World Health Organization

GLOBAL ACTION PLAN

FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

2013-2020

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FOREWORD

Noncommunicable diseases (NCDs)—mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes—are the world's biggest killers. More than 36 million people die annually from NCDs (63% of global deaths), including more than 14 million people who die too young between the ages of 30 and 70. Low- and middle-income countries already bear 86% of the burden of these premature deaths, resulting in cumulative economic losses of US$7 trillion over the next 15 years and millions of people trapped in poverty.

Most of these premature deaths from NCDs are largely preventable by enabling health systems to respond more effectively and equitably to the health-care needs of people with NCDs, and influencing public policies in sectors outside health that tackle shared risk factors—namely tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol.

NCDs are now well-studied and understood, and this gives all Member States an immediate advantage to take action. The Moscow Declaration on NCDs, endorsed by Ministers of Health in May 2011, and the UN Political Declaration on NCDs, endorsed by Heads of State and Government in September 2011, recognized the vast body of knowledge and experience regarding the preventability of NCDs and immense opportunities for global action to control them. Therefore, Heads of State and Government committed themselves in the UN Political Declaration on NCDs to establish and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs, and consider the development of national targets and indicators based on national situations.

To realize these commitments, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. The Global Action Plan provides Member States, international partners and WHO with a road map and menu of policy options which, when implemented collectively between 2013 and 2020, will contribute to progress on 9 global NCD targets to be attained in 2025, including a 25% relative reduction in premature mortality from NCDs by 2025. Appendix 3 of the Global Action Plan is a gold mine of current scientific knowledge and available evidence based on a review of international experience.

WHO's global monitoring framework on NCDs will start tracking implementation of the Global Action Plan through monitoring and reporting on the attainment of the 9 global targets for NCDs, by 2015, against a baseline in 2010. Accordingly, governments are urged to (i) set national NCD targets for 2025 based on national circumstances; (ii) develop multisectoral national NCD plans to reduce exposure to risk factors and enable health systems to respond in order to reach these national targets in 2025; and (iii) measure results, taking into account the Global Action Plan.

WHO and other UN Organizations will support national efforts with upstream policy advice and sophisticated technical assistance, ranging from helping governments to set national targets to implement even relatively simple steps which can make a huge difference, such as raising tobacco taxes, reducing the amount of salt in foods and improving access to inexpensive drugs to prevent heart attacks and strokes.

As the United Nations gears up to support national efforts to address NCDs, it is also time to spread a broader awareness that NCDs constitute one of the major challenges for development in the 21st century—and of the new opportunities of making global progress in the post-2015 development agenda.

We are looking forward to working with countries to save lives, improve the health and wellbeing of present and future generations and ensure that the human, social and financial burden of NCDs does not undermine the development gains of past years.

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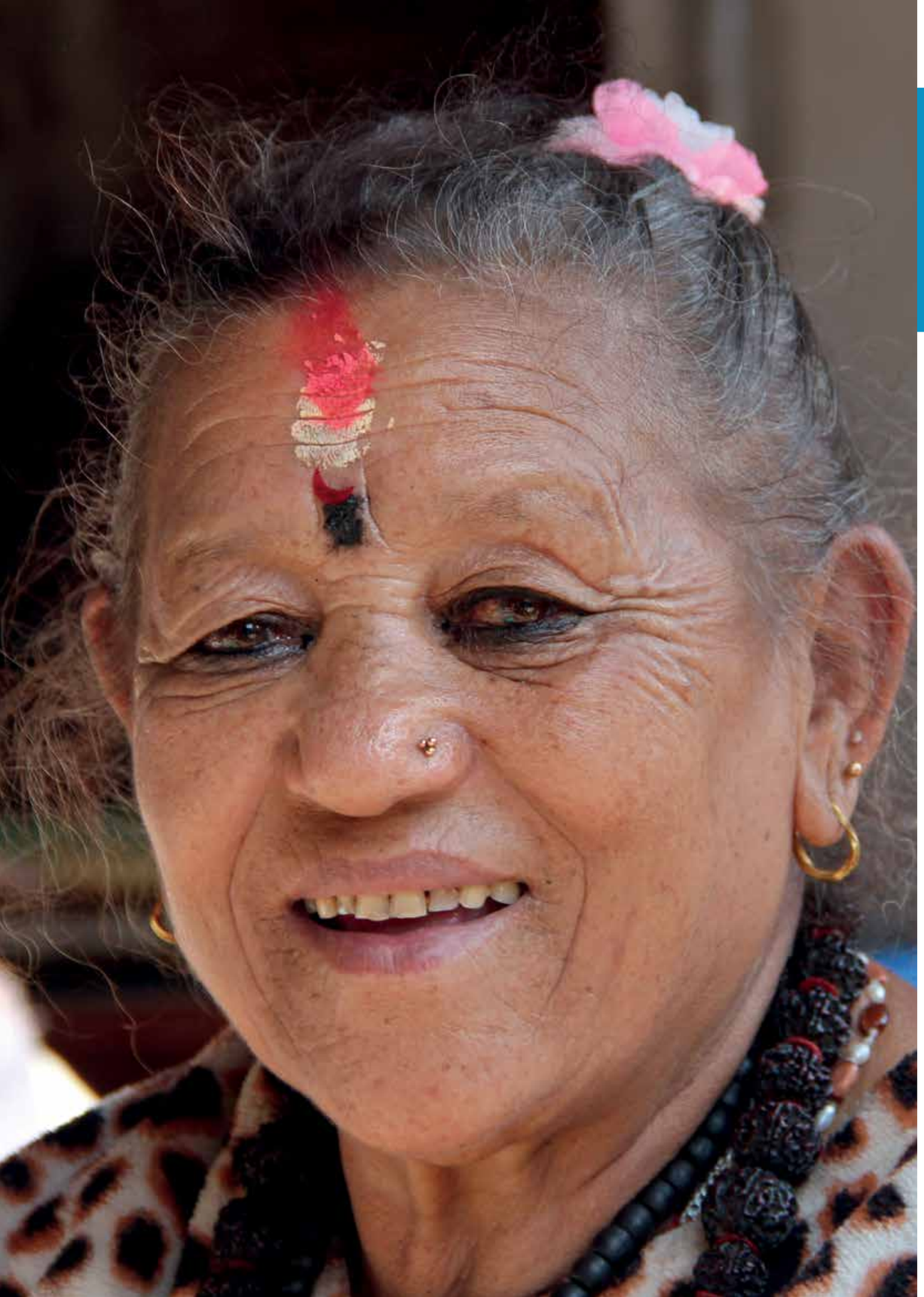


OVERVIEW

VISION:

A world free of the avoidable burden of noncommunicable diseases.

GOAL:

To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

OVERARCHING PRINCIPLES:

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

OBJECTIVES

1 To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.

3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.

4 To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.

5 To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.

6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

VOLUNTARY GLOBAL TARGETS

A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.

At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.

A **10%** relative reduction in prevalence of insufficient physical activity.

A **30%** relative reduction in mean population intake of salt/sodium.

A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.

A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

Halt the rise in diabetes and obesity.

At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.

An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

ACTION PLAN

BACKGROUND

1. The global burden and threat of noncommunicable diseases constitutes a major public health challenge that undermines social and economic development throughout the world, and inter alia has the effect of increasing inequalities between countries and within populations. Strong leadership and urgent action are required at the global, regional and national levels to mitigate inequality.

2. An estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to noncommunicable diseases, comprising mainly cardiovascular diseases (48% of noncommunicable diseases), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%).[1,2] These major noncommunicable diseases share four behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In 2008, 80% of all deaths (29 million) from noncommunicable diseases occurred in low- and middle-income countries, and a higher proportion (48%) of the deaths in the latter countries are premature (under the age of 70) compared to high income countries (26%). Although morbidity and mortality from noncommunicable diseases mainly occur in adulthood, exposure to risk factors begins in early life. Children can die from treatable noncommunicable diseases (such as rheumatic heart disease, type 1 diabetes, asthma and leukaemia) if health promotion, disease prevention and comprehensive care are not provided. According to WHO's projections, the total annual number of deaths from noncommunicable diseases will increase to 55 million by 2030 if "business as usual" continues. Scientific knowledge demonstrates that the noncommunicable disease burden can be greatly reduced if cost-effective preventive and curative actions, along with interventions for prevention and control of noncommunicable diseases already available, are implemented in an effective and balanced manner.

AIM

3. As requested by the World Health Assembly in resolution WHA64.11, the Secretariat has developed a draft global action plan for the prevention and control of noncommunicable diseases for the period 2013–2020, building on what has already been achieved through the implementation of the 2008–2013 action plan. Its aim is to operationalize the commitments of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases.[3]

[1] http://www.who.int/healthinfo/global_burden_disease/cod_2008_sources_methods.pdf.

[2] Global Status Report on noncommunicable diseases 2010, Geneva, World Health Organization, 2010.

[3] United Nations General Assembly resolution 66/2 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf).

PROCESS

4. The global and regional consultation process to develop the action plan engaged WHO Member States, relevant United Nations system agencies, funds and programmes, international financial institutions, development banks and other key international organizations, health professionals, academia, civil society and the private sector through regional meetings organized by the six WHO regional offices, four web consultations which received 325 written submissions, three informal consultations with Member States and two informal dialogues with relevant nongovernmental organizations and selected private sector entities.

SCOPE

5. The action plan provides a road map and a menu of policy options for all Member States and other stakeholders, to take coordinated and coherent action, at all levels, local to global, to attain the nine voluntary global targets, including that of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.

6. The main focus of this action plan is on four types of noncommunicable disease—cardiovascular diseases, cancer, chronic respiratory diseases and diabetes—which make the largest contribution to morbidity and mortality due to noncommunicable diseases, and on four shared behavioural risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. It recognizes that the conditions in which people live and work and their lifestyles influence their health and quality of life. There are many other conditions of public health importance that are closely associated with the four major noncommunicable diseases. They include:

i. other noncommunicable diseases (renal, endocrine, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders);

ii. mental disorders;

iii. disabilities, including blindness and deafness; and

iv. violence and injuries (Appendix 1).

Noncommunicable diseases and their risk factors also have strategic links to health systems and universal health coverage, environmental, occupational and social determinants of health, communicable diseases, maternal, child and adolescent health, reproductive health and ageing. Despite the close links, one action plan to address all of them in equal detail would be unwieldy. Further, some of these conditions are the subject of other WHO strategies and action plans or Health Assembly resolutions. Appendix 1 outlines potential synergies and linkages between major noncommunicable diseases and lists some of the interrelated conditions, to emphasize opportunities for collaboration so as to maximize efficiencies for mutual benefit. Linking the action plan in this manner also reflects WHO's responsiveness to the organization's reform agenda as it relates to working in a more cohesive and integrated manner.

7. Using current scientific knowledge, available evidence and a review of experience on prevention and control of noncommunicable diseases, the action plan proposes a menu of policy options for Member States, international partners and the Secretariat, under six interconnected and mutually reinforcing objectives involving:

i. international cooperation and advocacy;

ii. country-led multisectoral response;

iii. risk factors and determinants;

iv. health systems and universal health coverage;

v. research, development and innovation; and

vi. surveillance and monitoring.

MONITORING OF THE ACTION PLAN

8. The global monitoring framework, including 25 indicators and a set of nine voluntary global targets (see Appendix 2), will track the implementation of the action plan through monitoring and reporting on the attainment of the voluntary global targets in 2015 and 2020. The action plan is not limited in scope to the global monitoring framework. The indicators of the global monitoring framework and the voluntary global targets provide overall direction and the action plan provides a road map for reaching the targets.

RELATIONSHIP TO THE CALLS MADE UPON WHO & ITS EXISTING STRATEGIES, REFORM & PLANS

9. Since the adoption of the global strategy for the prevention and control of noncommunicable diseases in 2000, several Health Assembly resolutions have been adopted or endorsed in support of the key components of the global strategy. This action plan builds on the implementation of those resolutions, mutually reinforcing them. They include the WHO Framework Convention on Tobacco Control (WHO FCTC) (resolution WHA56.1), the Global strategy on diet, physical activity and health (resolution WHA57.17), the Global strategy to reduce the harmful use of alcohol (resolution WHA63.13), Sustainable health financing structures and universal coverage (resolution WHA64.9) and the Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA61.21). Also relevant are the Outcome of the World Conference on Social Determinants of Health (resolution WHA65.8) and the Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (resolution WHA64.11). The action plan also provides a framework to support and strengthen implementation of existing regional resolutions, frameworks, strategies and plans on prevention and control of noncommunicable diseases including AFR/RC62/WP/7, CSP28.R13, EMR/C59/R2, EUR/RC61/R3, SEA/RC65/R5, WPR/RC62.R2. It has close conceptual and strategic links to the comprehensive mental health action plan 2013–2020[1] and the action plan for the prevention of avoidable blindness and visual impairment 2014–2019,[2] which will be considered by the Sixty-sixth World Health Assembly. The action plan will also be guided by WHO's twelfth general programme of work (2014–2019).[3]

10. The action plan is consistent with WHO's reform agenda, which requires the Organization to engage an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector, in work related to the prevention and control of noncommunicable diseases. The roles and responsibilities of the three levels of the Secretariat—country offices, regional offices and headquarters—in the implementation of the action plan will be reflected in the organization-wide workplans to be set out in WHO programme budgets.

[1] http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_8-en.pdf.

[2] http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_9-en.pdf.

[3] http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf.

11. Over the 2013–2020 time period other plans with close linkages to noncommunicable diseases (such as the action plan on disability called for in resolution EB132.R5) may be developed and will need to be synchronized with this action plan. Further, flexibility is required for updating Appendix 3 of this action plan periodically in light of new scientific evidence and reorienting parts of the action plan, as appropriate, in response to the post-2015 development agenda.

COST OF ACTION VERSUS INACTION

12. For all countries, the cost of inaction far outweighs the cost of taking action on noncommunicable diseases as recommended in this action plan. There are interventions for prevention and control of noncommunicable diseases that are affordable for all countries and give a good return on investment, generating one year of healthy life for a cost that falls below the gross domestic product (GDP) per[1] person and are affordable for all countries (see Appendix 3). The total cost of implementing a combination of very cost-effective population-wide and individual interventions, in terms of current health spending, amounts to 4% in low-income countries, 2% in lower middle-income countries and less than 1% in upper middle-income and high-income countries. The cost of implementing the action plan by the Secretariat is estimated at US$ 940.26 million for the eight-year period 2013–2020. The above estimates for implementation of the action plan should be viewed against the cost of inaction. Continuing "business as usual" will result in loss of productivity and an escalation of health care costs in all countries. The cumulative output loss due to the four major noncommunicable diseases together with mental disorders is estimated to be US$ 47 trillion. This loss represents 75% of global GDP in 2010 (US$ 63 trillion).[2] This action plan should thus be seen as an investment prospect, because it provides direction and opportunities for all countries to:

i. safeguard the health and productivity of populations and economies;

ii. create win-win situations that influence the choice of purchasing decisions related inter alia to food, media, information and communication technology, sports and health insurance; and

iii. identify the potential for new, replicable and scalable innovations that can be applied globally to reduce burgeoning health care costs in all countries.

ADAPTATION OF FRAMEWORK TO REGIONAL & NATIONAL CONTEXTS

13. The framework provided in this action plan needs to be adapted at the regional and national levels, taking into account region-specific situations and in accordance with national legislation and priorities and specific national circumstances. There is no single formulation of an action plan that fits all countries, as they are at different points in their progress in the prevention and control of noncommunicable diseases and at different levels of socioeconomic development. However, all countries can benefit from the comprehensive response to the prevention and control of noncommunicable diseases presented in this action plan. There are cost-effective interventions and policy options across the six objectives (Appendix 3), which, if implemented to scale, would enable all countries to make significant progress in attaining the nine voluntary global targets by 2025 (Appendix 2). The exact manner in which sustainable national scale-up can be undertaken varies by country, being affected by each country's level of socioeconomic development, degree of enabling political and legal climate, characteristics of the noncommunicable disease burden, competing national public health priorities, budgetary allocations for prevention and control of noncommunicable diseases, degree of universality of health coverage and health system strengthening, type of health system (e.g. centralized or decentralized) and national capacity.

GLOBAL COORDINATION MECHANISM

14. The Political Declaration reaffirms the leadership and coordination role of the World Health Organization in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant United Nations system agencies, development banks and other regional and international organizations. In consultation with Member States, the Secretariat plans to develop a global mechanism to coordinate the activities of the United Nations system and promote engagement, international cooperation, collaboration and accountability among all stakeholders.

