December 2009),⁵ a tool for prioritizing areas for action by Member States is being developed.

(d) A network was established in the Western Pacific Region in order to contribute to the reduction of salt intake at the population level and to join the existing networks and expert groups established in the Region of the Americas and the European Region, which have continued to share advice on and raise awareness for the importance of salt reduction for public health.

¹ *WHO technical manual on tobacco tax administration*. Geneva, World Health Organization, 2010, reprinted 2011.

² *Economics of tobacco toolkit: assessment of the economic costs of smoking*. Geneva, World Health Organization, 2011.

³ http://www.who.int/nmh/events/un_ncd_summit2011/ncds_stc.pdf (accessed 19 October 2011).

⁴ http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf (accessed 19 October 2011).

⁵ *Population-based prevention strategies for childhood obesity: report of a WHO forum and technical meeting, Geneva, 15–17 December 2009*. Geneva, World Health Organization, 2010.

(e) WHO and the United Kingdom Food Standards Agency jointly convened a technical meeting on creating an enabling environment for population-based salt-reduction strategies (London, 1–2 July 2010). Discussions covered interventions for consumer education and reformulation of industrially produced foods so as to enable consumers to reduce the total sodium content of their diet through appropriate choices.¹ A subsequent technical meeting, jointly convened by the Government of Canada and WHO (Calgary, 19–20 October 2010), covered monitoring sodium intake levels at population level, assessment of dietary sources of sodium, and knowledge, attitudes and behaviours towards sodium and health.² Based on the outcomes of these two meetings the Secretariat is developing a practical tool for Member States to implement population-based salt-reduction strategies.

(f) In May 2010, the Health Assembly in resolution WHA63.14 endorsed a set of recommendations on the marketing of food and non-alcoholic beverages to children, which call for global action to reduce the impact on children of marketing of foods with high concentrations of saturated fats, *trans*-fatty acids, free sugars, or salt. The Secretariat continues discussions with nongovernmental organizations and the private sector, focusing on responsible marketing of foods to children as well as product reformulation and consumer awareness.

(g) A technical meeting on nutrient profiling was jointly organized by WHO and the International Association for the Study of Obesity (London, 4–6 October 2010).³ The Secretariat has written a manual for the development or adaptation of nutrient profile models, and catalogued existing nutrient profile models. The manual may be used as a tool by countries when considering the development of nutrient profile models and will be updated after field-testing in countries across all six WHO regions.

(h) In order to update recommendations on dietary intake the scientific evidence is being systematically reviewed. So far, reviews have covered the intake of total fat and sugars; the intake of salt/sodium and potassium; and the use of salt as a vehicle for iodine fortification.

(i) The Nutrition-Friendly Schools Initiative, to promote healthy dietary practices among school-age children has been established in 17 countries in the European Region. An Action Network has been created and is hosted by the Government of the Netherlands; it held its first meeting in November 2010. Training materials have been prepared and a meeting of nutrition counterparts was held in March 2011 in Geneva. The Eastern Mediterranean Region conducted Nutrition-Friendly Schools Initiative training in Abu Dhabi, Dubai and Sharjah, United Arab Emirates, in November 2010.

Reducing harmful use of alcohol

(a) Following the endorsement by the Health Assembly in resolution WHA63.13 of the global strategy to reduce the harmful use of alcohol and in line with its monitoring and reporting mechanisms, the Global network of WHO national counterparts for implementation of the

¹ Creating an enabling environment for population-based salt-reduction strategies: report of a joint technical meeting held by WHO and the Food Standards Agency, United Kingdom, July 2010. Geneva, World Health Organization, 2010.

² *Strategies to monitor and evaluate population sodium consumption and sources of sodium in the diet: report of a joint technical meeting convened by WHO and the Government of Canada.* Geneva, World Health Organization, 2011.

³ *Nutrient profiling: report of a WHO/IASO technical meeting, London, United Kingdom, 4–6 October 2010.* Geneva, World Health Organization, 2011.

global strategy to reduce the harmful use of alcohol was established to ensure effective collaboration and consultations with Member States on implementing the global strategy at different levels. At its inaugural meeting (Geneva, 8–11 February 2011), national counterparts from 126 Member States agreed the working mechanisms and structures of the network, and elaborated the plan of implementation of the global strategy

(b) The Secretariat continues to monitor alcohol consumption, patterns of drinking, health consequences and policy responses in Member States in order to support them in their efforts to reduce the harmful use of alcohol. WHO's global status report on alcohol and health, published this year, presents comprehensive data at the global, regional and country levels.¹

(c) Work has continued on developing and disseminating technical tools and training materials for implementation of different policy options at the national level, including identification and management of hazardous and harmful use of alcohol in health-care settings.

(d) Dialogue continues with nongovernmental organizations, professional associations and economic operators on ways in which they can contribute to reduce the harmful use of alcohol. Consultations will be held in Geneva on 12 December 2011 with nongovernmental organizations and professional associations and on 13 December 2011 with economic operators.

OBJECTIVE 4. To promote research for the prevention and control of noncommunicable diseases

6. The Secretariat published a prioritized research agenda for prevention and control of noncommunicable diseases² following extensive consultations, production of working papers on major areas for research, and a survey for ranking research priorities. In assigning priorities, special attention was given to research related to policies and interventions that have contributed to declining trends in the prevalence of noncommunicable diseases in developed countries. Such research aspects included: translation of findings into practice; tracking risk factor trends and monitoring and evaluation; implementation of cost-effective prevention approaches; work that helps to place noncommunicable diseases on the global development agenda; and reducing the cost of effective high-technology interventions for appropriate application in low-resource settings. The research agenda was launched during the first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28-29 April 2011) and has been sent to WHO Collaborating Centres, international nongovernmental organizations, donor agencies and leading researchers.

