World Health Organization

WHO DISCUSSION PAPER
(Version dated 26 July 2012)

Development of an updated Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases covering the period 2013 to 2020

1. Purpose and scope of the WHO Discussion Paper

This WHO Discussion Paper dated 26 July 2012 builds on a preliminary WHO Discussion Paper dated 30 March 2012, which was discussed at regional consultations held during the first half of 2012 on the development of an updated Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs), covering the period 2013 to 2020 ('2013 to 2020 Action Plan'). This WHO Discussion Paper builds on the recommendations which resulted from the regional consultations.

The aim of this WHO Discussion Paper is to stimulate further discussions and to obtain input and recommendations from Member States at the 'First Global Informal Consultation with Member States and UN Agencies on the Development of an Updated WHO Global Action Plan for the Global Strategy for the Prevention and Control of NCDs' (Geneva, 16 to 17 August 2012).

The WHO Discussion Paper is structured in three sections. The first section describes the 2008 to 2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs ('2008 to 2013 Action Plan') and the 'Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs' [1] ('UN Political Declaration on NCDs'). The progress and shortcomings in implementing the 2008 to 2013 Action Plan is summarized in Annex 1. The second section summarizes the input and recommendations received from the regional consultations and proposes key areas to focus on as objectives of the 2013 to 2020 Action Plan. The third, and final section, outlines the scope, purpose and the expected outcomes of the informal consultation and lists issues for further discussion.

The 2013 to 2020 Action Plan is meant to provide a roadmap for implementation of the commitments of the UN Political Declaration on NCDs. The goal of the 2013 to 2020 Action Plan is to achieve the overarching global target of 25% reduction in premature mortality from NCDs by 2025.

This WHO Discussion Paper does not represent an official position of WHO (please refer to the disclaimer included on the last page of this paper).

[1] Resolution A/RES/66/2

2. The 2008 to 2013 Action Plan and the UN Political Declaration on NCDs

The 2008 to 2013 Action Plan

Of the 57 million global deaths that occurred in 2008, an estimated 36 million (63%) were due to NCDs, including 14.2 million premature deaths between the ages of 30 and 69 (i.e. 25% of total global deaths from NCDs). In particular, the 2008 to 2013 Action Plan focused on four diseases (cardiovascular disease, diabetes, cancer and chronic respiratory disease) and four shared risk factors (tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol) [2], with a particular focus on low- and middle-income countries, taking into account that 86% of premature deaths from NCD between the ages of 30 and 69 occured in these countries.

The 2008 to 2013 Action Plan was developed to take forward the Global Strategy for the Prevention and Control of NCDs, endorsed at the World Health Assembly in 2000.[3] The 2008 to 2013 Action Plan builds on the WHO Framework Convention on Tobacco Control[4] ('WHO FCTC') and the WHO Global Strategy on Diet, Physical Activity and Health.[5] The 2008 to 2013 Action Plan was designed to provide Member States, WHO, and the international community guidance for the surveillance, prevention and management of NCDs -- the three pillars of the 2000 Global Strategy for the Prevention and Control of NCDs.

The 2008 to 2013 Action Plan set out six objectives. Each contained actions for the WHO Secretariat, proposed actions for Member States and proposed actions for international partners. In total there were over 70 sets of actions, some broad and others more specific.

The six objectives of the 2008 to 2013 Action Plan

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

[2] http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf
[3] http://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf
[4] http://www.who.int/fctc/en/
[5] http://www.who.int/dietphysicalactivity/en/

The 2008 to 2013 Action Plan described the pressing need to invest in NCD prevention as an integral part of sustainable socioeconomic development. It highlighted NCD prevention as an all-government responsibility, with considerably more gains to be achieved by influencing the policies of non-health sectors than health policies alone. Strengthening health systems and partnerships were seen as critical in intensifying and harmonizing efforts to reduce the toll of morbidity, disability and premature mortality related to NCDs. The progress and shortcomings in implementing the 2008 to 2013 Action Plan are outlined in Annex 2.

The UN Political Declaration on NCDs

The High-level Meeting and the adoption of the UN Political Declaration on NCDs represented a breakthrough in the global struggle against NCDs. They presented an historic opportunity to set a new global agenda to deal with the leading causes of disease burden and mortality and to advance the protection of the world's most vulnerable populations. Discussions covered the rising incidence of the diseases; their social and economic impact and risk factors, and developmental and other challenges; strengthening national capacities, as well as appropriate policies, to prevent and control NCDs; and fostering international cooperation and coordination of work to prevent and control NCDs. For the first time, all Member States of the United Nations agreed that NCDs constitute a major challenge to socioeconomic development, contributing to poverty and threatening the achievement of the health-related Millennium Development Goals, with a clear call for including NCDs as a priority on development agendas at the national and international levels. The UN Political Declaration on NCDs also committed governments to a series of responses.

The UN Political Declaration on NCDs commits governments to a series of responses

- Recognize the primary role and responsibility of governments in responding to the challenge of NCDs through a whole-of-government and a whole-of-society effort
- Reduce risk factors and create health-promoting environments
- Strengthen national policies and health systems
- Promote international cooperation and collaborative partnerships
- Encourage research and development
- Give greater priority to surveillance and monitor results

3. Key input and recommendations from regional consultations

Regional consultations convened by WHO on the development of a 2013 to 2020 Action Plan covered a range of issues relevant to successes and constraints in achieving the objectives contained in the 2008 to 2013 Action Plan. Participants took into consideration (i) the changes in the global landscape since the publication of the 2008 to 2013 Action Plan, including political, technical, financial and other environments, and (ii) progress made and impediments to the implementation of the 2008 to 2013 Action Plan. Discussions highlighted successful approaches, links to the health-planning processes and development agenda, multisectoral action, reducing risk factors, reorientation of health systems, including long-term financing of NCD prevention and control, the implementation of "best buy" NCD interventions, research and development, surveillance and monitoring, partnerships, strengthening national capacity and the role of WHO and UN agencies. The main outcomes

of the regional consultations summarized below is meant to shape discussions on the objectives of the updated 2013 to 2020 Action Plan.

i) Advocacy and communication

A key issue discussed was how the 2013 to 2020 Action Plan can maintain, and advance the political momentum of the High-level Meeting on NCDs and its Political Declaration, both at global and, crucially, at a national level. How can the 2013 to 2020 Action Plan ensure that governments and political leaders remain mindful of the commitments made in September 2011 in New York? In the Political Declaration, Heads of State and Government recognized the primary role and responsibility of Governments in responding to the challenge of NCDs. There is the challenge of ensuring that reducing the burden of NCDs is, in the 2013 to 2020 Action Plan, addressed at the highest levels of government. The 2013 to 2020 Action Plan needs to include novel approaches to strengthen and sustain advocacy to maintain the interest of Heads of State and Government, including by involving all relevant sectors, civil society and communities, as appropriate; creating a social movement with the full and active participation of people living with these diseases; and building an evidence base and disseminating information about the relationships between NCDs, poverty, development, trade, investment and socio-economic development.

ii) NCDs and the development agenda

Discussions at the regional consultations proposed that the 2013 to 2020 Action Plan would reposition NCDs from a public health issue to a wider, major socio-economic challenge to development. The cumulative lost output in developing countries associated with NCDs, for example, is estimated at US$7 trillion over the period 2011-2025 through spiralling health-care costs and productivity losses in low- and middle-income countries alone[6].

