

## WHO DISCUSSION PAPER FOR THE REGIONAL EXPERT CONSULTATIONS

(Version dated 20 August 2021)

### DEVELOPMENT OF AN IMPLEMENTATION ROADMAP 2023–2030 FOR THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs 2013–2030

1. This WHO Discussion Paper will serve as an input into regional technical consultations with experts aimed at providing the WHO Secretariat with advice on the current scientific knowledge, available evidence, and reviews of regional experience in the prevention and control of NCDs. The advice provided will enable the WHO Secretariat to finalize its work on the development of Annex 1 of the report of the WHO Director-General on NCDs to the 150th session of the WHO Executive Board (EB150). Annex 1 will cover the contours of the roadmap for approval by the Member States, as well as the steps that the Secretariat will take to complete the roadmap before the end of 2022 as a technical product.

#### Mandate

2. Decision WHA74(10) requested the WHO Director-General to submit “an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and subsequent consultations with Member States<sup>1</sup> and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly”.

#### Context

3. WHO’s Global Health Estimates 2020 revealed that deaths from NCDs are on the rise. Globally, 7 of the top 10 causes of death in 2019 were noncommunicable disease, which is an increase from 4 of the top 10 causes in 2000. These seven causes accounted for 44% of all deaths or 80% of the top 10. However, all NCDs together accounted for 74% of deaths globally in 2019. The world’s biggest killer is ischaemic heart disease, responsible for 16% of the world’s total deaths. Addressing the increasing burden of NCD morbidity and mortality needs to reflect in the primary health care (PHC) and universal health coverage (UHC) agendas and should be central to the achievement of the WHO’s Thirteenth General Programme of Work (GPW13) Triple Billion targets.<sup>2</sup>

4. WHO’s World Health Statistics 2020 revealed that, compared with the advances against communicable diseases, progress in preventing and controlling premature death from NCDs has been inadequate. An estimated 15 million people worldwide died of NCDs between the ages of 30 and 70 years, defined as premature death. The probability (risk) of premature death from any one of the four main NCDs decreased by 18% globally between 2000 and 2016. The most rapid decline was seen for chronic respiratory diseases (40% lower), followed by cardiovascular diseases and cancer (both 19% lower). Diabetes, however, showed a 5% increase in risk of premature mortality during the same period.

5. Despite the rapid progress made between 2000 and 2010 in reducing the risk of premature death from any one of the four main NCDs, the momentum of change has dwindled during 2010–2016, with annual reductions in premature mortality rates slowing for the main NCDs. In high-income countries, even though the premature death rate for diabetes decreased from 2000 to 2010, it increased in 2010–2016. In low- and middle-income countries, the premature death rate due to diabetes increased across both periods.

6. In February 2021, most countries reported disruptions in services related to mental health services (45%) and noncommunicable diseases (37%). These disruptions relate to preventive services such as cancer screening, as well as to treatment services, such as cancer treatment, hypertension management, and rehabilitation services. Preliminary estimates suggest the total number of global deaths attributable to COVID-19 in 2020 due to these disruptions to be at least 3 million, with similar estimates expected for

<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

2021.1.1 Preliminary studies seem to indicate that the majority of these deaths were due co-morbidities with NCDs.

7. At least half of the world's population still do not have full coverage of essential health services for NCDs, and over 800 million people spend at least 10 per cent of their household budgets to pay for health. 1 . Many countries struggling to find the right balance between progressively covering additional people with nationally-determined sets of integrated quality health services at all levels of care for prevention, diagnosis, treatment and care in a timely manner, with a view to covering all people by 2030, and trade-offs between siloed approaches to health systems strengthening, health security and vertical disease programme planning, budgeting, implementation and evaluation, and strengthening PHC as the cornerstone of a sustainable health system for UHC. This is leading to setbacks in health outcomes for NCDs and efforts to achieve UHC with the impacts being disproportionately borne by millions of people living with or at risk of NCDs, in particular those living in poverty, those in the most productive years of their life, older people, those with disabilities, migrants and those who have been forcibly displaced.

8. The implementation roadmap 2023–2030 for the prevention and control of NCDs will be linked to the 2030 SDG agenda focused on recovery from the COVID-19 pandemic. The roadmap will bring clearly articulated and measurable added value, and enable results at scale, to support countries survive and thrive in the next frontier for the prevention and control of NCDs, in response to new developments.

- a. **Political commitments since 2013.** The adoption of commitments at the United Nations General Assembly (UNGA) on the prevention and control of NCDs in 2014, 2015, 2018 and 2019<sup>2</sup>; the provision of guidance by the World Health Assembly (WHA) since the endorsement of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD GAP) in 2013;<sup>3</sup> and the decision WHA72(11) in 2019 to extend the period of the action plan to 2030<sup>4</sup> in order to ensure its alignment with the 2030 Agenda for Sustainable Development.
- b. **Shifts in epidemiological patterns.** Progress in preventing and treating communicable diseases (especially those that tend to kill younger people) has seen them decline relative to noncommunicable diseases and injuries. This progress has led to an ageing global population – a trend that will continue as more people live longer. More than 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these "premature" deaths, 85% are estimated to occur in low- and middle-income countries.
- c. **Every country can achieve the global NCD targets.** The world is not on track to achieve objectives of the NCD GAP and SDG target 3.4 on NCDs. Despite the global attention paid to NCDs over the past two decades, progress toward reducing the burden of NCDs has been slow. In 2020, only 31 Member States were on track to achieve a 33% reduction in risk of premature mortality from NCDs by 2030 against a 2015 baseline (SDG target 3.4.1). Progress towards the 9 voluntary global targets set for 2025 against a 2010 baseline is also not on track. Furthermore, with the exception of tobacco use, there has not been a significant change in the trends for NCD risk factors across the WHO regions over the past decade<sup>5</sup>. However, pathway analyses show that every country still has options for achieving global NCD targets addressing prevention and treatment.<sup>6</sup>
- d. **Increasing number of complex emergencies causing the death of people living with NCDs:**  
Noting that the increasing number of complex emergencies is hindering the achievement of universal health coverage, Member States committed to strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with