15. The purpose of the proposed global mechanism is to improve coordination of activities which address functional gaps that are barriers to the prevention and control of noncommunicable diseases. The global coordination mechanism is to be developed based on the following parameters:

- The mechanism shall be convened, hosted and led by WHO and report to the WHO governing bodies.
- The primary role and responsibility for preventing and controlling noncommunicable diseases lie with governments, while efforts and engagement of all sectors of society, international collaboration and cooperation are essential for success.
- The global mechanism will facilitate engagement among Member States,[1] United Nations funds, programmes and agencies, and other international partners,[2] and non-State actors,[3] while safeguarding WHO and public health from any form of real, perceived or potential conflicts of interest.
- The engagement with non-State Actors[3] will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly.

[1] Scaling up action against noncommunicable disease: how much will it cost? Geneva, World Health Organization, 2011 http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf.

[2] The global economic burden of noncommunicable diseases. World Economic Forum and Harvard School of Public Health, 2011.

[1] And, where applicable, regional economic integration organizations.

[2] Without prejudice to ongoing discussions on WHO engagement with non-State actors, international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations including other United Nations organizations and global health initiatives, international financial institutions including the World Bank, foundations, and nongovernmental organizations.

[3] Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

VISION

16. A world free of the avoidable burden of noncommunicable diseases.

GOAL

17. To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health, quality of life, and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

OVERARCHING PRINCIPLES & APPROACHES

18. The action plan relies on the following overarching principles and approaches:

HUMAN RIGHTS APPROACH

It should be recognized that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, as enshrined in the Universal Declaration of Human Rights.[1]

EQUITY-BASED APPROACH

It should be recognized that the unequal distribution of noncommunicable diseases is ultimately due to the inequitable distribution of social determinants of health, and that action on these determinants, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies.

NATIONAL ACTION, INTERNATIONAL COOPERATION & SOLIDARITY

The primary role and responsibility of governments in responding to the challenge of noncommunicable diseases should be recognized, together with the important role of international cooperation in assisting Member States, as a complement to national efforts.

MULTISECTORAL ACTION

It should be recognized that effective noncommunicable disease prevention and control require leadership, coordinated multistakeholder engagement for health both at government level and at the level of a wide range of actors, with such engagement and action including, as appropriate, health-in-all policies and whole-of-government approaches across sectors such as health, agriculture, communication, education, employment, energy, environment, finance, food, foreign affairs, housing, justice and security, legislature, social welfare, social and economic development, sports, tax and revenue, trade and industry, transport, urban planning and youth affairs and partnership with relevant civil society and private sector entities.

LIFE-COURSE APPROACH

Opportunities to prevent and control noncommunicable diseases occur at multiple stages of life; interventions in early life often offer the best chance for primary prevention. Policies, plans and services for the prevention and control of noncommunicable diseases need to take account of health and social needs at all stages of the life course, starting with maternal health, including preconception, antenatal and postnatal care, maternal nutrition and reducing environmental exposures to risk factors, and continuing through proper infant feeding practices, including promotion of breastfeeding and health promotion for children, adolescents and youth followed by promotion of a healthy working life, healthy ageing and care for people with noncommunicable diseases in later life.

EMPOWERMENT OF PEOPLE & COMMUNITIES

People and communities should be empowered and involved in activities for the prevention and control of noncommunicable diseases, including advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

EVIDENCE-BASED STRATEGIES

Strategies and practices for the prevention and control of noncommunicable diseases need to be based on latest scientific evidence and/or best practice, cost-effectiveness, affordability and public health principles, taking cultural considerations into account.

UNIVERSAL HEALTH COVERAGE

All people should have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines. At the same time it must be ensured that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and populations living in vulnerable situations.

MANAGEMENT OF REAL, PERCEIVED OR POTENTIAL CONFLICTS OF INTEREST

Multiple actors, both State and non-State actors including civil society, academia, industry, non-governmental and professional organizations, need to be engaged for noncommunicable diseases to be tackled effectively. Public health policies, strategies and multisectoral action for the prevention and control of noncommunicable diseases must be protected from undue influence by any form of vested interest. Real, perceived or potential conflicts of interest must be acknowledged and managed.

[1] The Universal Declaration of Human Rights http://www.un.org/en/documents/udhr/index.shtml.

OBJECTIVE

1

TO RAISE THE PRIORITY ACCORDED TO THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN GLOBAL, REGIONAL AND NATIONAL AGENDAS AND INTERNATIONALLY AGREED DEVELOPMENT GOALS, THROUGH STRENGTHENED INTERNATIONAL COOPERATION AND ADVOCACY

19. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the outcome document of the United Nations Conference on Sustainable Development[1] (Rio+20) and the first report of the UN System Task Team on the Post-2015 UN Development Agenda[2] have acknowledged that addressing noncommunicable diseases is a priority for social development and investment in people. Better health outcomes from noncommunicable diseases is a precondition for, an outcome of and an indicator of all three dimensions of sustainable development: economic development, environmental sustainability, and social inclusion.

20. Advocacy and international cooperation are vital for resource mobilization, capacity strengthening and advancing the political commitment and momentum generated by the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. Actions listed under this objective are aimed at creating enabling environments at the global, regional and country levels for the prevention and control of noncommunicable diseases. The desired outcomes of this objective are strengthened international cooperation, stronger advocacy, enhanced resources, improved capacity and creation of enabling environments to attain the nine voluntary global targets (see Appendix 2).

[1] United Nations General Assembly resolution 66/288.

[2] www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf.

POLICY OPTIONS FOR MEMBER STATES[1]

21. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States may select and undertake actions from among the policy options set out below

→ ADVOCACY

Generate actionable evidence and disseminate information about the effectiveness of interventions or policies to intervene positively on linkages between noncommunicable diseases and sustainable development, including other related issues such as poverty alleviation, economic development, the Millennium Development Goals, sustainable cities, non-toxic environment, food security, climate change, disaster preparedness, peace and security and gender equality, based on national situations.

→ BROADER HEALTH & DEVELOPMENT AGENDA

Promote universal health coverage as a means of prevention and control of noncommunicable diseases, and its inclusion as a key element in the internationally agreed development goals; integrate the prevention and control of noncommunicable diseases into national health-planning processes and broader development agendas, according to country context and priorities, and where relevant mobilize the United Nations Country Teams to strengthen the links among noncommunicable diseases, universal health coverage and sustainable development, integrating them into the United Nations Development Assistance Framework's design processes and implementation.

→ PARTNERSHIPS

Forge multisectoral partnerships as appropriate, to promote cooperation at all levels among governmental agencies, intergovernmental organizations, nongovernmental organizations, civil society and the private sector to strengthen efforts for prevention and control of noncommunicable diseases.

ACTIONS FOR THE SECRETARIAT

22. The following actions are envisaged for the Secretariat:

→ LEADING & CONVENING

Facilitate coordination, collaboration and cooperation among the main stakeholders including Member States, United Nations funds, programmes and agencies (see Appendix 4), civil society and the private sector, as appropriate, guided by the Note by the Secretary-General transmitting the report of the WHO Director-General on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership,[2] including the strengthening of regional coordinating mechanisms and establishment of a United Nations task force on noncommunicable diseases for implementation of the action plan.

→ TECHNICAL COOPERATION

Offer technical assistance and strengthen global, regional and national capacity to raise public awareness about the links between noncommunicable diseases and sustainable development, to integrate the prevention and control of noncommunicable diseases into national health-planning processes and development agendas, the United Nations Development Assistance Framework and poverty alleviation strategies.

[1] And, where applicable, regional economic integration organizations

[2] http://www.who.int/nmh/events/2012/20121128.pdf (accessed 22 April 2013).

→ PROVISION OF POLICY ADVICE & DIALOGUE

This will include:

- Addressing the interrelationships between the prevention and control of noncommunicable diseases and initiatives on poverty alleviation and sustainable development in order to promote policy coherence.

- Strengthening governance, including management of real, perceived or potential conflicts of interest, in engaging non-State actors in collaborative partnerships for implementation of the action plan, in accordance with the new principles and policies being developed as part of WHO reform.

- Increasing revenues for prevention and control of noncommunicable diseases through domestic resource mobilization, and improve budgetary allocations particularly for strengthening of primary health care systems and provision of universal health coverage. Also consideration of economic tools, where justified by evidence, which may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, as appropriate within the national context.

→ DISSEMINATION OF BEST PRACTICES

Promote and facilitate international and intercountry collaboration for exchange of best practices in the areas of health-in-all policies, whole-of-government and whole-of-society approaches, legislation, regulation, health system strengthening and training of health personnel, so as to disseminate learning from the experiences of Member States in meeting the challenges.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS & THE PRIVATE SECTOR

23. Without prejudice to ongoing discussions on WHO engagement with non-State actors, international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations including other United Nations organizations and global health initiatives, international financial institutions including the World Bank, foundations, and nongovernmental organizations and selected private sector entities that commit to the objectives of the action plan and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks. Proposed actions include:

- Encouraging the continued inclusion of noncommunicable diseases in development cooperation agendas and initiatives, internationally-agreed development goals, economic development policies, sustainable development frameworks and poverty-reduction strategies.

- Strengthening advocacy to sustain the interest of Heads of State and Government in implementation of the commitments of the Political Declaration, for instance by strengthening capacity at global, regional and national levels, involving all relevant sectors, civil society and communities, as appropriate within the national context, with the full and active participation of people living with these diseases.

- Strengthening international cooperation within the framework of North-South, South-South and triangular cooperation, in the prevention and control of noncommunicable diseases to:

→ Promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices.

→ Support national efforts for prevention and control of noncommunicable diseases, inter alia, through exchange of information on best practices and dissemination of research findings in the areas of health promotion, legislation, regulation, monitoring and evaluation and health systems strengthening, building of institutional capacity, training of health personnel, and development of appropriate health care infrastructure.

→ Promote the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, diagnostics and medical technologies, the creation of information and electronic communication technologies (eHealth) and the use of mobile and wireless devices (mHealth).

→ Strengthen existing alliances and initiatives and forge new collaborative partnerships as appropriate, to strengthen capacity for adaptation, implementation, monitoring and evaluation of the action plan for prevention and control of noncommunicable diseases at global, regional and national levels.

• Support the coordinating role of WHO in areas where stakeholders—including nongovernmental organizations, professional associations, academia, research institutions and the private secto—can contribute and take concerted action against noncommunicable diseases.

• Support the informal collaborative arrangement among United Nations agencies, convened by WHO for prevention and control of noncommunicable diseases.

• Fulfil official development assistance commitment.[1]

[1] Document A/8124 available at http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/348/91/IMG/NR034891.pdf.

OBJECTIVE

2

TO STRENGTHEN NATIONAL CAPACITY, LEADERSHIP, GOVERNANCE, MULTISECTORAL ACTION AND PARTNERSHIPS TO ACCELERATE COUNTRY RESPONSE FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

24. As the ultimate guardians of a population's health, governments have the lead responsibility for ensuring that appropriate institutional, legal, financial and service arrangements are provided for the prevention and control of noncommunicable diseases.

25. Noncommunicable diseases undermine the achievement of the Millennium Development Goals and are contributory to poverty and hunger. Strategies to address noncommunicable diseases need to deal with health inequities which arise from the societal conditions in which people are born, grow, live and work and to mitigate barriers to childhood development, education, economic status, employment, housing and environment. Upstream policy and multisectoral action to address these social determinants of health will be critical for achieving sustained progress in prevention and control of noncommunicable diseases.

26. Universal health coverage, people-centred primary health care and social protection mechanisms are important tools to protect people from financial hardship related to noncommunicable diseases and to provide access to health services for all, in particular for the poorest segments of the population. Universal health coverage needs to be established and/or strengthened at the country level, to support the sustainable prevention and control of noncommunicable diseases.

27. Effective noncommunicable disease prevention and control require multisectoral approaches at the government level including, as appropriate, a whole-of-government, whole-of-society and health-in-all policies approach across such sectors as health, agriculture, communication, customs/revenue, education, employment/labour, energy, environment, finance, food, foreign affairs, housing, industry, justice/security, legislature, social welfare, social and economic development, sports, trade, transport, urban planning and youth affairs (Appendix 5). Approaches to be considered to implement multisectoral action could include, inter alia,

i. self-assessment of Ministry of Health,

ii. assessment of other sectors required for multisectoral action,

iii. analyses of areas which require multi–sectoral action,

iv. development of engagement plans,

v. use of a framework to foster common understanding between sectors,

vi. strengthening of governance structures, political will and accountability mechanisms,

vii. enhancement of community participation,

viii. adoption of other good practices to foster intersectoral action and

ix. monitoring and evaluation.

28. An effective national response for prevention and control of noncommunicable diseases requires multistakeholder engagement, to include individuals, families and communities, intergovernmental organizations, religious institutions, civil society, academia, the media, policy-makers, voluntary associations and, where appropriate, traditional medicine practitioners, the private sector and industry. The active participation of civil society in efforts to address noncommunicable diseases, particularly the participation of grass-roots organizations representing people living with noncommunicable diseases and their carers, can empower society and improve accountability of public health policies, legislation and services, making them acceptable, responsive to needs and supportive in assisting individuals to reach the highest attainable standard of health and well-being. Member States can also promote change to improve social and physical environments and enable progress against noncommunicable diseases including through constructive engagement with relevant private sector actors.

29. The desired outcomes of this objective are strengthened stewardship and leadership, increased resources, improved capacity and creation of enabling environments for forging a collaborative multisectoral response at national level, in order to attain the nine voluntary global targets (see Appendix 2).

POLICY OPTIONS FOR MEMBER STATES[1]

30. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States may select and undertake actions from among the policy options set out below.

→ ENHANCE GOVERNANCE

Integrate the prevention and control of noncommunicable diseases into health-planning processes and development plans, with special attention to social determinants of health, gender equity and the health needs of people living in vulnerable situations, including indigenous peoples, migrant populations and people with mental and psychosocial disabilities.

→ MOBILIZE SUSTAINED RESOURCES AS APPROPRIATE TO NATIONAL CONTEXT, & IN COORDINATION WITH THE RELEVANT ORGANIZATIONS AND MINISTRIES, INCLUDING THE MINISTRY OF FINANCE

- Strengthen the provision of adequate, predictable and sustained resources for prevention and control of noncommunicable diseases and for universal health coverage, through an increase in domestic budgetary allocations, voluntary innovative financing mechanisms and other means, including multilateral financing, bilateral sources and private sector and/or nongovernmental sources, and
- Improve efficiency of resource utilization including through synergy of action, integrated approaches and shared planning across sectors.

→ STRENGTHEN NATIONAL NONCOMMUNICABLE DISEASES PROGRAMMES

Strengthen programmes for the prevention and control of noncommunicable diseases with suitable expertise, resources and responsibility for needs assessment, strategic planning, policy development, legislative action, multisectoral coordination, implementation, monitoring and evaluation.

→ CONDUCT NEEDS ASSESSMENT & EVALUATION

Conduct periodic assessments of epidemiological and resource needs, including workforce, institutional and research capacity; of the health impact of policies in sectors beyond health (e.g. agriculture, communication, education, employment, energy, environment, finance, industry and trade, justice, labour, sports, transport and urban planning) and of the impact of financial, social and economic policies on noncommunicable diseases, in order to inform country action.

→ DEVELOP NATIONAL PLAN & ALLOCATE BUDGET

As appropriate to national context, develop and implement a national multisectoral noncommunicable disease policy and plan; and taking into account national priorities and domestic circumstances, in coordination with the relevant organizations and ministries, including the Ministry of Finance, increase and prioritize budgetary allocations for addressing surveillance, prevention, early detection and treatment of noncommunicable diseases and related care and support, including palliative care.

→ STRENGTHEN MULTISECTORAL ACTION

As appropriate to the national context, set up a national multisectoral mechanism—high-level commission, agency or task force—for engagement, policy coherence and mutual accountability of different spheres of policy-making that have a bearing on noncommunicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, to convene multistakeholder working groups, to secure budgetary allocations for implementing and evaluating multisectoral action and to monitor and act on the social and environmental determinants of noncommunicable diseases (see Appendix 5).

→ IMPROVE ACCOUNTABILITY

Improve accountability for implementation by assuring adequate surveillance, monitoring and evaluation capacity, and by setting up a monitoring framework with national targets and indicators consistent with the global monitoring framework and options for applying it at the country level.