As the world begins to review the impact of the MDGs, there is an unique opportunity to ensure that NCDs continue to be included in discussions on the post-2015 UN development agenda. The Rio+20 Declaration "The Future We Want", which was adopted at the UN Conference on Sustainable Development (Rio de Janeiro, 20 to 22 June 2012) acknowledges that the global burden and threat of NCDs constitute one of the major challenges for sustainable development in the 21st century (paragraph 141). It also recognizes that the goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating communicable and NCDs (paragraph 138). The UN Task Team on the Post-2015 Development Agenda recognized in its report "Realizing the Future We Want For All" that the MDGs did not adequately address the increase of NCDs (paragraph 19) and identified NCDs as a priority for social development and investments in people (paragraph 67).

iii) Synergies between NCDs prevention and control and other programmes

The UN Political Declaration on NCDs includes commitments from governments to integrate NCD prevention and control within sexual and reproductive health, maternal and child health, and HIV programmes, especially at the primary care level. Participants at the regional consultations were of the view that the 2013 to 2020 Action Plan needs to explore opportunities to take this forward, for example by expanding existing services for HIV care to include prevention of cervical cancer. There may be opportunities, too, for developing linkages with other programmes, such as tuberculosis. It is important to recognize that

depression, periodontal disease, renal and musculoskeletal diseases are important comorbidities. As such, there is an opportunity to explore co-benefits of collaborative action between NCD programmes and other relevant programmes, e.g. mental health, oral health, etc. There is potential, too, to integrate NCD health promotion activities -- e.g. around tobacco, harmful use of alcohol, healthy diet, physical activity -- into immunization programmes, as NCD prevention is an increasingly important component of these programmes (e.g. human papillomavirus vaccine used to prevent cervical cancer and Hepatitis B vaccine for preventing liver cancer).

The 2013 to 2020 Action Plan should ensure that a life course approach is taken to tackle NCDs. This includes maternal health for the unborn baby, avoiding exposure to tobacco and alcohol during pregnancy, breast feeding in infancy, healthy behaviours in child and adolescence and healthy ageing. The life course approach means incorporating NCD prevention and control alongside maternal and child health programmes and care of the elderly and in a range of settings (e.g. schools, work place).

A life course approach to health promotion is also important if older people are to enter older age from a healthy platform and retain this good health until their later years. The 2013 to 2020 Action Plan should also help to strengthen the necessary evidence base and also to better articulate the need to make links between NCD programmes, poverty alleviation, sustainable development/sustainable cities, food security, climate change, disaster preparedness and gender equality.

iv) NCD 'Best buys'

The cost of scaling up NCD prevention and control is now much better understood. Prior to 2008, the costs of scaling up effective interventions was not established. Now, following the WHO publication in September 2011 of *Scaling up action against NCDs: How much will it cost?*[7], the average yearly cost of implementing a core set of high- impact, cost-effective NCD interventions ('best buys', see annex 3), in all low- and middle-income countries is estimated to be US$ 11.4 billion (an overall cost of US$ 170 billion over the period 2011-2025). This represents an annual investment of under US$ 1 per capita in low-income countries, US$ 1.50 in lower middle-income countries, and US$ 3 in upper middle-income countries. Expressed as a proportion of current health spending, the cost of implementing such a package amounts to 4% in low-income countries, 2% in lower middle-income countries and less than 1% in upper middle-income countries.

There was endorsement that these very cost-effective, high-impact interventions which are feasible to be implemented in all countries (NCD 'best buys'), provide a convincing and evidence-based approach and an entry point to scaling-up NCD prevention and control efforts. However, there are still gaps in international experience in implementing these interventions in low- and middle-income countries. The experience in tobacco control measures is increasing, but implementing salt reduction projects and initiatives for elimination of trans fat, for instance, require more concrete know-how in low- and middle-income countries. Likewise, interventions for the prevention of heart attacks and strokes (using diabetes and hypertension as entry points, aspirin treatment for heart attacks) and early detection and treatment of cervical cancer have been integrated in primary care in a number of low- and middle-income countries, even in low resource settings, where there is often a shortage of physicians. However, a review of international experience in these countries has to be conducted and lessons learned disseminated. WHO has also developed a

costing tool for national scale-up of NCD 'best buys', which will facilitate resource generation as well as budget planning for 'best buys'.

In addition to the NCD 'best buys', which can provide a rational starting point for national-scale up including multisectoral action, health professionals and policy makers will also require evidence-based guidance in relation to the cost-effectiveness of other preventive and clinical interventions. In this regard, countries and regions have the flexibility to develop region-specific or country-specific "good buys" and expand the portfolio of priority interventions based on the specifics of the country/region or need to act based on evidence and other considerations.

The implementation of a core set of NCD interventions requires adequate, predictable, sustainable financing. In general, this will result from domestic mechanisms. Fiscal policy options include taxation for products, such as tobacco and alcohol, and potentially for other products, as well as consideration of subsidies and incentives. Such taxes can contribute substantial additional funding, while reducing consumption of products harmful to health.

