
Prevention and control of noncommunicable diseases

Outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control

Report by the Secretariat

1. In resolution WHA64.11, the Health Assembly requested the Director-General, *inter alia*, to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the outcomes of two high-level meetings, namely: the first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28 and 29 April 2011); and the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (New York, 19 and 20 September 2011). In response, and in line with the request included, *inter alia*, in United Nations General Assembly resolution 66/2, the Political Declaration of the High-level Meeting, the Director-General prepared a report that was considered by the Executive Board at its 130th session.¹ Subsequently, the Board adopted resolution EB130.R7,² which, *inter alia*, requests the Director-General to implement specific aspects of the Political Declaration and to report on that work to the Sixty-fifth World Health Assembly. The present document responds to the request in subparagraph 2(1)(e) to submit a substantive progress report on the development of a comprehensive global monitoring framework, including a set of indicators and voluntary global targets for the prevention and control of noncommunicable diseases.³

2. Resolution EB130.R7 sets out a time frame for the actions required. The present report provides information on the process followed and its outputs as at 30 March 2012. A further report will be issued prior to the Health Assembly, giving an update on progress achieved.⁴

¹ See documents EB130/6 and EB130/2012/REC/2, summary record of the eighth and ninth meetings.

² See document EB130/2012/REC/1 for the resolution, and for the financial and administrative implications for the Secretariat of the adoption of the resolution.

³ In addition, documents A65/7 and A65/7 Add.1 respond to the request, made to the Director-General in subparagraph 2(3) of resolution EB130.R7, to submit a progress report and a timeline for WHO's input on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership.

⁴ Document A65/6 Add.1.

DEVELOPMENT PROCESS

3. In line with the Political Declaration and in response to resolution EB130.R7, the process to develop a comprehensive global monitoring framework, including a set of indicators and voluntary global targets for the prevention and control of noncommunicable diseases has continued in an inclusive and transparent manner as set out below.

(a) WHO held a web-based consultation with Member States on a discussion paper on the monitoring framework, including a set of indicators and targets for the prevention and control of noncommunicable diseases. Twenty-one Member States submitted written comments to the consultation, which was organized between December 2011 and February 2012.

(b) An informal dialogue on a global monitoring framework and recommendations for a set of voluntary targets was held with nongovernmental organizations on 15 December 2011. Twenty-three nongovernmental organizations attended and provided feedback on the process and content of the discussion paper.

(c) An informal face-to-face consultation with Member States and United Nations agencies, funds and programmes was held on 9 January 2012. The consultation, which focused on the framework and the voluntary targets, was attended by 43 Member States and 11 bodies of the United Nations system.

(d) In early February 2012, a summary of discussions held during the consultation, including questions raised by Member States, was posted on the WHO web site.

(e) The WHO European Region held a regional technical consultation on surveillance, monitoring and evaluation for noncommunicable diseases. A summary of the discussions at the consultation, which was organized in Oslo on 9 and 10 February 2012, was made available for consideration by Member States of the European Region.

(f) A second draft discussion paper on the global monitoring framework and indicators, and on recommendations for a set of voluntary global targets has been prepared on the basis of the consultations mentioned above and guided by feedback from Member States.

(g) A second web-based consultation for Member States and United Nations agencies, funds and programmes will be held from 22 March 2012 to 19 April 2012 on the framework, indicators and targets. In line with resolution EB130.R7, nongovernmental organizations and the private sector will also be invited to give their views on the second discussion paper during this consultation.

(h) A second face-to-face consultation on the draft framework and indicators and targets will be held for Member States and United Nations agencies, funds and programmes on 26 and 27 April 2012. During this consultation the Secretariat will provide a summary of views on the second discussion paper received from nongovernmental organizations and the private sector during the second web-based consultation.

(i) A second informal dialogue with nongovernmental organizations on the second discussion paper will be held on 30 April 2012.

(j) An informal dialogue with the private sector on the second discussion paper is scheduled to be held on 2 May 2012.

(k) Member States will be invited to attend both the dialogues mentioned in subparagraphs (i) and (j) above.