OBJECTIVE 5. To promote partnerships for the prevention and control of noncommunicable diseases

7. Actions undertaken by the Secretariat include the following.

¹ *Global status report on alcohol and health*. Geneva, World Health Organization, 2011.

² Mendis S, Alwan A, eds. *Prioritized research agenda for prevention and control of noncommunicable diseases*. Geneva, World Health Organization, 2011.

(a) The Secretariat organized the first Global Forum of the Noncommunicable Disease Network (Geneva, 24 February 2010).¹ With more than 150 representatives from Member States and civil society, it contributed significantly to raising awareness of and commitment to noncommunicable disease prevention and control, especially in developing countries. Working groups were convened on advocacy and communications, innovative resourcing mechanisms, and monitoring and evaluation.

(b) As a side event to the United Nations High-level Plenary Meeting on the Millennium Development Goals (New York, 20–22 September 2010), the Secretariat convened the second meeting of the International Advisory Council of Noncommunicable Disease Network.

(c) The Secretariat organized several events for stakeholder groups and partners as part of the preparations for the United Nations High-level Meeting on noncommunicable diseases. In November 2010, informal dialogues were held with both the private sector and nongovernmental organizations. In April 2011, the WHO Global Forum on addressing the challenge of noncommunicable diseases was held in Moscow (see paragraph 3(d) above), drawing more than 300 people from a wide variety of stakeholder groups.² The proceedings of the Forum were webcast.

(d) WHO has been supporting the work of the Non-Communicable Diseases Civil Society Task Force set up by the President of the United Nations General Assembly to advise on civil society participation in the high-level meeting on noncommunicable diseases (New York, 19–20 September 2011). The Task Force includes members from nongovernmental organizations, civil society organizations and the private sector. A notable event was an informal interactive hearing for civil society (New York, 16 June 2011), held at the request of the General Assembly and which was also webcast. The outcome contributed to the preparations for the high-level meeting.³

OBJECTIVE 6. To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

8. Actions undertaken by the Secretariat include the following:

(a) WHO's Global status report on noncommunicable diseases 2010, launched in April 2011,⁴ provides a base line for the future monitoring of trends and assessing countries' progress in tackling the epidemic. It sets out clear positions and strategic directions on surveillance, prevention and risk factor reduction, and health care.

¹ A draft discussion paper is available at http://www.who.int/ncdnet/events/global_forum_report_20100421.pdf (accessed 19 October 2011).

² A report is available at http://www.who.int/nmh/events/global_forum_ncd/forum_report.pdf (accessed 19 October 2011).

³ An advance unedited version of the report is available at <http://www.un.org/en/ga/president/65/issues/Advanced%20unedited%20summary%20of%20informal%20interactive%20civil%20society%20hearing.pdf> (accessed 19 October 2011).

⁴ *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011.

(b) A second meeting of WHO's epidemiology reference group, established in accordance with the action plan, was convened in Geneva in August 2010. The work of the group and subsequent internal meetings resulted in consensus on the basic components and core indicators for national surveillance frameworks for noncommunicable diseases which were included in the Global status report. The three major components of a national surveillance framework are: (a) monitoring exposures (risk factors); (b) monitoring outcomes (morbidity and disease-specific mortality); and (c) health system responses. The framework and proposed core indicators are annexed to the Secretariat's report in document EB130/6.

(c) In order to set realistic and evidence-based targets and indicators for use in mid-term and final evaluations, the Secretariat established the WHO Technical Working Group on NCD Targets, composed of international experts in noncommunicable disease surveillance and WHO staff members. They reviewed the current situation and trends of noncommunicable diseases, and critically assessed the feasibility of achieving the proposed targets on the basis of demonstrated country achievements. In July 2011 the Group drafted a set of recommendations on voluntary targets and indicators for monitoring progress in reducing the burden of noncommunicable diseases as a platform for discussion, and Member States were invited to submit their views. Following further technical work and consultation with Member States, a revised version is being prepared, which will be circulated for further consultation among Member States.

CONCLUSIONS

9. Major advances have been made in implementing the global strategy and the action plan. The United Nations high-level meeting in September 2011 and its preceding preparatory work have made a great and unprecedented contribution to the global struggle against noncommunicable diseases and their negative socioeconomic consequences. The implementation of the Secretariat's sets of actions for the six objectives of the action plan for the global strategy has resulted in clear strategic positions and guidance to Member States in the three major areas of action: monitoring noncommunicable diseases and their determinants, preventing risk through effective interventions, and improving health care for people with noncommunicable diseases through health system strengthening.

10. Major challenges remain, however, in implementation at the Member State level. To meet these challenges requires increased recognition of the importance of strengthening national capacities to deal with noncommunicable diseases, particularly in developing countries, and acknowledgement that this may entail increased and sustained funding. As stated in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the provision of adequate, predictable and sustained resources must be explored, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.¹

ACTION BY THE EXECUTIVE BOARD

11. The Board is invited to note this report.

¹ United Nations General Assembly resolution 66/2, paragraph 45.d.