Some countries, in particular the least developed countries and some low- and middle-income countries, lack the national capacity to implement the core set of NCD interventions, and have requested technical support through bilateral and multilateral channels to address gaps in technical, managerial and governance knowledge. While long term, predictable and sustainable funding is most likely to come from domestic sources, least developed countries and some middle-income countries may require external assistance to design and build capacity and programmes, at least for transitional periods. Some of the most resource-constrained countries may require longer-term external support.

v) Reducing exposure to risk factors

A consensus emerged at the regional consultations to give priority to strengthening the implementation of key interventions that tackle the four major risk factors. The WHO Global Strategy to Reduce the Harmful Use of Alcohol was endorsed and its implementation commenced during the life of the 2008 to 2013 Action Plan. There has been an expansion in activities to reduce tobacco use, through the implementation of WHO FCTC with 176 Parties now committed to implementing the treaty's articles and obligations. WHO has introduced "MPOWER" -- a practical, cost-effective way to scale up implementation of the demand reduction provisions of the WHO FCTC on the ground through "best buy" and "good buy" measures for reducing tobacco use, referred to above. The implementation of these measures continues to demonstrate success. There is stronger evidence on the benefits of, and interventions for, increasing physical activity. There should be further exploration of the use of taxes from alcohol, tobacco and food products to support NCD prevention. The 2013 to 2020 Action Plan should also be a vehicle to strengthen the development and implementation of public health laws to create and support environments conducive to health and healthy behaviour.

vi) Health systems

There was consensus among participants at the regional consultations that unhindered access to the essential standards for health care for people with NCDs, including early detection, timely treatment and follow-up, is essential for NCD prevention and control. Integrating the management of the four major NCDs into primary health care is now an

agreed strategy, but there is a pressing need to learn from implementation successes and failures.

Discussions also highlighted many constraints that can be identified across all pillars of the health system including :

- Governance: unregulated private sector, preventive curative imbalance.
- Financing: lack of predictable and equitable financing and inefficiency.
- Workforce: inadequate capacity and training programmes and weak contractual/managerial arrangement.
- Medicines and technologies: inadequate access and irrational use.
- Information: fragmentation and lack of monitoring.
- Service provision: limited access and weak referral systems.

Participants agreed that the 2013 to 2020 Action Plan needs to identify strategies to address all these constraints. The lack of adequate access and high cost of essential medicines and technologies contributes to the increasing NCD burden at the country and global levels and forces people to rely on out-of-pocket payments. Member States have recognized the central role of governments to ensure equitable access to efficacious, safe and quality essential medicines and medical technologies. Irrespective of national income levels, there is a range of effective strategies and approaches to promote access to essential medicines and reduce the NCD burden. Equitable access to medicines and technologies can be achieved through rational selection, affordable prices, sustainable financing, and reliable systems. Steps to be undertaken include evidence-based guidance on rational use of medicines developed with due attention to conflict of interest issues. It is increasingly recognized as important that countries implement policies that prioritize generic medicines, encourage public procurement, separate prescribing and dispensing, control wholesale and retail mark-ups through regressive mark-up schemes and exempt essential medicines from import tax and local tax.

Building affordable health systems should be a core issue for the action plan. Fundamental to this issue, is the need for the health system to receive adequate financial allocation with equitable distribution. There is an urgent need to aim for affordable universal coverage on the basis of equity and solidarity, so as to provide adequate scope of health care and preventive services and levels of costs covered through equitable and sustainable financial resource budgeting. Key questions in this respect include the following: How can inclusion of NCD interventions in social protection packages be increased? How can inefficiency in health systems be identified and reduced?

The 2013 to 2020 Action Plan should also identify innovative approaches based on information and communication technology, such as mobile telephones for health promotion, long-term management and self-care to support NCD prevention and management. Other examples include internet health goods and services, telemedicine and remote patient monitoring, “SMS” (Short Message Service, or text messaging service) for health, mobile health, software applications to increase adherence to treatment, new diagnostic tools, e.g. testing for diabetes from a cell phone, biotechnology, and advanced technologies, such as surgery robotics, genetics, stem cell, transplant technology, polymerase chain reaction (PCR), imaging technology. With these new technologies comes a range of partners developing and providing such innovations. A significant challenge will be

for Ministries of Health and service providers to focus on scale up of basic, cost effective technologies, while, at the same time, maximizing the use of innovative new technologies.

vii) Research and development

Participants pointed out that there is a serious mismatch between the rising NCD burden and the research capacity and research output of low- and middle-income countries, which bear the major brunt of NCDs. Shortage of research funds, inadequate training of professionals, poor infrastructure for research, weak peer support in research, and absence of a tradition of research, are some of the key barriers which need urgent address through concrete activities in the 2013 to 2020 Action Plan. In this context, participants were concerned about the lack of process indicators in the global monitoring framework to track progress of research and development.

As resources for health are limited, particularly in low- and middle-income countries, it is essential that NCD policies and programmes be based on sound scientific evidence generated from operational research. The 'WHO Prioritized NCD Research Agenda'[6] provides guidance to Member States in understanding and identifying the key public health research needs related to NCDs. Research priorities that have been identified should be integral components of all objectives of the 2013 to 2020 Action Plan. The 2013 to 2020 Action Plan should also help to leverage and align activities of academia, professional associations, research networks, WHO Collaborating Centers, partners and donors to strengthen national NCD research capacity, research partnerships and networks at global, regional and national levels.

viii) Surveillance and monitoring

Participants felt that ongoing efforts to develop a global monitoring framework, including indicators, and a set of voluntary global targets, were providing governments with guidance to consider the development of national targets and indicators based on national situations. Furthermore, the national framework for surveillance included in the 'WHO Global Status Report 2010'[7] on NCDs provides clarity on the key components of country-level NCD surveillance. The World Health Assembly's decision WHA65(8) to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025 is a powerful target and can reflect the impact of prevention efforts, as well as improvements in access to management and treatment of NCDs. The high diversity across regions means that it may not be feasible to have a single absolute target for all countries. Further, if health outcome targets contained in the global monitoring framework are to be realized, there is a need for policy/process on targets and indicators to drive progress. The 2013 to 2020 Action Plan is an appropriate tool to situate these elements.

There are major constraints in integrating country-level NCD surveillance and monitoring systems into existing national health information systems. Providing guidance on bridging these constraints is a key challenge for the 2013 to 2020 Action Plan. Some examples of priority actions proposed to strengthen country-level NCD surveillance include:

- Strengthen vital registration/cause of death certification/International Classification of Diseases (ICD) coding.

[6] http://whqlibdoc.who.int/publications/2011/9789241564205_eng.pdf
[7] http://www.who.int/nmh/publications/ncd_report2010/en/index.html

- Develop/strengthen national monitoring systems for NCD risk factors and conduct at least one national survey on the prevalence of risk factors every 5 years.
- Policy monitoring.
- Disease registries, if feasible and sustainable.

ix) Global financial crisis and raising revenue

Participants expressed concern that Overseas Development Assistance (ODA) for NCDs has not maintained pace with the political commitments and the growing recognition of the magnitude and the consequences of the NCD epidemic. Understanding by development agencies about the links between NCDs, poverty and development would merit strengthening. As a result, bilateral and multilateral technical assistance to support national NCD efforts remain inadequate, despite a huge demand for technical assistance in this area. In this regard, the UN Political Declaration on NCDs called for fulfilment of all ODA-related commitments, including for NCDs.

