

Scaling up implementation of the United Nations Declaration on Prevention and Control of Noncommunicable Diseases

(This report is extracted from the Summary report on the Fourth annual regional meeting to scale up implementation of the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases, Cairo, Egypt, 26-28 April 2016 (http://applications.emro.who.int/docs/IC_Meet_Rep_2016_18735_en.pdf, accessed 13 January 2018).

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In late 2015, Heads of State and governments had committed themselves to implementing the 2030 Agenda for Sustainable Development, which included five targets related to noncommunicable diseases (NCDs) (1). Until recently, the goal to reduce premature death from noncommunicable disease had been deemed too ambitious. Now, with the endorsement of targets related to NCDs in the Sustainable Development goals (SDGs), the world had acknowledged and realized the significance of meeting the 2015 and 2016 time-bound commitments in order to be able to curb the burden of premature mortality from NCDs.

Following on from these developments, the main highlights of the Fourth Annual Meeting on Noncommunicable Diseases, held from 26 to 28 April 2016, Cairo, Egypt (2) included a detailed assessment of country progress in the implementation of the commitments in the updated Regional Framework for action. In addition, the identification of a way forward to scale up implementation of strategic interventions, as well as renewed support to Member States to monitor and achieve progress in the ten progress indicators in preparation for the third high-level meeting by the United Nations General Assembly in 2018, were addressed.

The meeting was attended by 32 participants from 17 countries of the Region, along with WHO temporary advisers and WHO secretariat. Participants included national managers of NCD programmes and focal points for tobacco control, physical activity, nutrition, surveillance and NCD management. The four priority areas in the regional framework which formed the focus of discussions were governance, prevention, health care and surveillance.

Meeting Recommendations

Member States

1. Scale up implementation of the time-bound commitments and voluntary targets, guided by the regional framework for action, and related guidance and tools developed by WHO.
2. In the area of governance: a) include health-related SDGs and targets in national development policies, plans and strategies; b) set national targets, endorse and implement multisectoral action plans; and c) discuss the current situation across government departments and civil society in order to identify gaps

where technical support would be needed and engage the required stakeholders.

3. In the area of prevention: a) foster implementation of cost-effective interventions for the prevention and reduction of NCD risk factors; b) scale up tobacco control measures (MPOWER) (3) at the highest level and in a sustainable way; c) implement the guidelines of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) (4) alongside the best buys to end tobacco industry influence; d) scale up and take proactive measures in the implementation of the regional action plan on reduction of salt, fat and sugar; and e) enforce implementation of the International Code of Marketing for Breast-Milk Substitutes (5).
4. In the area of health care: a) reorient and strengthen the health system to address NCDs, prioritizing cost-effective interventions, with a focus on strengthening the integration of NCDs in primary health care, both in stable and emergency settings; and b) define a NCD service package to be integrated in primary health care with adequate supplies of NCD essential medicines (as defined in PEN), technologies and trained personnel.
5. In the area of surveillance: a) strengthen NCD surveillance systems, focusing on the three pillars of surveillance (health outcomes, risk factors and national systems response); b) prepare for the third high-level meeting of the United Nations General Assembly in 2018 by availing monitoring systems to report on 10 progress monitoring indicators using the country capacity survey 2017 (6); c) seek to institutionalize the STEPs or an equivalent survey; and d) institutionalize NCD surveillance measures that can be conducted periodically.

WHO

1. Work with Member States in their preparations for the third high-level meeting of the General Assembly in 2018, including in the generation and tracking of data on progress indicators and in the development and implementation of country roadmaps.
2. Provide guidance and develop tools for scaling up the implementation of the strategic interventions in the four priority areas of the regional framework for action.

3. In the area of governance: a) support and facilitate in mainstreaming health related SDGs in national plans and strategies in collaboration with other development partners and stakeholders; and b) provide technical support in setting national targets and implementing multisectoral national action plans, along with advocacy at the highest level of government.
4. In the area of prevention: a) provide technical support in establishing and prioritizing action plans for tobacco control using the MPOWER package and other tools; b) provide technical support and guidelines in the implementation of Article 5.3 for the WHO FCTC (4), as well as the best buys; and c) facilitate holding national workshops to accelerate scaling up of the implementation of the regional action plan on reduction of salt, fat and sugar.
5. In the area of health care, provide technical support and guidance in defining a service delivery model that will assist integration of NCDs in the primary health care system.
6. In the area of surveillance: a) support building the capacity of countries in NCD surveillance frameworks, with particular focus on group 3 countries¹; b) assist countries in setting their national targets; and c) assist countries in conducting the STEPs survey or an equivalent survey.

References

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6. World Health Organization. Noncommunicable diseases: progress monitor 2017. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1>, accessed 28 January 2017).

¹ Group 3 countries tend to be low income and include Afghanistan, Djibouti, Sudan and Yemen.

Commitments Strategic interventions

Progress indicators

In the area of governance

- Each country is expected to:**
- Integrate noncommunicable diseases into national policies and development plans
 - Establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on national situation and WHO guidance
 - Increase budgetary allocations for noncommunicable diseases prevention and control including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products
 - Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools

Country has:

- An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
- Set time-bound national targets and indicators based on WHO guidance

Commitments Strategic interventions

Progress indicators

In the area of prevention and reduction of risk factors

- Each country is expected to:**
- Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify Protocol to Eliminate Illicit Trade in Tobacco Products
 - Ensure healthy nutrition in early life and childhood including breastfeeding promotion and regulating marketing of foods and non-alcoholic beverages to children
 - Reduce average population salt intake in line with WHO recommendations
 - Virtually eliminate *transfat* intake and reduce intake of saturated fatty acids
 - Promote physical activity through a life-course approach
 - Implement the best buys to reduce the harmful use of alcohol

Country is implementing:

- Four demand-reduction measures of the WHO FCTC at the highest level of achievement
- Four measures to reduce unhealthy diet
- At least one recent national public awareness programme on diet and/or physical activity
- As appropriate, according to national circumstances, three measures to reduce the harmful use of alcohol, in line with the WHO global strategy to reduce the harmful use of alcohol

Commitments Strategic interventions

Progress indicators

In the area of surveillance, monitoring and evaluation

- Each country is expected to:**
- Implement/strengthen the WHO surveillance framework that monitors mortality and morbidity, risk factors and determinants, and health system capacity and response
 - Integrate the three components of the surveillance framework into the national health information system
 - Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation

Country has:

- A functioning system for generating reliable cause-specific mortality data on a routine basis
- A STEPS survey or a comprehensive health examination survey every 5 years

Commitments Strategic interventions

Progress indicators

In the area of health care

- Each country is expected to:**
- Implement the best buys in health care
 - Improve access to early detection and management of major noncommunicable diseases and risk factors by including them in the essential primary health care package
 - Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases
 - Improve access to essential palliative care services

Country has:

- Evidence-based national guidelines/protocols/standards for management of major noncommunicable diseases through a primary care approach, recognized/approved by the government or competent authority
- Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level