[1] And, where applicable, regional economic integration organizations.

→ STRENGTHEN INSTITUTIONAL CAPACITY & THE WORKFORCE

Provide training and appropriately deploy health, social services and community workforces, and strengthen institutional capacity for implementing the national action plan; for example by including prevention and control of noncommunicable diseases in the teaching curricula for medical, nursing and allied health personnel, providing training and orientation to personnel in other sectors and by establishing public health institutions to deal with the complexity of issues relating to noncommunicable diseases (including such factors as multisectoral action, advertising, human behaviour, health economics, food and agricultural systems, law, business management, psychology, trade, commercial influence including advertising of unhealthy commodities to children and limitations of industry self-regulation, urban planning, training in prevention and control of noncommunicable diseases, integrated primary care approaches and health promotion).

→ FORGE PARTNERSHIPS

Lead collaborative partnerships to address implementation gaps (e.g. in the areas of community engagement, training of health personnel, development of appropriate health care infrastructure, and sustainable transfer of technology on mutually agreed terms for the production of affordable, quality, safe and efficacious medicines, including generics, vaccines and diagnostics, as well as for product access and procurement), as appropriate to national contexts.

→ EMPOWER COMMUNITIES & PEOPLE

Facilitate social mobilization, engaging and empowering a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and shape a systematic society-wide national response to address noncommunicable diseases, their social, environmental and economic determinants and health equity (e.g. through engaging human rights organizations, faith-based organizations, labour organizations, organizations focused on children, adolescents, youth, adults, elderly, women, patients and people with disabilities, indigenous peoples, intergovernmental and nongovernmental organizations, civil society, academia, media and the private sector).

ACTIONS FOR THE SECRETARIAT

31. The following actions are envisaged for the Secretariat:

→ LEADING & CONVENING

Mobilize the United Nations system to work as one within the scope of bodies' respective mandates, based on an agreed division of labour, and synergize the efforts of different United Nations organizations as per established informal collaborative arrangement among United Nations agencies in order to provide additional support to Member States.

→ TECHNICAL COOPERATION

Provide support to countries in evaluating and implementing evidence-based options that suit their needs and capacities and in assessing the health impact of public policies, including on trade, management of conflicts of interest and maximizing of intersectoral synergies for the prevention and control of noncommunicable diseases (see Appendix 1) across programmes for environmental health, occupational health, and for addressing noncommunicable diseases during disasters and emergencies. Such support to be given by establishing/strengthening national reference centres, WHO collaborating centres and knowledge-sharing networks.

→ POLICY GUIDANCE & DIALOGUE

Provide guidance for countries in developing partnerships for multisectoral action to address functional gaps in the response for prevention and control of noncommunicable diseases, guided by the Note of the Secretary-General transmitting the report of the Director-General, in particular addressing the gaps identified in that report, including advocacy, awareness-raising, accountability including management of real, perceived or potential conflicts of interest at the national level, financing and resource mobilization, capacity strengthening, technical support, product access, market shaping and product development and innovation.

→ KNOWLEDGE GENERATION

Develop, where appropriate, technical tools, decision support tools and information products for implementation of cost-effective interventions, for assessing the potential impact of policy choices on equity and on social determinants of health, for monitoring multisectoral action for the prevention and control of noncommunicable diseases, for managing conflicts of interest and for communication, including through social media, tailored to the capacity and resource availability of countries.

→ CAPACITY STRENGTHENING

- Develop a "One-WHO workplan for the prevention and control of noncommunicable diseases" to ensure synergy and alignment of activities across the three levels of WHO, based on country needs.

- Strengthen the capacity of the Secretariat at all levels to assist Member States to implement the action plan, recognizing the key role played by WHO Country Offices working directly with relevant national Ministries, agencies and nongovernmental organizations.

- Facilitate and support capacity assessment surveys of Member States to identify needs and tailor the provision of support from the Secretariat and other agencies.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS

32. Strengthen international cooperation within the framework of North–South, South–South and triangular cooperation, and forge collaborative partnerships as appropriate, to:

→ Support national authorities in implementing evidence-based multisectoral action (see Appendix 5), to address functional gaps in the response to noncommunicable diseases (e.g. in the areas of advocacy, strengthening of health workforce and institutional capacity, capacity building, product development, access and innovation), in implementing existing international conventions in the areas of environment and labour and in strengthening health financing for universal health coverage.

→ Promote capacity-building of relevant nongovernmental organizations at the national, regional and global levels, in order to realize their full potential as partners in the prevention and control of noncommunicable diseases.

→ Facilitate the mobilization of adequate, predictable and sustained financial resources and the necessary human and technical resources to support the implementation of national action plans and the monitoring and evaluation of progress.

→ Enhance the quality of aid for prevention and control of noncommunicable diseases by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation.

- Support social mobilization to implement the action plan and to promote equity in relation to the prevention and control of noncommunicable diseases including through creating and strengthening associations of people with those diseases as well as supporting families and carers, and facilitate dialogue among those groups, health workers and government authorities in health and relevant outside sectors such as the human rights, education, employment, judicial and social sectors.

- Support national plans for the prevention and control of noncommunicable diseases through the exchange of best practices and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms.

- Support countries and the Secretariat in implementing other actions set out in this objective.

OBJECTIVE

3

TO REDUCE MODIFIABLE RISK FACTORS FOR NONCOMMUNICABLE DISEASES AND UNDERLYING SOCIAL DETERMINANTS THROUGH CREATION OF HEALTH-PROMOTING ENVIRONMENTS

33. The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases recognizes the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for noncommunicable diseases, while strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health.

While deaths from noncommunicable diseases mainly occur in adulthood, exposure to risk factors begins in childhood and builds up throughout life, underpinning the importance of legislative and regulatory measures, as appropriate, and health promotion interventions that engage State and non-State actors[1] from within and outside the health sectors, to prevent tobacco use, physical inactivity, unhealthy diet, obesity and harmful use of alcohol and to protect children from adverse impacts of marketing.

[1] Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.

34. Governments should be the key stakeholders in the development of a national policy framework for promoting health and reducing risk factors. At the same time, it must be recognized that the effectiveness of multisectoral action requires allocation of defined roles to other stakeholders, protection of the public interest and avoidance of any undue influence from conflicts of interest. Further, supportive environments that protect physical and mental health and promote healthy behaviour need to be created through multisectoral action (see Appendix 5), using incentives and disincentives, regulatory and fiscal measures, laws and other policy options, and health education, as appropriate within the national context, with a special focus on maternal health (including preconception, antenatal and postnatal care, and maternal nutrition), children, adolescents and youth, including prevention of childhood obesity (see Appendix 1).

35. The effective implementation of actions listed under this objective will enable countries to contribute to voluntary global targets related to risk factors, as well as to the premature mortality target. It is proposed that, in accordance with their nation's legislative, religious and cultural contexts, and in accordance with constitutional principles and international legal obligations, Member States may select and undertake actions from among the policy options set out below.

POLICY OPTIONS FOR MEMBER STATES: [1] TOBACCO CONTROL

36. The proposed policy options aim to contribute to achieving the voluntary global target of a 30% relative reduction in prevalence of current tobacco use in persons aged 15 or older. They include:

→ Accelerate full implementation of the WHO Framework Convention on Tobacco Control (FCTC). Member States that have not yet become party to the WHO FCTC should consider action to ratify, accept, approve, formally confirm or accede to it at the earliest opportunity, in accordance with resolution WHA56.1 and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases.

→ In order to reduce tobacco use and exposure to tobacco smoke, utilize the guidelines adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the following measures as part of a comprehensive multisectoral package:

- Protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law, consistent with Article 5.3 of the WHO FCTC.

- Legislate for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places, consistent with Article 8 (Protection from exposure to tobacco smoke) of the WHO FCTC.

- Warn people about the dangers of tobacco use, including through hard-hitting evidence-based mass-media campaigns and large, clear, visible and legible health warnings, consistent with Articles 11 (Packaging and labelling of tobacco products) and 12 (Education, communication, training and public awareness) of the WHO FCTC.

- Implement comprehensive bans on tobacco advertising, promotion and sponsorship, consistent with Article 13 (Tobacco advertising, promotion and sponsorship) of the WHO FCTC.

- Offer help to people who want to stop using tobacco, or reduce their exposure to environmental tobacco smoke, especially pregnant women, consistent with Article 14 (Demand reduction measures concerning tobacco dependence and cessation) of the WHO FCTC.

- Regulate the contents and emissions of tobacco products and require manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products, consistent with Articles 9 (Regulation of the contents of tobacco products) and 10 (Regulation of tobacco product disclosures) of the WHO FCTC.

- In accordance with the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the guidance provided by the Conference of the Parties to the WHO FCTC, raise taxes on all tobacco products, to reduce tobacco consumption, consistent with Article 6 (Price and tax measures to reduce the demand for tobacco) of the WHO FCTC.

→ In order to facilitate the implementation of comprehensive multisectoral measures in line with the WHO FCTC, take the following action:

- Monitor tobacco use, particularly including initiation by and current tobacco use among youth, in line with the indicators of the global monitoring framework, and monitor the implementation of tobacco control policies and measures consistent with Articles 20 (Research, surveillance and exchange of information) and 21 (Reporting and exchange of information) of the WHO FCTC.

- Establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control, consistent with Article 5 (General obligations) of the WHO FCTC.

- Establish or reinforce and finance mechanisms to enforce adopted tobacco control policies, consistent with Article 26 (Financial resources) of the WHO FCTC.

POLICY OPTIONS FOR MEMBER STATES: [1] PROMOTING A HEALTHY DIET

37. The proposed policy options are intended to advance the implementation of global strategies and recommendations to make progress towards the voluntary global targets set out below:

→ A 30% relative reduction in mean population intake of salt/sodium

→ A halt in the rise in diabetes and obesity

→ A 25% relative reduction in the prevalence of raised blood pressure or containment of the prevalence of raised blood pressure according to national circumstances.

38. Member States should consider developing or strengthening national food and nutrition policies and action plans and implementation of related global strategies including the global

[1] And, where applicable, regional economic integration organizations.

[1] And, where applicable, regional economic integration organizations.

strategy on diet, physical activity and health, the global strategy for infant and young child feeding, the comprehensive implementation plan on maternal, infant and young child nutrition and WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children. Member States should also consider implementing other relevant evidence-guided strategies, to promote healthy diets in the entire population (see Appendix 1 and Appendix 3), while protecting dietary guidance and food policy from undue influence of commercial and other vested interests.

39. Such policies and programmes should include a monitoring and evaluation plan and would aim to:

- → Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
- → Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.
- → Develop guidelines, recommendations or policy measures that engage different relevant sectors, such as food producers and processors, and other relevant commercial operators, as well as consumers, to:
  - Reduce the level of salt/sodium added to food (prepared or processed).
  - Increase availability, affordability and consumption of fruit and vegetables.
  - Reduce saturated fatty acids in food and replace them with unsaturated fatty acids.
  - Replace trans-fats with unsaturated fats.
  - Reduce the content of free and added sugars in food and non-alcoholic beverages.
  - Limit excess calorie intake, reduce portion size and energy density of foods.
- → Develop policy measures that engage food retailers and caterers to improve the availability, affordability and acceptability of healthier food products (plant foods, including fruit and vegetables, and products with reduced content of salt/sodium, saturated fatty acids, trans-fatty acids and free sugars).
- → Promote the provision and availability of healthy food in all public institutions including schools, other educational institutions and the workplace.[1]
- → As appropriate to national context, consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and encourage consumption of healthier food products and discourage the consumption of less healthy options.
- → Develop policy measures in cooperation with the agricultural sector to reinforce the measures directed at food processors, retailers, caterers and public institutions, and provide greater opportunities for utilization of healthy agricultural products and foods.
- → Conduct evidence-informed public campaigns and social marketing initiatives to inform and encourage consumers about healthy dietary practices. Campaigns should be linked to supporting actions across the community and within specific settings for maximum benefit and impact.
- → Create health- and nutrition-promoting environments, including through nutrition education, in schools, child care centres and other educational institutions, workplaces, clinics and hospitals, and other public and private institutions.
- → Promote nutrition labelling, according to but not limited to, international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.

[1] For example, through nutrition standards for public sector catering establishments and use of government contracts for food purchasing.

POLICY OPTIONS FOR MEMBER STATES: [1] PROMOTING PHYSICAL ACTIVITY

40. The proposed policy options are intended to advance the implementation of the global strategy on diet, physical activity and health and other relevant strategies, and to promote the ancillary benefits from increasing population levels of physical activity, such as improved educational achievement and social and mental health benefits, together with cleaner air, reduced traffic, less congestion and the links to healthy child development and sustainable development (see Appendix 1). In addition, interventions to increase participation in physical activity in the entire population for which favourable cost-effectiveness data is emerging should be promoted. The aim is to contribute to achieving the voluntary global targets listed below:

- → A 10% relative reduction in prevalence of insufficient physical activity.
- → Halt the rise in diabetes and obesity.
- → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances.

41. The proposed policy options include:

- → Adopt and implement national guidelines on physical activity for health.
- → Consider establishing a multisectoral committee or similar body to provide strategic leadership and coordination.
- → Develop appropriate partnerships and engage all stakeholders, across government, NGOs and civil society and economic operators, in actively and appropriately implementing actions aimed at increasing physical activity across all ages.
- → Develop policy measures in cooperation with relevant sectors to promote physical activity through activities of daily living, including through "active transport," recreation, leisure and sport, for example:
  - National and subnational urban planning and transport policies to improve the accessibility, acceptability and safety of, and supportive infrastructure for, walking and cycling.
  - Improved provision of quality physical education in educational settings (from infant years to tertiary level) including opportunities for physical activity before, during and after the formal school day.
  - Actions to support and encourage "physical activity for all" initiatives for all ages.

[1] And, where applicable, regional economic integration organizations.

- Creation and preservation of built and natural environments which support physical activity in schools, universities, workplaces, clinics and hospitals, and in the wider community, with a particular focus on providing infrastructure to support active transport i.e. walking and cycling, active recreation and play, and participation in sports.

- Promotion of community involvement in implementing local actions aimed at increasing physical activity.

→ Conduct evidence-informed public campaigns through mass media, social media and at the community level and social marketing initiatives to inform and motivate adults and young people about the benefits of physical activity and to facilitate healthy behaviours. Campaigns should be linked to supporting actions across the community and within specific settings for maximum benefit and impact.

→ Encourage the evaluation of actions aimed at increasing physical activity, to contribute to the development of an evidence base of effective and cost-effective actions.

POLICY OPTIONS FOR MEMBER STATES: [1] REDUCING THE HARMFUL USE OF ALCOHOL [2]

42. Proposed policy options are intended to advance the adoption and implementation of the global strategy to reduce the harmful use of alcohol and to mobilize political will and financial resources for that purpose in order to contribute to achieving the voluntary global targets listed below:

→ At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.

→ A 25% relative reduction in the prevalence of raised blood pressure or containment of the prevalence of raised blood pressure, according to national circumstances.

43. Proposed actions for Member States are set out below:

→ MULTISECTORAL NATIONAL POLICIES

→ Develop and implement, as appropriate, comprehensive and multisectoral national policies and programmes to reduce the harmful use of alcohol as outlined in the global strategy to reduce the harmful use of alcohol, addressing the general levels, patterns and contexts of alcohol consumption and the wider social determinants of health in a population (see Appendix 1). The global strategy to reduce the harmful use of alcohol recommends the following 10 target areas for national policies and programmes:

- leadership, awareness and commitment,
- health services' response,
- community action,
- drink–driving policies and countermeasures,
- availability of alcohol,
- marketing of alcoholic beverages,
- pricing policies,
- reducing the negative consequences of drinking and alcohol intoxication,
- reducing the public health impact of illicit alcohol and informally produced alcohol,
- monitoring and surveillance.

→ PUBLIC HEALTH POLICIES

Formulate public health policies and interventions to reduce the harmful use of alcohol based on clear public health goals, existing best practices, best-available knowledge and evidence of effectiveness and cost-effectiveness generated in different contexts.

→ LEADERSHIP

Strengthen capacity and empower health ministries to assume a crucial role in bringing together other ministries and stakeholders as appropriate for effective public policy development and implementation to prevent and reduce the harmful use of alcohol while protecting those policies from undue influence of commercial and other vested interests.