(l) On the basis of the inputs received in response to the second discussion paper, during the web-based and face-to-face consultations, and during the informal dialogues with nongovernmental organizations and the private sector, the Secretariat will submit an addendum to the present substantive progress report for consideration by the Health Assembly.¹

FRAMEWORK, INDICATORS AND TARGETS: STATUS OF DEVELOPMENT

4. The development of the global framework, including a set of indicators and targets, is described below. These continuing efforts are based on advice provided to the Secretariat by WHO's epidemiology reference group, and the WHO Technical Working Group on Noncommunicable Disease Targets in 2010 and 2011, as well as input received from Member States on the first discussion paper through the processes described above, and guided by the relevant operative paragraphs of resolution EB130.R7.

5. In their feedback following the web-based and face-to-face consultations, Member States have requested the Secretariat to: provide additional details on the criteria used for selecting proposed targets and indicators; describe the link between the global monitoring framework and its indicators and targets; provide information on the methods used for the modelling exercise that underpinned the target-setting processes; strengthen the equity dimension of the targets and indicators; provide more detail on the extent to which the global targets and indicators are realistic; and provide a description of the relationship between the global targets and indicators and any national target-setting process. Member States also raised concerns about the suitability of some of the suggested targets and indicators, while highlighting gaps, such as the need for indicators and/or targets related to physical inactivity, additional dietary risk factors, and access to medicines and diagnostics.

6. Feedback provided by relevant nongovernmental organizations during the informal dialogue held on 15 December 2011 highlighted, among other things, the importance of setting realistic targets, identifying targets and indicators that would hold governments accountable, and including additional targets for areas such as access to medicines, physical inactivity and dental caries, and specific targets for children.

7. The second revised WHO discussion paper outlines a global monitoring framework, and a set of indicators for monitoring progress in preventing and reducing noncommunicable diseases. The global monitoring framework is based on the recommended national monitoring framework for the prevention and control of noncommunicable diseases,² which incorporates three main elements: (a) monitoring outcomes (morbidity and disease-specific mortality); (b) monitoring exposures (risk factors); and (c) monitoring health system responses. Core indicators (and any associated targets) within the framework must be realistic, feasible and evidence-based. The second discussion paper also outlines draft WHO recommendations for a set of voluntary global targets, with indicators and data sources defined, to be achieved by 2025.

¹ Document A65/6 Add.1.

² See *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011 (http://www.who.int/nmh/publications/ncd_report2010/en/, accessed 28 March 2012).

8. The global monitoring framework includes a group of core indicators, within which a small set contains voluntary global targets.

9. The indicators and global targets were selected on the basis of the following criteria. They had to: (a) be of significant epidemiological and public health relevance; (b) maintain coherence with major global and regional strategies; (c) offer evidence-based, effective and feasible public health interventions; (d) provide evidence of achievability at the country level, including in low- and middle-income countries; and (e) offer data collection instruments and the potential for a baseline to be established and changes monitored over time.

10. In line with these criteria, and the comments received from Member States at the end of February 2012, the second discussion paper proposes five global targets, which comprise: a mortality target (25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease) and four risk-factor targets (reduced prevalence of hypertension/raised blood pressure, tobacco smoking, physical inactivity and dietary salt intake).

11. The global targets have been limited to a small number. They will provide a foundation for global monitoring needs, with a special emphasis on ensuring feasibility of application across regional and country settings. The mortality target is highly dependent on the extent to which the four risk-factor targets will be met along with progress on other key indicators for noncommunicable diseases. The global targets were established following a scientific review of the current situation and trends, and a critical assessment of feasibility. Where possible, the performance of the top 10% of countries over at least the last 10 years was used to set a target. The baseline year for monitoring progress is 2010 and the target year is 2025. The global targets are presented in terms of relative reduction between 2010 and 2025.

12. In addition to the indicators with global targets, the global monitoring framework also identifies a series of additional WHO core indicators that do not meet all criteria but which are considered to have a major impact on reducing noncommunicable diseases. This second group of indicators covers a broader array of conditions, risk factors and interventions. The indicators were selected primarily for their public health relevance and measurability. The suggested broad set of core indicators within the global monitoring framework is listed below; core indicators proposed as targets are also shown.

Core indicators for the surveillance of noncommunicable diseases

Outcomes

- Unconditional probability of death between the ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases (target).
- Cancer incidence, by type of cancer.

Risk exposures

- Age-standardized prevalence of current tobacco smoking among persons aged 15 years or more (target).
- Age-standardized prevalence of insufficiently active adults aged 18 years or more (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent) (%) (target).