<sup>1</sup> World Health Organization (WHO), "Universal health coverage (UHC)", 24 January 2019, available at [www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

<sup>2</sup> See <https://undocs.org/en/A/RES/74/2>

<sup>3</sup> Resolution WHA66.10

<sup>4</sup> Decision WHA72(11)

<sup>5</sup> World Health Statistics 2020 Visual summary. <https://www.who.int/data/gho/whs-2020-visual-summary>

<sup>6</sup> NCD Countdown Collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet*. 396:918-934, 2020.

non-communicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events<sup>1</sup>;

- e. **Recommendations available from the mid-point evaluation to guide corrective measures:** In line with paragraph 60 of the NCD GAP, the 2020 mid-point evaluation<sup>2</sup> identified major limitations to implementation and made recommendations. The roadmap will also serve as a response to this evaluation, “taking corrective measures where actions have not been effective, and to reorient parts of the plan, as appropriate.”
- f. **Recovery from the COVID-19 pandemic.** At least half of the world’s population do not have full coverage of essential health services for the prevention and control of NCDs. The COVID-19 pandemic has affirmed the importance of basic public health, and strong health systems and emergency preparedness, as well as the resilience of populations to emergence of a new virus or pandemic. These considerations lend ever greater urgency to the quest for including the prevention and control of NCDs in UHC. With UHC in place, countries could more effectively and efficiently address the three ways in which the current health system crisis is directly and indirectly worsening health outcomes for NCDs: (1) the first is due to a lack of long-term pandemic preparedness and response that recognizes that people living with or at risk of NCDs are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic; (2) the second is due to the inability of health systems to provide essential health services that meet the health-care needs of people living with or at risk of NCD, and (3) the third is linked to its socioeconomic impact. There is now a timely opportunity for COVID-19 to be a new lens through which to see NCDs when seeking to build back better in the recovery from the pandemic, particularly with regard to integration and alignment with PHC as the cornerstone for a sustainable health system for UHC.

### **Purpose of the implementation roadmap**

9. The heterogeneity in the epidemiological NCD risk factor and mortality risk profiles, as well as local socio-cultural and political contexts, suggests that countries might need to take divergent domestic routes towards achieving the extended NCD GAP targets and SDG target 3.4.1 by 2030. This can be achieved by accelerating different combinations of interventions for diseases and risk factors specific to the in-country context.

10. The purpose of the implementation roadmap is, therefore, to encourage Member States to take, in 2023, measures to accelerate progress where actions have not been effective domestically, and to reorient and accelerate parts of their domestic action plans, as appropriate, with a view to place themselves, in 2023, on a sustainable path to achieve the 8 voluntary extended global targets and SDG target 3.4.1 by 2030.

11. The global NCD implementation roadmap will serve as an overarching guide for countries, WHO and other UN System Organizations, and non-State actors to support the acceleration of ongoing national NCD responses, including through the multisectoral action plans for the period 2023 to 2030 to achieve the targets set out in paragraph 8, taking into account the new developments set out in paragraph 4.

### **Scope of the implementation roadmap**

12. The roadmap will be a technical product that draws together all WHO recommended interventions and technical packages for NCD prevention, management, and control.

13. The extended NCD GAP 2013–2030 with the 6 specific objectives will remain as the framework for countries’ NCD response plans. Nine voluntary global targets were initially set to be achieved by 2025 against a 2010 baseline. In addition, there are 25 indicators within the NCD Global Monitoring Framework

---

<sup>1</sup> in line with A/RES/73/2

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_10Add1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_10Add1-en.pdf)

(GMF)<sup>1</sup>, a further nine action plan implementation progress indicators, and 10 commitment fulfilment progress indicators, established by the WHO Secretariat in response to requests from the WHA. The roadmap will also align and contribute to the WHO GPW 13, PHC and UHC frameworks.

14. The NCD premature mortality target 1 in the NCD GAP will be extended to a one third reduction in risk of dying from an NCD between the ages of 30 and 70 (from 2015 levels), and aligned with the SDG target 3.4 on NCDs for 2030.<sup>4</sup> All other NCD GAP targets, will continue to be measured against the agreed 2010 baseline, and represent an extension based on the average annual reduction for five additional years from 2025 to 2030, reflecting the consideration that the original targets were estimated based on the historical performance of the top ranked 10th percentile of countries over a 10 year period, with an allowance of five additional years for countries to scale up their monitoring systems. Where specific targets have been updated through newer mandates, these new values will be adopted. All indicators remain consistent with the exception of the indicator for the target on prevention of heart attack and stroke, which is updated to reflect new CVD risk protection charts that were developed more recently (Table 1). Appendix 1 has more details on the updated NCD GMF and targets.