→ CAPACITY

Increase the capacity of health care services to deliver prevention and treatment interventions for hazardous use of alcohol and alcohol use disorders, including screening and brief interventions in all settings providing treatment and care for noncommunicable diseases.

→ MONITORING

Develop effective frameworks for monitoring the harmful use of alcohol, as appropriate to national context, based on a set of indicators included in the comprehensive global monitoring framework for noncommunicable diseases and in line with the global strategy to reduce the harmful use of alcohol and its monitoring and reporting mechanisms, and developing further technical tools to support monitoring of agreed indicators of harmful use of alcohol and strengthening of national monitoring systems, as well as epidemiological research on alcohol and public health in Member States.

ACTIONS FOR THE SECRETARIAT: TOBACCO CONTROL, PROMOTING HEALTHY DIET, PHYSICAL ACTIVITY & REDUCING THE HARMFUL USE OF ALCOHOL

44. Actions envisaged for the Secretariat include:

→ LEADING & CONVENING

Work with the Secretariat of the WHO FCTC and United Nations funds, programmes and agencies (see Appendix 4) to reduce modifiable risk factors at the country level, including as part of integrating prevention of noncommunicable diseases into the United Nations Development Assistance Framework's design processes and implementation at the country level.

→ TECHNICAL COOPERATION

Provide technical assistance to reduce modifiable risk factors including through implementing the WHO FCTC and its guidelines, and the WHO guidelines and global strategies for addressing modifiable risk factors and other health-promoting policy options including healthy workplace initiatives, health-promoting schools and other educational institutions, healthy-cities initiatives, health-sensitive urban development and social and environmental protection initiatives, for instance through engagement of local/municipal councils and subregional groups.

→ POLICY ADVICE & DIALOGUE

Publish and disseminate guidance ("toolkits") on the implementation and evaluation of interventions at the country level for reducing the prevalence of tobacco use, promoting a healthy diet and physical activity and reducing the harmful use of alcohol.

[1] And, where applicable, regional economic integration organizations.

[2] The word "harmful" in this action plan refers only to public-health effects of alcohol consumption, without prejudice to religious beliefs and cultural norms in any way.

→ NORMS & STANDARDS

Support the Conference of the Parties to the WHO FCTC, through the Convention Secretariat, in promoting effective implementation of the Convention, including through development of guidelines and protocols where appropriate; continue to build on existing efforts and develop normative guidance and technical tools to support the implementation of WHO's global strategies for addressing modifiable risk factors; further develop a common set of indicators and data collection tools for tracking modifiable risk factors in populations, including studying the feasibility of composite indicators for monitoring the harmful use of alcohol at different levels and strengthening instruments for monitoring risk factors such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, as well as developing country capacity for data analysis, reporting and dissemination.

→ KNOWLEDGE GENERATION

Strengthen the evidence base and disseminate evidence to support policy interventions at the country level for reducing the prevalence of tobacco use, promoting a healthy diet and physical activity and reducing the harmful use of alcohol.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS:

45. Strengthen international cooperation within the framework of North–South, South–South and triangular cooperation, and forge collaborative partnerships, as appropriate, to:

→ Facilitate the implementation of the WHO FCTC, the global strategy to reduce harmful use of alcohol, the global strategy on diet, physical activity and health, the global strategy for infant and young child feeding, and the implementation of WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, by supporting and participating in capacity strengthening, shaping the research agenda, development and implementation of technical guidance, and mobilizing financial support, as appropriate.

TO STRENGTHEN AND ORIENT HEALTH SYSTEMS TO ADDRESS THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES AND THE UNDERLYING SOCIAL DETERMINANTS THROUGH PEOPLE-CENTRED PRIMARY HEALTH CARE AND UNIVERSAL HEALTH COVERAGE

OBJECTIVE 4

46. The Political Declaration recognizes the importance of universal health coverage, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular, to the poorest segments of the population (paragraph 45(n) of the Political Declaration of the United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases). For comprehensive care of noncommunicable diseases all people require access, without discrimination, to a nationally determined set of promotive, preventive, curative, rehabilitative and palliative basic health services. It must be ensured that the use of these services does not expose the users to financial hardship, including in cases of ensuring the continuity of care in the aftermath of emergencies and disasters.

A strengthened health system directed towards addressing noncommunicable diseases should aim to improve prevention, early detection, treatment and sustained management of people with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes and other noncommunicable diseases (Appendix 3), in order to prevent complications, reduce the need for hospitalization and costly high-technology interventions and premature deaths. Health systems also need to collaborate with other sectors and work in partnership to ensure social determinants are considered in service planning and provision within communities.

47. The actions outlined under this objective aim to strengthen the health system including the health workforce, set policy directions for moving towards universal health coverage and contribute to achieving the voluntary global targets listed below as well as the premature mortality target.

→ At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.

→ An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

→ A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

POLICY OPTIONS FOR MEMBER STATES [1]

48. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States may select and undertake actions from among the policy options set out below.

→ LEADERSHIP

Policy options to strengthen effective governance and accountability include:

- Exercise responsibility and accountability in ensuring the availability of noncommunicable disease services within the context of overall health system strengthening.
- Use participatory community-based approaches in designing, implementing, monitoring and evaluating inclusive noncommunicable disease programmes across the life-course and continuum of care to enhance and promote response effectiveness and equity.
- Integrate noncommunicable disease services into health sector reforms and/or plans for improving health systems' performance.
- As appropriate, orient health systems towards addressing the impacts of social determinants of health, including through evidence-based interventions supported by universal health coverage.

→ FINANCING

Policy options to establish sustainable and equitable health financing include:

- Shift from reliance on user fees levied on ill people to the protection provided by pooling and prepayment, with inclusion of noncommunicable disease services.
- Make progress towards universal health coverage through a combination of domestic revenues and traditional and innovative financing, giving priority to financing a combination of cost-effective preventive, curative and palliative care interventions at different levels of care covering noncommunicable diseases and including comorbidities (see Appendix 3).
- Develop local and national initiatives for financial risk protection and other forms of social protection (for example through health insurance, tax funding and cash transfers and the consideration of health savings accounts), covering prevention, treatment, rehabilitation and palliative care for all conditions including noncommunicable diseases and for all people including those not employed in the formal sector.

→ EXPANDED QUALITY SERVICES COVERAGE

Policy options to improve efficiency, equity, coverage and quality of health services with a special focus on cardiovascular disease, cancer, chronic respiratory disease and diabetes and their risk factors, together with other noncommunicable diseases which may be domestic priorities, include:

- Strengthen and organize services, access and referral systems around close-to-user and people-centred networks of primary health care that are fully integrated with the secondary and tertiary care level of the health care delivery system, including quality rehabilitation, comprehensive palliative care and specialized ambulatory and inpatient care facilities.
- Enable all providers (including nongovernmental organizations, for-profit and not-for-profit providers) to address noncommunicable diseases equitably while safeguarding consumer protection and also harnessing the potential of a range of other services such as traditional and complementary medicine, prevention, rehabilitation, palliative care and social services to deal with such diseases.
- Improve the efficiency of service delivery and set national targets consistent with voluntary global targets for increasing the coverage of cost-effective, high-impact interventions to address cardiovascular disease, diabetes, cancer, and chronic respiratory disease in a phased manner (see Appendix 3), linking noncommunicable disease services with other disease-specific programmes, including those for mental health (see Appendix 1).
- Meet the needs for long-term care of people with noncommunicable chronic diseases, related disabilities and comorbidities through innovative, effective and integrated models of care, connecting occupational health services and community health services/resources with primary health care and the rest of the health care delivery system.
- Establish quality assurance and continuous quality improvement systems for prevention and management of noncommunicable diseases with emphasis on primary health care, including the use of evidence-based guidelines, treatment protocols and tools for the management of major noncommunicable diseases, risk factors and comorbidities, adapted to national contexts.
- Take action to empower people with noncommunicable diseases to seek early detection and manage their own condition better, and provide education, incentives and tools for self-care and self-management, based on evidence-based guidelines, patient registries and team-based patient management including through information and communication technologies such as eHealth or mHealth.
- Review existing programmes, such as those on nutrition, HIV, tuberculosis, reproductive health, maternal and child health and mental health including dementia, for opportunities to integrate into them service delivery for the prevention and control of noncommunicable diseases.

→ HUMAN RESOURCE DEVELOPMENT

Policy options to strengthen human resources for the prevention and control of noncommunicable diseases include:

- Identify competencies required and invest in improving the knowledge, skills and motivation of the current health

[1] And, where applicable, regional economic integration organizations.

workforce to address noncommunicable diseases, including common comorbid conditions (e.g. mental disorders) and plan to address projected health workforce needs for the future, including in the light of population ageing.

- Incorporate the prevention and control of noncommunicable diseases in the training of all health personnel including community health workers, social workers, professional and non-professional (technical, vocational) staff, with an emphasis on primary health care.

- Provide adequate compensation and incentives for health workers to serve underserviced areas including location, infrastructure, training and development and social support.

- Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled workforce within countries and regions in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.[1]

- Develop career tracks for health workers through strengthening postgraduate training, with a special focus on noncommunicable diseases, in various professional disciplines (for example, medicine, allied health sciences, nursing, pharmacy, public health administration, nutrition, health economics, social work and medical education) and enhancing career advancement for non-professional staff.

- Optimize the scope of nurses' and allied health professionals' practice to contribute to prevention and control of noncommunicable diseases, including addressing barriers to that contribution.

- Strengthen capacities for planning, implementing, monitoring and evaluating service delivery for noncommunicable diseases through government, public and private academic institutions, professional associations, patients' organizations and self-care platforms.

→ ACCESS

Policy options to improve equitable access to prevention programmes (such as those providing health information) and services, essential medicines and technologies, with emphasis on medicines and technologies required for delivery of essential interventions for cardiovascular disease, cancer, chronic respiratory disease and diabetes, through a primary health care approach, include:

- Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of noncommunicable diseases including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities.

- Adopt evidence-informed country-based strategies to improve patient access to affordable medicines (for example, by including relevant medicines in national essential medicines lists, separating prescribing and dispensing, controlling wholesale and retail mark-ups through regressive mark-up schemes, and exempting medicines required for essential noncommunicable disease interventions from import and other forms of tax, where appropriate, within the national context).

- Promote procurement and use of safe, quality, efficacious and affordable medicines, including generics, for prevention and control of noncommunicable diseases, including access to medicines for alleviation of pain for palliative care and vaccinations against infection-associated cancers, through measures including quality assurance of medical products, preferential or accelerated registration procedures, generic substitution, preferential use of the international non-proprietary names, financial incentives where appropriate and education of prescribers and consumers.

- Improve the availability of life-saving technologies and essential medicines for managing noncommunicable diseases in the initial phase of emergency response.

- Facilitate access to preventive measures, treatment and vocational rehabilitation, as well as financial compensation for occupational noncommunicable diseases, consistent with international and national laws and regulations on occupational diseases.

- Encourage countries to improve access to cost-effective prevention, treatment and care including, inter alia, increased availability of affordable, safe, effective and quality medicines and diagnostics and other technologies in line with the global strategy and plan of action on public health, innovation and intellectual property.

- Deploy an interagency emergency health kit for treatment of noncommunicable diseases in humanitarian disasters and emergencies.

→ POLICY ADVICE & DIALOGUE

Provide health policy guidance, in accordance with its mandate, using existing strategies that have been the subject of resolutions adopted by the World Health Assembly to advance the agenda for people-centred primary health care and universal health coverage.

→ NORMS & STANDARDS

Develop guidelines, tools and training materials

i. to strengthen the implementation of cost-effective noncommunicable disease interventions for early detection, treatment, rehabilitation and palliative care;

ii. to establish diagnostic and exposure criteria for early detection, prevention and control of occupational noncommunicable diseases;

iii. to facilitate affordable, evidence-based, patient/family-centred self-care with a special focus on populations with low health awareness and/or literacy, including the use of information and communication technologies (ICT), such as the Internet/mobile phone technologies, for the prevention and control of noncommunicable diseases, including health

ACTIONS FOR THE SECRETARIAT

49. Actions envisaged for the Secretariat include:

→ LEADING & CONVENING

Position the response to noncommunicable diseases at the forefront of efforts to strengthen health systems and achieve universal health coverage.

→ TECHNICAL COOPERATION

- Provide support, guidance and technical background to countries in integrating cost-effective interventions for noncommunicable diseases and their risk factors into health systems, including essential primary health care packages.

[1] See resolution WHA63.16.

education, health promotion and communication for all groups.[1]

→ DISSEMINATION OF EVIDENCE & BEST PRACTICES

Provide further evidence on the effectiveness of different approaches to structured integrated care programmes for noncommunicable diseases and facilitate exchange of lessons, experiences and best practices, adding to the global body of evidence which will enhance the capacity of countries to face challenges and sustain achievements, as well as to develop new solutions to address noncommunicable diseases and progressively to implement universal health coverage.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS

50. Strengthen international cooperation within the framework of North–South, South–South and triangular cooperation and forge collaborative partnerships, as appropriate, to:

→ Facilitate the mobilization of adequate, predictable and sustained financial resources to advance universal coverage in national health systems, especially through primary health care further to facilitate quality and affordable secondary/tertiary health care and treatment facilities and social protection mechanisms, in order to provide access to health services for all, in particular for the poorest segments of the population.

→ Support national authorities in strengthening health systems and expanding quality service coverage including through development of appropriate health care infrastructure and institutional capacity for training of health personnel such as public health institutions, medical and nursing schools.

→ Contribute to efforts to improve access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights, flexibilities and provisions.

→ Support national efforts for prevention and control of noncommunicable diseases, inter alia through the exchange of information on best practices and dissemination of findings in health systems research.

[1] The Secretariat will continue to implement the ITU/WHO Global Joint Programme on mHealth and noncommunicable diseases.

OBJECTIVE

5

TO PROMOTE AND SUPPORT NATIONAL CAPACITY FOR HIGH-QUALITY RESEARCH AND DEVELOPMENT FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

51. Although effective interventions exist for the prevention and control of noncommunicable diseases, their implementation is inadequate worldwide. Comparative, applied and operational research, integrating both social and biomedical sciences, is required to scale up and maximize the impact of existing interventions (see Appendix 3), in order to meet the nine voluntary global targets (see Appendix 2).

52. The Political Declaration calls upon all stakeholders to support and facilitate research related to the prevention and control of noncommunicable diseases, and its translation into practice, so as to enhance the knowledge base for national, regional and global action. The global strategy and plan of action on public health, innovation and intellectual property (WHA61.21), encourages needs-driven research to target diseases that disproportionately affect people in low- and middle-income countries, including noncommunicable diseases.

WHO's prioritized research agenda for the prevention and control of noncommunicable diseases drawn up through a participatory and consultative process provides guidance on future investment in noncommunicable disease research.[1] The agenda prioritizes

i. research for placing noncommunicable diseases in the global development agenda and for monitoring;

ii. research to understand and influence the multisectoral, macroeconomic and social determinants of noncommunicable diseases and risk factors;

iii. translation and health systems research for global application of proven cost-effective strategies; and

iv. research to enable expensive but effective interventions to become accessible and be appropriately used in resource-constrained settings.

POLICY OPTIONS FOR MEMBER STATES[2]

53. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States may select and undertake actions from among the policy options set out below.

→ INVESTMENT

Increase investment in research, innovation and development and its governance as an integral part of the national response to noncommunicable diseases; in particular, allocate budgets to promote relevant research to fill gaps around the interventions in Appendix 3 in terms of their scalability, impact and effectiveness.

→ NATIONAL RESEARCH POLICY & PLANS

Develop, implement and monitor in collaboration with academic and research institutions, as appropriate, a national policy and plan on noncommunicable disease-related research including community-based research and evaluation of the impact of interventions and policies.

→ CAPACITY STRENGTHENING

Strengthen national institutional capacity for research and development, including research infrastructure, equipment and supplies in research institutions, and the competence of researchers to conduct quality research.

→ INNOVATION

Make more effective use of academic institutions and multidisciplinary agencies to promote research, retain research workforce, incentivize innovation and encourage the establishment of national reference centres and networks to conduct policy-relevant research.

→ EVIDENCE TO INFORM POLICY

Strengthen the scientific basis for decision making through noncommunicable disease-related research and its translation to enhance the knowledge base for ongoing national action.

→ ACCOUNTABILITY FOR PROGRESS

Track the domestic and international resource flows for research and national research output and impact applicable to the prevention and control of noncommunicable diseases.

