

# Briefs on WHO Support to the country for its effort to combat NCDs

Global Action Plan  
Regional NCD Roadmap  
Country Plan

Myriam Abel –WHO/MOH

# United Nations General Assembly

**2011**

First High-level Meeting on NCDs (New York, 19-20 September 2011)

**2014**

Second high-level Meeting on NCDs (New York, 10-11 July 2014) to take stock of the progress made since 2011

**2018**

Third High-level Meeting on NCDs to report on progress achieved since 2014

# Comprehensive Approach to addressing NCDs

## \*Management\*

Manage people with  
NCDs



## \*Prevention\*

Reducing the level of  
risk factors



## \*Surveillance\*

Mapping the epidemic  
of NCDs







## Immediate priorities for WHO :

- Strengthen capacities of WHO Country Offices to support governments in realizing their commitments included in the UN Outcome Document on NCDs
- Scale up the work of the UN Interagency Task Force on NCDs to support governments in their national NCD efforts
- Operationalize the WHO Global Coordination Mechanism on NCDs

2025 GOA  
PREMATURE  
MORTALITY

**25%**  
REDUCTION



## Global NCD Targets



GLOBAL 2025 TARGET  
DIABETES/  
OBESITY  
**0%**  
INCREASE



GLOBAL 2025 TARGET  
TOBACCO  
USE  
**30%**  
REDUCTION



GLOBAL 2025 TARGET  
RAISED BLOOD  
PRESSURE  
**25%**  
REDUCTION



GLOBAL 2025 TARGET  
HARMFUL  
USE OF  
ALCOHOL  
**10%**  
REDUCTION



GLOBAL 2025 TARGET  
SALT/SODIUM  
INTAKE  
**30%**  
REDUCTION



GLOBAL 2025 TARGET  
PHYSICAL  
INACTIVITY  
**10%**  
REDUCTION



GLOBAL 2025 TARGET  
**80%**  
AVAILABILITY  
OF ESSENTIAL  
MEDICINES  
AND BASIC  
TECHNOLOGIES  
TO TREAT CVD  
AND OTHER NCDs



GLOBAL 2025 TARGET  
**50%**  
OF ELIGIBLE  
PEOPLE RECEIVING  
DRUG THERAPY  
AND COUNSELLING  
TO PREVENT  
HEART ATTACK  
AND STROKE

Source of icons: World Heart Federation Champion Advocates Programme

## Progress achieved at national level since 2011

Source: WHO survey to assess national capacity for the prevention and control of NCDs

Countries with	2010	2013
NCD unit, branch or department in a Ministry of Health	89%	95%
Integrated national policies or plans on NCDs	65%	78%
Integrated operational NCD policies/plan and dedicated NCD budget	32%	50%
Cancer registries	80%	81%
Recently-conducted risk factor surveys	30%	63%
Programmes providing primary prevention and health promotion	85%	95%
Programmes providing risk factor detection	77%	88%
Programmes providing risk factors and disease management	82%	85%