In the current financial climate, a major challenge is also to ensure that countries and their partners are investing adequately in the above-mentioned 'best buys'. Key issues are how Ministers of Finance, Planning and Health and their development partners are best able to integrate NCDs into health-planning processes and the national development agenda of each Member State, increase and prioritize budgetary allocations for addressing NCDs, and mobilize adequate, predictable and sustained financial resources through domestic, bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms.

Over the last few years, there has been increasing discussion around raising additional resources for health through innovative financing. Following the recommendations of the 'Task Force on Innovative Financing for Health Systems' in 2009, the principles of a global solidarity contribution on tobacco products has been developed and was discussed at the G-20 Summit in Cannes in November 2011 following the presentation of a report entitled 'Innovation With Impact: Financing 21st Century Development'[8] by Bill Gates. The 'WHO World Health Report 2010' has subsequently highlighted innovative financing as a key way of supplementing national health budgets, whether directly in countries or via global pooled mechanisms. As described in the report, the potential to increase taxation on tobacco and alcohol exists in many countries. Even if a portion of the proceeds were allocated to health, access to services would be greatly improved. Such taxes can contribute to substantial additional funding, while directly improving population health. Several country examples were shared at the regional consultations of raising taxes on tobacco, alcohol and other products harmful to health to raise revenue domestically to support NCD prevention efforts.

It was emphasized that resources devoted to NCDs at national, regional and global levels are not at all commensurate with the magnitude of the problem. Governments had committed themselves to explore the provision of adequate, predictable and sustainable resources needed to be identified through domestic channels and international development cooperation and the 2013 to 2020 Action Plan should provide recommended actions on how to realize these commitments. How could the 2013 to 2020 Action Plan persuade Heads of State and Government, Ministers of Finance and Planning, and senior policy makers that

[8] http://www.thegatesnotes.com/Topics/Development/G20-Report-Innovation-with-Impact/

implementing the NCD 'best buys' interventions is an excellent economic investment? The 2013 to 2020 Action Plan should also emphasize that international development agencies, intergovernmental organizations (IGOs) and international financial institutions (IFIs) should start responding to the demands from low- and middle-income countries for technical assistance in the area of NCDs, through aid and expertise, also taking into account that current demands for technical assistance in the area of NCDs are high and continue to grow.

x) Multisectoral action

There was strong agreement at the regional consultations that "The health sector alone cannot cope with NCDs". Multisectoral national policies and plans should be adopted not just by the Ministry of Health, but by the Government. Multisectoral action against NCDs involves national authorities engaging across government sectors to improve health outcomes from such diseases and to reduce exposure to the common, modifiable risk factors.

Multisectoral action is typically undertaken in two ways:

- through the integration of a systematic consideration of wider health concerns into the routine policy processes of non-health sectors.
- by paying specific attention to the prevention and control of NCDs within policies, programmes and activities of relevant sectors.

In the UN Political Declaration on NCDs, it is recognized that effective prevention and control of NCDs require multisectoral approaches at the government level, including whole-of-government approaches across all relevant sectors, and involving civil society and the private sector, as appropriate, while safeguarding public health from any potential conflict of interest. Multisectoral action and multistakeholder collaboration are not new concepts for most countries. Many countries are implementing successful multisectoral approaches to combat HIV and improve maternal health. Fewer countries are implementing multisectoral approaches for the prevention and control of NCDs. Some successful approaches were shared during the regional consultations. Participants underlined that the difficulty is not in understanding the concept, but the translation into action. For some countries, it is very much a case of expanding multisectoral action, building upon the structures, relationships and priorities that exist in their setting. There is no "one-size-fits-all approach", rather, learning needs to occur through implementation in different contexts.

The key barriers to multisectoral action identified by participants were as follows:

- Inadequate human and financial resources.
- Lack of recognition of NCDs as a public health problem.
- Limited capacity of ministries of health to lead multi-stakeholder action.
- Poor health literacy among the community, as well as other stakeholders.
- Compartmentalized working of government departments.
- Limited understanding of health implications of public policies by other sectors.
- Lack of sufficient local evidence of the effectiveness.
- Difficulties in sensitizing and winning over stakeholders.
- Lack of regulations and guidelines for involving the private sector.
- Lack of a regulatory framework for mandating/promoting multisectoral actions.

The 2013 to 2020 Action Plan needs to incorporate multisectoral action as a key objective and provide a framework for action. The associated mandates for social determinants of health should also be reflected in the 2013 to 2020 Action Plan to help build the case for scaling up multisectoral action. Multisectoral activities need to be based on an understanding of a shared goal between sectors. They are more likely to succeed if they resonate with overarching societal goals, rather than on NCD prevention and control alone. It is useful to identify the 'entry points' for multisectoral action which are most appropriate for national, provincial or urban authority levels. For example, governments may use the setting of national targets for the prevention and control of NCDs and their commitment to implement the 'best buys' as a starting point to promote multisectoral activities. Multisectoral action may also be built on existing activities, such as multisectoral mechanisms already established for tobacco control or sustainable environment. Consideration of which sector(s) need to be involved in the development of multisectoral activities needs to be based on the likelihood of positive NCD prevention and control outcomes. Likewise, multisectoral action could be prioritized depending on which sectors can assist in making the greatest gains for NCD prevention and control.

National multisectoral frameworks may include the following policy options to initiate and accomplish multisectoral action for the prevention and control of NCDs:

Achieving a whole-of-government action

The NCD epidemic impacts the poor most severely. The '2011 Rio Declaration on Social Determinants of Health'[9], highlights a health-in-all-policies approach as a way to promote health equity and create fairer opportunities for health promotion, prevention, treatment and care for vulnerable groups. The importance of addressing inequity in relation to NCD programmes is also highlighted in the UN Political Declaration on NCDs, as was the need to engage effectively with civil society and the private sector.

Success in implementing the core set of NCD interventions may rest in the development of national multisectoral frameworks and fora that include mechanisms for planning, guiding, monitoring and evaluating enactment of multisectoral policies and their impacts on NCDs, as well as analysing the impact of NCDs on different government sectors. This can be coupled with the establishment of periodic mechanisms to analyse how policies in other sectors affect health to identify which sector policies have a major impact on public health priorities, to foster a shared understanding between sectors, and to uphold accountability of all relevant sectors to the impact of their policies on health. Success in implementing the core set of interventions also requires building and disseminating information about how addressing NCDs will advance the results of other sectors.