[1] A prioritized research agenda for prevention and control of noncommunicable diseases. Geneva, World Health Organization, 2011.

[2] And, where applicable, regional economic integration organizations.

ACTIONS FOR THE SECRETARIAT

54. Actions envisaged for the Secretariat include:

→ LEADING & CONVENING

Engage WHO collaborating centres, academic institutions, research organizations and alliances to strengthen capacity for research on noncommunicable diseases at the country level based on key areas identified in WHO's prioritized research agenda, promoting in particular research designed to improve understanding of affordability, implementation capacity, feasibility and impact on health equity of interventions and policy options contained in Appendix 3.

→ TECHNICAL COOPERATION

Provide technical assistance upon request to strengthen national and regional capacity: (i) to incorporate research, development and innovation in national and regional policies and plans on noncommunicable diseases; (ii) to adopt and advance WHO's prioritized research agenda on the prevention and control of noncommunicable diseases, taking into consideration national needs and contexts; and (iii) to formulate research and development plans, enhance innovation capacities to support the prevention and control of noncommunicable diseases.

→ POLICY ADVICE & DIALOGUE

Promote sharing of intercountry research expertise and experience and publish/disseminate guidance ("toolkits") on how to strengthen links among policy, practice and products of research on prevention and control of noncommunicable diseases.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS

55. Strengthen North–South, South–South and triangular cooperation and forge collaborative partnerships, as appropriate, to:

- Promote investment and strengthen national capacity for quality research, development and innovation, for all aspects related to the prevention and control of noncommunicable diseases in a sustainable and cost-effective manner, including through strengthening of institutional capacity and creation of research fellowships and scholarships.
- Facilitate noncommunicable disease-related research and its translation to enhance the knowledge base for implementation of national, regional and global action plans.
- Promote the use of information and communications technology to improve programme implementation, health outcomes, health promotion, monitoring and reporting and surveillance systems and to disseminate, as appropriate, information on affordable, cost effective, sustainable and quality interventions, best practices and lessons learnt in the field of noncommunicable diseases.
- Support countries and the Secretariat in implementing other actions set out in this objective.

TO MONITOR THE TRENDS
AND DETERMINANTS
OF NONCOMMUNICABLE DISEASES
AND EVALUATE PROGRESS
IN THEIR PREVENTION
AND CONTROL

OBJECTIVE

6

56. The actions listed under this objective will assist in monitoring global and national progress in the prevention and control of noncommunicable diseases, using the global monitoring framework consisting of 25 indicators and nine voluntary global targets (see Appendix 2). Monitoring will provide internationally comparable assessments of the trends in noncommunicable diseases over time, help to benchmark the situation in individual countries against others in the same region or development category, provide the foundation for advocacy, policy development and coordinated action and help to reinforce political commitment.

57. In addition to the indicators outlined in the framework, countries and regions may include others to monitor progress of national and regional strategies for the prevention and control of noncommunicable diseases, taking into account country- and region-specific situations.

58. Financial and technical support will need to increase significantly for institutional strengthening in order to conduct surveillance and monitoring, taking account of innovations and new technologies which may increase effectiveness in collection and improve data quality and coverage, in order to strengthen capacity of countries to collect, analyse and communicate data for surveillance and global and national monitoring.

POLICY OPTIONS FOR MEMBER STATES[1]

59. It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States may select and undertake actions from among the policy options set out below.

→ MONITORING

Update legislation pertaining to collection of health statistics, strengthen vital registration and cause of death registration systems, define and adopt a set of national targets and indicators based on the global monitoring framework and integrate monitoring systems for the prevention and control of noncommunicable diseases, including prevalence of relevant key interventions into national health information systems, in order systematically to assess progress in use and impact of interventions.

→ DISEASE REGISTRIES

Develop, maintain and strengthen disease registries, including for cancer, if feasible and sustainable, with appropriate indicators for better understanding of regional and national needs.

→ SURVEILLANCE

Identify data sets, sources of data and integrate surveillance into national health information systems and undertake periodic data collection on the behavioural and metabolic risk factors (harmful use of alcohol, physical inactivity, tobacco use, unhealthy diet, overweight and obesity, raised blood pressure, raised blood glucose, and hyperlipidemia), and determinants of risk exposure such as marketing of food, tobacco and alcohol, with disaggregation of the data, where available, by key dimensions of equity, including gender, age (e.g. children, adolescents, adults) and socioeconomic status in order to monitor trends and measure progress in addressing inequalities.

→ CAPACITY STRENGTHENING & INNOVATION

Strengthen technical and institutional capacity including through establishment of public health institutes, to manage and implement surveillance and monitoring systems that are integrated into existing health information systems, with a focus on capacity for data management, analysis and reporting in order to improve availability of high-quality data on noncommunicable diseases and risk factors.

→ DISSEMINATION & USE OF RESULTS

Contribute, on a routine basis, information on trends in noncommunicable diseases with respect to morbidity, mortality by cause, risk factors and other determinants, disaggregated by age, gender, disability and socioeconomic groups, and provide information to WHO on progress made in the implementation of national action plans and on effectiveness of national policies and strategies, coordinating country reporting with global analyses.

[1] And, where applicable, regional economic integration organizations.

→ BUDGETARY ALLOCATION

Increase and prioritize budgetary allocations for surveillance and monitoring systems for the prevention and control of noncommunicable diseases.

ACTIONS FOR THE SECRETARIAT

60. Actions envisaged for the Secretariat include:

→ TECHNICAL COOPERATION

Provide support to Member States to:

- Establish or strengthen national surveillance and monitoring systems, including improving collection of data on risk factors and other determinants, morbidity and mortality, and national responses for the prevention and control of noncommunicable diseases, for example through the development of standard modules, where appropriate, within household surveys.
- Develop national targets and indicators based on national situations, taking into account the global monitoring framework, including its indicators, and a set of voluntary global targets.

Set standards and monitor global trends, capacity and progress in achieving the voluntary global targets:

- Develop appropriate action plan indicators as soon as possible, to monitor progress of implementation of the action plan.
- Develop, maintain and review standards for measurement of noncommunicable disease risk factors.
- Undertake periodic assessments of Member States' national capacity to prevent and control noncommunicable diseases.
- Provide guidance on definitions, as appropriate, and on how indicators should be measured, collected, aggregated and reported, as well as the health information system requirements at national level needed to achieve that.
- Review global progress made in the prevention and control of noncommunicable diseases, through monitoring and reporting on the attainment of the voluntary global targets in 2015 and 2020, so that countries can share knowledge of accelerators of progress and identify and remove impediments to attaining the global voluntary targets.
- Monitor global trends in noncommunicable diseases and their risk factors, and country capacity to respond, and publish periodic progress reports outlining the global status of the prevention and control of noncommunicable diseases, aligning such reporting with the 2015 and 2020 reporting within the global monitoring framework, and publish risk factor-specific reports such as on the global tobacco epidemic or on alcohol and health.
- Convene a representative group of stakeholders, including Member States and international partners, in order to evaluate progress on implementation of this action plan at the mid-point of the plan's time frame and at the end of the period. The mid term evaluation will offer an opportunity to learn from the experience of the first four years of the plan, taking corrective measures where actions have not been effective, and to reorient parts of the plan, as appropriate, in response to the post-2015 development agenda.

PROPOSED ACTIONS FOR INTERNATIONAL PARTNERS

61. Strengthen North–South, South–South and triangular cooperation and forge collaborative partnerships, as appropriate, to:

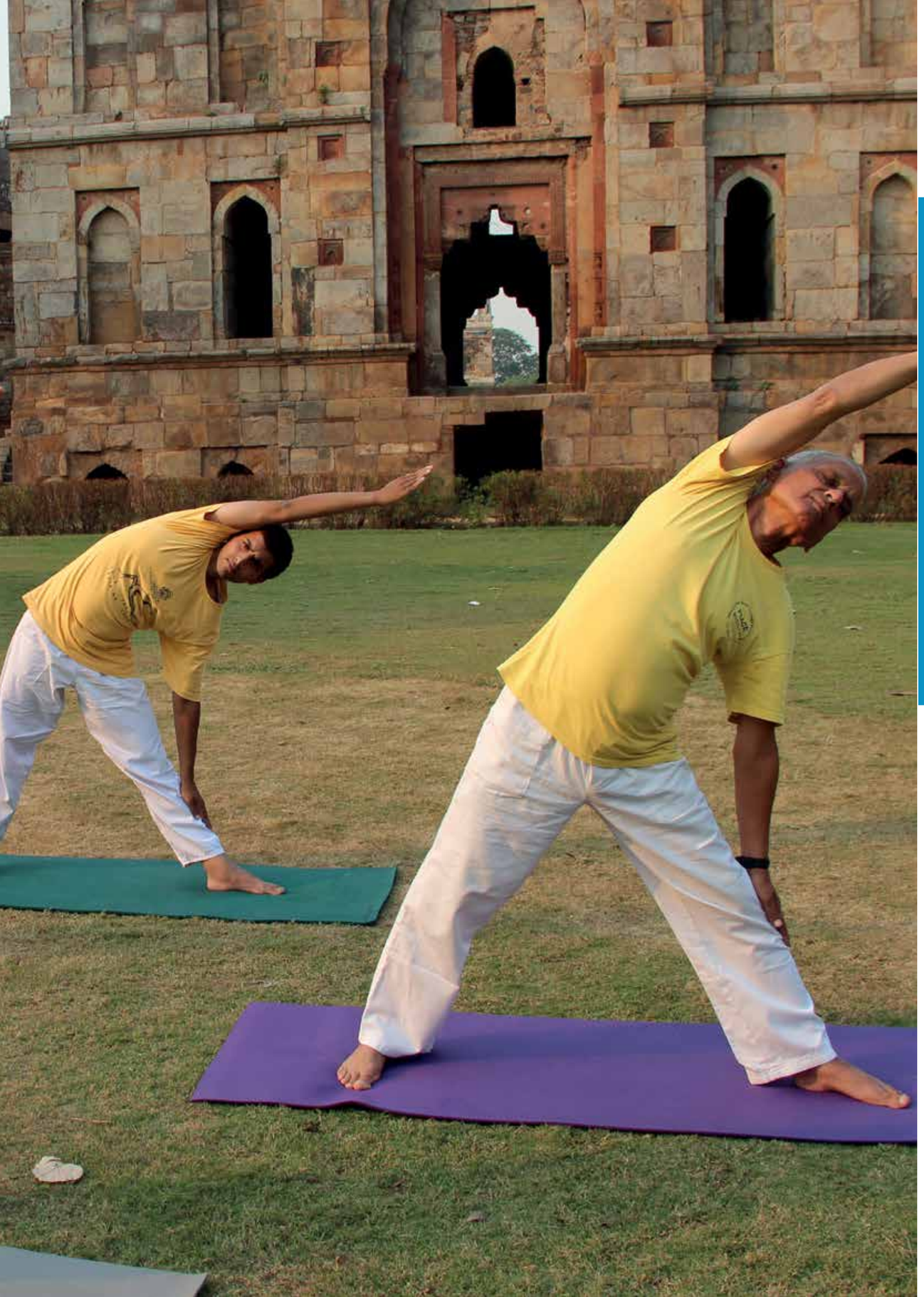
- Mobilize resources, promote investment and strengthen national capacity for surveillance, monitoring and evaluation, on all aspects of prevention and control of noncommunicable diseases.

- Facilitate surveillance and monitoring and the translation of results to provide the basis for advocacy, policy development and coordinated action and to reinforce political commitment.

- Promote the use of information and communications technology to improve capacity for surveillance and monitoring and to disseminate, as appropriate, data on trends in risk factors, determinants and noncommunicable diseases.

- Provide support for the other actions set out for Member States and the Secretariat under objective 6 for monitoring and evaluating progress in prevention and control of noncommunicable diseases at the national, regional and global levels.

ANNEX



APPENDIX

1

SYNERGIES BETWEEN MAJOR NONCOMMUNICABLE DISEASES AND OTHER CONDITIONS

A comprehensive response for prevention and control of noncommunicable diseases should take cognizance of a number of other conditions. Examples of these include cognitive impairment and other noncommunicable diseases, including renal, endocrin, neurological including epilepsy, autism, Alzheimer's and Parkinson's diseases, haematological including haemoglobinopathies (e.g. thalessemia and sickle cell anaemia), hepatic, gastroenterological, musculoskeletal, skin and oral diseases, disabilities and genetic disorders which may affect individuals either alone or as comorbidities.

The presence of these conditions may also influence the development, progression and response to treatment of major noncommunicable diseases and should be addressed through integrated approaches. Further, conditions such as kidney disease result from lack of early detection and management of hypertension and diabetes and, therefore, are closely linked to major noncommunicable diseases.

OTHER MODIFIABLE RISK FACTORS

Four main shared risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol—are the most important in the sphere of noncommunicable diseases.

Exposure to environmental and occupational hazards, such as indoor and outdoor air pollution, with fumes from solid fuels, ozone, airborne dust and allergens may cause chronic respiratory disease and some air pollution sources including fumes from solid fuels may cause lung cancer, indoor and outdoor air pollution, heat waves and chronic stress related to work and unemployment are also associated with cardiovascular diseases. Exposure to carcinogens such as asbestos, diesel exhaust gases and ionizing and ultraviolet radiation in the living and working environment can increase the risk of cancer. Similarly, indiscriminate use of agrochemicals in agriculture and discharge of toxic products from unregulated chemical industries may cause cancer and other noncommunicable diseases such as kidney disease. These exposures have their greatest potential to influence noncommunicable diseases early in life, and thus special attention must be paid to preventing exposure during pregnancy and childhood.

Simple, affordable interventions to reduce environmental and occupational health risks are available, and prioritization and implementation of these interventions can contribute to reducing the burden due to noncommunicable diseases (Health Assembly resolutions WHA49.12 on WHO global strategy for occupational health for all, WHA58.22 on cancer prevention and control, WHA60.26 on workers' health—global plan of action, and WHA61.19 on climate change and health).

MENTAL DISORDERS

As mental disorders are an important cause of morbidity and contribute to the global burden of noncommunicable diseases, equitable access to effective programmes and health care interventions is needed. Mental disorders affect, and are affected by, other noncommunicable diseases: they can be a precursor or consequence of a noncommunicable disease, or the result of interactive effects. For example, there is evidence that depression predisposes people to heart attacks and, conversely, heart attacks increase the likelihood of depression. Risk factors of noncommunicable diseases such as sedentary behaviour and harmful use of alcohol also link noncommunicable diseases with mental disorders.

Close connections with characteristics of economically underprivileged population segments such as lower educational level, lower socioeconomic status, stress and unemployment are shared by mental disorders and noncommunicable diseases. Despite these strong connections, evidence indicates that mental disorders in patients with noncommunicable diseases as well as noncommunicable diseases in patients with mental disorders are often overlooked. The comprehensive mental health action plan needs to be implemented in close coordination with the action plan for the prevention and control of noncommunicable diseases, at all levels.

COMMUNICABLE DISEASES

The role of infectious agents in the pathogenesis of noncommunicable diseases, either on their own or in combination with genetic and environmental influences, has been increasingly recognized in recent years. Many noncommunicable diseases including cardiovascular disease and chronic respiratory disease are linked to communicable diseases in either aetiology or susceptibility to severe outcomes. Increasingly cancers, including some with global impact such as cancer of the cervix, liver, oral cavity and stomach, have been shown to have an infectious aetiology. In developing countries, infections are known to be the cause of about one fifth of cancers.

High rates of other cancers in developing countries that are linked to infections or infestations include herpes virus and HIV in Kaposi sarcoma, and liver flukes in cholangiocarcinoma. Some significant disabilities such as blindness, deafness, cardiac defects and intellectual impairment can derive from preventable infectious causes. Strong population-based services to control infectious diseases through prevention, including immunization (e.g. vaccines against hepatitis B, human papillomavirus, measles, rubella, influenza, pertussis, and poliomyelitis), diagnosis, treatment and control strategies will reduce both the burden and the impact of noncommunicable diseases.