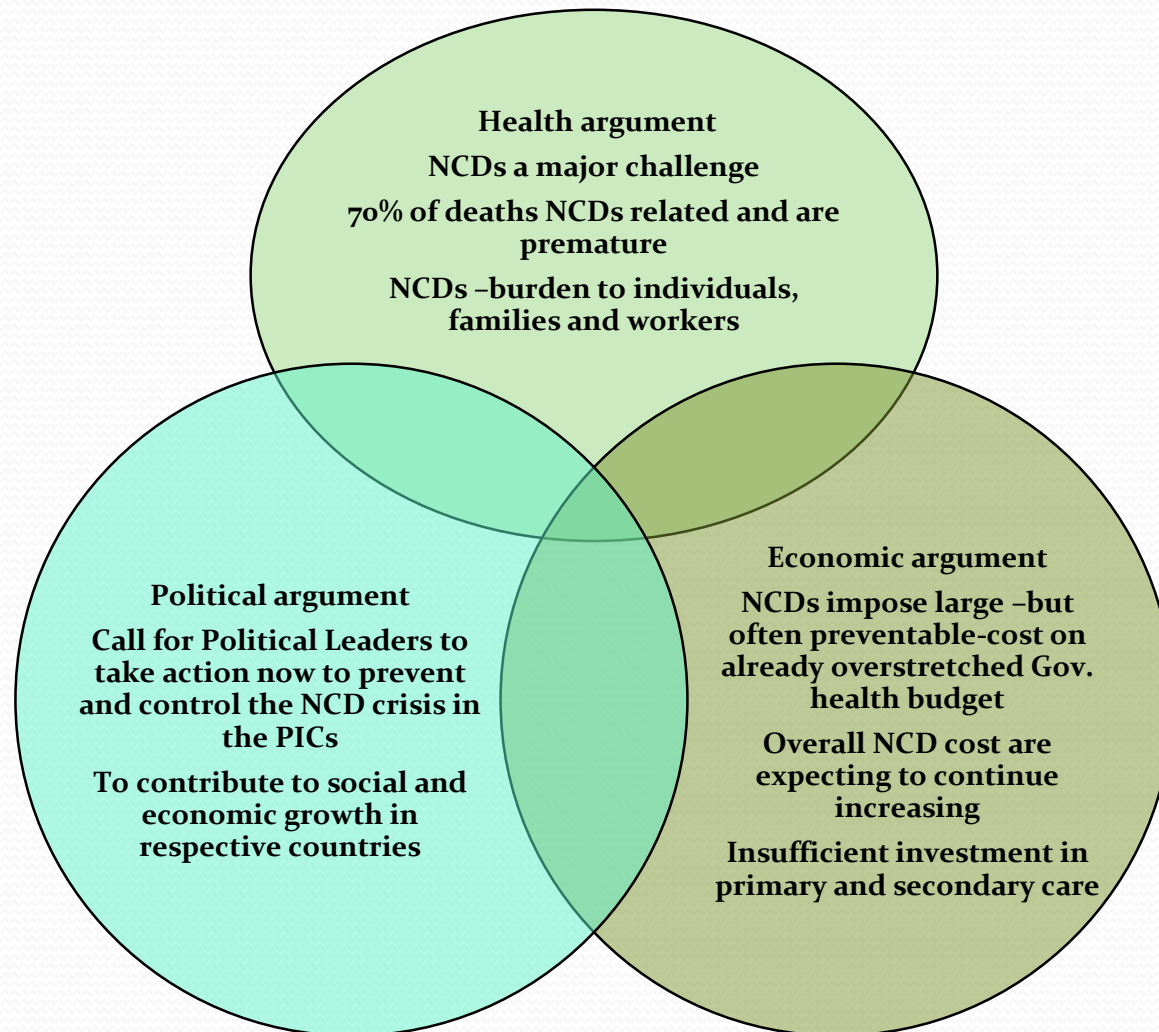


**Pacific Ministers Commits to Fight Against NCDs**

**Regional NCD Roadmap  
Call for Action to prevent and control Non-communicable disease (NCDs)**



# Why an NCD 'Crisis' –PICs Ministers consider three arguments





# Pacific Ministers Commits to Fight Against Non communicable Diseases (NCDs)

**High level commitments to strengthen primary care for prevention of heart attacks and strokes in Pacific Island Countries.**

At a joint meeting in July 2014, Economic and Health Ministers of Pacific Island Countries agreed to improve the efficiency and impact of existing health budgets, by reallocating scarce health resources to targeted primary and secondary cardiovascular disease and diabetes including implementation of WHO NCD –PEN



# WHO Package of Essential NCD (PEN) Interventions for PHC



**Package of Essential  
Noncommunicable (PEN) Disease  
Interventions for  
Primary Health Care  
in Low-Resource Settings**



Closing the gap between  
**what is needed and what  
is currently available** to  
reduce the burden,  
health-care costs and  
human suffering due to  
major NCDs  
by **achieving higher  
coverage of essential  
interventions** in LMIC