**Table 1. NCD Global Monitoring framework extended to 2030**

Domain	Outcome	Target 2025	Indicator	Extension to 2030
<b>Mortality</b>	<b>Premature mortality from noncommunicable disease</b>	A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Target extended to a <b>one third relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</b> . This target is adapted as per the <b>SDG target</b> on NCDs and with <b>2015 as the baseline</b> and an extrapolation of the 25% relative reduction to 2030 making it 33.3%.
<b>Behavioural risk factors</b>	Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	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	Target extended to a <b>20% relative reduction in harmful use of alcohol</b> . The proposed revision of the target is under the draft action plan on alcohol that will be considered by EB 150 and WHA75.
	Physical inactivity	A 10% relative reduction in prevalence of insufficient physical activity	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)	Target extended to a <b>15% relative reduction in prevalence of insufficient physical activity</b> as part of the Global Action Plan on Physical Activity adopted by MS at WHA May 2018.
	Salt/sodium intake	A 30% relative reduction in mean population intake of salt/sodium	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	Target extended to a <b>40% relative reduction in mean population intake of salt/sodium</b>
	Tobacco use	A 30% relative reduction in prevalence of current tobacco use	Age-standardized prevalence of current tobacco use among persons aged 18+ years	Target extended to a <b>40% relative reduction in prevalence of current tobacco use</b>
<b>Biological risk factors</b>	Raised blood pressure	A 25% relative reduction in the prevalence of raised blood pressure or	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood	Target extended to a <b>33% relative reduction in the prevalence of raised blood pressure</b>

<sup>1</sup> Noncommunicable Diseases Global Monitoring Framework: Indicator Definitions and Specifications. <https://www.who.int/publications/i/item/ncd-gmf-indicator-definitions-and-specifications>

		contain the prevalence of raised blood pressure, according to national circumstances	pressure $\geq 140$ mmHg and/or diastolic blood pressure $\geq 90$ mmHg) and mean systolic blood pressure	
	Diabetes and obesity	Halt the rise in diabetes & obesity	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration $\geq 7.0$ mmol/l (126 mg/dl) or on medication for raised blood glucose)  Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index $\geq 25$ kg/m <sup>2</sup> for overweight and body mass index $\geq 30$ kg/m <sup>2</sup> for obesity)	<b>Halt the rise in diabetes and obesity</b> (No change)
<b>National systems response</b>	Drug therapy to prevent heart attacks and strokes	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$ , including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	No change for this coverage target however the indicator is updated to reflect new CVD risk projection charts: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 20\%$ , including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	Essential NCD medicines and basic technologies to treat major noncommunicable diseases	An 80% availability of the affordable basic technologies and essential medicines, including generics required to treat major NCDs in both public and private facilities	Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities	No change for this coverage target.

15. Updated data on progress toward meeting the extended targets of the NCD GAP and NCD-related SDG targets at the global, regional, and country levels will be provided to Member States through a “NCD dashboard” available on WHO’s website.

16. Prioritization of the most appropriate interventions for countries will be enabled through development of a web-based tool for identifying the most cost-effective and impactful interventions specific to the local context.

17. The objectives of the NCD GAP, which were developed within the context of the so-called “4 x 4 NCD agenda,” will be aligned with new commitments<sup>1</sup> to reduce air pollution and to promote mental health

<sup>1</sup> A/RES/73/2. UN General Assembly 73<sup>rd</sup> Session. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

[https://www.un.org/ga/search/view\\_doc.asp?symbol=A/73/L.2&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/73/L.2&Lang=E)

and well-being, thus recognizing the expansion of the NCD framework into the so-called “5 x 5 NCD agenda.”

18. Multisectoral action will be strengthened through adaptation of the seven accelerator themes of the Global Action Plan for Healthy Lives and Wellbeing for All.<sup>1</sup>

## Contours of the NCD implementation roadmap

### Strategic Direction 1: To understand the drivers and trajectories of NCD burden across countries and epidemiological regions

#### Evaluating progress in NCD targets in indicators

19. Progress on risk factors control has been heterogeneous across WHO regions and the epidemiological trends are complex.<sup>2</sup> Although some declines in risk of premature mortality from NCDs has been achieved, there has been no overall significant change in the NCD risk factors across the WHO regions over the past decade.<sup>3</sup>

20. The seeming discordance between progress toward the mortality indicators and control of NCD risk factors, combined with the disparities in outcomes between HICs and LMICs, suggests that acceleration towards meeting all of the 9 voluntary extended targets requires a different approach, and that countries should prioritize implementation of the interventions that are most appropriate to their specific local and regional contexts.

21. Prospects for economic development during and beyond the COVID-19 pandemic are heterogeneous across countries and explicit prioritization and implementation of the most cost-effective and impactful NCD interventions specific to the local context will accelerate progress towards target 3.4.

#### Identifying barriers to implementing cost-effective interventions across the NCD voluntary targets

22. The mid-point evaluation of NCD GAP carried out in 2020<sup>4</sup> reports that progress on action plan indicators has been heterogeneous, with a strong association between progress and increasing country income group. Countries should systematically examine their progress in introducing evidence-based national guidelines, protocols and standards for the management of NCDs, including policies for NCD research and inclusion and consideration for vulnerable groups.

23. Several challenges to implementation of interventions for NCDs were identified in the UNHLM report on NCDs in 2018. However, not all barriers identified on a global scale are relevant in all settings and countries should seek to prioritise and address those specific to their local context.