Political leadership

The multisectoral national policies and plans for the prevention and control of NCDs have major political and budgetary implications, well beyond their direct implications for the public sector. As such, high-level political commitment for advocacy, leadership, and resource mobilisation is essential.

[9] http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_16-en.pdf

Responsible stewardship and conflict of interest

Challenges may include competing government, organizational, and community demands, priorities, and resources, lack of shared understanding of goals to be achieved, lack of shaping health goals to address other sectoral goals, objectives, and programmes, conflicts over values and diverging interests (economic or otherwise), and competing programmes. These can equally occur between governments at the global level, between government sectors at the national level, and between government and non-government actors at all levels. In seeking the benefits of engagement with stakeholders, a primary concern is to avoid negative impacts arising from real or perceived conflicts of interest. Conflicts of interest may arise when personal, professional, financial, or business interests are not aligned with agreed public health goals. It is accepted that there is a fundamental conflict of interest between advancing public health and the private money making objectives of the tobacco industry.

Sustainable workforce for action against NCDs

A key investment for the prevention and control of NCDs is the development of an appropriate health workforce. Beyond services in health care settings, an unprecedented diversity of disciplines can contribute to the successful integration of NCD prevention and control into whole of government policy and programming.

Promote development and use of impact assessment methods to monitor and evaluate multisectoral action

To support multisectoral action, health impact assessments can provide a systematic approach to determine the health effects of implementing policies external to the health sector. In the context of scarce resources and uncertain effectiveness of some interventions for multisectoral action, strong monitoring and evaluation is required. This also can ensure equitable allocation of resources and broader accountability.

xi) Partnerships

The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the 2008 to 2013 Action Plan. Participants agreed that these will continue to be required at the national, regional and global levels. At country level, such partnerships include collaboration among health-care teams, patients, families, communities, municipalities and other relevant partners. In 2009 and 2010, nearly 90% of Member States reported having partnerships or collaborations for implementing key NCD activities. The majority focused on tobacco use and diabetes (84% and 81%, respectively). Some of the mechanisms in operation for multisectoral collaboration were inter-departmental committees, ministerial committees, task forces, academic institutions and nongovernmental organizations.

At the global level, such partnerships include WHO exercising its leadership and coordination role in promoting and monitoring global action against NCDs in relation to the work of other relevant United Nations agencies, development banks, and other regional and international organizations in addressing NCDs a coordinated manner. In this regard, WHO convened the 'First Meeting of UN Funds, Programmes and Agencies on the Implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention

and Control of NCDs' in New York on 8 December 2011[8]. A second meeting was convened on 29 June 2012.

Either nationally or globally, there is no "one size fits all", meaning partnership arrangements need to be built carefully, drawing on established best practice and existing constraints.

Given the complexity of NCDs and related required responses, partnerships and collaborations for NCDs need to include many of the functions noted below:

- Advocacy and awareness-raising: to support campaigns to increase awareness of and general information for NCD prevention and control.
- Coordination mechanisms: to support and assemble the relevant sectors and actors to plan, design, implement, and monitor NCD programmes nationally and sub-nationally. In low- and middle-income countries, donor coordination is also required. Internationally, WHO can support coordination of multisectoral stakeholders.
- Financing and resource mobilization: to mobilize and allocate resources. This includes innovative financing, multilateral financing, bilateral sources, private sector, and/or nongovernmental or general public sources.
- Capacity building: to deliver or coordinate technical assistance or capacity building, including through "knowledge hubs".
- Product development/innovation: to catalyze new medicines, vaccines, and diagnostics.
- Product access: to support procurement of health commodities or enabling strategies such as patent pools.

With the growing experience from over a decade of global health partnerships, initiatives, and collaborations, many participants at the regional consultations cited factors that support partnership success including:

- Pursue the partnership's comparative advantage by articulating distinctive objectives, roles, and responsibilities to enable collaboration and resource mobilization.
- Adequately resource the partnership secretariat: the size of the secretariat is a critical factor in determining success – in particular, the coordination of partners through openly and efficiently communicating positions and actions is essential but highly people-intensive.
- Practice good management with management structures and practices to optimize performance, monitoring and accountability.
- Practice good governance, including managing balanced board representation, transparency, and accountability.
- Respect partners' divergent interests, incentives and pressures to ensure the alliance remains mutually beneficial in achieving its public health goals.
- Ensure positive impact on national and local health systems, avoiding fragmentation and overburdening.
- Make continuous improvement an ongoing priority such that the partnership regards itself more as a learning process than an organizational structure.

Some participants felt that the 2013 to 2020 Action Plan should highlight the potential capacity that could come from the private sector and its corporate social responsibility. The 2008 to 2013 Action Plan should therefore encourage public private partnerships and include mechanisms to strengthen such programmes, while safeguarding public health from potential conflicts of interest. However, the private sector, remains unregulated in many

areas when it comes to NCDs and the 2013 to 2020 Action Plan should highlight the role and importance of regulating this important sector in the prevention and control of NCDs.

xii) The role of the WHO Secretariat

There was strong agreement that WHO needed to be adequately resourced to be able to better support countries. The 2013 to 2020 Action Plan should highlight WHOs role in performing the following tasks:

- Provide expert technical assistance and guidance for NCD prevention and control, tailored to the capacity and resource availability of countries
- Use its convening role to facilitate sharing of experiences and learning on all aspects of NCD prevention and control within and between regions
- Use its coordinating role to facilitate coherence of NCD activities of all stakeholders
- Support countries to strengthen their capacities for prevention and control of NCDs including NCD needs during disasters and emergencies
- Conduct periodic monitoring to assess progress of implementation of the Action Plan so that countries could address bottlenecks that hinder progress

There were questions raised on the coordination of NCD work in relation to UN agencies, e.g. How can the 2013 to 2020 Action Plan operationalize the commitments made in the UN Political Declaration on NCDs, and include other UN agencies in the plan? WHO has been tasked with producing 2013 to 2020 Action Plan and also coordinating NCD work of UN agencies. Could the 2013 to 2020 Action plan be "co-branded" by other UN development agencies to accelerate the progress of its implementation? Would this require discussions at their respective Governing Bodies?

xiii) Accelerated national response

Current demands for technical assistance in the area of NCDs are high: an analysis of 144 WHO Country Cooperation Strategies demonstrates a demand for technical assistance to support national efforts to address NCDs in 136 of them (comparable with 134 requests to address health system strengthening, 119 for communicable diseases, and 119 for emergency preparedness and response). Strengthening national capacity is essential for realizing the commitments of the political declaration and should be a key objective of the 2013 to 2020 Action Plan.