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- Age-standardized mean intake of dietary sodium chloride per day among the adult population (those aged 18 years or more) (%) (target).
 - Age-standardized prevalence of adult population (those aged 18 years or more) consuming less than five total servings (400 grams) of fruit and vegetables per day.
 - Adult per capita consumption of pure alcohol (recorded and estimated unrecorded) (litres).
 - Age-standardized prevalence of heavy-drinking occasions among adults aged 18 years or more (%).
 - Age-standardized prevalence of raised blood pressure among adults aged 18 years or more (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg or on medication for raised blood pressure) (%) (target).
 - Age-standardized prevalence of raised blood glucose/diabetes among adults (defined as a fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose) (%).
 - Age-standardized prevalence of overweight and obesity in adults aged 18 years or more, adolescents and children (defined respectively as body mass index greater than 25 kg/m² for overweight and 30kg/m² for obesity, and according to the WHO Growth Reference and WHO Child Growth Reference Standards) (%).
 - Age-standardized prevalence of raised total cholesterol among adults aged 18 years or more (defined as total cholesterol ≥ 5.0 mmol/l or 190mg/dl).

National health systems response

- Adoption of national policies that eliminate partially hydrogenated vegetable oils in the food supply.
- Adoption of national policies to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.
- Multidrug therapy (including glycaemic control) for people aged 30+ years with a 10-year risk of heart attack or stroke $\geq 30\%$, or existing cardiovascular disease.
- Prevalence of women between the ages of 30 and 49 years screened for cervical cancer at least once.
- Provision of vaccination against viruses associated with cancers: human papillomavirus and hepatitis B virus.
- Availability of generic essential medicines against noncommunicable diseases in both public and private facilities.
- Availability of selected essential basic diagnostics (devices for measuring blood glucose and blood pressure) for the screening of noncommunicable diseases in both public and private facilities.

- Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer.

13. Global progress made should be reviewed every five years, that is, in 2015, 2020 and 2025. Intermediate targets can be set based on linear progress towards the 2025 targets. Reporting should balance country ownership and application against comparability and transparency so that lessons can be shared and progress measured. This would require country reporting to be closely coordinated with global analyses.

14. Robust monitoring systems will be needed at the country level. In accordance with paragraphs 45 and 60 of the Political Declaration, Member States should give greater priority to surveillance for the prevention and control of noncommunicable diseases, strengthen country-level surveillance and monitoring systems, and should increase and prioritize budgetary allocations for surveillance.

National targets and indicators based on national situations

15. In accordance with paragraph 63 of the Political Declaration, Member States are to consider the development of national targets and indicators for the prevention and control of noncommunicable diseases based on national situations, building on the guidance provided by WHO.

16. In this regard, the Secretariat will continue to provide technical assistance and capacity-building support to developing countries, especially least developed countries, so that they can strengthen country-level surveillance and monitoring systems, including improving their collection of data and statistics on risk factors, determinants and mortality through surveys that are integrated into existing national health information systems.

THE FUTURE

17. Paragraph 62 of the Political Declaration calls upon WHO, through the governing bodies, to prepare recommendations before the end of 2012 for a set of voluntary global targets for the prevention and control of noncommunicable diseases.

18. Resolution EB130.R7 requests the Director-General, *inter alia*, to complete the work on the global monitoring framework indicators and targets, based on a Member States consultation held before the end of 2012, and to report on the implementation of the recommendations relating to paragraphs 61 and 62 of the Political Declaration, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly.

19. In accordance with paragraph 45 of the Political Declaration, Member States should promote, establish or support and strengthen, by 2013, as appropriate, national policies and plans for the prevention and control of noncommunicable diseases.

20. Paragraph 64 of the Political Declaration requests the Secretary-General, in close collaboration with the Director-General of WHO, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective

partnership. In this regard, the Secretariat has submitted to the Health Assembly a separate progress report and a timeline for WHO's inputs to the report of the United Nations Secretary-General.¹

21. Resolution EB130.R7 requests the Director-General, inter alia, to submit to the Sixty-sixth World Health Assembly, through the Executive Board, a WHO action plan for the prevention and control of noncommunicable diseases for 2013–2020, for consideration and possible adoption.

ACTION BY THE WORLD HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report and to provide further guidance.

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¹ Document A65/7.