24. The economic effects of the COVID-19 pandemic on NCDs are likely to be substantial but these have not yet developed fully. The pandemic poses further challenges for creating and maintaining healthy environments and people living with NCDs are at greater risk of severe illness and death due to COVID-19. The implementation roadmap will leverage multisectoral actions to “build back better”, by integrating NCDs interventions into efforts to rebuild resilient health systems, particularly through strengthening PHC and UHC.

25.

<sup>1</sup> Global Action Plan for Healthy Lives and Well-being for All. <https://www.who.int/initiatives/sdg3-global-action-plan>

<sup>2</sup> Noncommunicable diseases country profiles 2018. <https://www.who.int/publications/i/item/ncd-country-profiles-2018>

<sup>3</sup> World Health Statistics 2020 Visual summary. <https://www.who.int/data/gho/whs-2020-visual-summary>.

<sup>4</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_10Add1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_10Add1-en.pdf).

## Strategic Direction 2: Scale-up the implementation of most impactful and feasible interventions in the national context

### 2.1 ENGAGE

26. Given the relatively short time remaining to achieve the NCD targets, a more aggressive approach to NCD control will be needed for many Member States. Countries have to engage with the various actors responsible for NCD prevention and control, especially in the context of the barriers identified. This will entail an assessment of progress made coupled with identification of key partnerships for prioritization and strategies to build on.

27. The Political Declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2018, includes commitments to scale up national NCD responses, and, as Heads of State and Government, provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response<sup>1,2</sup>.

28. The Global Coordination Mechanism on the Prevention and Control of NCDs is developing a new work plan 2022-2025, in consultation with Member States and non-State actors, in a way that is integrated with the Organization's work on NCDs.

29. Research and innovation are critical to change the trajectory of NCD prevention and control and will be facilitated through working with academic partners and research institutions at global, regional and national levels.

30. UNIATF provides a mechanism for coordination of UN activities and other intergovernmental organizations to support national responses to the NCD-related SDGs and the NCD GAP. UNIATF provides support for stronger governance for NCDs at the country level, across governments and the UN system<sup>3</sup>.

31. Meaningful engagement of people with lived experience of NCDs in the co-creation, co-design, implementation and accountability will help to deliver the interventions in a people-centred manner.<sup>4</sup>

32. Countries should maximize the role of private sector in full alignment of FENSA<sup>5</sup> and devise clear rules and rigorous approaches for engagement, which prevent, identify, and manage real or potential conflicts of interest and ensure that such engagements directly support the specific objectives of national NCD responses.

../..

---

<sup>1</sup> Paragraph 17 of A/RES/73/2

<sup>2</sup> Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases : resolution / adopted by the General Assembly  
<https://digitallibrary.un.org/record/1648984?ln=en#record-files-collapse-header>

<sup>3</sup> <https://www.who.int/groups/un-inter-agency-task-force-on-NCDs>.

<sup>4</sup> *Nothing for Us Without Us*. <https://apps.who.int/iris/bitstream/handle/10665/340737/9789240023321-eng.pdf?sequence=1&isAllowed=y>.

<sup>5</sup> [https://www.who.int/about/collaborations/non-state-actors/A69\\_R10-FENSA-en.pdf](https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf)

## 2.2 ACCELERATE

### Web-tool to identify setting priorities for NCD interventions in a country-specific context

33. A recent analysis from the NCD Countdown 2030 collaboration,<sup>1</sup> demonstrates that there are multiple options for each country to achieve the SDG 3.4 target on NCDs, a premise that can be broadly extended to achieving the extended NCD GAP objectives.

34. A key challenge across most countries is to choose among interventions and mobilise resources to accelerate the implementation of the most impactful set of interventions.

35. To support countries with prioritising and scaling of interventions, a web-tool will be developed in 2022. The webtool will use evidence on the cost-effectiveness of interventions to identify their impact in the period up to the SDG target of 2030 and beyond. A visual representation of the scale to which the intervention can be implemented and the corresponding impact on premature mortality will help countries to identify a small set of key accelerators tailored to their specific epidemiological situation.<sup>2</sup>

### Accelerate the implementation of NCD ‘Best Buys’ and other recommended interventions

36. WHO ‘Best-Buys’<sup>3</sup> are interventions demonstrated in studies to be the most cost-effective and feasible for implementation, with an average cost-effectiveness ratio of  $\leq$  I\$100/DALY averted in low- and lower middle-income countries. Interventions with an average cost effectiveness ratio  $>$  I\$ 100 are also important and may be considered as per the country context. The WHO best buys will be updated as part of the mandate to WHO from the WHA and will be made available by 2022.

37. In the case of tobacco control, there is a legally binding instrument, the WHO FCTC, that presents a comprehensive set of measures that its Parties are obliged to implement.

38. WHO with the support of partners has developed special initiatives and technical packages, for prevention and disease control including rehabilitation, to enable countries to implement evidence-based interventions. The packages include tools to support local adaptation and implementation. Detailed descriptions of the available packages and initiatives are available on the website.<sup>4</sup>

### Include NCDS in Primary Health Care for equitable access

39. Seven out of the 10 deaths globally are from NCDs, but NCD prevention and control is the weakest link in PHC in many countries. The *Operational Framework for Primary Health Care*<sup>5</sup> provides a detailed guidance for countries to strengthen primary health care systems through intersectoral actions, empowered people and communities. Countries can accelerate NCD control by placing it as an integral component of PHC.