Participants felt that the 2013 to 2020 Action Plan needs to provide pragmatic suggestions particularly for countries with limited resources facing a double-burden of diseases, e.g. by indicating priority activities for launching and monitoring a country-led response to NCD prevention and control. Strong advocacy, rigorous surveillance and implementation and scale up of NCD 'best buys' were flagged as examples of key solutions and top priorities for action.

Shortage of trained human resources (doctors, nurses, paramedical and health care workers) was a major limitation in many countries. National workforce development for NCD prevention and control, required attention to all areas - policy analysis and development, legislative and regulatory functions, surveillance, prevention and promotion, disease management, operational research, multisectoral action and program coordination including partnership/coalition building. Capacity was particularly weak at the primary care level and this urgently needed strengthening.

Finally, participants agreed that the 2013 to 2020 Action Plan should be a driving force for national action. It should be flexible enough to be adapted and adopted as a multisectoral national NCD action plan by countries. Given that countries are at different levels of socioeconomic development, at varying stages of epidemiological transition and at different starting points in terms of addressing NCDs, addressing the wide disparities among countries with one action plan could pose a challenge.

The 2013 to 2020 Action Plan should also highlight the need to strengthen the linkages within the UN System at the country, regional and global levels and the UNDAF mechanism particularly needs further strengthening and monitoring. Specific actions proposed to strengthen NCD work at country level including coordination were as follows:

- Develop a mechanism, within the UN Country Team, for integrated efforts on NCDs among the UN agencies, within the framework of "delivering as one".
- Provide training for UN Resident Coordinators with special focus on the impact and implications on socioeconomic development.
- Develop NCD-related advocacy messages focusing on particular ministries beyond health, as part of the guidance to facilitate multisectoral action.
- Advocate for including NCDs on one of the flagship reports; i.e. Human Development Report at the global, regional and national levels.
- Develop guidelines on incorporating NCDs into UNDAFs such that NCDs are included in the checklist of UNDAF outcome evaluation.
- Integrate NCD-related essential services within primary healthcare in WHO Country Cooperation Strategies (CCS).

xiv) Structure of the 2013 to 2020 Action Plan

There was a discussion on the structure of the 2013 to 2020 Action Plan. Certain objectives, such as objective 1 and 2 of the 2008 to 2013 Action Plan may need to be revised to better define the activities related to advocacy, multisectoral action for the prevention and control of NCDs, and health-in-all policies. There is a need for a stand-alone objective which focuses on health systems issues related to NCDs. Partnerships could feature as a crosscutting activity rather than a stand-alone objective. The 2013 to 2020 Action Plan also needs to identify ways in which the private sector (with the exception of the tobacco industry) could be part of the solution to addressing NCDs, while safeguarding public health from any potential conflict of interest. There is also the need to focus on strengthening national capacity in low- and middle-income countries, especially in the least developed countries, to set national targets and implement the NCD ‘best buys’ interventions.

Participants stated that "the 2013 to 2020 Action Plan should not be a major departure from the existing plan, but an incremental development, a logical continuation and an improvement on the previous one". The 2013 to 2020 Action Plan should be ambitious, but realistic for countries to make progress. The vision and roadmap provided by WHO and the UN Political Declaration on NCDs should now be translated into concrete action points in the 2013 to 2020 Action Plan. The 2013 to 2020 Action Plan should be aligned to targets and indicators of the monitoring framework and provide direction to countries so that all countries can make a meaningful contribution to the overarching global target of a 25%

reduction in premature mortality from NCDs by 2025. The 2013 to 2020 Action Plan should also provide a flexible framework for regional and national action plans.

xv) Proposed objectives of the 2013 to 2020 Action Plan

Based on the foregoing input from the regional consultations, the following broad objectives are proposed for the updated 2013 to 2020 Action Plan, for consideration and further discussion at the forthcoming informal consultation.

- To create political and public awareness of NCDs as a health and development issue
- To place NCDs in the post MDG development agenda
- To establish and monitor multisectoral action for prevention and control of NCDs
- To strengthen international cooperation and results oriented partnerships to raise revenue and strengthen national capacity
- To reduce risk factors and create health-promoting environments
- To reorient health systems to address NCDs and provide universal coverage
- To implement the prioritized NCD research agenda
- To establish NCD surveillance systems and monitor the NCD epidemic
- To accelerate progress of country action
- To create interconnections with all relevant health and development issues and jointly mitigate risks and repercussions

4. Scope, purpose, expected outcomes and issues for further discussion at the first informal consultation of Member States and UN agencies

Scope and purpose of the first informal consultation:

- To review the political relevance of the 2008 to 2013 Action Plan, identify the main strengths and weaknesses, and strategic lessons learned.
- To identify new challenges, opportunities and recommended actions for Member States, UN agencies, international partners and the WHO Secretariat
- To discuss the role of Member States, UN agencies, international partners and the WHO Secretariat in the preparatory process leading to World Health Assembly in May 2013 where the final draft 2013 to 2020 Action Plan will be considered by Member States.

Expected outcomes of the first informal consultation:

- Consensus on the strengths and weaknesses of the 2008 to 2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs
- Common understanding on how the external environment has changed and its implications for the 2013-2020 Updated Action Plan, in particular:
    - Moscow Declaration on NCDs
    - UN Political Declaration on NCDs
    - Outcome of the World Conference on Social Determinants of Health
    - Outcome Document 'The Future We Want' adopted at Rio+20
- Consensus on the goal and objectives of the 2013 to 2020 Action Plan

- Recommendations on the structure of the 2013 to 2020 Action Plan, including links with regional and country initiatives
- Ideas generated on ways to effectively articulate the role of Member States, UN agencies, international partners and the WHO Secretariat

Questions for further discussion:

Accelerate national responses

- Which recommended actions for Member States would generate a national political commitment on how to contribute to a global target of a 25% reduction in premature mortality from NCDs by 2025?
- Which recommended actions for Member States would ensure that NCDs are included in national health-planning processes and the development agenda of each Member State?
- Which recommended actions for Member States would strengthen the development and implementation of national multisectoral plans for the prevention and control of NCDs? (including national targets and indicators, and actions to strengthen surveillance and monitoring systems).
- Which recommended actions for Member States would promote the establishment of scenarios and policy directions for moving towards universal coverage?
- Which recommended actions for Member States would strengthen national health systems to deliver primary health care services to address NCDs?
- Which recommended actions for Member States would ensure that people living with NCDs can access essential medicines and technologies for NCDs?
- Which recommended actions for the WHO Secretariat could be included in the 2013 to 2020 Action Plan to strengthen the capacity of Member States in mobilizing a whole-of-government response to NCDs?