There is also a high risk of infectious disease acquisition and susceptibility in people with pre-existing noncommunicable diseases. Attention to this interaction would maximize the opportunities to detect and to treat both noncommunicable and infectious diseases through alert primary and more specialized health care services. For example, tobacco smokers and people with diabetes, alcohol-use disorders, immunosuppression or exposure to second-hand smoke have a higher risk of developing tuberculosis. As the diagnosis of tuberculosis is often missed in people with chronic respiratory diseases, collaboration in screening for diabetes and chronic respiratory disease in tuberculosis clinics and for tuberculosis in noncommunicable disease clinics could enhance case-finding. Likewise, integrating noncommunicable disease programmes or palliative care with HIV care programmes would bring mutual benefits since both cater to long-term care and support as a part of the programme and also because noncommunicable diseases can be a side-effect of long-term treatment of HIV infection and AIDS.

DEMOGRAPHIC CHANGE & DISABILITIES

The prevention of noncommunicable diseases will increase the number and proportion of people who age healthily and avoid high health care costs and even higher indirect costs in older age groups. About 15% of the population experiences disability, and the increase in noncommunicable diseases is having a profound effect on disability trends; for example, these diseases are estimated to account for about two thirds of all years lived with disability in low-income and middle-income countries. Noncommunicable-disease-related disability (such as amputation, blindness or paralysis) puts significant demands on social welfare and health systems, lowers productivity and impoverishes families. Rehabilitation needs to be a central health strategy in noncommunicable disease programmes in order to address risk factors (e.g. obesity and physical inactivity), as well as loss of function due to noncommunicable diseases (e.g. amputation and blindness due to diabetes or stroke). Access to rehabilitation services can decrease the effects and consequences of disease, hasten discharge from hospital, slow or halt deterioration in health and improve quality of life.

VIOLENCE & UNINTENTIONAL INJURIES

Exposure to child maltreatment (which includes physical, sexual, and emotional abuse, and neglect or deprivation), is a recognized risk factor for the subsequent adoption of high-risk behaviours such as smoking, harmful use of alcohol, drug abuse, and eating disorders, which in turn predispose individuals to noncommunicable diseases. There is evidence that ischaemic heart disease, cancer and chronic lung disease are related to experiences of abuse during childhood. Similarly, experiencing intimate partner violence has been associated with harmful use of alcohol and drug abuse, smoking, and eating disorders. Programmes to prevent child maltreatment and intimate partner violence can therefore make a significant contribution to the prevention of noncommunicable diseases by reducing the likelihood of tobacco use, unhealthy diet, and harmful use of alcohol.

The lack of safe infrastructure for people to walk and cycle is an inhibitor for physical exercise. Therefore, well-known road traffic injury prevention strategies such as appropriate road safety legislation and enforcement, as well as good land use planning and infrastructure supporting safe walking and cycling, can contribute to the prevention of noncommunicable diseases as well as help address injuries. Impairment by alcohol is an important factor influencing both the risks and the severity of all unintentional injuries. These include road traffic accidents, falls, drowning, burns and all forms of violence. Therefore, addressing harmful use of alcohol will be beneficial for prevention of noncommunicable diseases as well as injuries.

APPENDIX

2

COMPREHENSIVE GLOBAL MONITORING FRAMEWORK, INCLUDING 25 INDICATORS, AND A SET OF NINE VOLUNTARY GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Framework Element	Target	Indicator
MORTALITY & MORBIDITY		
Premature mortality from noncommunicable disease	1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Additional indicator		2. Cancer incidence, by type of cancer, per 100 000 population

Framework Element	Target	Indicator
BEHAVIOURAL RISK FACTORS		
Harmful use of alcohol[1]	2. At least 10% relative reduction in the harmful use of alcohol[2], as appropriate, within the national context	3. Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context 4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context 5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context
Physical inactivity	3. A 10% relative reduction in prevalence of insufficient physical activity	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily 7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
Salt/sodium intake	4. A 30% relative reduction in mean population intake of salt/sodium[3]	8. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Tobacco use	5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	9. Prevalence of current tobacco use among adolescents 10. Age-standardized prevalence of current tobacco use among persons aged 18+ years
BIOLOGICAL RISK FACTORS		
Raised blood pressure	6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	11. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure
Diabetes and obesity[4]	7. Halt the rise in diabetes & obesity	12. Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) 13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex) 14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/ m² for overweight and body mass index ≥ 30 kg/m² for obesity)
Additional indicators		15. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years[5] 16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day 17. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration

[1] Countries will select indicator(s) of harmful use as appropriate to national context and in line with WHO's global strategy to reduce the harmful use of alcohol and that may include prevalence of heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality, among others.

[2] In WHO's global strategy to reduce the harmful use of alcohol the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

[3] WHO's recommendation is less than 5 grams of salt or 2 grams of sodium per person per day.

[4] Countries will select indicator(s) appropriate to national context.

[5] Individual fatty acids within the broad classification of saturated fatty acids have unique biological properties and health effects that can have relevance in developing dietary recommendations.

Framework Element	Target	Indicator
NATIONAL SYSTEMS RESPONSE		
Drug therapy to prevent heart attacks and strokes	8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	18. Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases	9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	19. Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities
Additional indicators		20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer 21. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes 22. Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies 23. Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt 24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants 25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies

APPENDIX

3

Menu of policy options and cost-effective interventions for prevention and control of major noncommunicable diseases, to assist Member States in implementing, as appropriate, for national context, (without prejudice to the sovereign rights of nations to determine taxation among other policies), actions to achieve the nine voluntary global targets (Note: This appendix needs to be updated as evidence and cost-effectiveness of interventions evolve with time).

The list is not exhaustive but is intended to provide information and guidance on effectiveness and cost-effectiveness of interventions based on current evidence[1, 2, 3] and to act as the basis for future work to develop and expand the evidence base on policy measures and individual interventions. According to WHO estimates, policy interventions in objective 3 and individual interventions to be implemented in primary care settings in objective 4, listed in bold, are very cost-effective[4] and affordable for all countries.[1, 2, 3] However, they have not been assessed for specific contexts of individual countries. When selecting interventions for prevention and control of noncommunicable diseases, consideration should be given to effectiveness, cost–effectiveness, affordability, implementation capacity, feasibility, according to national circumstances, and impact on health equity of interventions, and to the need to implement a combination of population-wide policy interventions and individual interventions.

[1] Scaling up action against noncommunicable diseases: How much will it cost?" (http://whqlibdoc.who.int/publications/2011/9789241502313_eng.pdf).

[2] WHO-CHOICE (http://www.who.int/choice/en/).

[3] Disease control priorities in developing countries (http://www.dcp2.org/pubs/DCP).

[4] Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

Menu of policy options	Voluntary global targets	WHO tools
OBJECTIVE 1		
→ Raise public and political awareness, understanding and practice about prevention and control of NCDs → Integrate NCDs into the social and development agenda and poverty alleviation strategies → Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices → Engage and mobilize civil society and the private sector as appropriate and strengthen international cooperation to support implementation of the action plan at global, regional and national levels → Implement other policy options in objective 1 (see paragraph 21)	→ Contribute to all 9 voluntary global targets	→ WHO global status report on NCDs 2010 → WHO fact sheets → Global atlas on cardiovascular disease prevention and control 2011 → IARC GLOBOCAN 2008 → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
OBJECTIVE 2		
→ Prioritize and increase, as needed, budgetary allocations for prevention and control of NCDs, without prejudice to the sovereign right of nations to determine taxation and other policies → Assess national capacity for prevention and control of NCDs → Develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multistakeholder engagement → Implement other policy options in objective 2 (see paragraph 30) to strengthen national capacity including human and institutional capacity, leadership, governance, multisectoral action and partnerships for prevention and control of noncommunicable diseases	→ Contribute to all 9 voluntary global targets	→ UN Secretary-General's Note A/67/373 → NCD country capacity survey tool → NCCP Core Capacity Assessment tool → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
OBJECTIVE 3 [1]		
TOBACCO USE [2] → Implement WHO FCTC (see paragraph 36). Parties to the WHO FCTC are required to implement all obligations under the treaty in full; all Member States that are not Parties are encouraged to look to the WHO FCTC as the foundational instrument in global tobacco control → **Reduce affordability of tobacco products by increasing tobacco excise taxes** [3] → **Create by law completely smoke-free environments in all indoor workplaces, public places and public transport** [3] → **Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns** [3] → **Ban all forms of tobacco advertising, promotion and sponsorship** [3]	→ A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years → A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	→ The WHO FCTC and its guidelines → MPOWER capacity building modules to reduce demand for tobacco, in line with the WHO FCTC → WHO reports on the global tobacco epidemic → Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14) → Global strategy on diet, physical activity and health (WHA57.17)

[1] In addressing each risk factor, Member States should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

[2] Tobacco use: Each of these measures reflects one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included in this Appendix are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria established in the chapeau paragraph of Appendix 3 for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral action, which are part of any comprehensive tobacco control programme.

Some interventions for management of noncommunicable diseases that are cost-effective in high-income settings, which assume a cost-effective infrastructure for diagnosis and referral and an adequate volume of cases, are not listed under objective 4, e.g. pacemaker implants for atrioventricular heart block, defibrillators in emergency vehicles, coronary revascularization procedures, and carotid endarterectomy.

[3] Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

Menu of policy options	Voluntary global targets	WHO tools
OBJECTIVE 3 [1]—CONTINUED		
HARMFUL USE OF ALCOHOL → Implement the WHO global strategy to reduce harmful use of alcohol (see objective 3, paragraphs 42, 43) through actions in the recommended target areas including: → Strengthening awareness of alcohol-attributable burden; leadership and political commitment to reduce the harmful use of alcohol → Providing prevention and treatment interventions for those at risk of or affected by alcohol use disorders and associated conditions → Supporting communities in adopting effective approaches and interventions to prevent and reduce the harmful use of alcohol → Implementing effective drink–driving policies and countermeasures → **Regulating commercial and public availability of alcohol** [1] → **Restricting or banning alcohol advertising and promotions** [1] → **Using pricing policies such as excise tax increases on alcoholic beverages** [1] → Reducing the negative consequences of drinking and alcohol intoxication, including by regulating the drinking context and providing consumer information → Reducing the public health impact of illicit alcohol and informally produced alcohol by implementing efficient control and enforcement systems → Developing sustainable national monitoring and surveillance systems using indicators, definitions and data collection procedures compatible with WHO's global and regional information systems on alcohol and health	→ At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances → A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	→ Global recommendations on physical activity for health → Global strategy to reduce the harmful use of alcohol (WHA63.13) → WHO global status reports on alcohol and health 2011, 2013 → WHO guidance on dietary salt and potassium → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
UNHEALTHY DIET & PHYSICAL INACTIVITY → Implement the WHO Global Strategy on Diet, Physical Activity and Health (see objective 3, paragraphs 40–41) → Increase consumption of fruit and vegetables → To provide more convenient, safe and health-oriented environments for physical activity → Implement recommendations on the marketing of foods and non-alcoholic beverages to children (see objective 3, paragraph 38–39) → Implement the WHO global strategy for infant and young child feeding → **Reduce salt intake** [1, 2] → **Replace trans fats with unsaturated fats** [1] → **Implement public awareness programmes on diet and physical activity** [1] → Replace saturated fat with unsaturated fat → Manage food taxes and subsidies to promote healthy diet → Implement other policy options listed in objective 3 for addressing unhealthy diet and physical inactivity	→ A 10% relative reduction in prevalence of insufficient physical activity → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances → Halt the rise in diabetes and obesity → A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases → A 30% relative reduction in mean population intake of salt/sodium intake	

[1] Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

[2] And adjust the iodine content of iodized salt, when relevant.

Menu of policy options	Voluntary global targets	WHO tools
OBJECTIVE 4		
→ Integrate very cost-effective noncommunicable disease interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda → Explore viable health financing mechanisms and innovative economic tools supported by evidence → Scale up early detection and coverage, prioritizing very cost-effective high-impact interventions including cost-effective interventions to address behavioural risk factors → Train health workforce and strengthen capacity of health system particularly at primary care level to address the prevention and control of noncommunicable diseases → Improve availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities → Implement other cost-effective interventions and policy options in objective 4 (see paragraph 48) to strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centred primary health care and universal health coverage → Develop and implement a palliative care policy using cost-effective treatment modalities, including opioids analgesics for pain relief and training health workers	→ An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	→ WHO World health reports 2010, 2011 → Prevention and control of noncommunicable diseases: Guidelines for primary health care in low-resource settings; diagnosis and management of type 2 diabetes and Management of asthma and chronic obstructive pulmonary disease 2012 → Guideline for cervical cancer: Use of cryotherapy for cervical intraepithelial neoplasia → Guideline for pharmacological treatment of persisting pain in children with medical illnesses → Scaling up NCD interventions, WHO 2011 → WHO CHOICE database → WHO Package of essential noncommunicable (PEN) disease interventions for primary health care including costing tool 2011 → Prevention of cardiovascular disease. Guidelines for assessment and management of cardiovascular risk 2007 → Integrated clinical protocols for primary health care and WHO ISH cardiovascular risk prediction charts 2012 → Affordable technology: Blood pressure measurement devices for low-resource settings 2007 → Indoor air quality guidelines → WHO air quality guidelines for particular matter, ozone, nitrogen, dioxide and sulphur dioxide, 2005 → Cancer control: Modules on prevention and palliative care → Essential Medicines List (2011) → OneHealth tool → Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
CARDIOVASCULAR DISEASE & DIABETES[1] → **Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years**[2] → **Acetylsalicylic acid for acute myocardial infarction**[2] → Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke, and to persons with moderate risk (≥ 20%) of a fatal and nonfatal cardiovascular event in the next 10 years → Detection, treatment and control of hypertension and diabetes, using a total risk approach → Secondary prevention of rheumatic fever and rheumatic heart disease → Acetylsalicylic acid, atenolol and thrombolytic therapy (streptokinase) for acute myocardial infarction → Treatment of congestive cardiac failure with ACE inhibitor, beta-blocker and diuretic → Cardiac rehabilitation post myocardial infarction → Anticoagulation for medium-and high-risk non-valvular atrial fibrillation and for mitral stenosis with atrial fibrillation → Low-dose acetylsalicylic acid for ischemic stroke	→ A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases → At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	

[1] Policy actions for prevention of major noncommunicable diseases are listed under objective 3.

[2] Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

Menu of policy options	Voluntary global targets	WHO tools
OBJECTIVE 4—CONTINUED		
DIABETES[1] → Lifestyle interventions for preventing type 2 diabetes → Influenza vaccination for patients with diabetes → Preconception care among women of reproductive age including patient education and intensive glucose management → Detection of diabetic retinopathy by dilated eye examination followed by appropriate laser photocoagulation therapy to prevent blindness → Effective angiotensin-converting enzyme inhibitor drug therapy to prevent progression of renal disease → Care of acute stroke and rehabilitation in stroke units → Interventions for foot care: educational programmes, access to appropriate footwear; multidisciplinary clinics	→ A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases → At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	→ WHO World health reports 2010, 2011 → Prevention and control of noncommunicable diseases: Guidelines for primary health care in low-resource settings; diagnosis and management of type 2 diabetes and Management of asthma and chronic obstructive pulmonary disease 2012 → Guideline for cervical cancer: Use of cryotherapy for cervical intraepithelial neoplasia → Guideline for pharmacological treatment of persisting pain in children with medical illnesses → Scaling up NCD interventions, WHO 2011 → WHO CHOICE database → WHO Package of essential noncommunicable (PEN) disease interventions for primary health care including costing tool 2011 → Prevention of cardiovascular disease. Guidelines for assessment and management of cardiovascular risk 2007 → Integrated clinical protocols for primary health care and WHO ISH cardiovascular risk prediction charts 2012 → Affordable technology: Blood pressure measurement devices for low-resource settings 2007 → Indoor air quality guidelines → WHO air quality guidelines for particular matter, ozone, nitrogen, dioxide and sulphur dioxide, 2005 → Cancer control: Modules on prevention and palliative care → Essential Medicines List (2011) → OneHealth tool → Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
CANCER[1] → **Prevention of liver cancer through hepatitis B immunization**[2] → **Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective),**[2] **linked with timely treatment of pre-cancerous lesions**[2] → Vaccination against human papillomavirus, as appropriate if cost-effective and affordable, according to national programmes and policies → Population-based cervical cancer screening linked with timely treatment[3] → Population-based breast cancer and mammography screening (50–70 years) linked with timely treatment[3] → Population-based colorectal cancer screening, including through a fecal occult blood test, as appropriate, at age >50, linked with timely treatment[3] → Oral cancer screening in high-risk groups (e.g. tobacco users, betel-nut chewers) linked with timely treatment[3]	→ A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases → At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	
CHRONIC RESPIRATORY DISEASE[1] → Access to improved stoves and cleaner fuels to reduce indoor air pollution → Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos → Treatment of asthma based on WHO guidelines → Influenza vaccination for patients with chronic obstructive pulmonary disease	→ A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases → At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes → A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	

[1] Policy actions for prevention of major noncommunicable diseases are listed under objective 3.