### Ensure that Universal health coverage and benefit packages includes NCDs

40. Making sure that the most vulnerable groups are given extra priority is the hallmark of fair distribution. Fair distribution and equity are closely related to the right to health. Every country in the world has ratified at least one treaty that specifies obligations regarding the right to health. Under international law, states have an obligation to adopt appropriate measures to realize the right to health or the right to healthcare on a non-discriminatory basis. Countries have obligations to allocate sufficient resources to ensure the right to health. In other words, progressive realization of UHC can contribute to progressive

<sup>1</sup> NCD Countdown Collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet*. 396:918-934, 2020.

<sup>2</sup> A prototype of the tool will be available in the weblink.

<sup>3</sup> [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf)

<sup>4</sup> <https://www.who.int/teams/noncommunicable-diseases/governance>

<sup>5</sup> *Operational Framework for Primary Health Care*. <https://www.who.int/publications/i/item/9789240017832>



realization of the right to health. Current measurement of the UHC coverage index does not reflect NCDs adequately and will be addressed.

41. Financial risk protection is important, especially in low- and middle-income settings since disease may cause substantial loss of income or because out-of-pocket expenditure for health services may impoverish people. Considering the positive value of financial risk protection is particularly relevant for NCD priority setting because prevention and treatment often implies long-term costs for the patient and their household.

42. The WHO UHC compendium provides a set of interventions including for NCDs that can be used to develop national UHC benefit packages.<sup>1</sup> UHC is not comprehensive and universal until essential NCD packages are included.

### **Sustainable financing**

43. Sustainable financing is required for countries to support population-level interventions and to reduce unmet need for services and financial hardship arising from out-of-pocket payments. Establishment and progressive strengthening of systems to mobilize and pool adequate resources for health is needed. For low-income countries where development assistance is significant, it also involves improving the effectiveness of external funding support. Out-of-pocket expenditure can be reduced only when NCDs are well covered under financial protection schemes.

44. Countries have committed to implement fiscal measures, as appropriate, aiming at minimizing the impact of the main risk factors for NCDs<sup>2</sup>. Countries should, therefore, include health taxes in their revenue programs and link these to NCD action plans. Within the recommended packages for reducing the use of tobacco and reducing the harmful use of alcohol, raising taxes on tobacco and alcohol are amongst the most effective and cost-effective measures, respectively.

45. The UN Multi-Partner Trust Fund to Catalyse Country Action for NCDs and Mental Health, which was established in 2021 by WHO, UNICEF and UNDP, will be an enabler for implementing the roadmap.

### **Build back better with innovation and digital solutions**

46. Meeting the objectives and targets of the GAP NCD and the SDG-related NCD targets in a post-COVID-19 world requires a concerted response and integration of the NCD agenda into existing global and national efforts to rebuild resilient health systems.

47. New technologies, including digital interventions, can be leveraged to scale up screening, early diagnosis and self-care for people living with NCDs.

48. Innovation is critical to developing and adapting interventions so that they are tailored for implementation in a context-specific manner. For example, adaptation of technologies and other interventions with known impact in HICs might be required for cost-effective, culturally acceptable implementation in LMICs.

49. Most health facilities in LMICS are already stretched beyond their capacity. Service delivery models will need to be reviewed and repurposed to ensure that basic diagnostics, technology and medicines, along with a trained workforce in adequate numbers, are available to deliver the interventions for NCDs.

---

<sup>1</sup> UHC Compendium. <https://www.who.int/universal-health-coverage/compendium>

<sup>2</sup> In line with paragraph 21 of A/RES/73/2

## 2.3 ALIGN

50. The Global Action Plan for Healthy Lives and Well-being for All<sup>1</sup> brings together stakeholders to ensure strengthening of multisectoral action to accelerate reductions in the global NCD burden. As countries are advancing multiple SDG targets, this alignment will help to integrate prevention and management of NCDs within the broader Sustainable Development Agenda.

51. The NCD implementation roadmap will align with the WHO Triple Billion targets according to the GPW13.

52. The NCD implementation roadmap will recognize that mental disorders and other mental health conditions contribute to the global NCD burden. The objectives of the Mental Health Action Plan 2013-2020 have been extended to 2030 and efforts to meet the objectives therein aligns with the expansion of the 4 x 4 NCD framework to the 5 x 5 framework (encompassing mental health and air pollution), as well as synergizing with the SDG 3.4.2 indicator.<sup>2</sup>

**Strategic Direction 3: Ensure timely and reliable data on NCD risk factors, diseases and mortality for informed decision making and accountability**

## 3.1 ACCOUNT

53. Monitoring progress is essential to both understanding the implementation and delivery gaps and achieving the targets, and data and surveillance for the prevention and control of NCDs should be strengthened. In line with the extension of the NCD GAP to 2030, the NCD GMF targets will also be extended to 2030. Other components include monitoring of the agreed NCD Progress Monitoring Indicators and Process monitoring indicators associated with the NCD GAP and related commitments. Appendix 1 provides more details on the monitoring of NCD prevention and control.<sup>3</sup>

54. Investing in monitoring is essential to have reliable and timely data at national and subnational levels to prioritize interventions, assess the implementation and to learn the impact. Periodic NCD risk factor surveys, country capacity assessments, diseases registries as appropriate and reliable vital registration is critical for NCD prevention and control.

55. WHO will update NCD monitoring and reporting through a web portal to bring together data from different sources and render it comparable to allow tracking of global, regional and cross-country progress.