Increase and prioritize budgetary allocations for addressing NCDs

- Which recommended actions for Member States would increase and prioritize budgetary allocations for addressing NCDs? (including through an increase in taxation on tobacco and alcohol)
- Which recommended actions for international partners would increase the provision of adequate, predictable and sustained resources through bilateral and multilateral channels to support national NCD efforts?

Roles and responsibilities of civil society and the private sector?

- What are the recommended actions for NGOs and civil society that can contribute to the achievement of a 25% global reduction in premature mortality from NCDs by 2025?
- What are the recommended actions for the private sector that could contribute to the to the achievement of a 25% global reduction in premature mortality from NCDs by 2025, in particular with regards to (i) the marketing of food and non-alcoholic beverages to children; (ii) reduction of salt in processed food; (iii) the elimination of industrially

produced trans-fatty acids from the food supply; (iv) improving access to essential medicines and technologies?

Partnerships

- What functions should global and national partnerships for the prevention and control of NCDs include, in addition to the five identified in paragraph 18 of WHA paper A65/7?
- How does the WHO Secretariat ensure synergies between the recommended actions to promote partnerships to be included in the 2013 to 2020 Action Plan and the outcomes of discussions at the UN General Assembly before the end of 2012 in relation to WHO's inputs into the report of the UN Secretary-General on options for strengthening multisectoral action for the prevention and control of NCDs through effective partnership?

Monitoring

- Which recommended actions for the WHO Secretariat should be given priority in the 2013 to 2020 Action Plan to monitor the implementation of the 2013 to 2020 Action Plan and evaluate its results?

Post-2015 UN development agenda

- Which recommended actions for Member States, international partners and the WHO Secretariat should the 2013 to 2020 Action Plan include in order to ensure that NCDs continue to be included in the discussions on the post-2015 UN development agenda?

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Annex 1 – Regional consultations

- Regional Meeting convened by the WHO Regional Office for South-East Asia on "Noncommunicable Diseases, including Mental Health and Neurological Disorders" (Yangoon, Myanmar, 24 to 26 April 2012)
- Regional Meeting convened by the WHO Regional Office for the Americas "From Declaration to Multi-stakeholder Action" (Brasilia, Brazil, 8 to 9 May 2012)
- Regional Meeting convened by the WHO Regional Office for the Western Pacific on "National Multisectoral Plans for NCD Prevention and Control" (Kuala Lumpur, Malaysia, 11 to 14 June 2012)
- Fourth Pacific NCD Forum on "Mitigating the NCD crisis"(Auckland, New Zealand, 19 to 21 June 2012)
- Subregional Meeting convened by the WHO European Office on "Policy Dialogue on Public Health Services Strengthening for Improved NCD Prevention and Control", (Astana, Kazakhstan, 27 to 29 June 2012)
- Regional Meeting convened by the WHO Regional Office in the Eastern Mediterranean on the "Development of an Updated Global Action Plan for Prevention and Control of NCDs" (Cairo, Egypt, 30 June to 2 July 2012).

Annex 2 - Implementing the 2008 to 2013 Action Plan: progress and impediments

Successes in achieving the objectives of the 2008 to 2013 Action Plan

The prevention and control of NCDs is a vast undertaking. The focus of the 2008 to 2013 Action Plan on four diseases and four risk factors was a major strength and focussed efforts to address the impacts of NCDs and to assess the progress made in the prevention and control of NCDs. There was undoubtedly success in raising the priority accorded to NCDs (Objective 1) at the global level, culminating with the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (New York, 19 to 20 September 2011). Another strength of the 2008 to 2013 Action Plan was the explicit recognition of multisectoral engagement to tackle NCDs.

Over the lifetime of the 2008 to 2013 Action Plan, there has been an increase in the number of national NCD plans (Objective 2). An increasing number focussed on primary care, wider health systems strengthening, as well as health care delivery. A package of essential NCD interventions for primary care in low-resource settings is now available to help guide low- and middle- income countries in implementing cost-effective NCD interventions in resource constrained primary care settings. An additional achievement has been the increase in governments establishing units in their Ministries of Health with dedicated staff to tackle NCDs. A total of 165 countries now have units for addressing NCDs.

Throughout the lifespan of the 2008 to 2013 Action Plan, the evidence base for preventing and controlling NCDs has grown (Objective 4). Between 2008 and 2010, a 'WHO Prioritized Research Agenda on NCDs' to guide future investment in this area was developed through a series of consultations, working papers, reviews and a survey for ranking research priorities.

There have been some excellent examples of partnership during the life of the 2008 to 2013 Action Plan (Objective 5) with nearly 90% of countries reporting the existence of partnerships or collaborations for implementing key NCD activities at the national level. Reducing tobacco use and diabetes are the areas most frequently targeted for these partnerships. The 2008 to 2013 Action Plan has also had success in catalysing partnerships between UN agencies, civil society, the private sector and national governments at the global and regional level.

According to the 'WHO Global Status Report on NCDs 2010', nearly 90% of countries now report the existence of partnerships or collaborations for implementing key NCD activities at the national level. Reducing tobacco use and diabetes were the areas most frequently targeted (84% and 81% respectively). There are relatively few documented global partnerships for NCDs to date. At national level, collaborations are varied. At times government is engaged, and in other instances, multisectoral action involves different initiatives by specific sectors alone.

There is increasing experience from global coalitions or networks to address NCDs. Bloomberg Philanthropy has led in providing financial support for global initiatives in NCDs. The Bill and Melinda Gates Foundation is supporting tobacco use reduction primarily in Africa through a partnership between WHO, Member States and NGOs. The Global Alliance for Improved Nutrition (GAIN) has worked with over 600 companies in more than 30 countries. The Pan American Forum for Action on NCDs brings together governments, civil society and the private sector to support Member States in implementing the commitments

included in the Political Declaration on NCDs. The NCD Alliance was founded by four international NGO federations representing the four major NCDs, uniting a network of civil society organizations in 170 countries.