[2] Very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person.

[3] Screening is meaningful only if associated with capacity for diagnosis, referral and treatment.

Menu of policy options	Voluntary global targets	WHO tools
OBJECTIVE 5		
→ Develop and implement a prioritized national research agenda for noncommunicable diseases → Prioritize budgetary allocation for research on noncommunicable disease prevention and control → Strengthen human resources and institutional capacity for research → Strengthen research capacity through cooperation with foreign and domestic research institutes → Implement other policy options in objective 5 (see paragraph 53) to promote and support national capacity for high-quality research, development and innovation	→ Contribute to all 9 voluntary global targets	→ Prioritized research agenda for the prevention and control of noncommunicable diseases 2011 → World Health Report 2013 → Global strategy and plan of action on public health, innovation and intellectual property (WHA61.21) → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees
OBJECTIVE 6		
→ Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plan → Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation → Establish and/or strengthen a comprehensive noncommunicable disease surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors, and monitoring national response → Integrate noncommunicable disease surveillance and monitoring into national health information systems → Implement other policy options in objective 6 (see paragraph 59) to monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control	→ Contribute to all 9 voluntary global targets	→ Global monitoring framework → Verbal autopsy instrument → STEPwise approach to surveillance → Global Tobacco Surveillance System → Global Information System on Alcohol and Health → Global school-based student health survey, ICD-10 training tool → Service Availability and Readiness (SARA) assessment tool → IARC GLOBOCAN 2008 → Existing regional and national tools → Other relevant tools on WHO web site including resolutions and documents of WHO governing bodies and regional committees

APPENDIX 4[1]

EXAMPLES OF COLLABORATIVE DIVISION OF TASKS AND RESPONSIBILITIES. CONCERNS A PROVISIONAL LIST ONLY. A DIVISION OF LABOUR IS BEING DEVELOPED BY THE UNITED NATIONS FUNDS, PROGRAMMES AND AGENCIES.

UNDP	→ Support non-health government departments in their efforts to engage in a multisectoral whole-of-government approach to noncommunicable diseases → Support ministries of planning in integrating noncommunicable diseases in the development agenda of each Member State → Support ministries of planning in integrating noncommunicable diseases explicitly into poverty-reduction strategies → Support national AIDS commissions in integrating interventions to address the harmful use of alcohol into existing national HIV programmes
UNECE	→ Support the Transport, Health and Environment Pan-European Programme
UN-ENERGY	→ Support global tracking of access to clean energy and its health impacts for the United Nations Sustainable Energy for All Initiative → Support the Global Alliance for Clean Cookstoves and the dissemination/tracking of clean energy solutions for households
UNEP	→ Support the implementation of international environmental conventions
UNFPA	→ Support health ministries in integrating noncommunicable diseases into existing reproductive health programmes, with a particular focus on (1) cervical cancer and (2) promoting healthy lifestyles among adolescents

[1] This information will be updated periodically based on input provided by United Nations agencies.

UNICEF	→ Strengthen the capacities of health ministries to reduce risk factors for noncommunicable diseases among children and adolescents → Strengthen the capacities of health ministries to tackle malnutrition and childhood obesity
UN-WOMEN	→ Support ministries of women or social affairs in promoting gender-based approaches for the prevention and control of noncommunicable diseases
UNAIDS	→ Support national AIDS commissions in integrating interventions for noncommunicable diseases into existing national HIV programmes → Support health ministries in strengthening chronic care for HIV and noncommunicable diseases (within the context of overall health system strengthening) → Support health ministries in integrating HIV and noncommunicable disease programmes, with a particular focus on primary health care
UNSCN	→ Facilitate United Nations harmonization of action at country and global levels for the reduction of dietary risk of noncommunicable diseases → Disseminate data, information and good practices on the reduction of dietary risk of noncommunicable diseases → Integration of the action plan into food and nutrition-related plans, programmes and initiatives (for example, UNSCN's Scaling Up Nutrition, FAO's Committee on World Food Security, and the maternal, infant and young child nutrition programme of the Global Alliance for Improved Nutrition)
IAEA	→ Expand support to health ministries to strengthen treatment components within national cancer control strategies, alongside reviews and projects of IAEA's Programme of Action for Cancer Therapy that promote comprehensive cancer control approaches to the implementation of radiation medicine programmes
ILO	→ Support WHO's global plan of action on workers' health, Global Occupational Health Network and the Workplace Wellness Alliance of the World Economic Forum → Promote the implementation of international labour standards for occupational safety and health, particularly those regarding occupational cancer, asbestos, respiratory diseases and occupational health services
UNRWA	→ Strengthen preventive measures, screening, treatment and care for Palestine refugees living with noncommunicable diseases → Improve access to affordable essential medicines for noncommunicable diseases through partnerships with pharmaceutical companies
WFP	→ Prevent nutrition-related noncommunicable diseases, including in crisis situations
ITU	→ Support ministries of information in including noncommunicable diseases in initiatives on information, communications and technology → Support ministries of information in including noncommunicable diseases in girls' and women's initiatives → Support ministries of information in the use of mobile phones to encourage healthy choices and warn people about tobacco use, including through the existing ITU/WHO Global Joint Programme on mHealth and noncommunicable diseases
FAO	→ Strengthen the capacity of ministries of agriculture in redressing food insecurity, malnutrition and obesity → Support ministries of agriculture in aligning agricultural, trade and health policies
WTO	→ Operating within the scope of its mandate, support ministries of trade in coordination with other competent government departments (especially those concerned with public health), to address the interface between trade policies and public health issues in the area of noncommunicable diseases
UN-HABITAT	→ Support ministries of housing in addressing noncommunicable diseases in a context of rapid urbanization

UNESCO	→ Support the education sector in considering schools as settings to promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases → Support the creation of programmes related to advocacy and community mobilization for the prevention and control of noncommunicable diseases using the media and world information networks → Improve literacy among journalists to enable informed reporting on issues impacting the prevention and control of noncommunicable diseases
UNOSDP	→ Promote the use of sport as a means to the prevention and control of noncommunicable diseases
WIPO	→ Operating within the scope of its mandate, support, upon request, relevant ministries and national institutions to address the interface between public health, innovation and intellectual property in the area of noncommunicable diseases
UNODC	→ To be further explored[1]
INCB	→ To be further explored[1]

[1] Including through the planned ECOSOC discussion on the UN taskforce.

APPENDIX

5

EXAMPLES OF CROSS-SECTORAL GOVERNMENT ENGAGEMENT TO REDUCE RISK FACTORS, AND POTENTIAL HEALTH EFFECTS OF MULTISECTORAL ACTION [1]

Sector	Tobacco	Physical inactivity	Harmful use of alcohol	Unhealthy diet
Agriculture	✓		✓	✓
Communication	✓	✓	✓	✓
Education	✓	✓	✓	✓
Employment	✓	✓	✓	✓
Energy		✓	✓	✓
Environment	✓	✓	✓	✓

[1] Adapted from A/67/373 (available at http://www.who.int/nmh/events/2012/20121128.pdf).

Sector	Tobacco	Physical inactivity	Harmful use of alcohol	Unhealthy diet
Finance	✓	✓	✓	✓
Food/catering	✓	✓	✓	✓
Foreign affairs	✓	✓	✓	✓
Health	✓	✓	✓	✓
Housing	✓	✓		✓
Justice/ security	✓	✓	✓	✓
Legislature	✓	✓	✓	✓
Social welfare	✓	✓	✓	✓
Social and economic development	✓	✓	✓	✓
Sports	✓	✓	✓	✓
Tax and revenue	✓	✓	✓	✓
Trade and industry (excluding tobacco industry)	✓	✓	✓	✓
Transport	✓	✓	✓	✓
Urban planning	✓	✓	✓	✓
Youth affairs	✓	✓	✓	✓

EXAMPLES OF POTENTIAL HEALTH EFFECTS OF MULTISECTORAL ACTION [1]

Sector	Tobacco	Physical inactivity	Harmful use of alcohol	Unhealthy diet
Sectors involved (examples)	→ Legislature → Stakeholder ministries across government, including ministries of agriculture, customs/ revenue, economy, education, finance, health, foreign affairs, labour, planning, social welfare, state media, statistics and trade	→ Ministries of education, finance, labour, planning, transport, urban planning, sports, and youth → Local government	→ Legislature → Ministries of trade, industry, education, finance and justice, → Local government	→ Legislature → Ministries of trade agriculture, industry, education, urban planning, energy, transport, social welfare and environment → Local government

[1] With the involvement of civil society and the private sector, as appropriate.

Sector	Tobacco	Physical inactivity	Harmful use of alcohol	Unhealthy diet
Examples of multisectoral action	→ Full implementation of WHO Framework Convention on Tobacco Control obligations through coordination committees at the national and subnational levels	→ Urban planning/re-engineering for active transport and walkable cities → School-based programmes to support physical activity → Incentives for workplace healthy-lifestyle programmes → Increased availability of safe environments and recreational spaces → Mass media campaigns → Economic interventions to promote physical activity (taxes on motorized transport, subsidies on bicycles and sports equipment)	→ Full implementation of the WHO global strategy to reduce the harmful use of alcohol	→ Reduced amounts of salt, saturated fat and sugars in processed foods → Limit saturated fatty acids and eliminate industrially produced trans fats in foods → Controlled advertising of unhealthy food to children → Increase availability and affordability of fruit and vegetables to promote intake → Offer of healthy food in schools and other public institutions and through social support programmes → Economic interventions to drive food consumption (taxes, subsidies) → Food security
Desired outcome	→ Reduced tobacco use and consumption, including secondhand smoke exposure and reduced production of tobacco and tobacco products	→ Decreased physical inactivity	→ Reduced harmful use of alcohol	→ Reduced use of salt, saturated fat and sugars → Substitution of healthy foods for energy-dense micronutrient-poor foods

OTHER RELEVANT DOCUMENTS

SIXTY-SIXTH WORLD
HEALTH ASSEMBLY

RESOLUTION WHA66.10 ADOPTED
BY THE WORLD HEALTH ASSEMBLY

FOLLOW-UP TO THE POLITICAL DECLARATION OF THE HIGH LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES [1]

DOCUMENT

1

The Sixty-sixth World Health Assembly, Having considered the reports to the Sixty-sixth World Health Assembly on noncommunicable diseases; [2]

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,[3] which acknowledges that the global burden and threat of noncommunicable diseases constitutes one of the major challenges for development in the twenty-first century and which also requests the development of a comprehensive global monitoring framework, including a set of indicators, calls for recommendations on a set of voluntary global targets, and requests options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership;

[1] See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.

[2] Documents A66/8 and A66/9.

[3] United Nations General Assembly resolution 66/2.

Welcoming the outcome document of the United Nations Conference on Sustainable Development (Rio de Janeiro, 20–22 June 2012), entitled "The future we want",[1] which commits to strengthen health systems towards the provision of equitable, universal health coverage and promote affordable access to prevention, treatment, care and support related to noncommunicable diseases, especially cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, and commits to establish or strengthen multisectoral national policies for the prevention and control of noncommunicable diseases;

Taking note with appreciation of all the regional initiatives undertaken on the prevention and control of noncommunicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic noncommunicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat noncommunicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the Member States of the WHO European Region in March 2010, the Dubai Declaration on Diabetes and Chronic Noncommunicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing noncommunicable disease challenges in the Pacific region, adopted in July 2011;

Acknowledging the Moscow Declaration adopted by the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011), endorsed by the Sixty-fourth World Health Assembly (resolution WHA64.11), which requests the Director-General to develop, together with relevant United Nations agencies and entities, an implementation and follow up plan for the outcomes of the Conference and 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) for submission to the Sixty-sixth World Health Assembly;

Acknowledging also the Rio Political Declaration on Social Determinants of Health adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8, which recognizes that health equity is a shared responsibility and requires the engagement of all sectors of government, all segments of society, and all members of the international community, in an "all for equity" and "health-for-all" global action;

Recalling resolution EB130.R7, which requests the Director-General to develop, in a consultative manner, a WHO global action plan for the prevention and control of noncommunicable diseases for 2013–2020 and decision WHA65(8) and its historic decision to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025;

Reaffirming WHO's leading role as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirming its leadership and coordination role in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing noncommunicable diseases in a coordinated manner;

[1] United Nations General Assembly resolution 66/288.

Recognizing the primary role and responsibility of governments in responding to the challenges of noncommunicable diseases;

Recognizing also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to noncommunicable diseases;

Stressing the importance of North–South, South–South and triangular cooperation in the prevention and control of noncommunicable diseases, to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation;

Noting that noncommunicable diseases are often associated with mental disorders and other conditions and that mental disorders often coexist with other medical and social factors as noted in resolution WHA65.4 and that, therefore, the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 is expected to be implemented coherently and in close coordination with the WHO global mental health action plan 2013–2020 and other WHO action plans at all levels;

Welcoming the overarching principles and approaches of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020[1],and calling for their application in the implementation of all actions to prevent and control noncommunicable diseases;

Recognizing that the United Nations Secretary-General, in collaboration with Member States, WHO and relevant funds, programmes and specialized agencies of the United Nations system is to present to the United Nations General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non communicable Diseases, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases,

→ DECIDES

i. to endorse the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;[2]

ii. to adopt the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including the set of 25 indicators[3] capable of application across regional and country settings to monitor trends and to assess progress made in the implementation of national strategies and plans on noncommunicable diseases;

iii. to adopt the set of nine voluntary global targets for achievement by 2025 for the prevention and control of noncommunicable diseases,[3] noting that the target related to a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases concerns premature mortality from noncommunicable diseases between ages 30 and 70, in accordance with the corresponding indicator;

→ URGES MEMBER STATES[4]

1. to continue to implement the Political Declaration of the High-level Meeting of

[1] As detailed in paragraph 18 of the Annex.

[2] See Annex.

[3] See Appendix 2 of the Annex.