56. WHO will work towards reflecting NCD related indicators in health systems performance and access to healthcare metrics.

57. NCD measures should be included as integral components of the national and subnational health information systems aligned with the WHO SCORE package.

### Potential risks and mitigation measures

58. The impact of the COVID-19 pandemic on health systems and national resources will continue to be a challenge in many countries in the near, mid, and long term. Prior to the pandemic, most countries had under-invested in NCD prevention and control, which has persistently manifested as poor progress in achievement of the NCD-related indicators in the NCD GAP. In many communities, services relating to

<sup>1</sup> Stronger Collaboration, Better Health. <https://www.who.int/publications/i/item/WHO-DGO-GAP-19-1>

<sup>2</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/EB144-REC1/B144\\_REC1-en.pdf#page=19](https://apps.who.int/gb/ebwha/pdf_files/EB144-REC1/B144_REC1-en.pdf#page=19)

<sup>3</sup> Appendix 1. WHO NCD Accountability Framework, including Global Monitoring Framework for NCD prevention and control (2021 update) in alignment with the extension of the NCD Global Action Plan to 2030.

NCDs have been scaled back, at least temporarily, to allow health systems to respond to the pandemic. The pandemic can also be used as an opportunity to embrace stronger multisectoral action, as well as new models of service delivery for NCDs including through PHC and UHC and scaled up digital solutions and innovations.

59. Inequity in prevention and access to health care is a major concern and will need additional targets on treatment coverage and control of NCDs to guide countries to measure this reliably and take actions to ensure UHC. Lessons from the HIV/AIDS area is illustrative.

60. The global NCD narrative is fragmented, and the synergy expected between prevention and control is often lost due to structural organisation, priorities set based on projects and lack of policy coherence. Country context and readiness should be placed at the centre to ensure that the acceleration is possible to meet the national targets.

61. The effects of climate change and its impact NCDs are established. However, there are shared opportunities for multisectoral engagement to tackle climate change that will have mutually beneficial effects for NCDs.<sup>1</sup>

62. Declines in ODA for NCDs risks the establishment of sustainable financing, particularly in LMICs. Domestic resources can be mobilised through strengthening national health care financing, including health insurance. Win-win solutions such as taxes for unhealthy products can reduce the risks for NCDs and enhance domestic resources.

## RECOMMENDED ACTIONS

63. **The recommended actions for Member States to be taken in 2022 include:**

- a. Assess the current status of domestic NCD GAP implementation against the nine voluntary NCD global extended NCD targets and the SDG target on NCDs, identify high-impact interventions, and identify barriers to their implementation and opportunities for acceleration;
- b. Strengthen national monitoring and surveillance systems for NCDs and their risk factors for reliable and timely data.

64. **The recommended actions for international partners to be taken in 2022 include:**

- a. Assist and support WHO in the development and implementation of the roadmap 2013-2030.

65. **The actions for the Secretariat to be taken in 2022 include:**

- a) Complete the work on the development global implementation roadmap and publish the roadmap (as a technical product -WHO Public Health Good) before the end of 2022;
  - 1) Develop an NCD dashboard, before the end of 2022, to provide a visual summary of all indicators and to facilitate international comparison of progress;
  - 2) Propose updates to the Appendix 3 of WHO's global action plan for the prevention and control of NCDs 2013-2030, in consultation with Member States, UN organizations and non-State actors, ensuring that the action plan remains based on scientific evidence for the achievement of commitments for the prevention and control of NCDs, including SDG target 3.4.1, for consideration by Member States at the World Health Assembly in 2023, through the EB;

---

<sup>1</sup> NCDs & Climate Change: Shared Opportunities for Action.

[https://ncdalliance.org/sites/default/files/resource\\_files/NCDs\\_%26\\_ClimateChange\\_EN.pdf](https://ncdalliance.org/sites/default/files/resource_files/NCDs_%26_ClimateChange_EN.pdf).

<sup>2</sup> [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf)

- 3) Propose updates to the new WHO Impact Framework that will assess the results of the Thirteenth General Programme of Work, 2019–2023 in its entirety, and its impact on global health, ensuring that the Framework will track the impact on NCDs, which make up 7 of the world's top-10 causes of death;
- 4) Scale up efforts to strengthen health information systems that include NCDs, and collect quality, timely and reliable data, including vital statistics, on NCDs, as required to monitor progress in the universal and inclusive achievement of the global NCD targets;
- 5) Ensure that the operational framework on strengthening primary health care, will support countries to meet the healthcare needs of people living with NCDs.
- 6) Develop a simulation tool, before the end of 2022, using interventions for NCDs which are updated with the latest evidence and aligned to PHC and UHC frameworks to support countries to identify priorities based on their national context;
- 7) To align the various global initiatives, provide integrated country support as per the national context, and develop a new partnership model in order to support countries in priority setting, mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by NCDs;
- 8) Support the health workforce needs of delivering NCD prevention and management. Additional human resource requirements related to the delivery of NCD prevention, treatment and care should be reflected in the development and implementation of evidence- and needs-based, comprehensive and costed health workforce development plans.
- 9) Support countries to foster research and innovations in implementation of NCD service delivery, prevention and management.
- 10) Scale up strategic communication and partnerships to increase demand for NCDs

#### **ACTION BY THE EXECUTIVE BOARD**

66. The Board is invited to adopt the recommended actions for Member States, international partners and the WHO Secretariat (paragraphs 51, 52 and 53), and recommend their endorsement to the World Health Assembly.