# National commitments



By 2015, consider setting national targets for NCDs



By 2015, consider developing national multisectoral policies and plans



Integrate NCDs into health-planning and national development plans



By 2016, implement "best buys" to reduce risk factors for NCDs



By 2016, implement "best buys" to enable health systems to respond



Strengthen national surveillance systems

# WHO 'Best Buys' Interventions

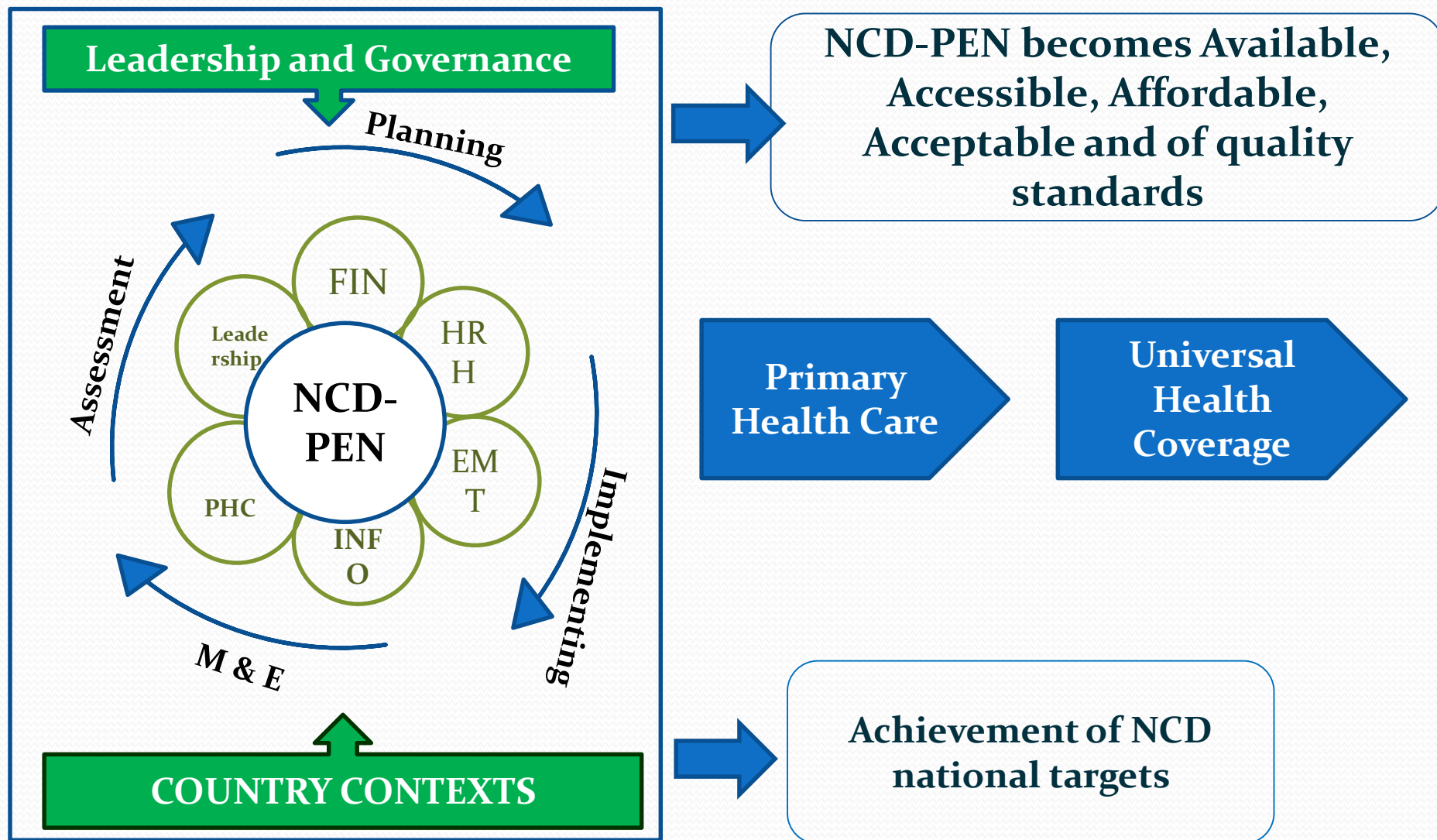
Table 2: "Best Buy" Interventions

Risk factor / disease	Interventions
<b>Tobacco use</b>	<ul style="list-style-type: none"><li>• Tax increases</li><li>• Smoke-free indoor workplaces and public places</li><li>• Health information and warnings</li><li>• Bans on tobacco advertising, promotion and sponsorship</li></ul>
<b>Harmful alcohol use</b>	<ul style="list-style-type: none"><li>• Tax increases</li><li>• Restricted access to retailed alcohol</li><li>• Bans on alcohol advertising</li></ul>
<b>Unhealthy diet and physical inactivity</b>	<ul style="list-style-type: none"><li>• Reduced salt intake in food</li><li>• Replacement of trans fat with polyunsaturated fat</li><li>• Public awareness through mass media on diet and physical activity</li></ul>
<b>Cardiovascular disease (CVD) and diabetes</b>	<ul style="list-style-type: none"><li>• Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD)</li><li>• Treatment of heart attacks with aspirin</li></ul>
<b>Cancer</b>	<ul style="list-style-type: none"><li>• Hepatitis B immunization to prevent liver cancer (already scaled up)</li><li>• Screening and treatment of pre-cancerous lesions to prevent cervical cancer</li></ul>

The identified set of strategies form a basis for analysing costs of scaled-up implementation in the LMICs through 2025 (see Box 2)<sup>9</sup>.



# NCD-PEN CAPACITY BUILDING



## Integrated approach for supporting NCD prevention and control

- Work with MOH to adopt a concrete integrated program for NCD control
- Move along with national decentralisation plans, but maintain a central coordinating function
- Establish an NCD steering committee to plan, drive and monitor NCD control:
  - Clear TORs
  - Purposeful membership
- Apply health systems approach
- Engage other key areas – health systems, MCH, hospital services, VCNE, provincial health teams, health information, NGOs, private sectors and other government depts.
- Include Tobacco, Alcohol, Nutrition, Disability and Blindness

## Priority areas of work for 2014-17

- Expand PEN interventions:
  - Step-up capacity of PHC facilities to manage NCDs
  - Link hospital care with primary health care
  - Strengthen referrals
- Develop practical NCD surveillance activities to monitor morbidity and mortality
  - Incorporate NCD data into national HIS
- Strengthen risk factor reduction interventions
  - Strengthen engagement of non-health institutions – media, NGOs, communities
  - Strengthen workplace-based lifestyle changes

# Merci

## Healthy Islands Vision

- Children are nurtured body & mind
- Ecological balance is a source of pride
- Environments invite learning & leisure
- People work and age with dignity
- The ocean which sustain us is protected
- Health Promoting School
- Healthy Community
- Healthy Market
- Healthy Clinic