[4] And, where applicable, regional economic integration organizations.

the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, strengthening national efforts to address the burden of noncommunicable diseases, and continuing to implement the Moscow Declaration;

2. to implement, as appropriate, the action plan and to take the necessary steps to meet the objectives contained therein;

3. to enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

4. to accelerate implementation by Parties of the WHO Framework Convention on Tobacco Control, including through adopted technical guidelines; other countries to consider acceding to the Convention, as well as to give high priority to the implementation of the Global Strategy on Diet, Physical Activity and Health endorsed in resolution WHA57.17, the global strategy to reduce the harmful use of alcohol endorsed in resolution WHA63.13, and the recommendations on the marketing of foods and non-alcoholic beverages to children endorsed in resolution WHA63.14, as being integral to making progress towards the voluntary global targets and realizing the commitments made in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases;

5. to promote, establish, support and strengthen engagement or collaborative partnerships, as appropriate, including with non-health and non-State actors, such as civil society and the private sector, at the national, subnational and/or local levels for the prevention and control of noncommunicable diseases, according to country circumstances, with a broad multisectoral approach, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;

6. to consider the development of national noncommunicable disease monitoring frameworks, with targets and indicators based on national situations, taking into consideration the comprehensive global monitoring framework, including the 25 indicators and a set of nine voluntary global targets, building on guidance provided by WHO, to focus on efforts to prevent and address the impacts of noncommunicable diseases, to support scaling up effective noncommunicable disease actions and policies, including technical and financial aspects, and to assess the progress made in the prevention and control of noncommunicable diseases and their risk factors and determinants;

7. to establish and strengthen, as appropriate, a national surveillance and monitoring system to enable reporting including against the 25 indicators of the comprehensive global monitoring framework, the nine voluntary global targets, and any additional regional or national targets and indicators for noncommunicable diseases;

8. to recommend that the United Nations Economic and Social Council considers the proposal for a United Nations Task Force on Noncommunicable Diseases, which would coordinate the activities of the United Nations organizations in the implementation of the WHO global noncommunicable disease action plan before the end of 2013, which would be convened and led by WHO and report to ECOSOC, incorporating the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control while ensuring that tobacco control continues to be duly addressed and prioritized in the new task force mandate;

9. to support the work of the Secretariat to prevent and control noncommunicable diseases, in particular through funding relevant work included in the programme budgets;

10. to continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms and to increase, as appropriate, resources for national programmes for prevention and control of noncommunicable diseases;

→ REQUESTS THE DIRECTOR-GENERAL

1. to submit the detailed and disaggregated information on resource requirements necessary to implement the actions for the Secretariat included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, including information on the financial implications of the establishment of a global coordination mechanism for the prevention and control of noncommunicable diseases, to the first financing dialogue convened by the Director General and facilitated by the Chairman of the Programme, Budget and Administration Committee of the Executive Board, on the financing of the Programme budget 2014–2015, with a view to ensuring that all partners have clear information on the specific funding needs, available resources and funding shortfalls of the actions for the Secretariat included in the action plan at the project or activity level;

2. to develop draft terms of reference for a global coordination mechanism, as outlined in paragraphs 14–15 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors, while safeguarding WHO and public health from undue influence by any form of real, perceived or potential conflicts of interest, without pre-empting the results of ongoing WHO discussions on engagement with non-State actors;

3. to develop the draft terms of reference referred to in paragraph 5.2 through a formal Member States' meeting in November 2013, preceded by consultations with:

i. Member States,[1] including through regional committees;

ii. United Nations agencies, funds and programmes and other relevant intergovernmental organizations;

iii. nongovernmental organizations and private sector entities, as appropriate, and other relevant stakeholders; and to be submitted, through the Executive Board, to the Sixty-seventh World Health Assembly for approval;

4. to develop, in consultation with Member States and other relevant partners, a limited set of action plan indicators to inform reporting on progress, which build on the work under way at regional and country levels, are based on feasibility, current availability of data, best available knowledge and evidence, are capable of application across the six objectives of the action plan, and minimize the reporting burden on Member States to assess progress made in 2016, 2018 and 2021 in the implementation of policy options for Member States, recommended actions for

[1] And, where applicable, regional economic integration organizations.

international partners, and actions for the Secretariat included in the action plan, and to submit the draft set of action plan indicators, through the Executive Board, to the Sixty-seventh World Health Assembly for approval;

5. to work together with other United Nations funds, programmes and agencies to conclude the work, before the end of October 2013, on a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations;

6. to provide technical support to Member States, as required, to support the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;

7. to provide technical support to Member States, as required, to establish or strengthen national surveillance and monitoring systems for noncommunicable diseases to support reporting under the global monitoring framework for noncommunicable diseases;

8. to provide technical support to Member States, as required, to engage/cooperate with non-health government sectors and, in accordance with principles for engagement, with non-State actors,[1] in the prevention and control of noncommunicable diseases;

9. to submit reports on progress made in implementing the action plan, through the Executive Board, to the Health Assembly in 2016, 2018 and 2021,[2] and reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026;

10. to propose an update of Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, as appropriate, to be considered, through the Executive Board, by the World Health Assembly, in the light of new scientific evidence and to continue to update, as appropriate, Appendix 4 of the Annex.

[1] Without prejudice to ongoing discussions on WHO engagement with non-State actors.

[2] The progress reports in 2018 and 2021 should include the outcomes of independent evaluation of the implementation of the global action plan conducted in 2017 and 2020.

UNITED NATIONS GENERAL ASSEMBLY
SIXTY-SIXTH SESSION

RESOLUTION 66/2 ADOPTED BY
THE UNITED NATIONS GENERAL ASSEMBLY

POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

DOCUMENT

2

The General Assembly adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

3rd plenary meeting
19 September 2011

ANNEX

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 19 and 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals;

2. Recognize that non-communicable diseases are a threat to the economies of many Member States and may lead to increasing inequalities between countries and populations;

3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases;

4. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases;

5. Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

6. Recognize the urgent need for greater measures at the global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health;

7. Recall the relevant mandates of the General Assembly, in particular resolutions 64/265 of 13 May 2010 and 65/238 of 24 December 2010;

8. Note with appreciation the World Health Organization Framework Convention on Tobacco Control,[1] reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the World Health Organization 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases[2] as well as the Global Strategy on Diet, Physical Activity and Health[3] and the Global Strategy to Reduce the Harmful Use of Alcohol;[4]

9. Recall the ministerial declaration adopted at the 2009 high-level segment of the Economic and Social Council[5], in which a call was made for urgent action to implement the Global Strategy for the Prevention and Control of Non-communicable Diseases and its related Action Plan;

10. Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the Member States in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

11. Take note with appreciation also of the outcomes of the regional multisectoral consultations, including the adoption of ministerial declarations, which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238;

12. Welcome the convening of the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and the World Health Organization and held in Moscow on 28 and 29 April 2011, and the adoption of the Moscow Declaration,[6] and recall resolution 64.11 of the World Health Assembly;[7]

13. Recognize the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership and coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing non-communicable diseases in a coordinated manner;

A CHALLENGE OF EPIDEMIC PROPORTIONS & ITS SOCIO-ECONOMIC & DEVELOPMENTAL IMPACTS

14. Note with profound concern that, according to the World Health Organization, in 2008, an estimated 36 million of the 57 million global deaths were due to non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including about 9 million deaths before the age of 60, and that nearly 80 per cent of those deaths occurred in developing countries;

15. Note also with profound concern that non-communicable diseases are among the leading causes of preventable morbidity and of related disability;

16. Recognize further that communicable diseases, maternal and perinatal conditions and nutritional deficiencies are currently the most common causes of death in Africa, and note with concern the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of non-communicable diseases, which are projected to become the most common causes of death by 2030;

[1] United Nations, Treaty Series, vol. 2302, No. 41032.

[2] Available at http://www.who.int/publications/en/.

[3] World Health Organization, Fifty-seventh World Health Assembly, Geneva, 17–22 May 2004, Resolutions and Decisions, Annexes (WHA57/2004/REC/1), resolution 57.17, annex.

[4] World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 3.

[5] See Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3 (A/64/3/Rev.1), chap. III, para. 56.

[6] See A/65/859.

[7] See World Health Organization, Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011, Resolutions and Decisions, Annexes (WHA64/2011/REC/1).

17. Note further that there is a range of other non-communicable diseases and conditions, for which the risk factors and the need for preventive measures, screening, treatment and care are linked with the four most prominent non-communicable diseases;

18. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

19. Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases;

20. Recognize that the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity;

21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life and that poverty, uneven distribution of wealth, lack of education, rapid urbanization, population ageing and the economic social, gender, political, behavioural and environmental determinants of health are among the contributing factors to the rising incidence and prevalence of non-communicable diseases;

22. Note with grave concern the vicious cycle whereby non-communicable diseases and their risk factors worsen poverty, while poverty contributes to rising rates of non-communicable diseases, posing a threat to public health and economic and social development;

23. Note with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries, bear a disproportionate burden and that non-communicable diseases can affect women and men differently;

24. Note with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, an unhealthy diet and physical inactivity have strong linkages with the four main non-communicable diseases and are associated with higher health costs and reduced productivity;

25. Express deep concern that women bear a disproportionate share of the burden of caregiving and that, in some populations, women tend to be less physically active than men, are more likely to be obese and are taking up smoking at alarming rates;

26. Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life, and that pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring;

27. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;

28. Recognize that smoke exposure from the use of inefficient cooking stoves for indoor cooking or heating contributes to and may exacerbate lung and respiratory conditions, with a disproportionate effect on women and children in poor populations whose households may be dependant on such fuels;

29. Acknowledge also the existence of significant inequalities in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries, and within countries and communities;

30. Recognize the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, and health and social protection systems, particularly in developing countries, in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases;

31. Note with grave concern that non-communicable diseases and their risk factors lead to increased burdens on individuals, families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States, making non-communicable diseases a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals;

32. Express deep concern at the ongoing negative impacts of the financial and economic crisis, volatile energy and food prices and ongoing concerns over food security, as well as the increasing challenges posed by climate change and the loss of biodiversity, and their effect on the control and prevention of non-communicable diseases, and emphasize in this regard the need for prompt and robust, coordinated and multisectoral efforts to address those impacts, while building on efforts already under way;

RESPONDING TO THE CHALLENGE: A WHOLE-OF-GOVERNMENT & A WHOLE-OF-SOCIETY EFFORT

33. Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;

34. Recognize that prevention must be the cornerstone of the global response to non-communicable diseases;

35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development;

37. Acknowledge the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the

media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts;

38. Recognize the fundamental conflict of interest between the tobacco industry and public health;

39. Recognize that the incidence and impacts of non-communicable diseases can be largely prevented or reduced with an approach that incorporates evidence-based, affordable, cost-effective, population-wide and multisectoral interventions;

40. Acknowledge that resources devoted to combating the challenges posed by non-communicable diseases at the national, regional and international levels are not commensurate with the magnitude of the problem;

41. Recognize the importance of strengthening local, provincial, national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources;

42. Acknowledge the need to put forward a multisectoral approach for health at all government levels, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively;

Non-communicable diseases can be prevented and their impacts significantly reduced, with millions of lives saved and untold suffering avoided. We therefore commit to:

REDUCE RISK FACTORS & CREATE HEALTH-PROMOTING ENVIRONMENTS

43. Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate, and by taking the following actions:

a. Encourage the development of multisectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

b. Develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, including through evidence-based education and information strategies and programmes in and out of schools and through public awareness campaigns, as important factors in furthering the prevention and control of non-communicable diseases, recognizing that a strong focus on health literacy is at an early stage in many countries;

c. Accelerate implementation by States parties of the World Health Organization Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the Convention, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases and can have considerable health benefits for individuals and countries and that price and tax measures are an effective and important means of reducing tobacco consumption;

d. Advance the implementation of the Global Strategy on Diet, Physical Activity and Health, including, where appropriate, through the introduction of policies and actions aimed at promoting healthy diets and increasing physical activity in the entire population, including in all aspects of daily living, such as giving priority to regular and intense physical education classes in schools, urban planning and re-engineering for active transport, the provision of incentives for work-site healthy-lifestyle programmes, and increased availability of safe environments in public parks and recreational spaces to encourage physical activity;

e. Promote the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the Global Strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon the World Health Organization to intensify efforts to assist Member States in this regard;

f. Promote the implementation of the World Health Organization Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children,[8] including foods that are high in saturated fats, trans-fatty acids, free sugars or salt, recognizing that research shows that food advertising geared to children is extensive, that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns, while taking into account existing legislation and national policies, as appropriate;

g. Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies;

h. Encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to healthy diet, and provide greater opportunities for utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of the opportunities posed by globalization and to achieve food security;

i. Promote, protect and support breastfeeding, including exclusive breastfeeding for about six months from birth, as appropriate, as breastfeeding reduces susceptibility to infections and the risk of undernutrition, promotes the growth and development of infants and young children and helps to reduce the risk of developing conditions such as obesity and non-communicable diseases later in life, and in this regard strengthen the implementation of the International Code of Marketing of Breast-milk Substitutes[9] and subsequent relevant World Health Assembly resolutions;

j. Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules;

[8] World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 4.

[9] Available at www.who.int/nutrition/publications/code_english.pdf.

k. Promote increased access to cost-effective cancer screening programmes, as determined by national situations;

l. Scale up, where appropriate, a package of proven, effective interventions, such as health promotion and primary prevention approaches, and galvanize actions for the prevention and control of non-communicable diseases through a meaningful multisectoral response, addressing risk factors and determinants of health;

44. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to:

a. Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;

b. Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;

c. Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

d. Work towards reducing the use of salt in the food industry in order to lower sodium consumption;

e. Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases;

STRENGTHEN NATIONAL POLICIES & HEALTH SYSTEMS

45. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and the objectives contained therein, and take steps to implement such policies and plans:

a. Strengthen and integrate, as appropriate, non-communicable disease policies and programmes into health-planning processes and the national development agenda of each Member State;

b. Pursue, as appropriate, comprehensive strengthening of health systems that support primary health care and deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care for persons with non-communicable diseases and of a life course approach, given the often chronic nature of non-communicable diseases;

c. According to national priorities, and taking into account domestic circumstances, increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection and treatment of non-communicable diseases and the related care and support, including palliative care;

d. Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

e. Pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

f. Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and decrease the rising trends of obesity in child, youth and adult populations, respectively;

g. Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors, and that these disparities are often linked to historical, economic and social factors, and encourage the involvement of indigenous peoples and communities in the development, implementation and evaluation of non-communicable disease prevention and control policies, plans and programmes, where appropriate, while promoting the development and strengthening of capacities at various levels and recognizing the cultural heritage and traditional knowledge of indigenous peoples and respecting, preserving and promoting, as appropriate, their traditional medicine, including conservation of their vital medicinal plants, animals and minerals;

h. Recognize further the potential and contribution of traditional and local knowledge, and in this regard respect and preserve, in accordance with national capacities, priorities, relevant legislation and circumstances, the knowledge and safe and effective use of traditional medicine, treatments and practices, appropriately based on the circumstances in each country;

i. Pursue all necessary efforts to strengthen nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of non-communicable diseases, with the full and active participation of people living with these diseases, civil society and the private sector, where appropriate;

j. Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled health workforce within countries and regions, in accordance with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;[10]

k. Strengthen, as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population;

l. According to national priorities, give greater priority to surveillance, early detection, screening, diagnosis and treatment of non-communicable diseases and prevention and control, and to improving accessibility to safe, affordable, effective and quality medicines and technologies to diagnose and to treat them; provide sustainable access

[10] See World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 5.

to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;

m. According to country-led prioritization, ensure the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with non-communicable diseases, protect those at high risk of developing them and reduce risk across populations;

n. Recognize the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population;

o. Promote the inclusion of non-communicable disease prevention and control within sexual and reproductive health and maternal and child health programmes, especially at the primary health-care level, as well as other programmes, as appropriate, and also integrate interventions in these areas into non-communicable disease prevention programmes;

p. Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;

q. Improve diagnostic services, including by increasing the capacity of and access to laboratory and imaging services with adequate and skilled manpower to deliver such services, and collaborate with the private sector to improve affordability, accessibility and maintenance of diagnostic equipment and technologies;

r. Encourage alliances and networks that bring together national, regional and global actors, including academic and research institutes, for the development of new medicines, vaccines, diagnostics and technologies, learning from experiences in the field of HIV/AIDS, among others, according to national priorities and strategies;

s. Strengthen health-care infrastructure, including for procurement, storage and distribution of medicine, in particular transportation and storage networks to facilitate efficient service delivery;

INTERNATIONAL COOPERATION, INCLUDING COLLABORATIVE PARTNERSHIPS

46. Strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard;

47. Acknowledge the contribution of aid targeted at the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the commitments contained in the Programme of Action for the Least Developed Countries for the Decade of 2011–2020,[11] and strongly urge those developed countries that have not yet done so to make additional concrete efforts to fulfill their commitments;

48. Stress the importance of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases, to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;

49. Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long-term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;

50. Acknowledge the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases, and in this regard encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives;

51. Call upon the World Health Organization, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts;

52. Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions;

53. Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation;

54. Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors, including through building community capacity in promoting healthy diets and lifestyles;

55. Foster partnerships between government and civil society, building on the contribution of health-related non-governmental organizations and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care, of non-communicable diseases;

56. Promote the capacity-building of non-communicable-disease-related non-governmental organizations at the national and regional levels, in order to realize their full potential as partners in the prevention and control of non-communicable diseases;

[11] See Report of the Fourth United Nations Conference on the Least Developed Countries, Istanbul, Turkey, 9-13 May 2011 (United Nations publication, Sales No. 11.II.A.1), chap. II.

RESEARCH & DEVELOPMENT

57. Promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases, in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation;

58. Promote the use of information and communications technology to improve programme implementation, health outcomes, health promotion, and reporting and surveillance systems and to disseminate, as appropriate, information on affordable, cost-effective, sustainable and quality interventions, best practices and lessons learned in the field of non-communicable diseases;

59. Support and facilitate non-communicable-disease-related research, and its translation, to enhance the knowledge base for ongoing national, regional and global action;

MONITORING & EVALUATION

60. Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system responses, recognizing that such systems are critical in appropriately addressing non-communicable diseases;

61. Call upon the World Health Organization, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop, before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;

62. Call upon the World Health Organization, in collaboration with Member States through the governing bodies of the World Health Organization, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on the work already under way, to prepare recommendations for a set of voluntary global targets for the prevention and control of non-communicable diseases, before the end of 2012;

63. Consider the development of national targets and indicators based on national situations, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

FOLLOW-UP

64. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, 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 non-communicable diseases through effective partnership;

65. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

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