===

---

## APPENDIX 1

### WHO NCD ACCOUNTABILITY FRAMEWORK, INCLUDING GLOBAL MONITORING FRAMEWORK FOR NCD PREVENTION AND CONTROL (2021 UPDATE) IN ALIGNMENT WITH THE EXTENSION OF THE NCD GLOBAL ACTION PLAN TO 2030

#### What is the Global Monitoring Framework (GMF) and the Global NCD Targets?

1. In May 2013, the 66th World Health Assembly adopted the comprehensive Global Monitoring Framework (GMF) for the prevention and control of noncommunicable diseases. The GMF outlined a set of indicators capable of application across regions and country settings to monitor trends and assess progress made in the implementation of national strategies and plans on noncommunicable diseases. Member States have agreed 25 indicators across three areas which focus on the key outcomes, risk factor exposures and national systems response needed to prevent and control NCDs. Nine areas were selected from the 25 indicators in the Global Monitoring Framework to be targets : *one mortality target* (previously agreed at the WHA in May 2012); *six risk factor targets (harmful use of alcohol, physical inactivity, dietary sodium intake, tobacco use, raised blood pressure, and diabetes and obesity)*, and *two national systems targets (drug therapy to prevent heart attacks and strokes, and essential NCD medicines and technologies to treat major NCDs)*. The targets are ambitious, but attainable, and when achieved will represent major progress in NCD and risk factors reductions. The global NCD targets are intended to focus global attention on NCDs and would represent a major contribution to NCD prevention and control. In calculating these targets, the historical performance of the top ranked 10th percentile of countries was assessed to help set the level of achievement considered possible. Targets were set for 2025, with a baseline of 2010.

#### 2030 Agenda for Sustainable Development, including SDG target 3.4 on NCDs

2. In September 2015 world leaders adopted a set of 17 Sustainable Development Goals (SDGs), with associated targets, including one for NCDs. The NCD Target (SDG 3.4.1) is: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. This target of 33.3% reduction in the probability of dying from the 4 main NCDs was aligned to the NCD mortality target within the GMF, with 2015 as the common baseline set for all SDGs.

#### Extension of NCD Global Action Plan (NCD GAP) for the Prevention and Control 2013-2020 to 2030 by the WHA

3. The NCD GAP was extended to 2030 by the World Health Assembly in May 2019. Considering the relatively low progress in the achievement of the 9 NCD targets, the WHA has requested WHO to develop an implementation roadmap to support the implementation of the extended NCD GAP in countries.

#### Extension of the WHO NCD GMF 2025 to 2030

4. In line with the extension of the NCD GAP to 2030, the NCD GMF targets are also extended to 2030. The extension is not applied uniformly as there were developments related to specific targets, including the SDG target, after the GMF was established. However, it is important to have this clarified as the extended GMF and associated targets form a major component of the monitoring towards achievement of the accelerated implementation of the NCD GAP. Other components include monitoring of the agreed NCD Progress Monitoring Indicators and Process monitoring indicators associated with the NCD GAP and related commitments. Mid-term evaluation of the NCD GAP has made a specific recommendation on objective 6 on the NCD GAP on monitoring. *WHO Secretariat to brief Member States on what monitoring and reporting implications there are of extending the NCD-GAP to 2030, including what will be reported in 2025 and what in 2030.*

5. This paper presents the scope of the 9 NCD GMF targets extended to 2030 and additional considerations in monitoring the implementation of NCD GAP to 2030. All targets, with the exception of the mortality target as per SDG baselines, continue to be measured against the agreed 2010 baseline, and represent an extension based on the average annual reduction for five additional years from 2025 to 2030, reflecting the consideration that the original targets were estimated based on the historical performance of the top ranked 10th percentile of countries over a 10 year period, with an allowance of five additional years for countries to scale up their monitoring systems. Where specific targets have been updated through newer mandates, these new values are adopted. All indicators remain consistent with the exception of the indicator for the target on prevention of heart attack and stroke, which is updated to reflect new CVD risk protection charts which were developed more recently. See: WHO Hearts Technical Package, Risk-based CVD management module: <https://apps.who.int/iris/bitstream/handle/10665/333221/9789240001367-eng.pdf>. All targets will be measured by a simple linear trend.

### NCD GMF 9 global targets and their extension to 2030

6. The set of nine voluntary global targets extended for achievement by 2030 for the prevention and control of noncommunicable diseases would be as follows:

Domain	Outcome	Target 2025	Indicator	Extension to 2030
Mortality	<b>Premature mortality from noncommunicable disease</b>	A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Target extended to a <b>one third relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</b> . This target is adapted as per the SDG target on NCDs and with 2015 as the baseline and an extrapolation of the 25% relative reduction to 2030 making it 33.3%.
Behavioural risk factors	Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	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	Target extended to a <b>20% relative reduction in harmful use of alcohol</b> . The proposed revision of the target is under the draft action plan on alcohol that will be considered by EB 150 and WHA75.
	Physical inactivity	A 10% relative reduction in prevalence of insufficient physical activity	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)	Target extended to a <b>15% relative reduction in prevalence of insufficient physical activity</b> as part of the Global Action Plan on Physical Activity adopted by MS at WHA May 2018.
	Salt/sodium intake	A 30% relative reduction in mean population intake of salt/sodium	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	Target extended to a <b>40% relative reduction in mean population intake of salt/sodium</b>
	Tobacco use	A 30% relative reduction in prevalence of current tobacco use	Age-standardized prevalence of current tobacco use among persons aged 18+ years	Target extended to a <b>40% relative reduction in prevalence of current tobacco use</b>