Monitoring NCDs and their determinants is a basic component of the 2008 to 2013 Action Plan. WHO developed concrete guidance on the key components of NCD surveillance, a set of core indicators for each component and recommendations on integrating NCD surveillance as an integral part of national health information systems. Work initiated in January 2011, to reach consensus on a set of evidence-based global targets is under way and will be completed at a formal Member States' consultation in October/November 2012 (Objective 6).

Finally, the 'WHO Global Status Report on NCDs 2010' was developed in 2009 and 2010 and launched in April 2011, during the 'First Ministerial Global Conference on Healthy Lifestyles and NCD Control' (Moscow, 27-28 April 2012). The report had two aims: (i) it provided -- for the first time ever -- estimates for NCD specific mortality and risk factors level for WHO Member States and therefore serves as the baseline for future monitoring of NCDs at the global level (Objective 6); and (ii) it also provided clear guidance and positions from WHO on the three major components of NCD prevention: surveillance, prevention and health care.

The World Health Assembly received reports in 2010 and 2012 providing an overview of progress in implementing the 2008 to 2013 Action Plan[10,11].

Shortcomings in achieving the objectives of the 2008 to 2013 Action Plan

Progress in almost all areas has been slower than anticipated to turn the tide of NCDs. The 2008 to 2013 Action Plan has mobilized insufficient and financial commitments in a number of low- and middle-income countries. Few governments in low- and middle-income countries have increased and prioritized budgetary allocations for addressing NCDs. Although the majority of low- and middle-income countries have NCD plans, few have been able to secure adequate, predictable and sustained resources through domestic channels to implement these plans.

Policies and plans to tackle risk factors are not always sufficiently linked at national level and the ability of governments to work with the private sector in tackling risk factors remains in its infancy. The political will to act, for example on reducing tobacco use or the harmful use of alcohol, also remains an issue in some countries. Multisectoral working remains a significant challenge with insufficient examples and dissemination of good practice. Whole-of-government approaches, encouraging healthy diet and physical activity, remain weak in some settings.

Contributing factors to the rising prevalence of NCDs, such as the globalization of trade and marketing, population ageing and rapid urbanization, continue to increase. Ever greater reliance on motor cars continues to reduce opportunities for daily physical activity. The increasing obesity epidemic, especially childhood obesity remains a major challenge. No country has yet succeeded in turning around the obesity epidemic at national level. Childhood obesity could be a particularly powerful entry point to engage public and political opinion for more energetic action to stimulate behavioural change in the society.

Health systems still require substantial strengthening if NCD prevention and control are to be both effective and sustainable: the 2008 to 2013 Action Plan has been recognized as promoting successful approaches in this area. However, gaps in human resources for health, require further addressing, as do strengthening viable financing options and promoting the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particular at the community level. Catastrophic health expenditure caused by NCDs remains a reality for many in low- and middle-income countries. Linkages with other national HIV programmes remain to be explored.

Despite achievements in increasing risk factor surveys in many countries, surveillance (i.e. the systematic ongoing collection of data) remains weak in many countries. There is an urgent need to improve vital registration in many low-income countries. Population-based registry data for morbidity, e.g. cancer registries, do not exist in most countries. Stronger integration of country-level surveillance systems for NCDs with national health information systems is also required.

Despite increasing recognition of the pressing need to address the growing magnitude of NCDs and their risk factors and the negative impact on socioeconomic development, official development assistance specifically to support low- and middle-income countries in building sustainable institutional capacity to tackle NCDs remains insignificant.

Discussions at the regional meetings on strengths and weaknesses of the 2008 to 2013 Action Plan

Key outcomes

The main implementation outcomes of the 2008 to 2013 Action Plan include:

- Improved awareness, commitment and prioritization of NCDs by policy-makers.
- An increased recognition among policy-makers on the need to influence public policies in non-health sectors to achieve better health outcomes for NCDs.
- An increase in the number of national NCD policies and plans.
- An increase in the implementation of standardized surveillance and monitoring .
- An increase in the number of countries that have developed policies and programmes for the prevention and control of NCDs, taking into account the WHO FCTC, the Global Strategy for Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol.
- Identification and cost estimation of high-impact, very cost-effective interventions for reducing risk factor levels in the population and for addressing major NCDs in primary care ('best buys').
- Development of an integrated package of NCD interventions for primary care in low-resource settings.
- Development of the 'WHO Prioritized Research Agenda for Prevention and Control of NCDs.
- Strengthened partnerships.

Constraints for implementation the 2008 to 2013 Action Plan at the country level

Participants discussed the key challenges of Member States in implementing the 2008 to 2013 Action Plan, particularly in low- and middle-income countries. These included: insufficient political and financial commitment, misaligned national policies and plans, weak and non-integrated surveillance systems, inadequate capacity of health systems, lack of equitable financing of health care, ever-increasing unregulated urbanization, weak capacity to generate evidence, poor interagency and multisectoral collaboration, and limited WHO capacity to respond to requests for technical assistance. In addition, the necessity to implement commitments to address the unfinished agendas of communicable diseases, maternal and child health, as part of the health-related Millennium Development Goals, , in addition to realizing commitments made in the area of NCDs, continued to be a major challenge particularly for low-income countries.

Further, a top-down prescriptive approach to health education has not led to the required behaviour change in the population. Concerted efforts are needed to promote learning (public awareness) and create a social movement for healthy living supported by local government action and legislation to create health promoting environments. There is also a communications challenge in relation to NCDs. While the High-level Meeting has raised awareness on NCDs among most policy-makers, NCDs may mean little to people living with these diseases, or to entire populations, 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.

Annex 3 – NCD 'Best buys'

'Best buys' have been identified for the four risk factors. They include:

- Tobacco use: protecting people from tobacco smoke, warning about the dangers of tobacco, enforcing bans on tobacco advertising and raising taxes on tobacco
- Harmful use of alcohol: restricting access to retailed alcohol, enforcing restrictions and bans on alcohol advertising, raising taxes on alcohol
- Unhealthy diet: reduce salt intake, replacing trans-fat with polyunsaturated fat , promoting public awareness about diet
- Physical inactivity: Promoting physical activity through the mass media.

'Best buys' have been identified for health care interventions for the four major NCDs. They include:

- Cardiovascular disease and diabetes: (i) counseling and treatment (including glycemic control for diabetes mellitus) for people (≥30 years), with 10-year risk of fatal or nonfatal cardiovascular events ≥ 30% and (ii) aspirin therapy for acute myocardial infarction
- Cancer: cervical cancer screening and treatment of pre-cancerous lesions to prevent cervical cancer.

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