Domain	Outcome	Target 2025	Indicator	Extension to 2030
<b>Biological risk factors</b>	Raised blood pressure	A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure $\geq 140$ mmHg and/or diastolic blood pressure $\geq 90$ mmHg) and mean systolic blood pressure	Target extended to a <b>33% relative reduction in the prevalence of raised blood pressure</b>
	Diabetes and obesity	Halt the rise in diabetes & obesity	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration $\geq 7.0$ mmol/l (126 mg/dl) or on medication for raised blood glucose)  Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index $\geq 25$ kg/m <sup>2</sup> for overweight and body mass index $\geq 30$ kg/m <sup>2</sup> for obesity)	<b>Halt the rise in diabetes and obesity</b> (No change)
<b>National systems response</b>	Drug therapy to prevent heart attacks and strokes	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$ , including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	No change for this coverage target however the indicator is updated to reflect new CVD risk projection charts: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 20\%$ , including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	Essential NCD medicines and basic technologies to treat major noncommunicable diseases	An 80% availability of the affordable basic technologies and essential medicines, including generics required to treat major NCDs in both public and private facilities	Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities	No change for this coverage target.

### Additional monitoring components

7. **WHA 73.2 Elimination of cervical cancer.** To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below four per 100 000 women. Achieving that goal rests on three key pillars and their corresponding targets: Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15; Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. Each country should meet the 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer within the next century<sup>1</sup>.

<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA73/A73\\_R2-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R2-en.pdf)

8. The WHO Global Childhood Cancer Initiative has set a target, to achieve at least 60% survival for childhood cancer globally and reduce suffering for all by 2030<sup>1</sup>.

9. WHO is also developing treatment coverage targets for diabetes as part of the Global Diabetes Compact and for breast cancer as part of the Global breast cancer initiative.

10. As part of the overall accountability framework for NCDs, in May 2014 the WHA adopted a set of nine NCD GAP indicators to inform reporting on progress made in its implementation. These process monitoring indicators cover the six objectives of the NCD gap and were considered feasible for use in all countries and complementary and consistent with the 25 outcome indicators in the GMF. They are collected through the WHO Country Capacity Survey undertaken every 2 years<sup>2</sup>. The nine Process Monitoring Indicators will remain as part of the accountability architecture for the extended NCD GAP. These are:

- Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans
- Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent
- Number of countries with an operational policy, strategy or action plan, to reduce the harmful use of alcohol, as appropriate, within the national context
- Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity
- Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use (AGREED)
- Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets
- Number of countries that have evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
- Number of countries that have an operational national policy and plan on NCD-related research including community-based research and evaluation of the impact of interventions and policies
- Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets

11. In May 2015, WHO published a Technical Note outlining a further component of the NCD accountability framework, detailing a set of ten NCD progress monitoring indicators to be used to report on progress achieved in the implementation of national commitments arising from the UN High Level Meetings on NCDs held in 2011 and 2014. These were updated in September 2017 to ensure consistency with the revised set of WHO ‘best-buys’ and other recommended interventions for the prevention and control of noncommunicable diseases which were endorsed by the World Health Assembly in May 2017. The ten progress monitoring indicators intended to show the progress achieved in countries are as follows:

- 1) Member State has set time-bound national targets based on WHO guidance
- 2) Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
- 3) Member State has a STEPS survey or a comprehensive health examination survey every 5 years
- 4) Member State has an operational multisectoral national strategy/action plan that integrates the NCDs and their shared risk factors
  
- 5) Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement:
  - a) Reduce affordability by increasing excise taxes and prices on tobacco products

<sup>1</sup> <https://www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf>

<sup>2</sup> <https://www.who.int/teams/ncds/surveillance/monitoring-capacity/ncdcs>



- 
- b) Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport
  - c) Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
  - d) Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
  - e) Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke
- 6) Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:
- a) Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
  - b) Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
  - c) Increase excise taxes on alcoholic beverages
- 7) Member State has implemented the following four measures to reduce unhealthy diets:
- d) Adopt national policies to reduce population salt/sodium consumption
  - e) Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply
  - f) WHO set of recommendations on marketing of foods and non-alcoholic beverages to children
  - g) Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes
- 8) Member State has implemented at least one recent national public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change
- 9) Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
- 10) Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

= = =

---

## DISCLAIMER

All rights reserved.

This WHO Discussion Paper does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this discussion paper.

The World Health Organization does not warrant that the information contained in this discussion paper is complete and correct and shall not be liable for any damages incurred as a result of its use. The information contained in this discussion paper may be freely used and copied for educational and other non-commercial and non-promotional purposes, provided that any reproduction of the information be accompanied by an acknowledgement of the World Health Organization as the source. Any other use of the information requires the permission from the World Health Organization, and requests should be directed to World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland, [barangop@who.int](mailto:barangop@who.int)

The designations employed and the presentation of the material in this discussion paper note do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this discussion paper. However, this discussion paper is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the presentation lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

© World Health Organization, 2021. All rights reserved.

The following copy right notice applies: [www.who.int/about/copyright](http://www.who.int/about/copyright)

---

<sup>1</sup> WHO & UNSDG. UNSDG Task Team Meeting – Strengthening Health Systems. Health Response: Risks and how to make health systems more resilient for future pandemics, July 2021. WHO & UNSDG. Geneva, 2021.